

Provider Portal General User Training



L.A. Care
HEALTH PLAN[®]

For All of L.A.

<Date>

2 Hours

Course Overview

Welcome to the **Provider Portal General User Training** course.

This course will introduce you to the new Provider Portal platform of L.A. Care and provide a step-by-step guide to use functions such as admin, provider services, member services, provider self service, and general features within the provider platform.

Audience



- All Providers/General Users

Prerequisites



- N/A

Course Duration



2 hours

Course Agenda

Let's look at the course agenda.

Module Name	Description
<u>Introduction (1-6)</u>	Provides an overview of the training, outlining the purpose of the Provider Portal and key learning objectives.
<u>Module 1: Getting Started with Provider Portal (7-30)</u>	Introduces users to the portal's key functions, access process, and basic navigation.
<u>Module 2: Provider Information (31-89)</u>	Explains how to view provider and group details within the Provider Portal.
<u>Module 3: Member Information (90-127)</u>	Provides an overview of how to search for, view, and manage member eligibility, demographics, and coverage details within the Provider Portal.
<u>Module 4: Provider Self Service (128-280)</u>	Guides users on how to independently submit requests, upload documents, manage authorizations, view/submit claims and interactions through the Provider Portal.
<u>Course Summary (281-284)</u>	Reviews key concepts covered throughout the training.

Course Objectives

After completing this course, you will be able to:

- Perform available activities such as login, logout, and accessing the homepage.
- Complete Registration for Provider Portal General Users.
- Search for and access the Practitioner/Provider information.
- Execute all the member service activities.
- Execute some of the provider self-service activities.



Key Terms

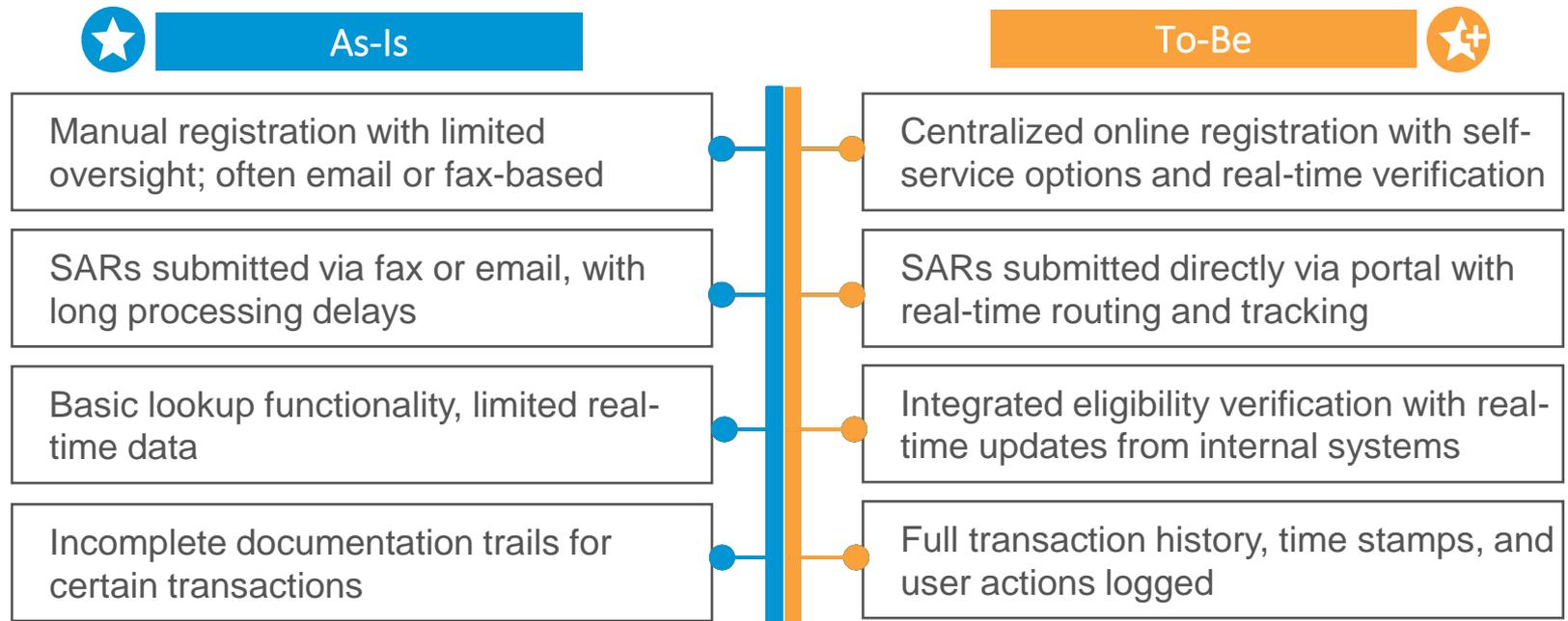
Below are some of the key terms to keep in mind:

Term	Description
Provider	A provider refers to an entity or organization that delivers healthcare services.
Practitioner	A practitioner refers to an individual healthcare professional who provides direct care to patients.
Member 360	Member 360 is a holistic view of the member data like claims and authorization.
SAR	A Service Authorization Request (SAR) enables providers to obtain necessary approvals for medical services.
Claims	Ability for the provider to view and check the status of both outstanding and closed claims.
Authorization – Search & View	Ability for the provider to search and view the status of both outstanding and closed authorization requests.
“New User”	An individual who has not previously registered or been granted access to the Provider Portal.
“Existing User”	An individual who already has an active user account within the Provider Portal.



Key Changes and Impacts

Below are the key changes and impacts for the **Provider Portal**.





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Module 1: Introduction to Provider Portal

Module Objectives

After completing this module, you will be able to:

- Login to and Logout from Provider Portal.
- Access the Provider Portal Homepage.



Provider Portal – Overview

The Provider Portal is a comprehensive online platform designed to facilitate seamless interaction between healthcare providers and the L.A. Care administrative systems.

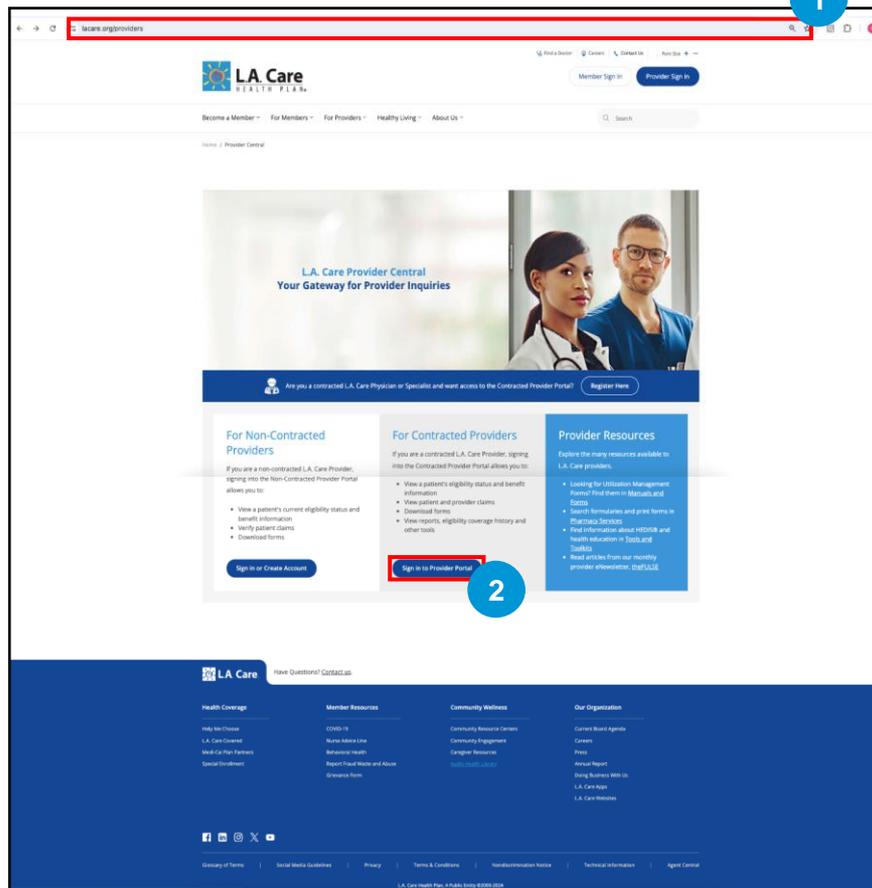
It offers a range of features and tools to enhance operational efficiency, improve communication, and support data-driven decision-making.

Let's get started with the Provider Portal login.

Login and Security

The steps to login to the Provider Portal are outlined below:

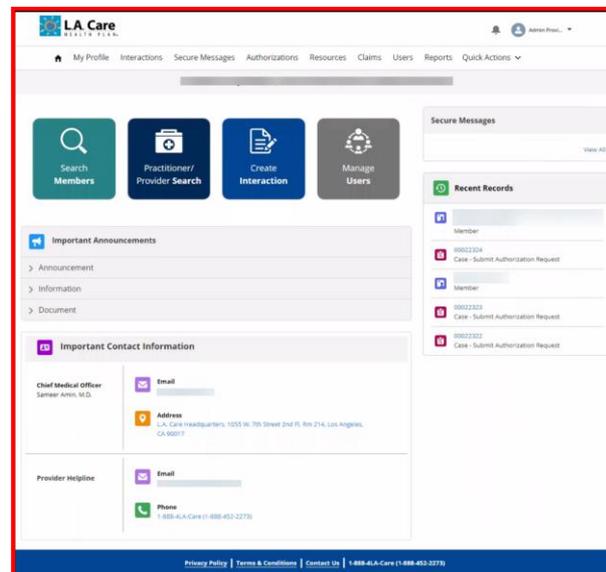
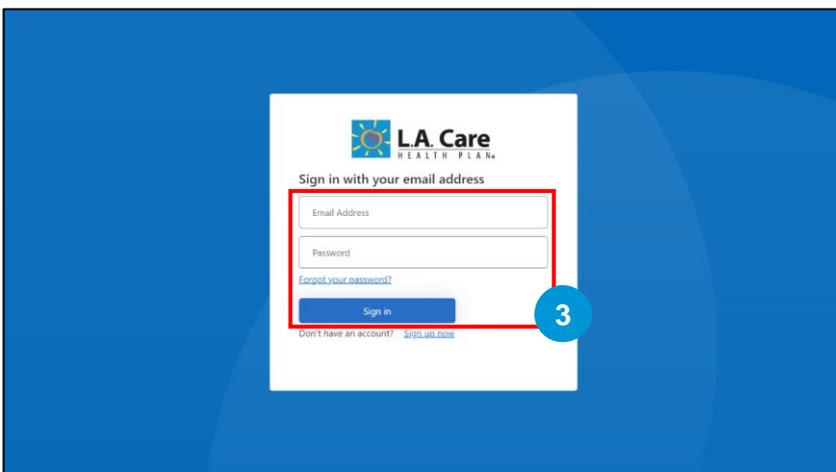
1. Use lacare.org/providers URL to navigate to the Provider Portal.
2. Under the **For Contracted Providers** section, click the **Sign in to Provider Portal** button to open the Microsoft Sign in page.



Login and Security (Cont'd)

The steps to login to the Provider Portal are outlined below:

3. On the Microsoft Sign in page, enter your login credentials (**Username** and **Password**) and click **Sign in** to log into your account.
4. Upon successful login, you will land on the Provider Portal Homepage. The Provider Portal Homepage view will vary as per the role assigned to the user.

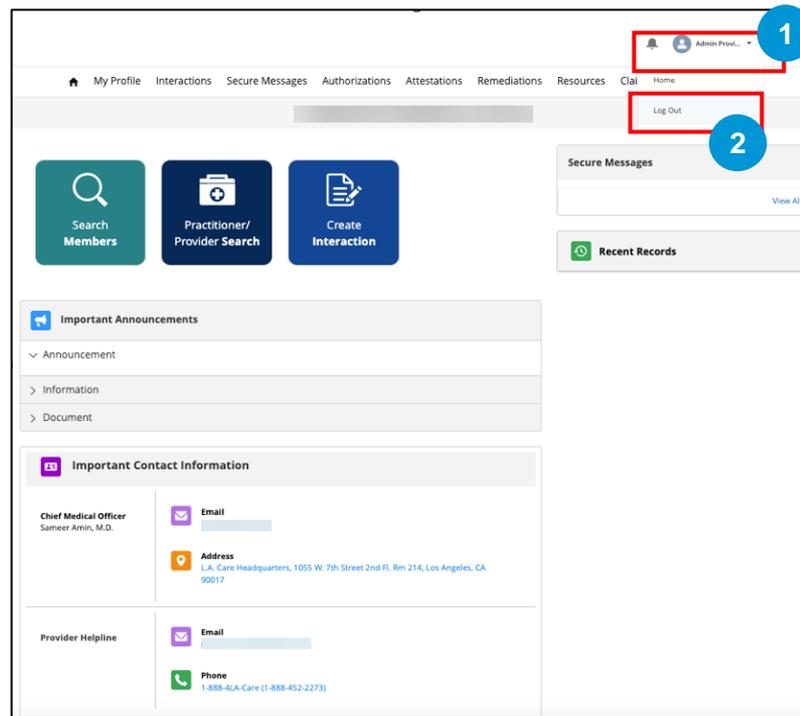


Next, let's see how you can log out of Provider Portal.

Logout

The steps to logout of Provider Portal are outlined below:

1. Click the User's name on the top right.
2. Select the **Log Out** option from the dropdown. You will be redirected to the LA Care website.



Next, let's explore the Provider Portal Homepage.

Homepage – Overview

The Homepage of the Provider Portal is the main or introductory page of the Provider Portal. It serves as the starting point for navigation and provides an overview of what the Provider Portal offers.

The Homepage module will familiarize you with the navigational elements and standard features available on the Provider Portal Homepage. Access levels on the Provider Portal vary based on user type. In this module, we will explore:

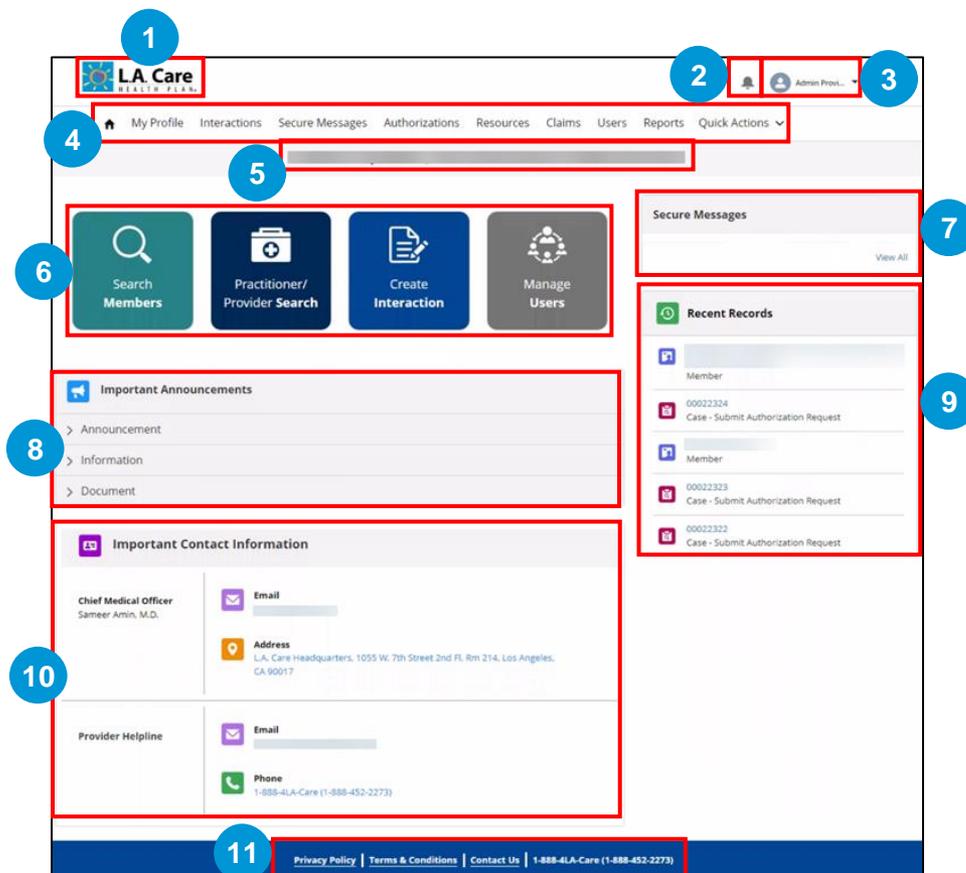
- Provider Portal Admin Homepage View
- General User Homepage View

Next, let's review the components of the Provider Portal Admin Homepage.

Homepage – Provider Portal Admin

As a Provider Portal Admin, you can view the following key components on the Provider Portal Homepage:

1. L.A. Care Logo
2. Notifications Icon
3. User Profile
4. Menu Items
5. Account Details
6. Quick Action Tiles
7. Secure Messages Section
8. Important Announcements Section
9. Recent Records Section
10. Important Contact Information Section
11. Footer Section



Next, let's discuss each of these components in detail to ensure you can effectively utilize all the features available on the Provider Portal Homepage.

Homepage – L. A. Care Logo

The following key components are available on the Provider Portal Homepage for Provider Portal Admin:

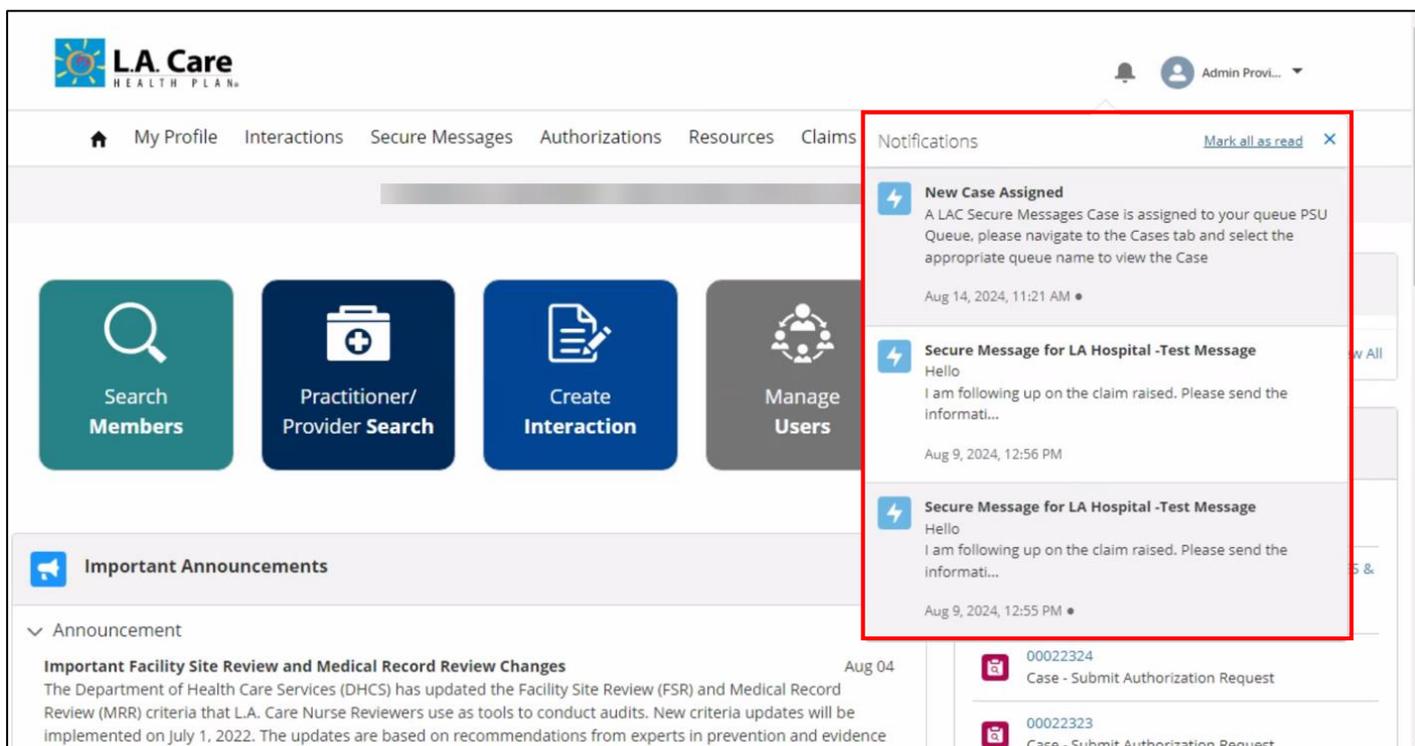
1. **L.A. Care Logo:** On clicking the **L. A. Care** logo, you will be redirected to the Homepage of the Provider Portal irrespective of where you are in the Provider Portal. This logo will be available on every screen in the Provider Portal.



Homepage – Notifications Icon

The following key components are available on the Provider Portal Homepage for Provider Portal Admin:

- 2. Notifications Icon:** When you click the **Notifications** icon, the **Notifications** window appears. In this window, you can see all real-time alerts and important notifications, such as a case assigned to you, or a secure message sent to you.



The screenshot displays the L.A. Care Provider Portal Homepage. The top navigation bar includes the L.A. Care logo, a user profile icon labeled "Admin Provi...", and a bell icon. Below the navigation bar, there are several main action buttons: "Search Members", "Practitioner/ Provider Search", "Create Interaction", and "Manage Users". A "Notifications" window is open on the right side of the page, highlighted with a red border. This window contains three notification items:

- New Case Assigned:** A LAC Secure Messages Case is assigned to your queue PSU Queue, please navigate to the Cases tab and select the appropriate queue name to view the Case. (Aug 14, 2024, 11:21 AM)
- Secure Message for LA Hospital -Test Message:** Hello. I am following up on the claim raised. Please send the informati... (Aug 9, 2024, 12:56 PM)
- Secure Message for LA Hospital -Test Message:** Hello. I am following up on the claim raised. Please send the informati... (Aug 9, 2024, 12:55 PM)

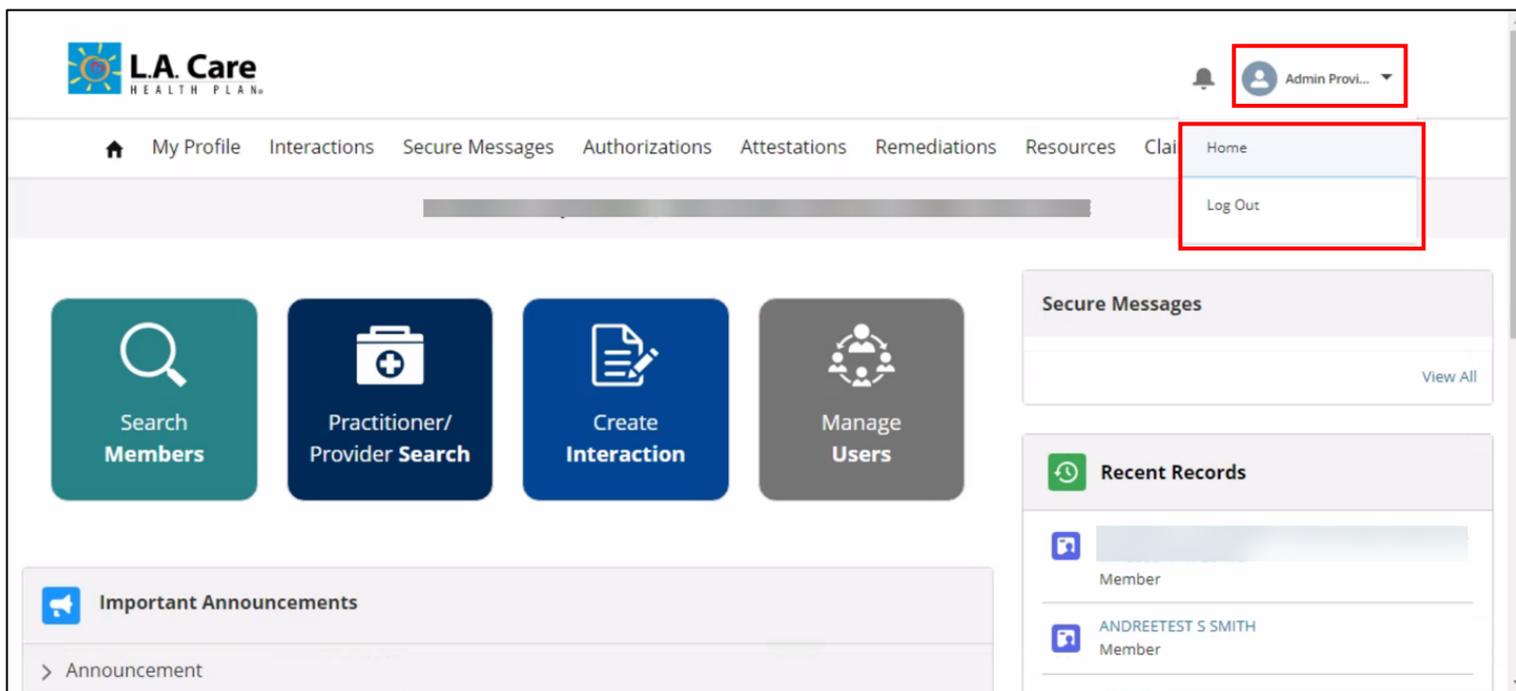
Below the notifications, there is an "Important Announcements" section with a dropdown arrow and the text "Announcement". One announcement is visible: "Important Facility Site Review and Medical Record Review Changes" dated Aug 04. The text of the announcement states: "The Department of Health Care Services (DHCS) has updated the Facility Site Review (FSR) and Medical Record Review (MRR) criteria that L.A. Care Nurse Reviewers use as tools to conduct audits. New criteria updates will be implemented on July 1, 2022. The updates are based on recommendations from experts in prevention and evidence".

Note: Upon clicking a notification from the notification window, you will be redirected to its Details page.

Homepage – User Profile

The following key components are available on the Provider Portal Homepage for Provider Portal Admin:

- 3. Profile Icon:** It displays your username. Clicking the drop-down arrow next to the **Profile** Icon reveals two options:
 - **Home:** This option will redirect you to the Provider Portal homepage.
 - **Log Out:** Using this option, you can sign out of the Provider Portal. You will be redirected to the Provider Portal login page.



The screenshot displays the L.A. Care Health Plan Admin interface. At the top left is the L.A. Care logo. On the top right, a user profile icon labeled 'Admin Provi...' is highlighted with a red box, and its dropdown menu is open, showing 'Home' and 'Log Out' options, also highlighted with a red box. Below the navigation bar are four main action buttons: 'Search Members', 'Practitioner/Provider Search', 'Create Interaction', and 'Manage Users'. On the right side, there are sections for 'Secure Messages' (with a 'View All' link), 'Recent Records' (listing members like 'ANDREETEST S SMITH'), and 'Important Announcements' (with a link to 'Announcement').

Homepage – Menu Items

The following key components are available on the Provider Portal Homepage for Provider Portal Admin:

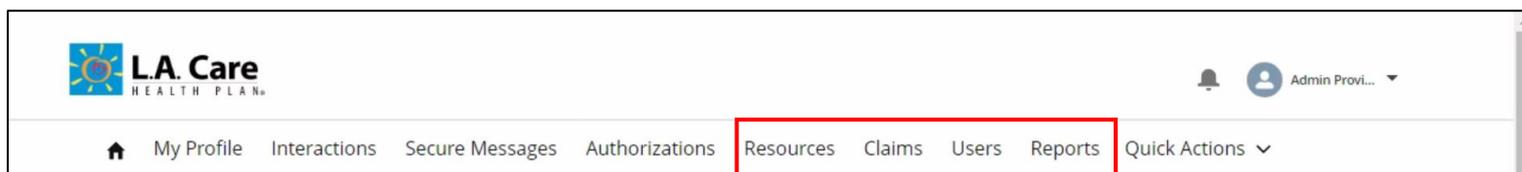
- 4. Menu Items:** The following menu items are available on the Provider Portal Homepage:
 - **Home Icon:** Upon clicking the **Home** icon, you will be redirected to the Provider Portal Homepage.
 - **My Profile:** This menu item displays your profile details, including personal and contact information.
 - **Interactions:** This menu item allows you to create a new interaction and view the list of cases.
 - **Secure Messages:** This menu item displays all the secure messages received by the user.
 - **Authorizations:** This menu item allows you to search and view the already created authorization requests. This also allows you to create a new authorization request.



Homepage – Menu Items (Cont'd)

The following key components are available on the Provider Portal Homepage for Provider Portal Admin:

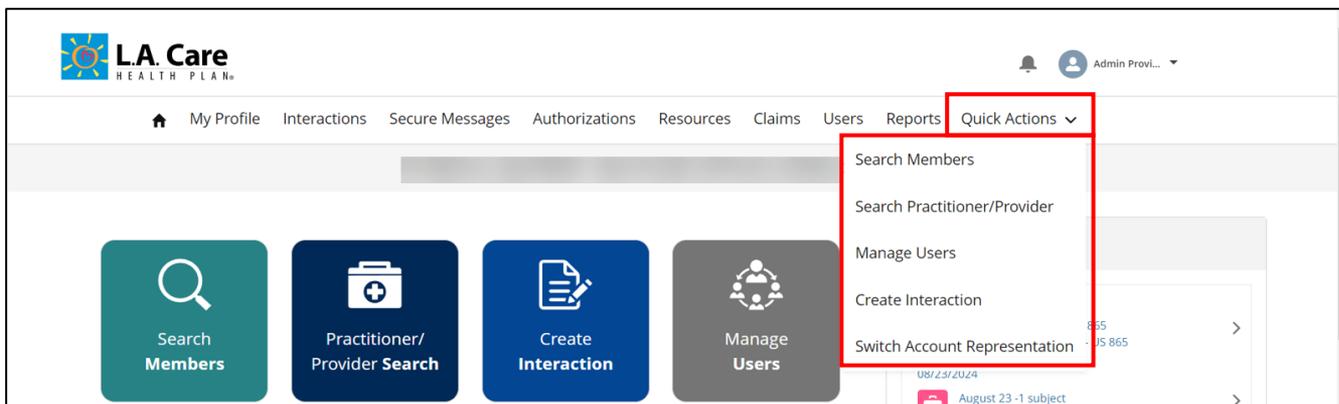
4. **Menu Items:** The following menu items are available on the Provider Portal Homepage:
 - **Resources:** This menu item redirects you to the **All Resources** page, where you will find the download links for the Important Information and Documents, Incentive Programs, and Utilization Management (UM) Templates.
 - **Claims:** This menu item allows you to search and view claims.
 - **Users:** This menu item allows you to view the user details, including personal and contact information. This also allows you to create a new user.
 - **Reports:** This menu item will redirect you to the L.A. Care login page. Once you will enter your login credentials, you will be able to access the reports.



Homepage – Menu Items (Cont'd)

The following key components are available on the Provider Portal Homepage for Provider Portal Admin:

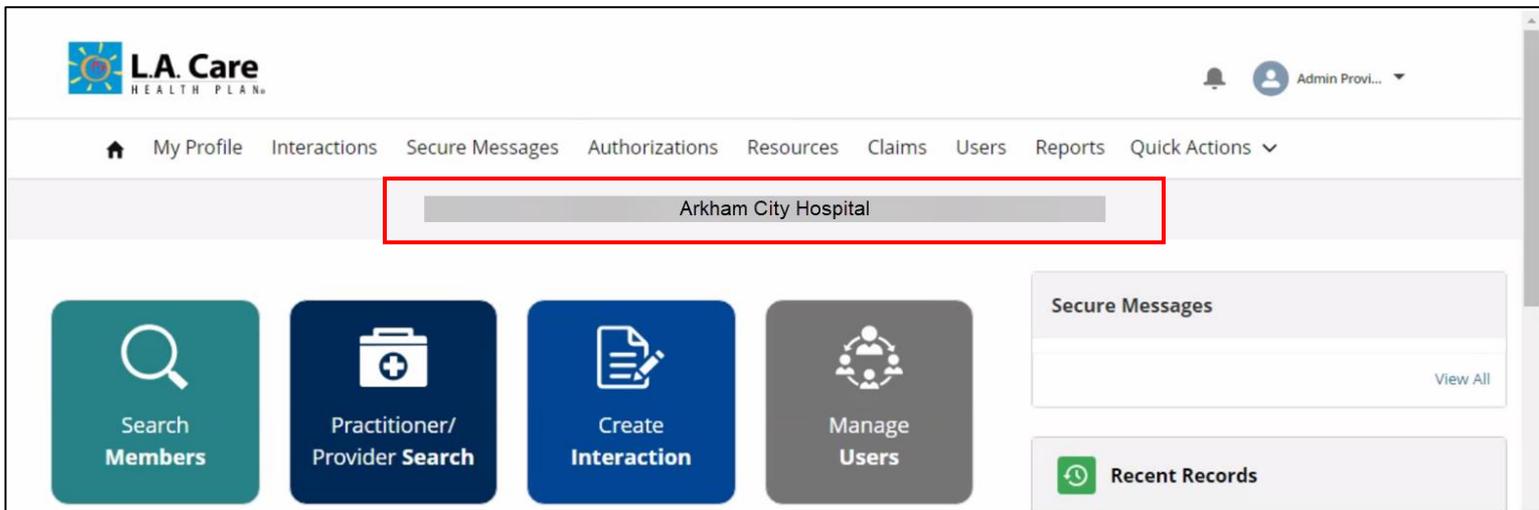
4. **Menu Items:** The following menu items are available on the Provider Portal Homepage:
 - **Quick Actions:** Upon clicking the chevron next to **Quick Actions**, you will see the following options:
 - **Search Members:** This allows you to search for members on the Provider Portal.
 - **Search Practitioner / Provider:** This allows you to search for practitioners and providers on Provider Portal.
 - **Manage Users:** This allows you to add, edit, and view user details.
 - **Create Interaction:** This allows you to create interaction.
 - **Switch Account Representation:** This allows you to switch the account.



Homepage – Account Details

The following key components are available on the Provider Portal Homepage for Provider Portal Admin:

- 5. Account Details:** This area displays the name of the account having a direct relationship to the contact with which you have logged into the Provider Portal.

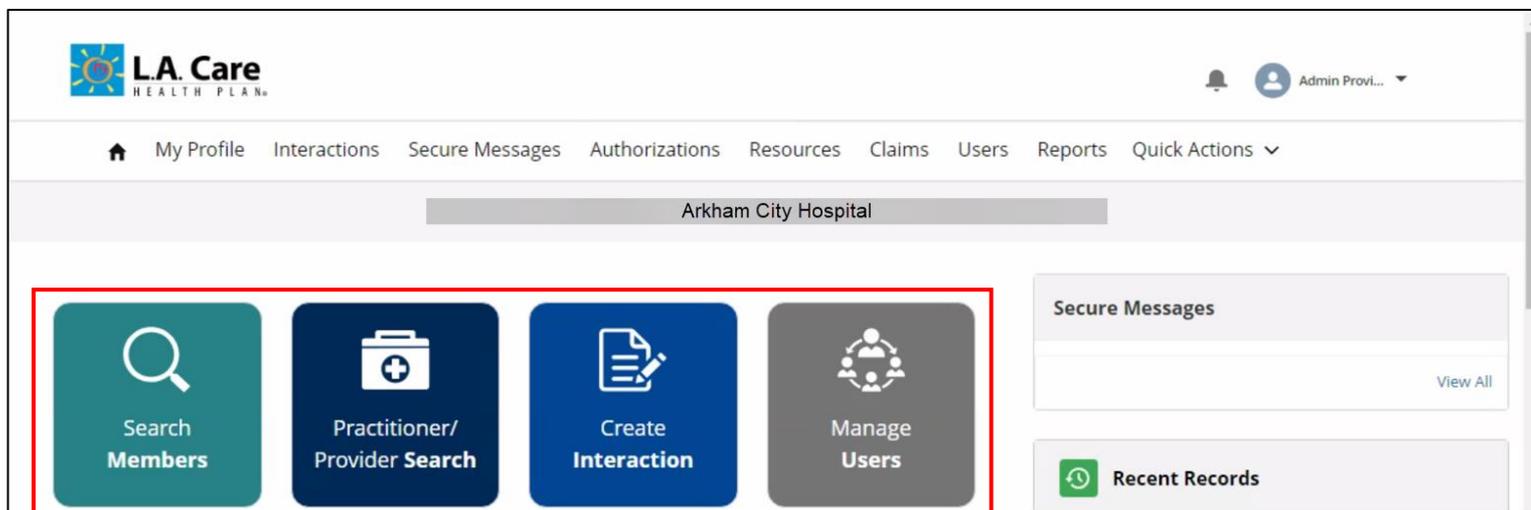


The screenshot displays the L.A. Care Health Plan Provider Portal interface. At the top left is the L.A. Care Health Plan logo. To the right, there is a notification bell and a user profile icon labeled 'Admin Provi...'. Below the logo is a navigation menu with the following items: My Profile, Interactions, Secure Messages, Authorizations, Resources, Claims, Users, Reports, and Quick Actions (with a dropdown arrow). A red box highlights the 'Arkham City Hospital' account name in the main content area. Below the navigation menu are four large action buttons: 'Search Members' (teal), 'Practitioner/ Provider Search' (dark blue), 'Create Interaction' (blue), and 'Manage Users' (grey). On the right side, there are two panels: 'Secure Messages' with a 'View All' link, and 'Recent Records' with a refresh icon.

Homepage – Quick Actions

The following key components are available on the Provider Portal Homepage for Provider Portal Admin:

- 6. Quick Actions Tiles:** With quick actions tiles, you can conveniently access features and workflows that are most important. The following quick action tiles are available on Provider Portal Homepage:
 - **Search Members:** This allows you to search for members on Provider Portal.
 - **Practitioner / Provider Search:** This allows you to search for practitioner and providers on Provider Portal.
 - **Create Interaction:** This allows you to create interaction.
 - **Manage Users:** This allows you to add, edit, and view user details.



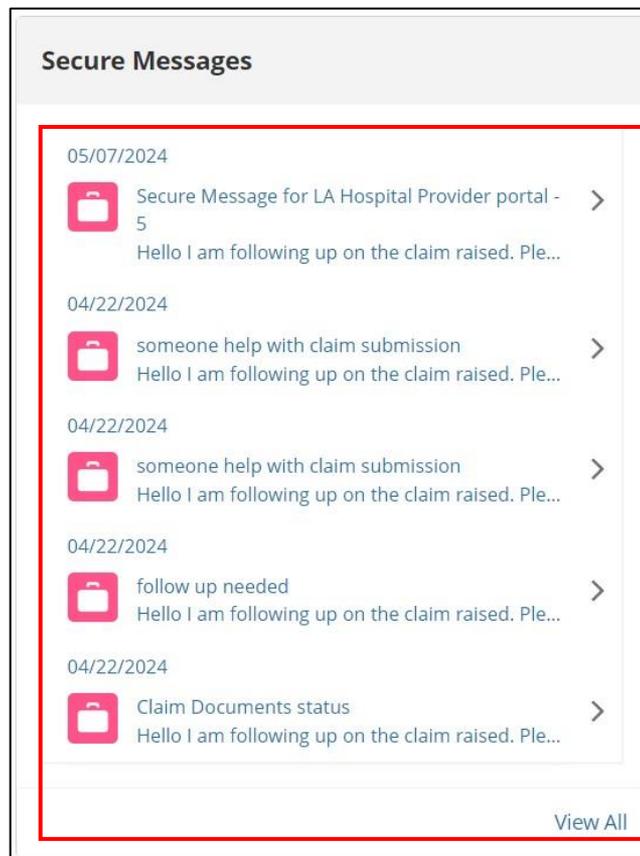
Homepage – Secure Messages

The following key components are available on the Provider Portal Homepage for Provider Portal Admin:

- 7. Secure Messages:** In this section, you can see the five most recent secure messages you have received. On clicking a secure message, you will be redirected to the Detail page.

Note:

- You can click **View All** if you want to view all the secure messages that you have received.
- If you are a new user or you haven't received any secure messages yet, this section will be empty for you.



Secure Messages

05/07/2024
Secure Message for LA Hospital Provider portal - 5
Hello I am following up on the claim raised. Ple... >

04/22/2024
someone help with claim submission
Hello I am following up on the claim raised. Ple... >

04/22/2024
someone help with claim submission
Hello I am following up on the claim raised. Ple... >

04/22/2024
follow up needed
Hello I am following up on the claim raised. Ple... >

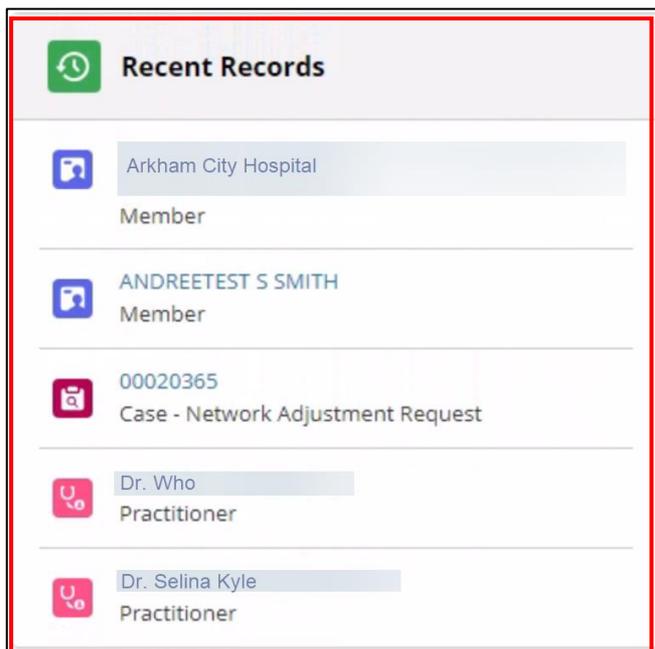
04/22/2024
Claim Documents status
Hello I am following up on the claim raised. Ple... >

[View All](#)

Homepage – Recent Records

The following key components are available on the Provider Portal Homepage for Provider Portal Admin:

- 8. Recent Records:** Under this section, you will see the last five accessed cases, members, practitioners, or providers. You can access them again by directly clicking the record.



Note: If you have not accessed any records yet, you will see “No records to Display” in this section.

Homepage – Important Announcements

The following key components are available on the Provider Portal Homepage for Provider Portal Admin:

9. **Important Announcements:** Under this section, you will see the following three sub-sections:

- **Announcements:** This sub-section helps you to stay informed about new developments and important updates within the organization.
- **Information:** This sub-section allows you to access essential information relevant to your role and responsibilities.
- **Document:** In this sub-section, you will find key documents and resources that support your work.

 **Important Announcements**

∨ Announcement Aug 04

Important Facility Site Review and Medical Record Review Changes

The Department of Health Care Services (DHCS) has updated the Facility Site Review (FSR) and Medical Record Review (MRR) criteria that L.A. Care Nurse Reviewers use as tools to conduct audits. New criteria updates will be implemented on July 1, 2022. The updates are based on recommendations from experts in prevention and evidence based medicine and align with local, state and federal guidelines.

- American Academy of Pediatrics, Bright Futures
- S. Preventive Services Task Force, Grade A and B recommendations
- American College of Obstetricians and Gynecologist
- Advisory Committee on Immunization Practices

In order to assist you in preparing for these changes, the Facility Site Review Collaborative has developed a provider training video on the new FSR and MRR tools. You can access the FSR and MRR training videos at the link below. DHCS and L.A. Care understand that the implementation of the 2022 criteria will impact providers. We ask that you watch the provider training videos and complete our survey. You Tube Provider Training Video: [FSR/MRR Provider Training 2022](#)
(The information on this video is current at the time it was created and may be subject to change)
 SurveyMonkey: <https://www.surveymonkey.com/r/BJYNK7F>

∨ Information Aug 04

COVID-19 ALERT

Learn more about potential malware attacks, phishing attempts, and the exploitation of new teleworking infrastructures by cybercriminals during the COVID-19 global pandemic
[Click here for guidance from the HHS Office for Civil Rights](#)

∨ Document Aug 04

New Interactive Voice Recording (IVR) self-service option for claims

L.A. Care is proud to announce a new convenient telephonic Interactive Voice Recording (IVR) self-service option to obtain general claims status. Providers and billing offices will continue to call the Provider Services Unit (PSU) at 1-866-522-2736 and press #2 for general claims status, this feature is available to you 24 hours a day, 7 days a week, including holidays. You can check general claims status for claims submitted to L.A. Care Health Plan within the past 18 months, and there is no limit to the number of claims that can be queried.
[Click here for Claim IVR FAQ](#)



Homepage – Important Contact Information

The following key components are available on the Provider Portal Homepage for Provider Portal Admin:

- 10. Important Contact Information:** In this section, you will find the contact information of the Chief Medical Officer and Provider Helpline.



Important Contact Information

Chief Medical Officer Sameer Amin, M.D.	 Email samin@lacare.org
	 Address L.A. Care Headquarters, 1055 W. 7th Street 2nd Fl. Rm 214, Los Angeles, CA 90017
Provider Helpline	 Email providerrelations@lacare.org
	 Phone 1-888-4LA-Care (1-888-452-2273)

Homepage – Footer Section

The following key components are available on the Provider Portal Homepage for Provider Portal Admin:

- 11. Footer Section:** In this section, you will find links to the L.A. Care Privacy Policy, Terms and Conditions, and Contact Information. You will also find the L.A. Care Helpline contact number in this section.

[Privacy Policy](#) | [Terms & Conditions](#) | [Contact Us](#) | 1-888-4LA-Care (1-888-452-2273)

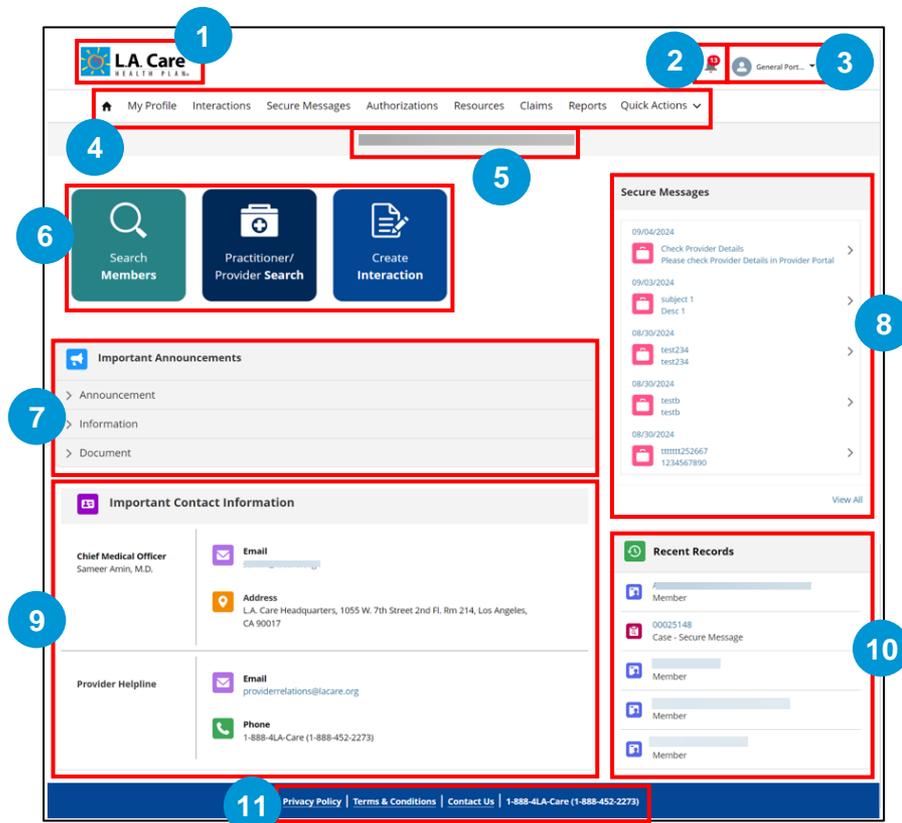
Next, let's see how the General User Homepage View looks.

Homepage – General User

Unlike a Provider Portal Admin, a General User will not have the ability to manage or access User details. Apart from this distinction, all other navigational elements and standard features on the Provider Portal are identical for both Provider Portal Admins and General Users.

Below is the **General User Homepage View**:

1. L.A. Care Logo
2. Notifications Icon
3. Profile Icon
4. Menu Items
5. Account Details
6. Quick Action Tiles
7. Important Announcements Section
8. Secure Messages Section
9. Important Contact Information Section
10. Recent Records Section
11. Footer Section

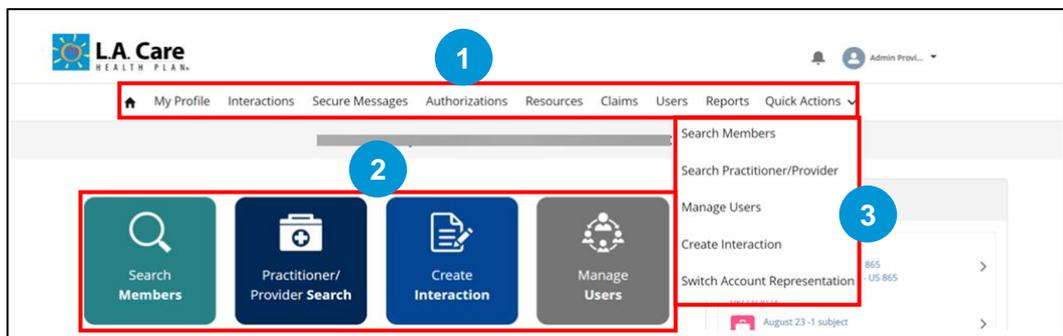


Next, let's delve into the detailed differences between the General User Homepage View and the Provider Portal Admin Homepage View.

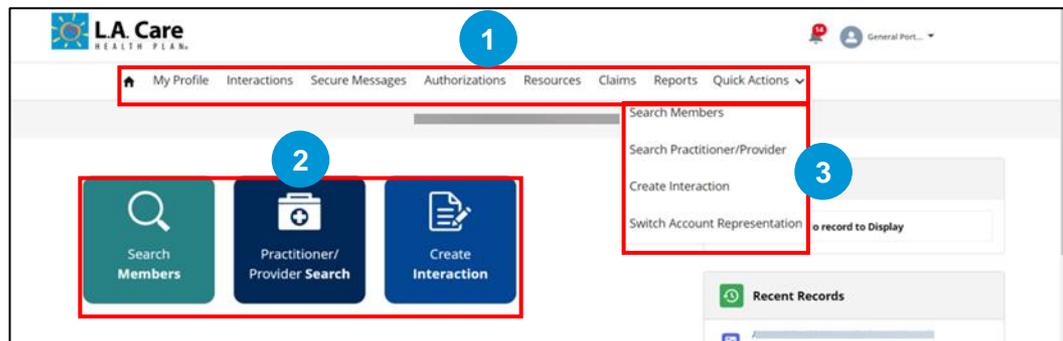
Homepage – General User

The differences between the General User Homepage View and the Provider Portal Admin Homepage View are as follows:

1. The General User does not have access to the **Users** menu item.
2. The General User does not have access to the **Manage Users** quick tile.
3. When clicking the chevron next to the **Quick Actions** menu item, the General User does not see the **Manage User** option.



Provider Portal Admin Homepage View



General User Homepage View

Module Summary

Now that you have completed this module, here is the summary of what you have learnt, how to:

- Login to the Provider Portal using your login credentials.
- Logout from Provider Portal, navigate to the User Profile and click Logout.
- Access the Provider Portal Homepage.





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Module 2: Provider Information

Module Objectives

After completing this module, you will be able to:

- Register existing or new user to an account in Provider Portal as Provider Portal Admin (PPA).
- Search Providers / Practitioners on Provider Portal.
- Access the Provider 360 / Practitioner 360 page on Provider Portal.



Provider Information Overview

Provider information on the provider portal is a critical component for effective healthcare management. It ensures that all stakeholders have access to essential details about healthcare providers, facilitating better communication, coordination, and quality of care.

In this module, the following topics will be covered:

1. Account Activation Emails
2. Provider Registration
3. Enter User Information
4. Account Selection
5. Practitioner/Provider Search
6. Practitioner/Provider 360

Let's start with how the guided registration process can be performed.



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Account Activation Emails

Account Activation Emails

Once the user has been added to the account, they will automatically receive an account activation email at their registered email address.

For existing contacts (users), the email confirms that they have been added to the account. For new contacts, the email includes a link to follow the Microsoft Registration process and access the Provider Portal Homepage.

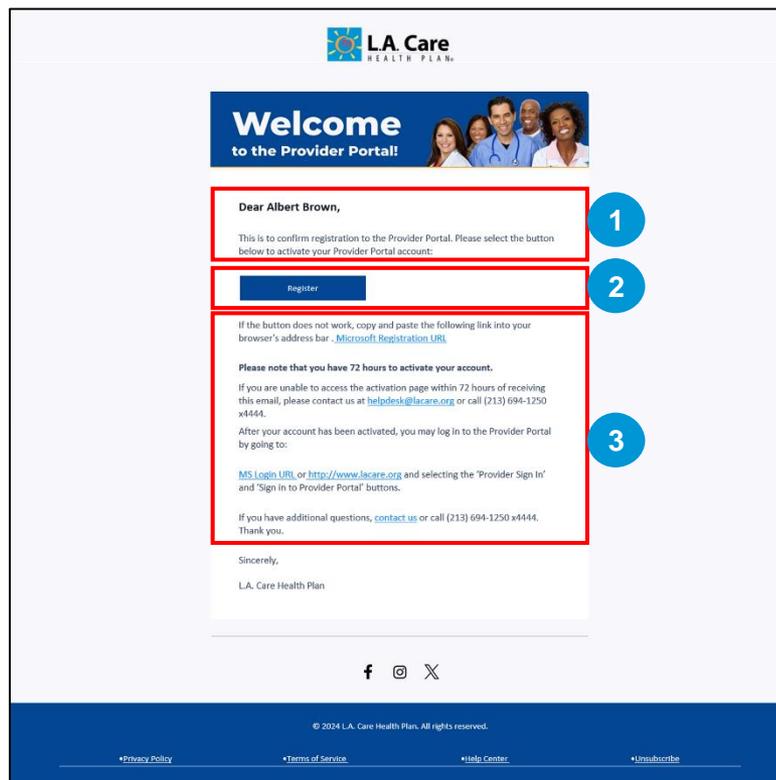
Next, let's review a sample email for both existing and new contacts.

Account Activation Emails – New User

The subject line for the new user account activation email will be as follows:
“Welcome to the L.A. Care Provider Portal: Verify your account”

The key information available in the account activation email for a new user will be:

- 1. Confirmation Section:** In this section, you will get a confirmation that you have been registered to the Provider Portal.
- 2. Call to Action Section:** In this section, you will find the **Register** button to activate your Provider Portal account.
- 3. Contact and Additional Details Section:** In this section, you will find important instructions and the L.A. Care helpdesk contact information.



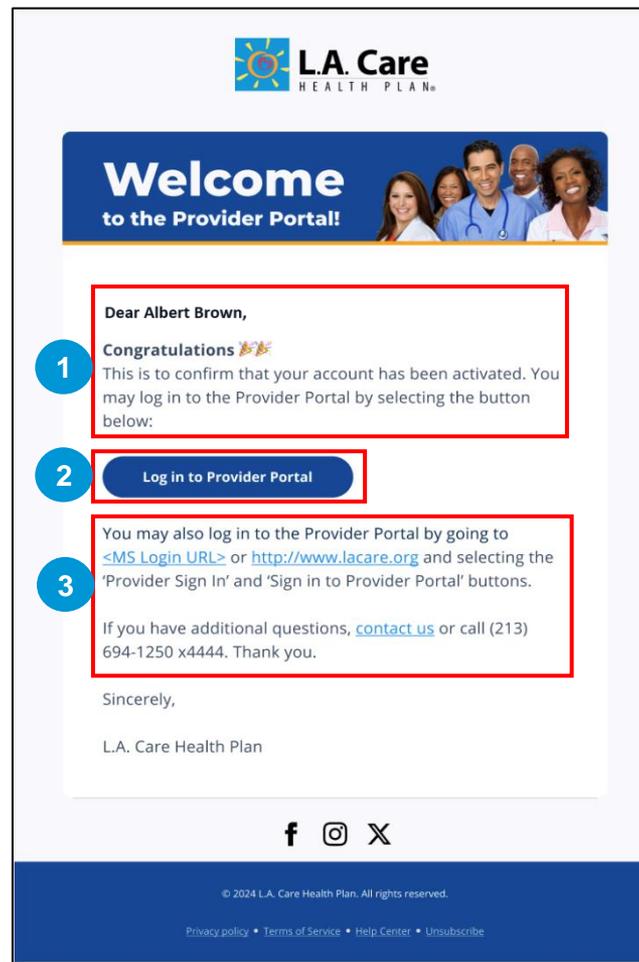
Next, let's see how the Provider Registration process is performed.

Account Activation Emails – Existing User

The subject line for the existing user account activation email will be as follows:
“Welcome to the L.A. Care Provider Portal: You have been added to an account”

The key information available in the account activation email for an existing user will be:

- 1. Confirmation Section:** In this section, you will get a confirmation that your account has been activated.
- 2. Call to Action Section:** In this section, you will find the **Log in to Provider Portal** button and the MS Login links, which will direct you to the Provider Portal login page. Using your login credentials, you can access the Provider Portal and the account to which you have been added.
- 3. Contact details:** In this section, you will find the contact information in case you have any questions.





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Provider Registration

Provider Registration - Overview

To streamline the process for providers to register and manage their services on the Provider Portal, they must complete the Microsoft Registration process. This ensures a secure and efficient onboarding experience.

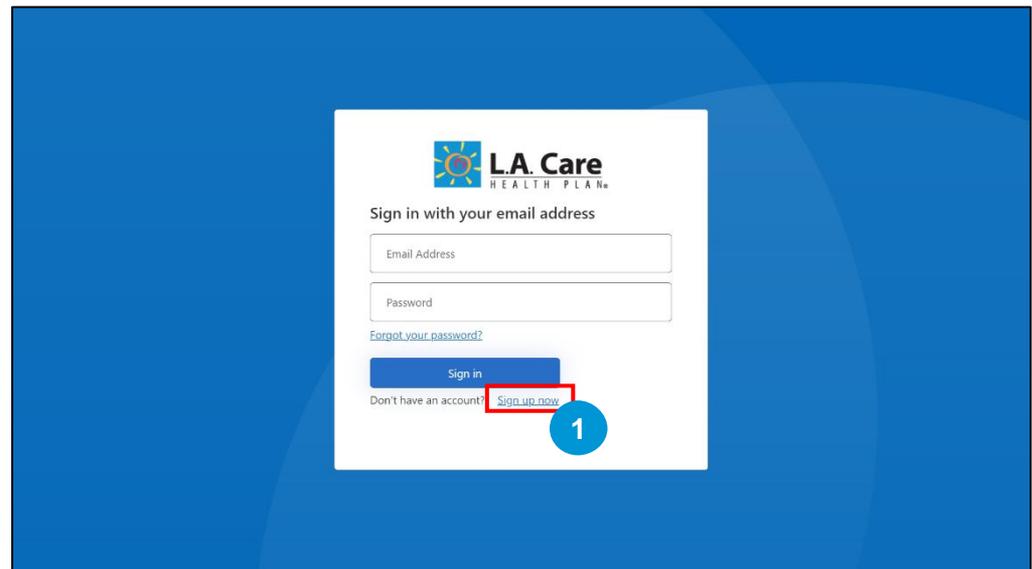
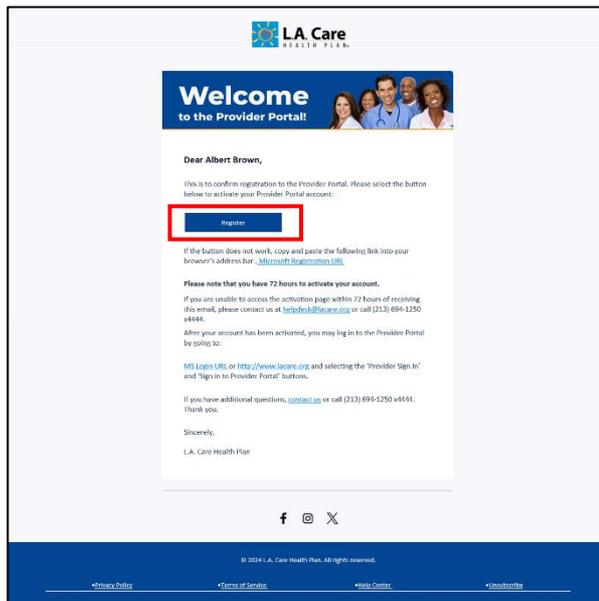
Upon receiving the account activation email, new users need to click the **Register** button or the **Microsoft Registration URL** link to access the L.A. Care login page and complete the Microsoft Registration process. Existing users can directly log in to the Provider Portal using their login credentials.

Next, let's see how a new user can perform Microsoft Registration and access Provider Portal.

Provider Registration

New users will need to perform the following steps to activate their Provider Portal account:

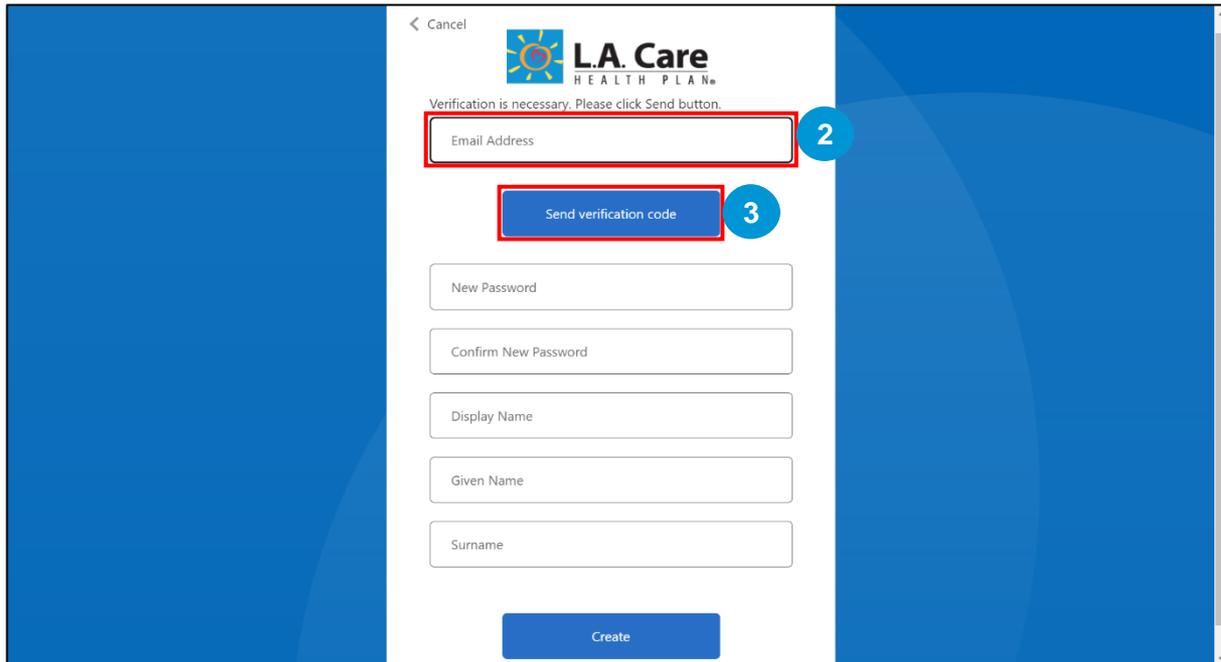
1. After clicking the **Register** button or the **Microsoft Registration URL** link, you will be directed to the **L.A. Care Login Page**. Click **Sign up now**.



Provider Registration (Cont'd)

New users will need to perform the following steps to activate their Provider Portal account:

2. After clicking **Sign up now**, you will be directed to the **Sign-up** page. In the **Email Address** field, enter the email address where you received the account activation email.
3. Next, click **Send verification code**.



< Cancel

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Verification is necessary. Please click Send button.

Email Address **2**

Send verification code **3**

New Password

Confirm New Password

Display Name

Given Name

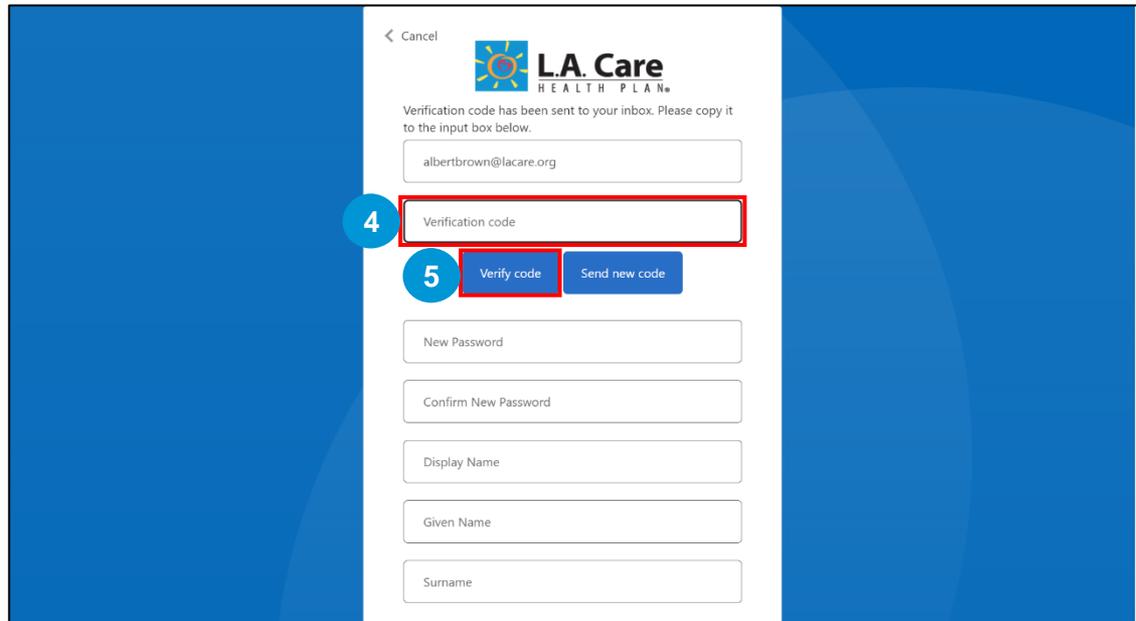
Surname

Create

Provider Registration (Cont'd)

New users will need to perform the following steps to activate their Provider Portal account:

4. In the **Verification code** field, enter the 6-digit numeric verification code that was sent to the email address you entered in the **Email address** field.
5. Click **Verify code**.



< Cancel

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Verification code has been sent to your inbox. Please copy it to the input box below.

albertbrown@lacare.org

4 Verification code

5 Verify code Send new code

New Password

Confirm New Password

Display Name

Given Name

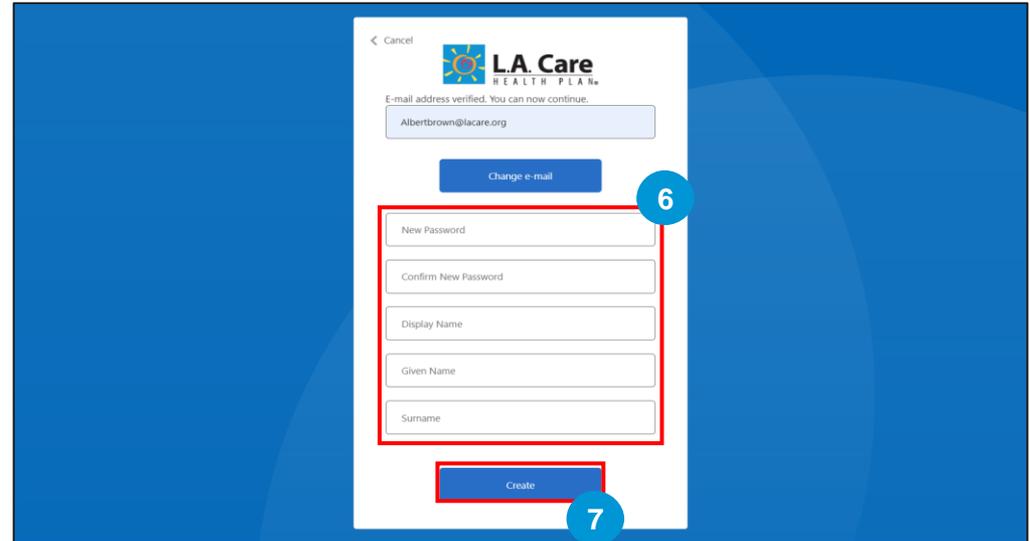
Surname

Note: If you don't receive the code, you can click **Send new code** to request for a new code.

Provider Registration (Cont'd)

New users will need to perform the following steps to activate their Provider Portal account:

6. Next, enter the appropriate data in the **New Password**, **Confirm New Password**, **Display Name**, **Given Name**, and **Surname** fields. The **New Password** and **Confirm New Password** fields are mandatory to proceed further, and the password entered in these two fields should match.



7. Click **Create**.

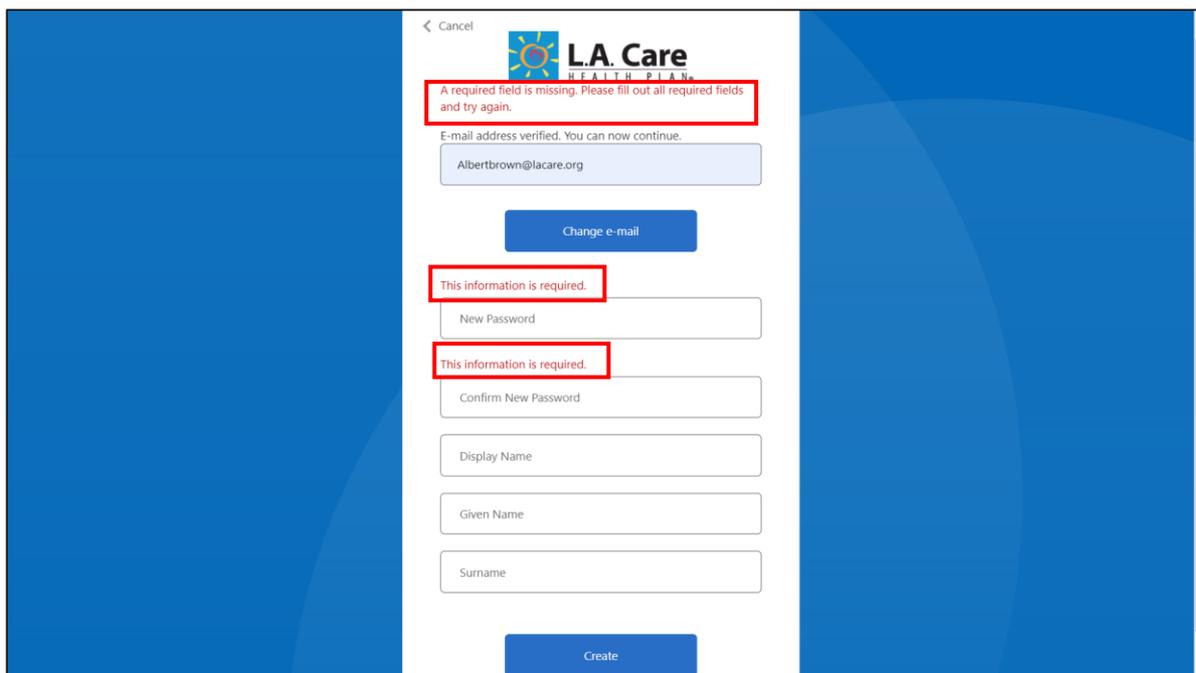
Note: The information provided during Microsoft registration will update the existing user and contact details in the system, except for the email address. If you will try to input a different email address, the registration will be rejected.

Next, let's review the possible errors you might encounter on this screen.

Provider Registration – Errors

The following errors might occur while performing the Microsoft Registration:

1. If you click **Create** without entering a password in the **New Password** and **Confirm Password** fields, you will receive the error message: **"A required field is missing. Please fill out all required fields and try again."** Additionally, other error message(s): **"The information is required."** indicating the specific fields that are required will be displayed as highlighted below.



The screenshot displays the L.A. Care Health Plan registration interface. At the top, there is a navigation bar with a back arrow and the text "Cancel". Below this is the L.A. Care Health Plan logo. A red-bordered box highlights the error message: "A required field is missing. Please fill out all required fields and try again." Below the error message, it states "E-mail address verified. You can now continue." and shows the email address "Albertbrown@lacare.org" in a text box. A blue button labeled "Change e-mail" is positioned below the email address. Below this, another red-bordered box highlights the error message "This information is required." above the "New Password" text box. A second red-bordered box highlights the error message "This information is required." above the "Confirm New Password" text box. Below these are text boxes for "Display Name", "Given Name", and "Surname". At the bottom of the form is a blue button labeled "Create".

Provider Registration – Errors (Cont'd)



The following errors might occur while performing the Microsoft Registration:

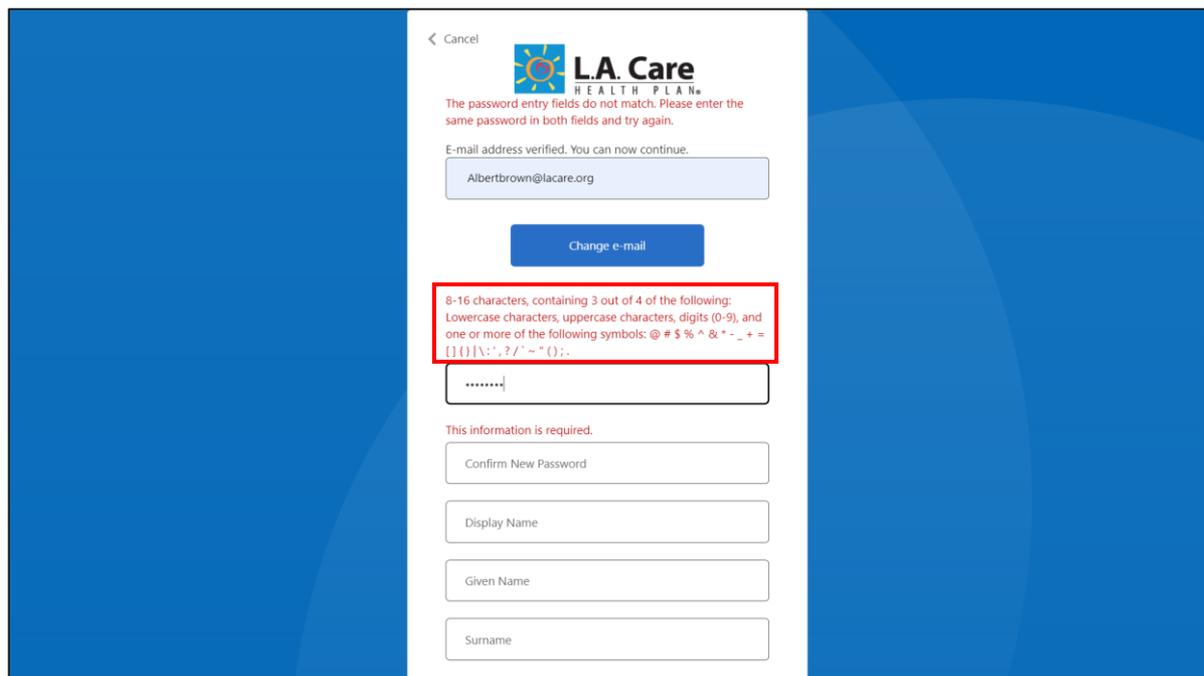
2. If the passwords in the **New Password** and **Confirm Password** fields do not match, you will receive the error message: **"The password entry fields do not match. Please enter the same password in both fields and try again."**

A screenshot of the L.A. Care registration form. The form is displayed in a browser window with a blue background. At the top left, there is a back arrow and the text "Cancel". The L.A. Care logo is centered at the top. Below the logo, a red-bordered box contains the error message: "The password entry fields do not match. Please enter the same password in both fields and try again." Below this message, it says "E-mail address verified. You can now continue." followed by a text input field containing "Albertbrown@lacare.org" and a blue "Change e-mail" button. There are two password input fields, both containing "*****". Below these are input fields for "Display Name", "Given Name", and "Surname". At the bottom, there is a blue "Create" button.

Provider Registration – Errors (Cont'd)

The following errors might occur while performing the Microsoft Registration:

3. If the passwords in the **New Password** and **Confirm Password** field do not meet the required criteria, you will get the below highlighted error message.



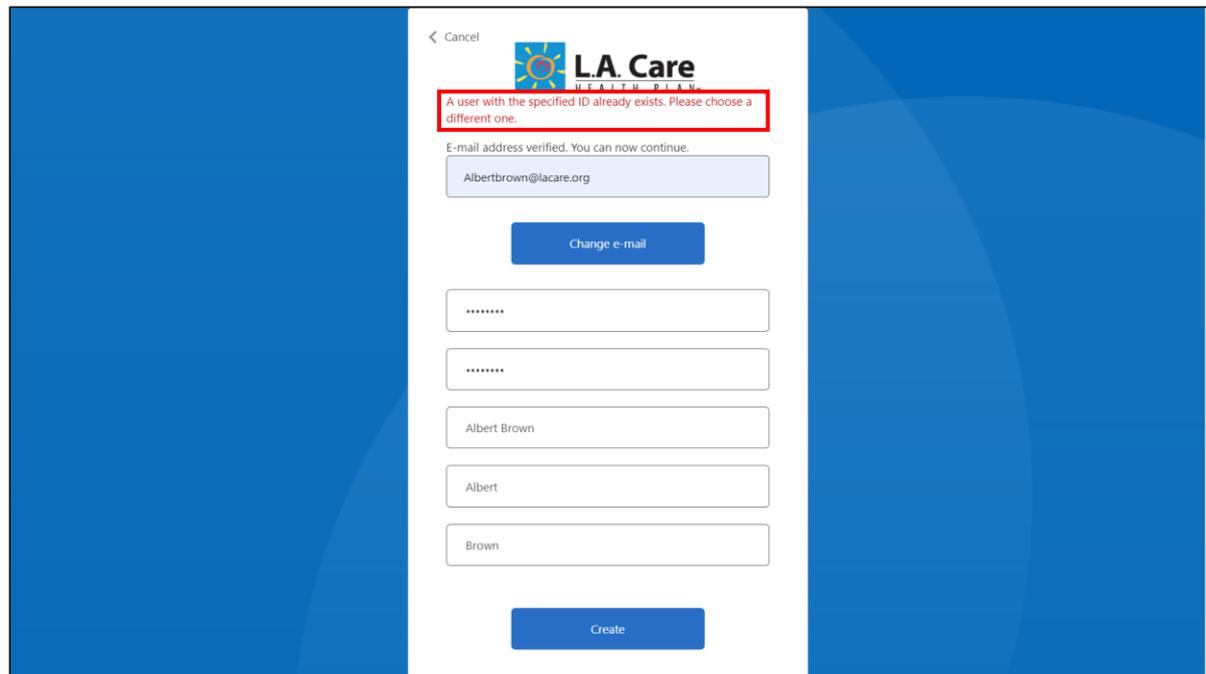
The screenshot shows a registration form for L.A. Care Health Plan. The form is titled "L.A. Care HEALTH PLAN" and includes a "Cancel" link at the top left. Below the title, there is a message: "The password entry fields do not match. Please enter the same password in both fields and try again." This message is highlighted with a red box. Below this message, it says "E-mail address verified. You can now continue." and shows the email address "Albertbrown@lacare.org" in a text field. There is a "Change e-mail" button below the email field. Below the button, there is a red box containing the password requirements: "8-16 characters, containing 3 out of 4 of the following: Lowercase characters, uppercase characters, digits (0-9), and one or more of the following symbols: @ # \$ % ^ & * - _ + = [] () \ : ; ' ? / ~ * () ; , .". Below this box is a password field with a masked password "*****". Below the password field, there is a "Confirm New Password" field, followed by "Display Name", "Given Name", and "Surname" fields.

Provider Registration – Errors (Cont'd)



The following errors might occur while performing the Microsoft Registration:

4. If you try to register an existing user, you will get the error message: **“A user with the specified ID already exists. Please choose a different one.”**



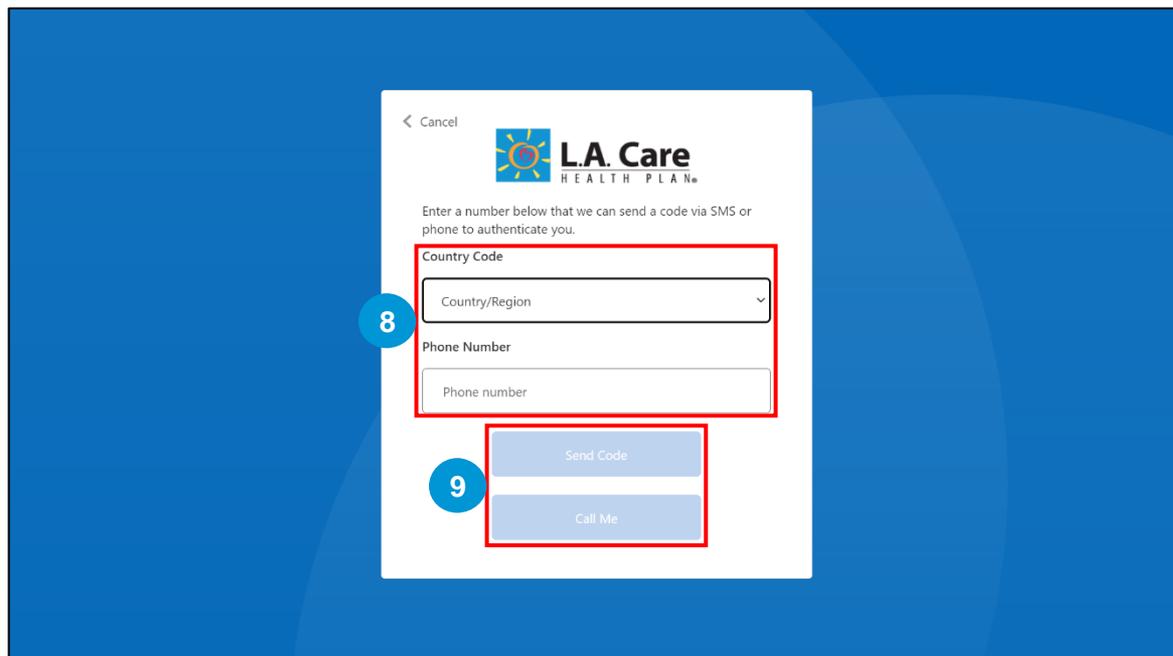
Next, let's resume the Microsoft registration process.

Provider Registration (Cont'd)

New users will need to perform the following steps to activate their Provider Portal account:

5. In the **Country Code** field, enter the country/region code using the drop-down list and in the **Phone Number** field, enter your phone number.
6. After entering country code and phone number, the **Send Code** and **Call Me** buttons will be enabled. Based on your preference, click one of these buttons to proceed further:

- **Send Code:** The verification code will be sent to your phone number via text message.
- **Call Me:** You will receive a call with the verification code.

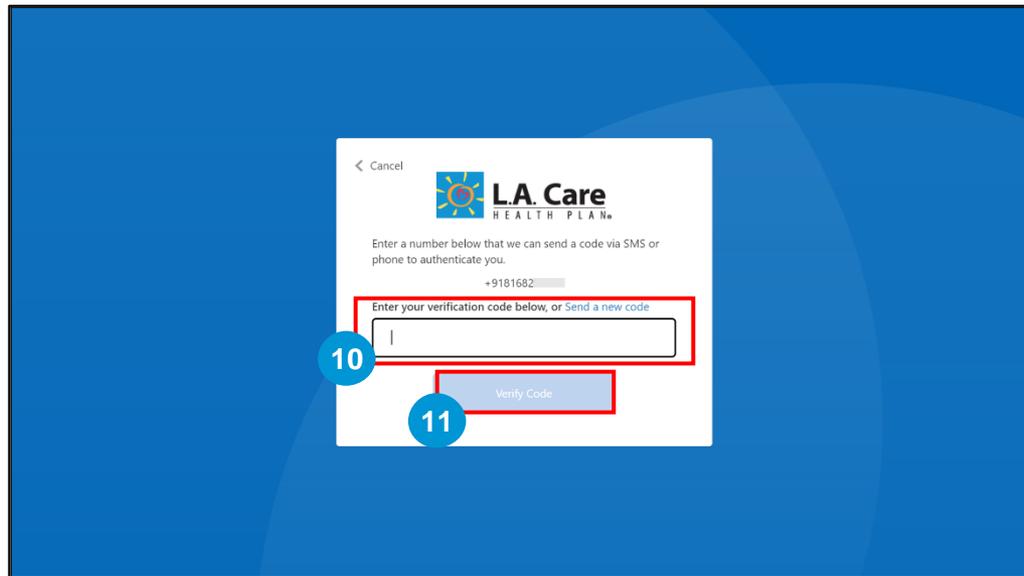


The screenshot shows a mobile app interface for L.A. Care Health Plan. At the top, there is a back arrow, the text 'Cancel', and the L.A. Care Health Plan logo. Below the logo, the text reads: 'Enter a number below that we can send a code via SMS or phone to authenticate you.' There are two input fields: 'Country Code' with a dropdown menu showing 'Country/Region' and a downward arrow, and 'Phone Number' with a text input field showing 'Phone number'. A red box highlights both input fields, with a blue circle containing the number '8' next to it. Below the input fields are two buttons: 'Send Code' and 'Call Me'. A red box highlights both buttons, with a blue circle containing the number '9' next to it.

Provider Registration (Cont'd)

New users will need to perform the following steps to activate their Provider Portal account:

7. In the **Verification Code** field, enter the 6-digit numeric verification code which is sent to the phone number you entered in the previous step.
8. Click **Verify code**.



Note: The **Verify Code** button will enable after entering the verification code.

After entering the verification code, you will be directed to the Enter User Information page. Next, let's see what details are to be entered on the Enter User Information page.



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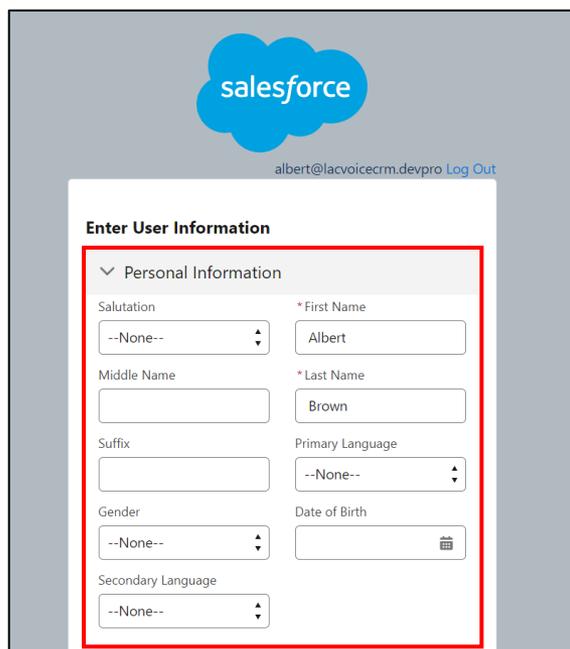
Enter User Information

Enter User Information

After completing the Microsoft Registration process, users must fill out the **Enter User Information** form to proceed further. This is a one-time process for the new users.

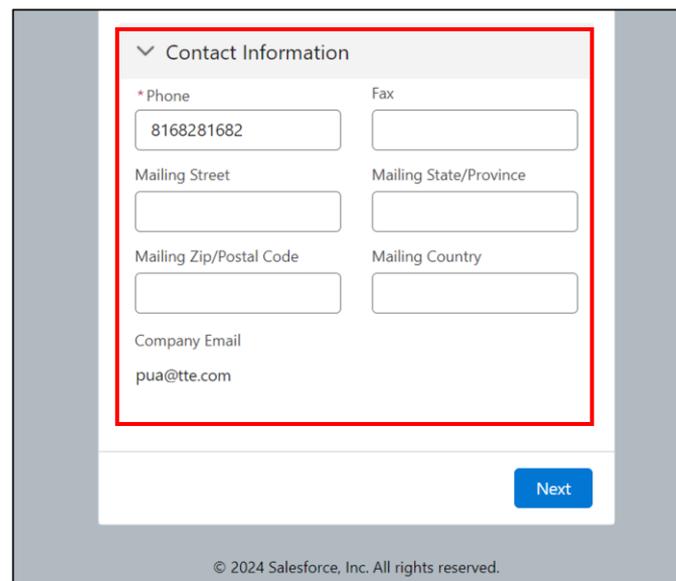
The **Enter User Information** form is divided into two sections:

- **Personal Information:** In this section, ensure that the personal details of the user in all the mandatory fields such as **First Name**, **Last Name**, etc. are accurately populated. The mandatory fields are marked with asterisk (*).
- **Contact Information:** In this section, enter the contact details of the user in the **Phone** field, which is a mandatory field.



The screenshot shows the 'Enter User Information' form with the 'Personal Information' section highlighted by a red border. The form includes the Salesforce logo, a user email address (albert@lacvoicecrm.devpro), and a 'Log Out' link. The 'Personal Information' section contains the following fields:

Salutation	* First Name
--None--	Albert
Middle Name	* Last Name
	Brown
Suffix	Primary Language
	--None--
Gender	Date of Birth
--None--	
Secondary Language	
--None--	



The screenshot shows the 'Enter User Information' form with the 'Contact Information' section highlighted by a red border. The form includes the following fields:

* Phone	Fax
8168281682	
Mailing Street	Mailing State/Province
Mailing Zip/Postal Code	Mailing Country
Company Email	
pua@tte.com	

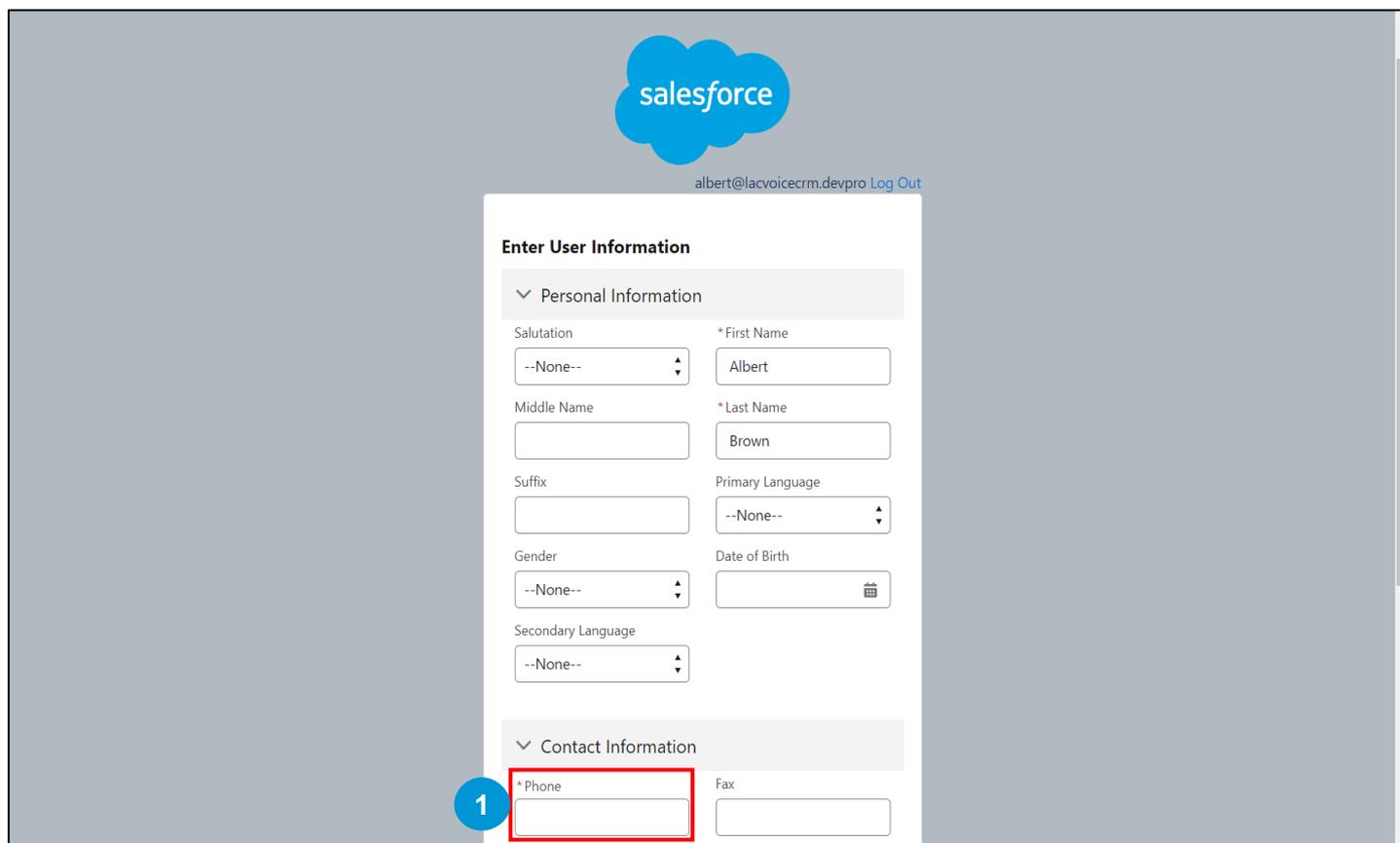
Next

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Enter User Information (Cont'd)

The users will have to perform the following steps to fill in the **Enter User Information** form:

1. In the **Contact Information** section, enter your phone number in the **Phone** field. This will ensure that all the mandatory fields are complete.

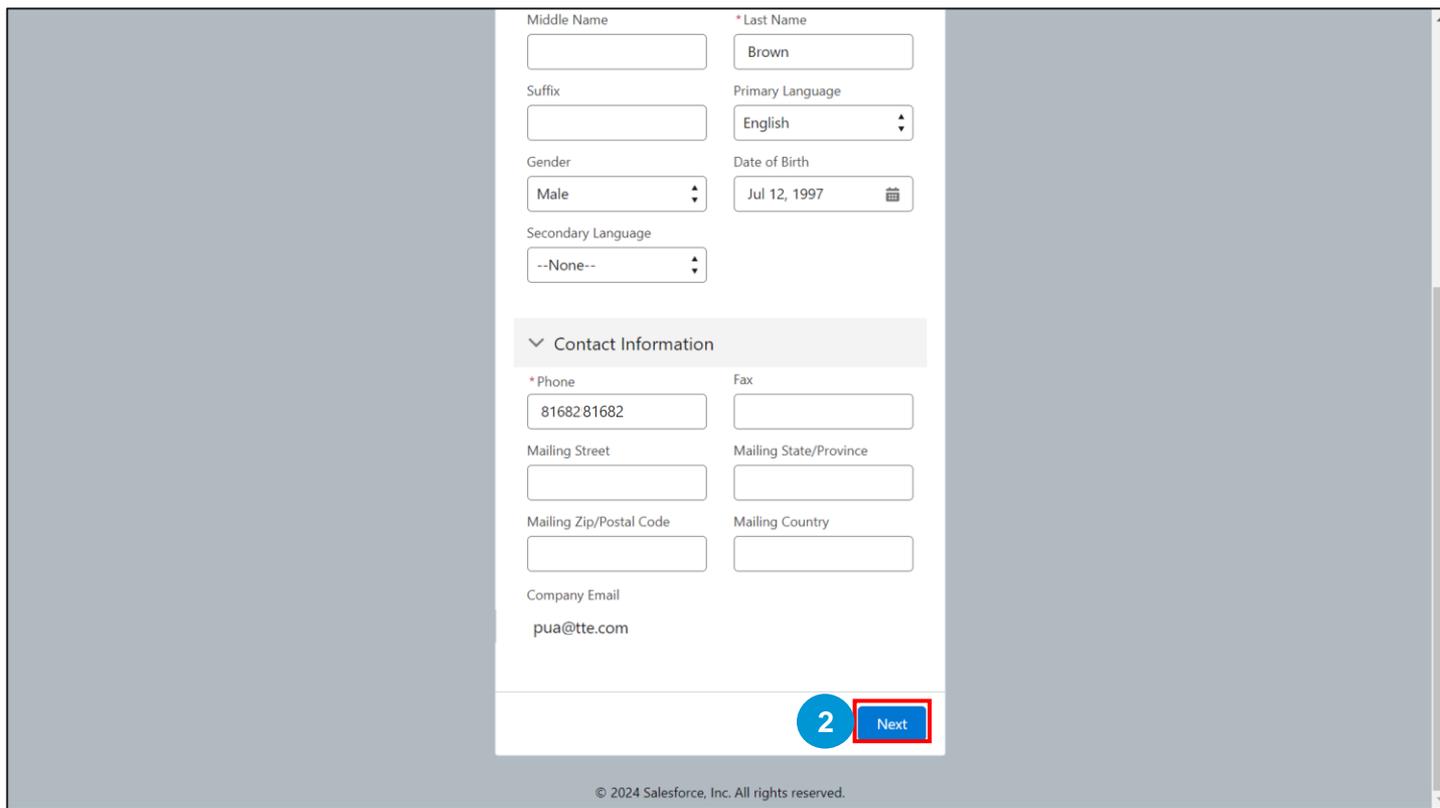


The screenshot shows the Salesforce user setup interface. At the top, the Salesforce logo is visible, along with the user email 'albert@lacvoicecrm.devpro' and a 'Log Out' link. The main form is titled 'Enter User Information' and is organized into two expandable sections: 'Personal Information' and 'Contact Information'. The 'Personal Information' section contains the following fields: Salutation (dropdown menu with '--None--'), First Name (text input with 'Albert'), Middle Name (text input), Last Name (text input with 'Brown'), Suffix (text input), Primary Language (dropdown menu with '--None--'), Gender (dropdown menu with '--None--'), Date of Birth (calendar icon), and Secondary Language (dropdown menu with '--None--'). The 'Contact Information' section contains the Phone (text input, highlighted with a red box and a blue circle with '1') and Fax (text input) fields.

Enter User Information (Cont'd)

The users will have to perform the following steps to fill in the **Enter User Information** form:

2. Scroll to the bottom of the page and click **Next** to proceed further.



The screenshot displays a user information form with the following fields and values:

- Middle Name:
- * Last Name:
- Suffix:
- Primary Language:
- Gender:
- Date of Birth:
- Secondary Language:

Contact Information

- * Phone:
- Fax:
- Mailing Street:
- Mailing State/Province:
- Mailing Zip/Postal Code:
- Mailing Country:
- Company Email:

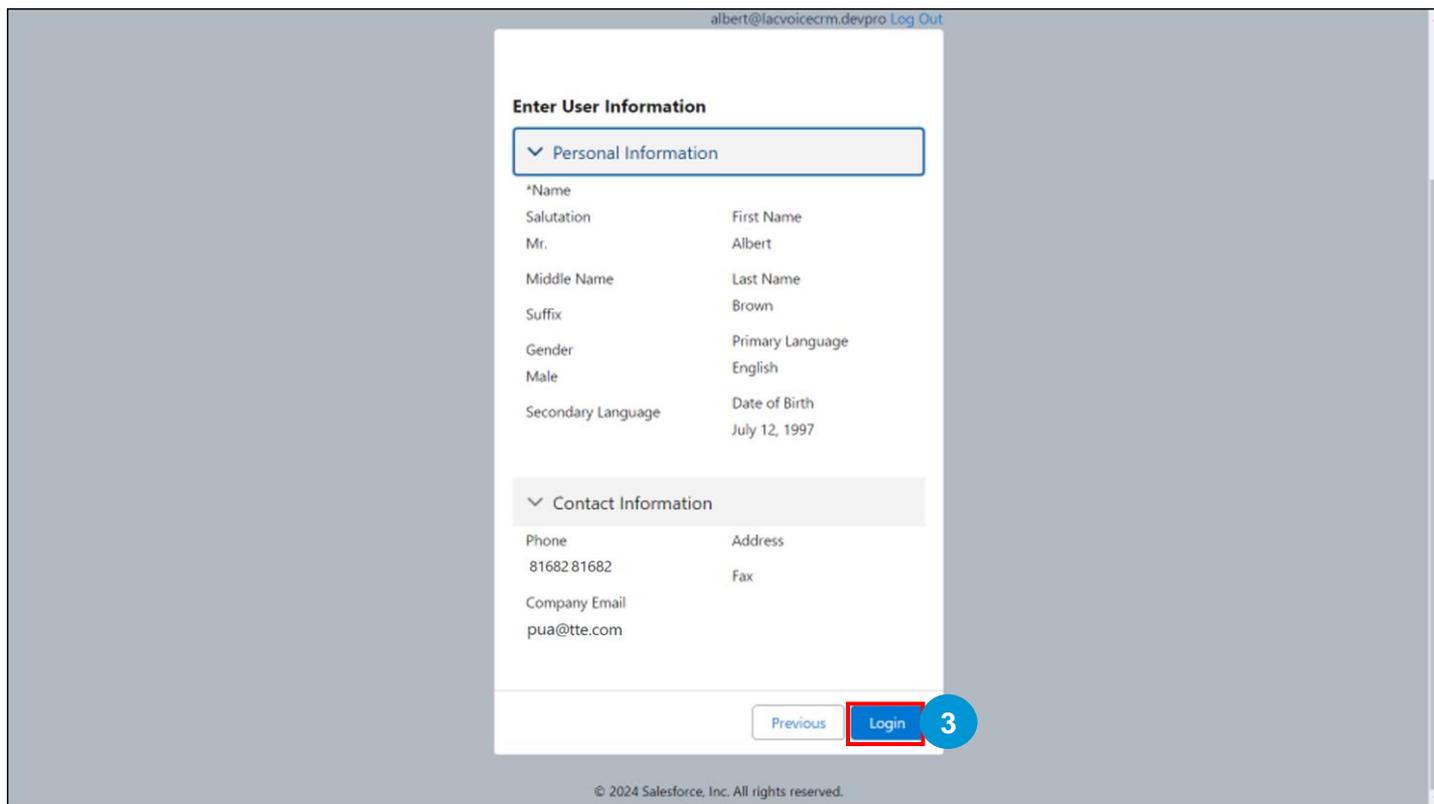
At the bottom right of the form, there is a blue circle containing the number **2** and a blue button labeled **Next**, which is highlighted with a red border.

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Enter User Information (Cont'd)

The users will have to perform the following steps to fill in the **Enter User Information** form:

3. Review the entered details and click **Login**.



albert@lacvoicecrm.devpro Log Out

Enter User Information

Personal Information

*Name
Salutation First Name
Mr. Albert
Middle Name Last Name
Suffix Brown
Gender Primary Language
Male English
Secondary Language Date of Birth
July 12, 1997

Contact Information

Phone Address
81682 81682 Fax
Company Email
pua@tte.com

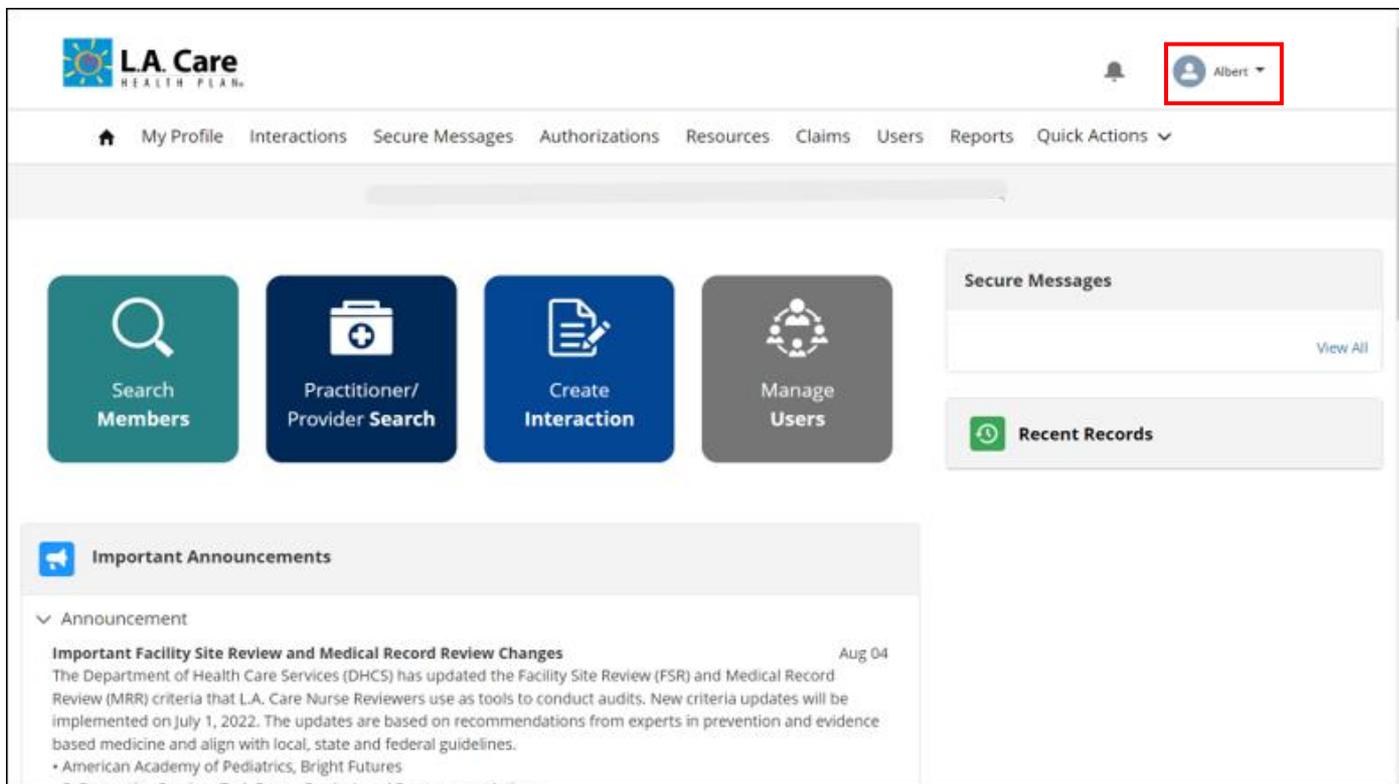
Previous Login 3

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Note: If you want to update the entered details, you can click **Previous**. You will be directed to the previous screen where you can edit the fields.

Enter User Information (Cont'd)

After clicking **Login**, the user is logged into Provider Portal for the first time. The Provider Portal Homepage displays. Here, you can check your username as highlighted below:



Note: The Provider Portal Homepage View will differ according to the user's assigned role. For example, if a user is assigned the Provider Portal Admin role, they will see the Provider Portal Admin Homepage view.



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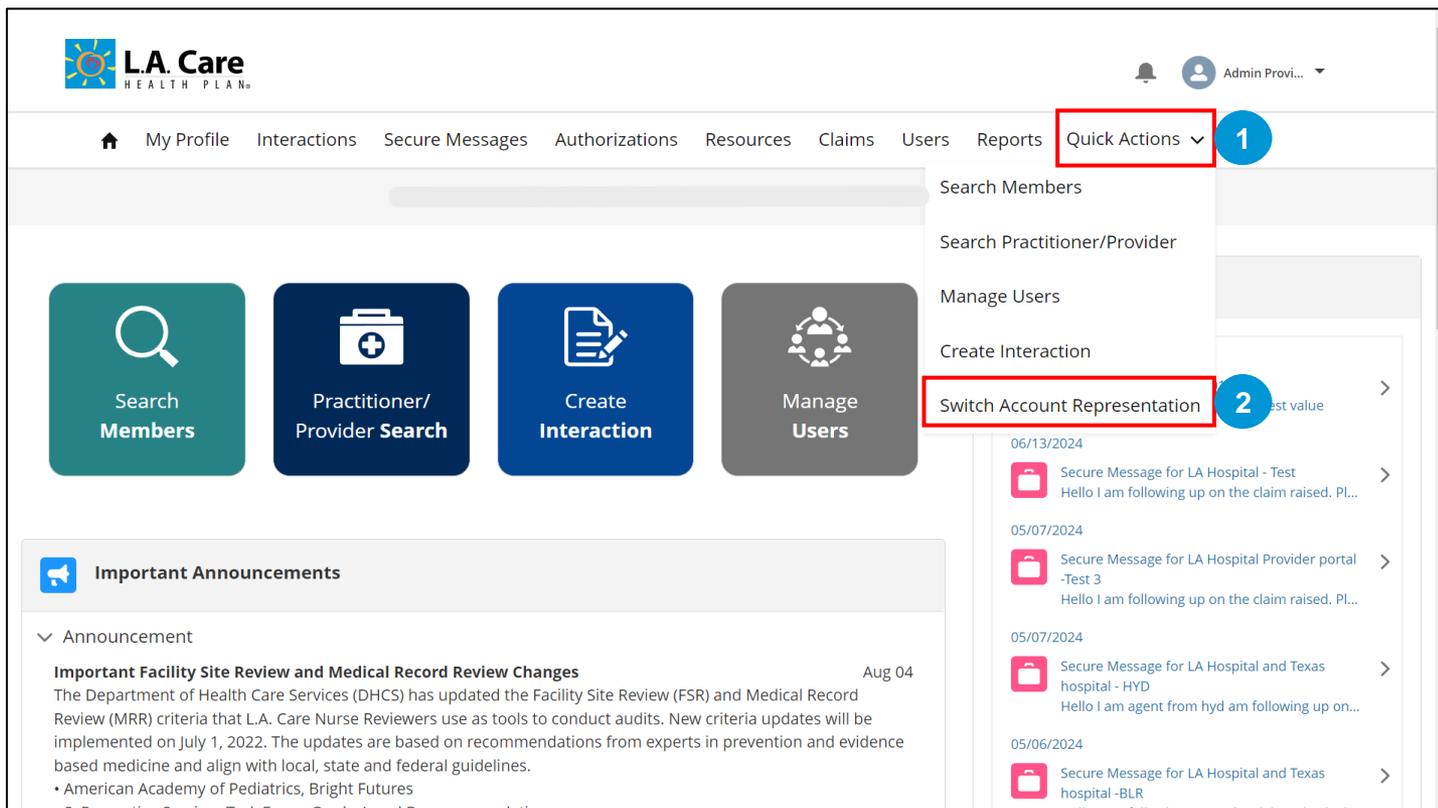
For All of L.A.

Account Selection

Account Selection

After accessing the Provider Portal, the user can switch to a different account by performing the following steps on Provider Portal:

1. Login to the Provider Portal using the login credentials. Click the **Quick Actions** menu item.
2. Click **Switch Account Representation** to view the list of all the associated accounts.

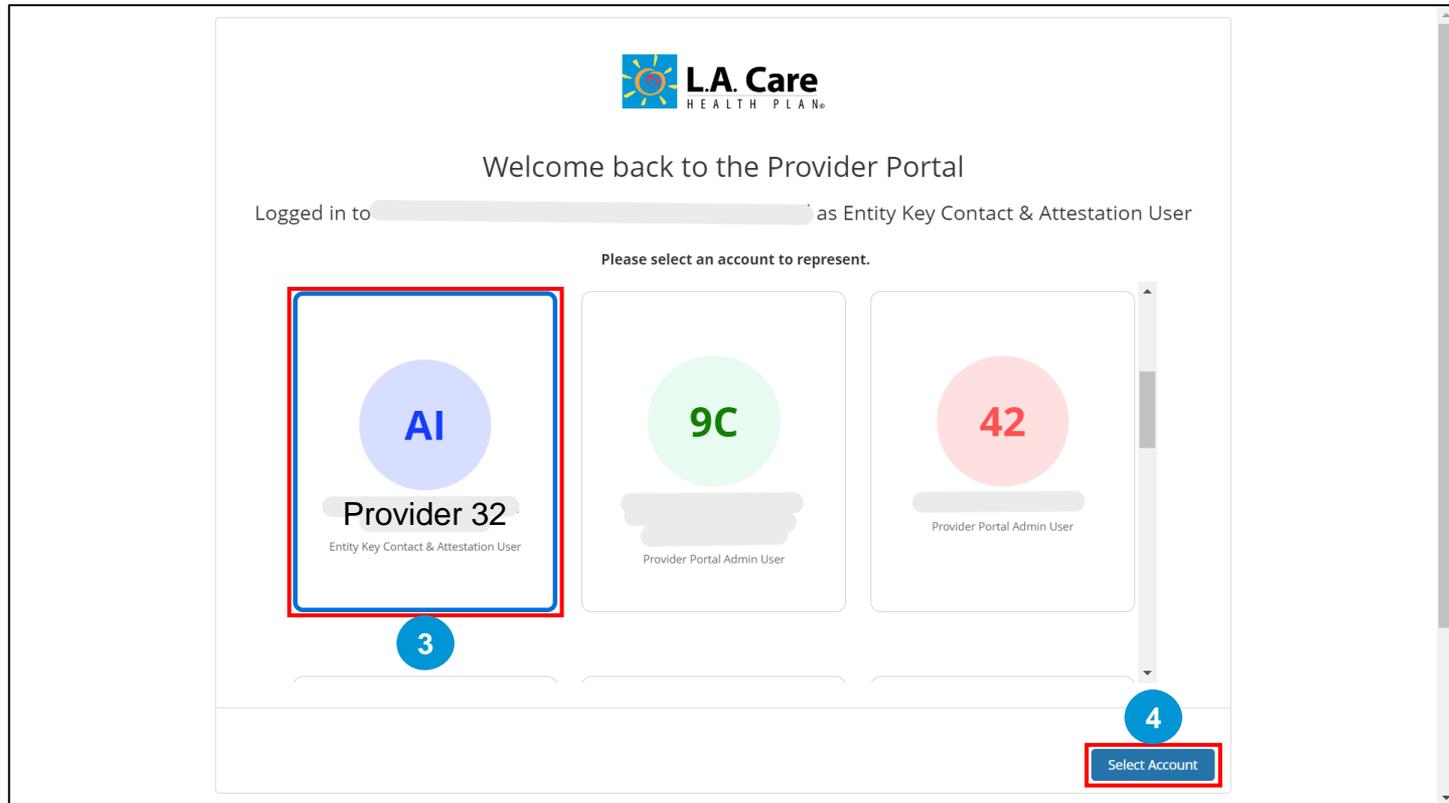


The screenshot displays the L.A. Care Health Plan Provider Portal. The top navigation bar includes the L.A. Care logo, a user profile icon labeled "Admin Provi...", and a "Quick Actions" dropdown menu. The dropdown menu is open, showing options: "Search Members", "Search Practitioner/Provider", "Manage Users", "Create Interaction", and "Switch Account Representation". The "Switch Account Representation" option is highlighted with a red box and a blue circle containing the number "2". The "Quick Actions" menu item in the top bar is also highlighted with a red box and a blue circle containing the number "1". Below the navigation bar, there are four main action buttons: "Search Members" (teal), "Practitioner/Provider Search" (dark blue), "Create Interaction" (blue), and "Manage Users" (grey). Below these buttons is an "Important Announcements" section with a sub-section for "Announcement" dated "Aug 04", titled "Important Facility Site Review and Medical Record Review Changes". On the right side of the screen, there is a list of secure messages with dates and subject lines, such as "06/13/2024 Secure Message for LA Hospital - Test" and "05/07/2024 Secure Message for LA Hospital Provider portal -Test 3".

Account Selection (Cont'd)

Perform the following steps to switch to a different account on Provider Portal:

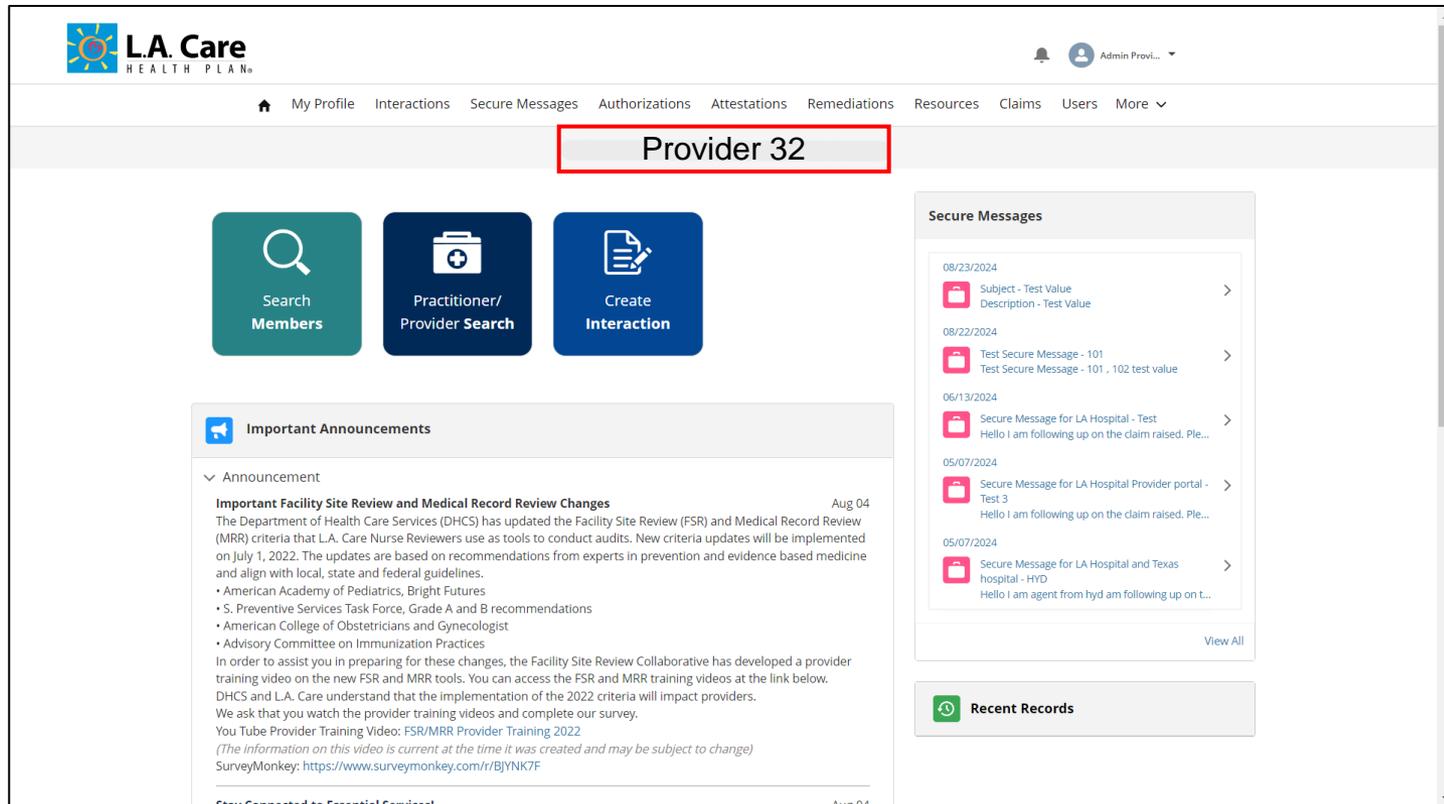
3. Select the account to which you want to switch from the list of all the associated accounts.
4. Click **Select Account**.



The screenshot displays the L.A. Care Health Plan logo at the top. Below it, the text reads "Welcome back to the Provider Portal" and "Logged in to [redacted] as Entity Key Contact & Attestation User". A prompt says "Please select an account to represent." Below this are three account cards. The first card, labeled "AI" in a blue circle, is for "Provider 32" (Entity Key Contact & Attestation User) and is highlighted with a red box and a blue circle with the number 3. The second card, labeled "9C" in a green circle, is for a "Provider Portal Admin User" and is also highlighted with a red box. The third card, labeled "42" in a red circle, is for a "Provider Portal Admin User". At the bottom right, a "Select Account" button is highlighted with a red box and a blue circle with the number 4.

Account Selection (Cont'd)

You will be directed to the Provider Portal Homepage. Here, you can see that the account has changed to the account selected in the previous step.



The screenshot shows the L.A. Care Provider Portal interface. At the top left is the L.A. Care Health Plan logo. The top navigation bar includes links for My Profile, Interactions, Secure Messages, Authorizations, Attestations, Remediations, Resources, Claims, Users, and More. A user profile dropdown for 'Admin Provi...' is visible in the top right. A red box highlights the text 'Provider 32' in the header area. Below the header are three main action buttons: 'Search Members' (green), 'Practitioner/Provider Search' (dark blue), and 'Create Interaction' (blue). On the right side, there is a 'Secure Messages' section with a list of messages, including one from 08/23/2024 with subject 'Test Value' and another from 08/22/2024 with subject 'Test Secure Message - 101'. Below the messages is a 'Recent Records' section. On the left, an 'Important Announcements' section features an announcement dated Aug 04 regarding 'Important Facility Site Review and Medical Record Review Changes' from the Department of Health Care Services (DHCS).



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Practitioner / Provider Search

Practitioner / Provider Search - Overview

The Practitioner/Provider search functionality on Provider Portal is a critical component of Provider Portal, Portal Administrators and General Users to efficiently locate medical professionals and facilities.

This functionality allows for the filtering of practitioners by specialty, location, availability, and other relevant criteria. It ensures that individuals can find providers who meet their Member's specific health needs and are within L.A. Care's Network.

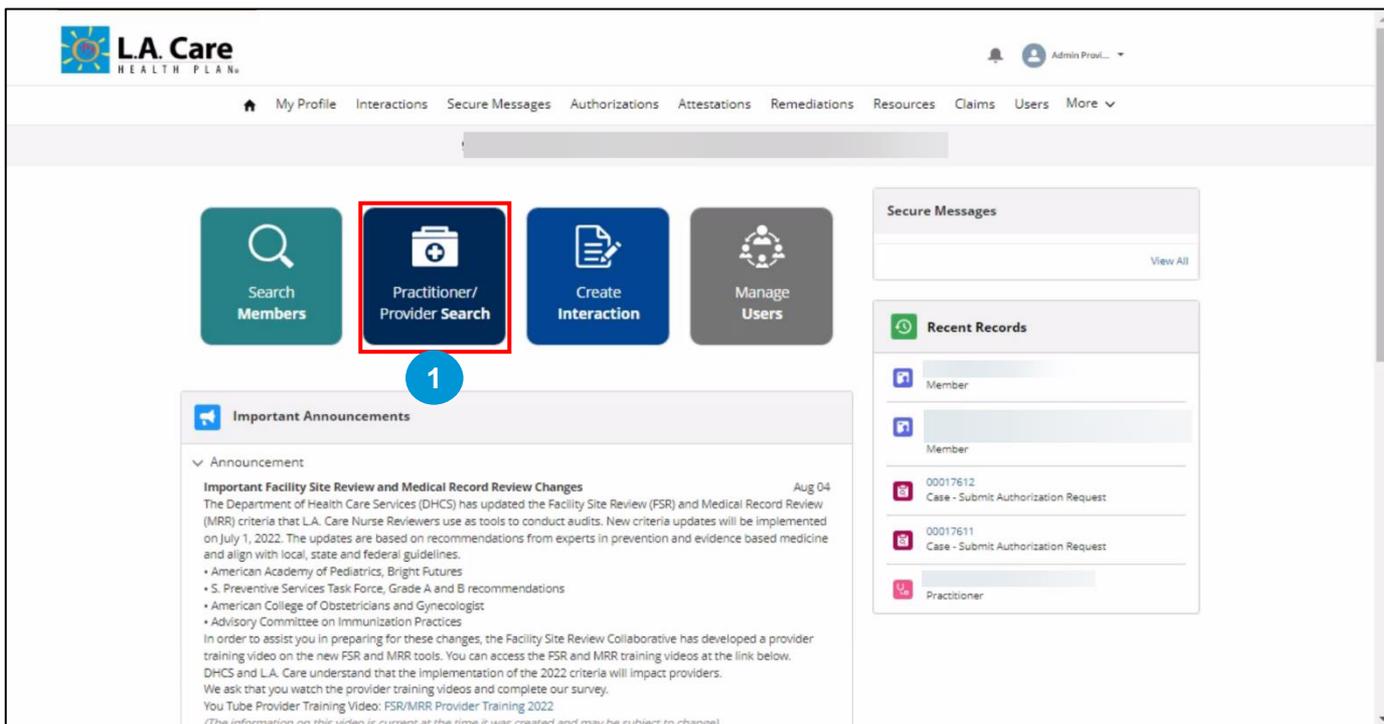
Next, let's see how Practitioner Search works.

Practitioner Search

Practitioners or Providers use the Practitioner/Practitioner Search functionality to conduct a search for a practitioner or provider.

Login to the Provider Portal using your login credentials. On the Homepage of the Provider Portal perform the following steps to search for a practitioner on the Provider Portal:

1. Click **Practitioner/Provider Search** on the Provider Portal Homepage to access the **Practitioner/Provider Search** page.

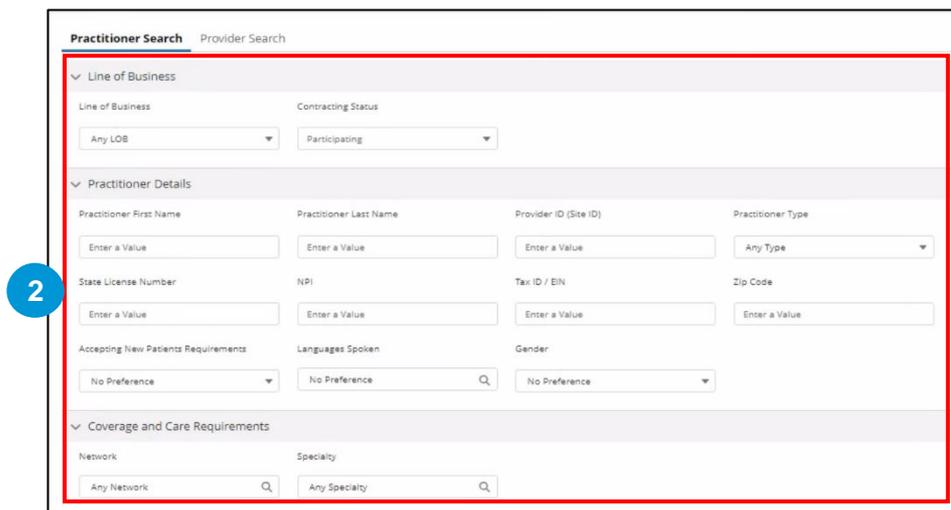


The screenshot shows the L.A. Care Health Plan Provider Portal homepage. The top navigation bar includes links for My Profile, Interactions, Secure Messages, Authorizations, Attestations, Remediations, Resources, Claims, Users, and More. Below the navigation bar, there are four main action buttons: Search Members, Practitioner/Provider Search (highlighted with a red box and a blue circle with the number 1), Create Interaction, and Manage Users. To the right, there are sections for Secure Messages and Recent Records. Below the main buttons, there is an Important Announcements section with a detailed announcement about Facility Site Review and Medical Record Review Changes, dated August 04, 2022.

Practitioner Search (Cont'd)

The Provider/Practitioner Search page will appear. Perform the following steps to search:

2. On the **Practitioner/Provider Search** page, under the **Practitioner Search** tab, you can enter the search criteria in the fields available. There are three sections available under the **Practitioner Search** tab:
 - **Line of Business:** In this section, you can enter search criteria based on the Line of Business and Contracting Status of the practitioner.
 - **Practitioner Details:** Under practitioner details, you can enter search criteria based on the practitioner details, such as Practitioner First Name, Practitioner Last Name, Provider ID, Practitioner Type, etc.
 - **Coverage and Care Requirements:** Enter search criteria based on the Network and Specialty as per the coverage and care requirements in this section.



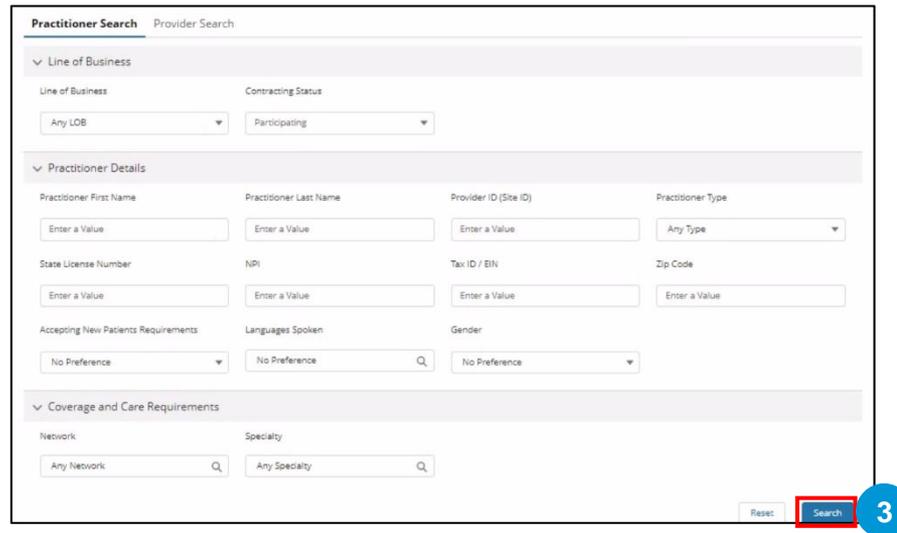
The screenshot shows the 'Practitioner Search' form with the following sections:

- Line of Business:** Includes 'Line of Business' (dropdown menu with 'Any LOB') and 'Contracting Status' (dropdown menu with 'Participating').
- Practitioner Details:** Includes 'Practitioner First Name', 'Practitioner Last Name', 'Provider ID (Site ID)', 'Practitioner Type', 'State License Number', 'NPI', 'Tax ID / EIN', and 'Zip Code'.
- Coverage and Care Requirements:** Includes 'Accepting New Patients Requirements', 'Languages Spoken', 'Gender', 'Network', and 'Specialty'.

Practitioner Search (Cont'd)

Perform the following step to search on the Practitioner/Provider Search page:

- After entering the search criteria, click the **Search** button to view the search results.



The screenshot shows the 'Practitioner Search' form with the following sections:

- Line of Business:** Line of Business (Any LCB), Contracting Status (Participating).
- Practitioner Details:**
 - Practitioner First Name, Last Name, ID (Site ID), and Type (Any Type).
 - State License Number, NPI, Tax ID / EIN, and Zip Code.
 - Accepting New Patients Requirements, Languages Spoken, and Gender.
- Coverage and Care Requirements:** Network (Any Network) and Specialty (Any Specialty).

At the bottom right, there are 'Reset' and 'Search' buttons. The 'Search' button is highlighted with a red box, and a blue circle with the number '3' is placed next to it.

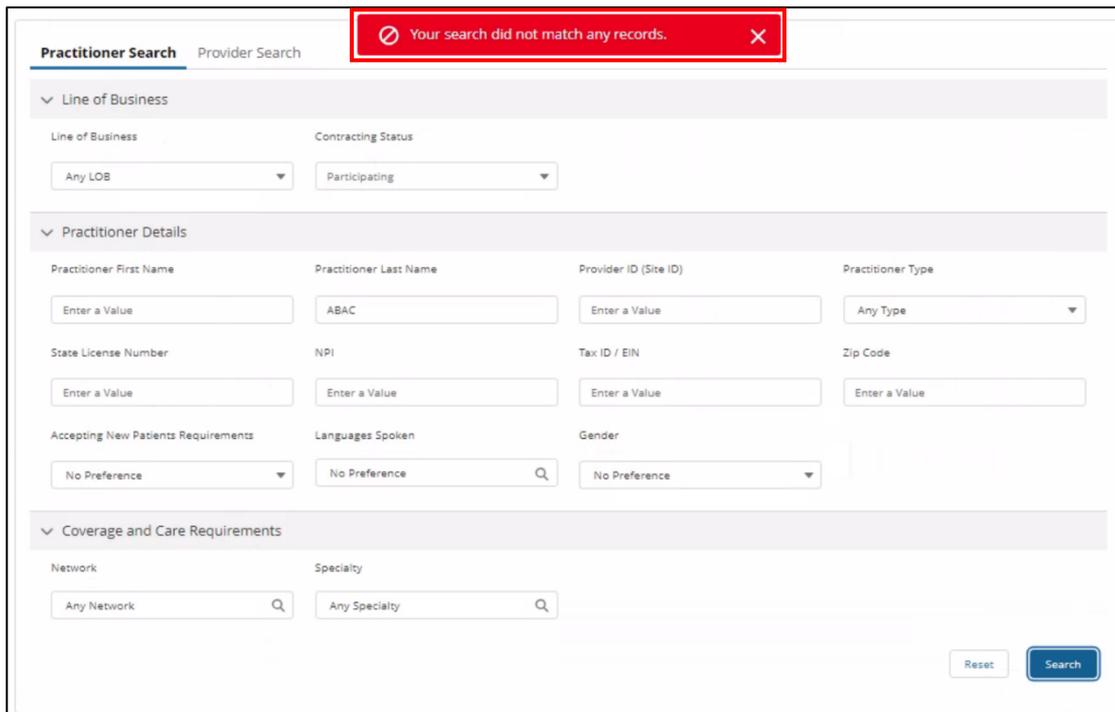
Note:

- If you click the Search button without entering any search criteria, the list of all the practitioners will be displayed.
- The **Reset** button will reset the entered search criteria for all the fields on this page.

Next, let's see the error which can occur while searching for a practitioner.

Practitioner Search – Error

If the search criteria doesn't match with any record in the system, you will get the highlighted error:



The screenshot shows the 'Practitioner Search' interface. At the top, there is a red error message box that says 'Your search did not match any records.' Below this, the search criteria are organized into sections:

- Line of Business:** Includes dropdowns for 'Line of Business' (set to 'Any LOB') and 'Contracting Status' (set to 'Participating').
- Practitioner Details:** Includes input fields for 'Practitioner First Name' (placeholder: 'Enter a Value'), 'Practitioner Last Name' (value: 'ABAC'), 'Provider ID (Site ID)' (placeholder: 'Enter a Value'), and 'Practitioner Type' (dropdown: 'Any Type'). It also includes fields for 'State License Number', 'NPI', 'Tax ID / EIN', and 'Zip Code', all with 'Enter a Value' placeholders. There are also dropdowns for 'Accepting New Patients Requirements' (set to 'No Preference') and 'Gender' (set to 'No Preference').
- Coverage and Care Requirements:** Includes dropdowns for 'Network' (set to 'Any Network') and 'Specialty' (set to 'Any Specialty').

At the bottom right, there are 'Reset' and 'Search' buttons.

Note: If the search criteria matches with any record in the system, it will be displayed in the search result section on the Practitioner Search page.

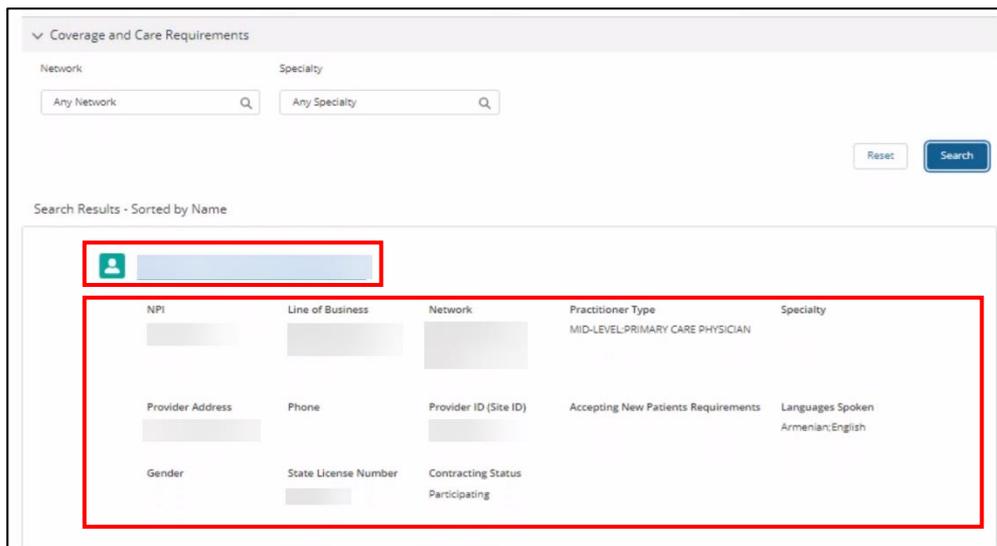
Next, let's review the practitioner search result details.

Practitioner Search Result

Now, that you are aware of how to search for a practitioner. Let's see how the key information is displayed under the Practitioner Search Result section.

In the **Practitioner Search Result** section, you will find the following key details:

- All practitioner records that match the search criteria will be displayed in alphabetical order across multiple search result pages. Each search result page will show up to five matching records. For every result, you will find details such as **Practitioner's Name, NPI, Line of Business, Network, Practitioner Type, Provider Address, Phone, Provider ID, etc.**
- You can select the practitioner from the search results to access the Practitioner 360 page and view its details.



Coverage and Care Requirements
 Network: Specialty:

Search Results - Sorted by Name

				
NPI	Line of Business	Network	Practitioner Type	Specialty
			MID-LEVEL PRIMARY CARE PHYSICIAN	
Provider Address	Phone	Provider ID (Site ID)	Accepting New Patients Requirements	Languages Spoken
				Armenian; English
Gender	State License Number	Contracting Status		
		Participating		

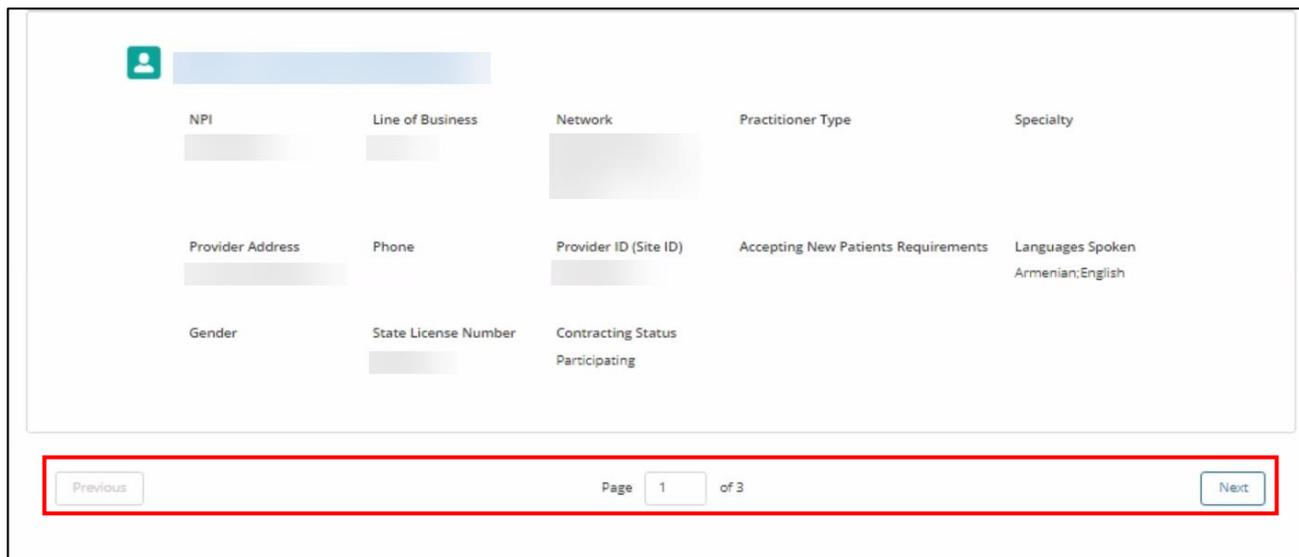
We will talk about the Practitioner 360 page in detail later in this module.

Practitioner Search Result (Cont'd)

Now, let's see how you can navigate through different search result pages for the practitioner.

Scroll down to the bottom of the **Practitioner Search Result** section to access the **Previous** and **Next** buttons and the **Page** field:

- The **Previous** button and the **Next** button can be used to move to the previous search result page and the next search result page, respectively.
- The **Page** field indicates the current search page number you are accessing and the total page numbers of the search results. You can directly enter the appropriate page number in the **Page** field and press the **Enter** key to jump directly on that page of the search results.



The screenshot shows a practitioner search result page with a red box highlighting the navigation controls at the bottom. The controls include a 'Previous' button, a 'Page' field with the value '1' and 'of 3', and a 'Next' button.

NPI	Line of Business	Network	Practitioner Type	Specialty
Provider Address	Phone	Provider ID (Site ID)	Accepting New Patients Requirements	Languages Spoken Armenian;English
Gender	State License Number	Contracting Status Participating		

Navigation controls: Previous | Page 1 of 3 | Next

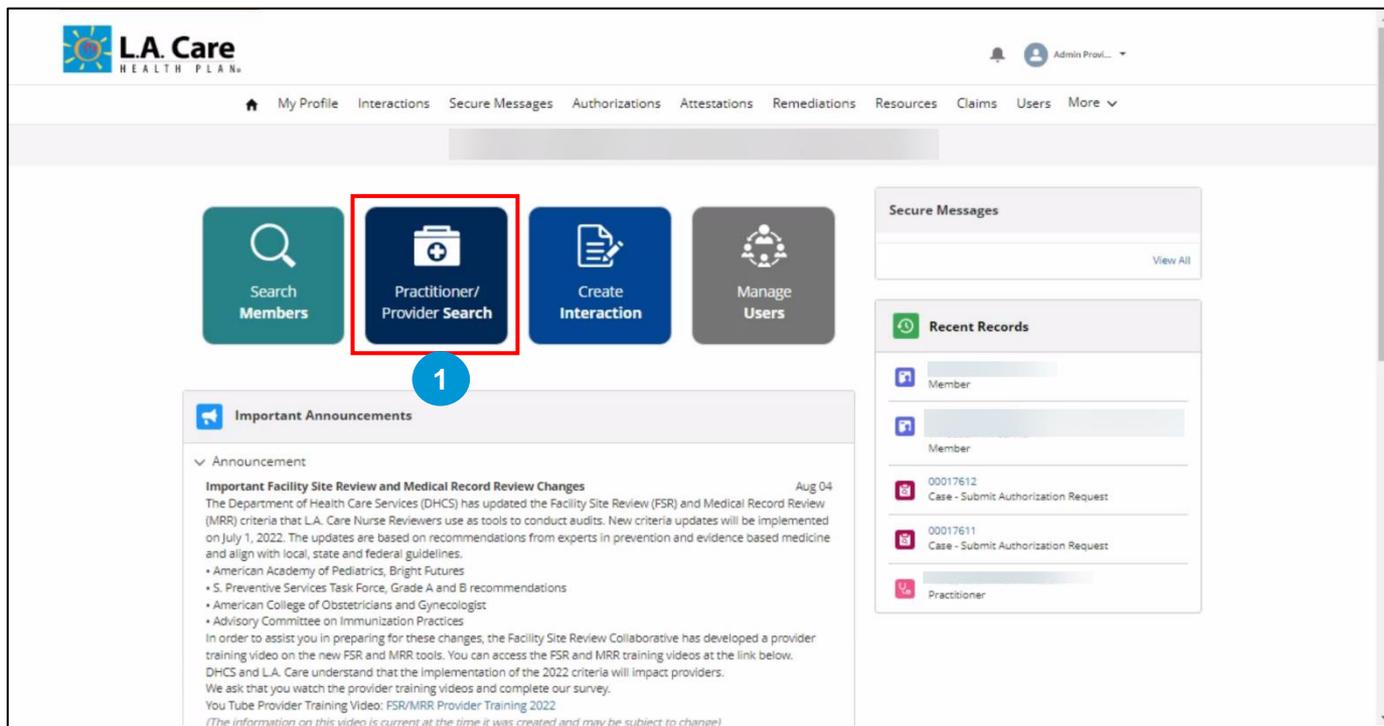
Next, let's see how the provider search works on the Provider Portal.

Provider Search

Practitioners or Providers can use the Provider Search functionality to conduct a search for a provider.

Login to Provider Portal using your credentials. On the Home Page of the Provider Portal, perform the following steps to carry out provider search on Provider Portal:

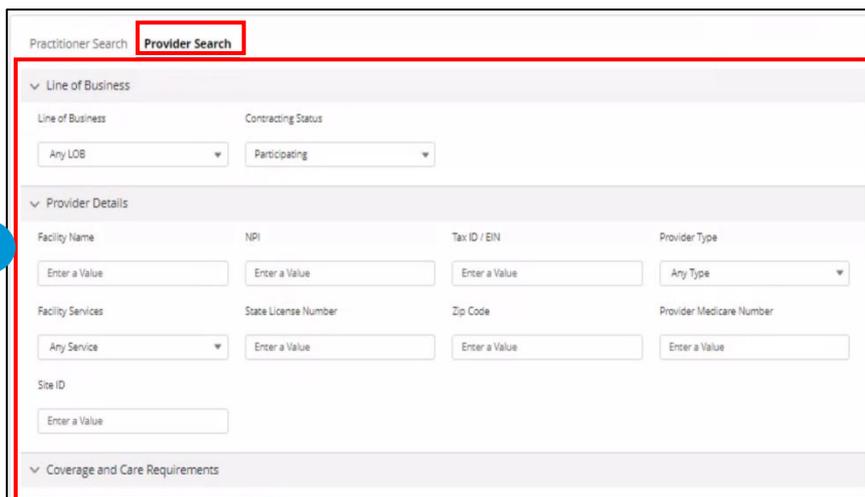
1. Click **Practitioner/Provider Search** on the Provider Portal Homepage to access the **Practitioner/Provider Search** page.



Provider Search (Cont'd)

The Provider/Practitioner Search page will appear. On the **Practitioner/Provider Search** page. Click **Provider Search** to carry out the provider search.

2. Under the **Provider Search** tab, you can enter the search criteria in the fields available. There are three sections available under the **Practitioner Search** tab:
 - **Line of Business:** In this section, you can enter search criteria based on the Line of Business and Contracting Status of the provider.
 - **Provider Details:** Under Provider Details Section, you can enter search criteria based on the provider details such as Facility Name, Tax ID / EIN, Provider Type, NPI, etc.
 - **Coverage and Care Requirements:** You can enter search criteria based on the Network and Specialty as per the coverage and care requirements under this section.



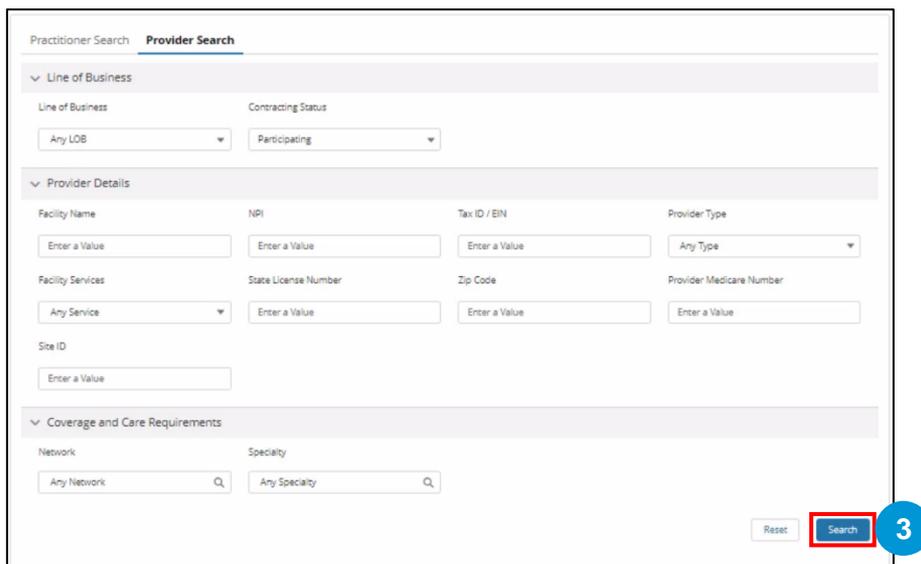
The screenshot shows the 'Practitioner Search' page with the 'Provider Search' tab selected. The search criteria are organized into three main sections:

- Line of Business:** Includes 'Line of Business' (dropdown menu set to 'Any LOB') and 'Contracting Status' (dropdown menu set to 'Participating').
- Provider Details:** Includes 'Facility Name' (text input), 'NPI' (text input), 'Tax ID / EIN' (text input), 'Provider Type' (dropdown menu set to 'Any Type'), 'Facility Services' (dropdown menu set to 'Any Service'), 'State License Number' (text input), 'Zip Code' (text input), 'Provider Medicare Number' (text input), and 'Site ID' (text input).
- Coverage and Care Requirements:** This section is partially visible at the bottom of the form.

Provider Search (Cont'd)

Perform the following steps to search for a provider on the Provider Portal:

- After entering the search criteria, click the **Search** button to view the search results.



The screenshot shows the 'Practitioner Search' interface with the 'Provider Search' tab selected. The form is organized into several sections:

- Line of Business:** Includes dropdowns for 'Line of Business' (set to 'Any LOB') and 'Contracting Status' (set to 'Participating').
- Provider Details:** Contains input fields for 'Facility Name', 'NPI', 'Tax ID / EIN', 'Facility Services', 'State License Number', 'Zip Code', and 'Site ID'. It also includes dropdowns for 'Provider Type' and 'Provider Medicare Number'.
- Coverage and Care Requirements:** Includes search boxes for 'Network' and 'Specialty'.

At the bottom right of the form, there are two buttons: 'Reset' and 'Search'. The 'Search' button is highlighted with a red rectangle, and a blue circle with the number '3' is overlaid on it, indicating the step to click the search button.

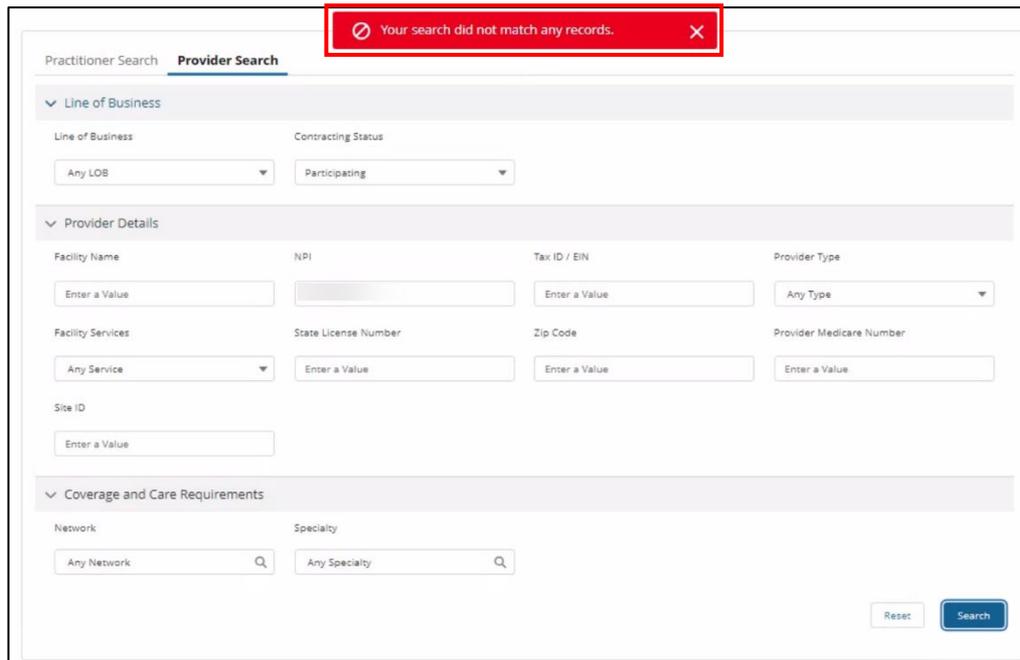
Note:

- If you will click the Search button without entering any search criteria, all the providers in the system will be displayed.
- The **Reset** button will reset the entered search criteria for all the fields on this page.

Next, let's see the error which can occur while searching for a provider.

Provider Search – Error

If the search criteria doesn't match with any record in the system, you will get the below highlighted error:



The screenshot displays the "Practitioner Search" interface with the "Provider Search" tab selected. A red error message box at the top center reads "Your search did not match any records." The search form includes several sections:

- Line of Business:** "Line of Business" (Any LOB) and "Contracting Status" (Participating).
- Provider Details:** "Facility Name" (Enter a Value), "NPI" (Enter a Value), "Tax ID / EIN" (Enter a Value), "Provider Type" (Any Type), "Facility Services" (Any Service), "State License Number" (Enter a Value), "Zip Code" (Enter a Value), and "Provider Medicare Number" (Enter a Value).
- Site ID:** (Enter a Value)
- Coverage and Care Requirements:** "Network" (Any Network) and "Specialty" (Any Specialty).

Buttons for "Reset" and "Search" are located at the bottom right of the form.

Note: If the search criteria matches with any record in the system, it will be displayed in the search result section under the Provider Search tab.

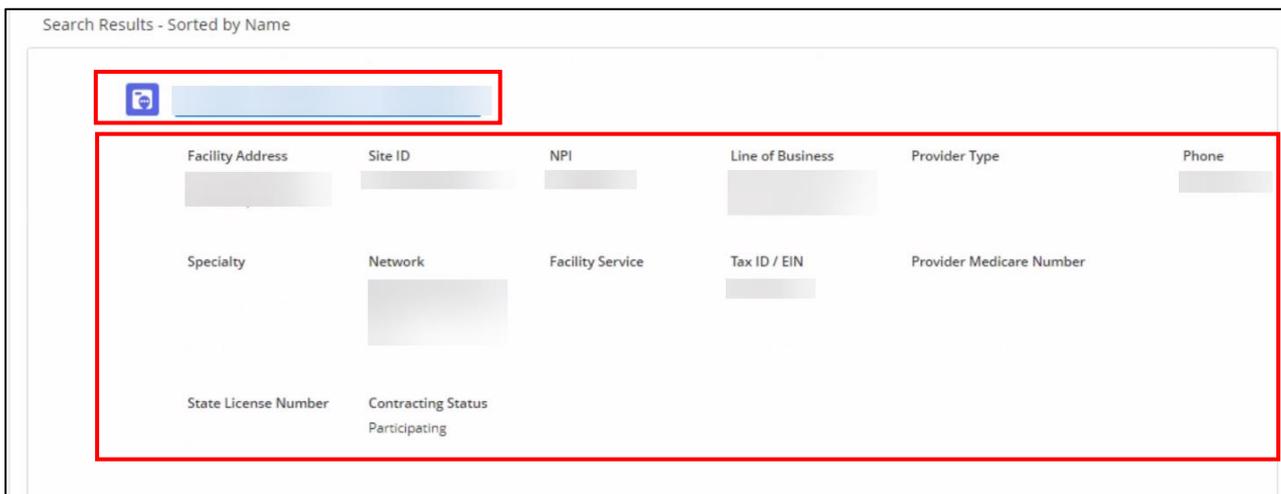
Next, let's review the provider search result details.

Provider Search Result

Now, that you are aware of how to search for a provider. Let's see how the key information is displayed under the Provider Search Result section.

In the **Provider Search Result** section, you will find the following key details:

- All provider records that match the search criteria will be displayed in alphabetical order across multiple search result pages. Each search result page will show up to five matching records. For each result, you will find details such as **Provider's Name, Facility Address, Site ID, NPI, Line of Business, Provider Type, Provider Address, Phone**, etc.
- You can select the provider from the search results to access the Provider 360 page and view its details.



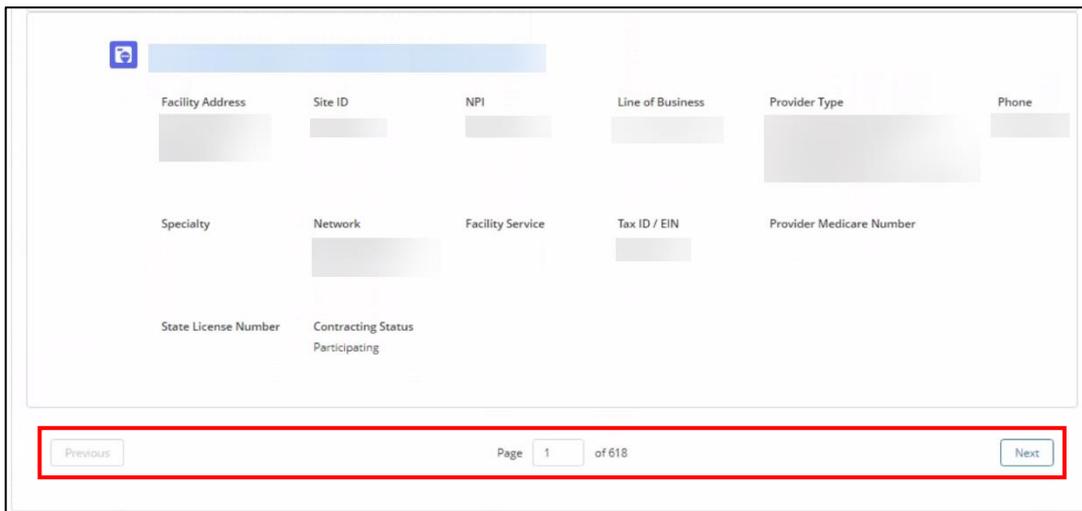
We will talk about the Provider 360 page in detail later in this module.

Provider Search Result (Cont'd)

Now, let's see how you can navigate through different provider search result pages.

Scroll down to the bottom of the **Practitioner Search Result** section to access the **Previous** and **Next** buttons, and the **Page** field:

- The **Previous** button and the **Next** button can be used to move to the previous search result page and the next search result page, respectively.
- The **Page** field indicates the current search page number you are accessing and the total page numbers of the search results. You can directly enter the appropriate page number in the **Page** field and press the **Enter** key to jump directly on that page of the search results.



The screenshot shows a form with various fields for provider information. At the bottom of the form, there is a navigation bar containing a 'Previous' button, a 'Page' field with the value '1' and 'of 618', and a 'Next' button. A red rectangular box highlights this navigation bar.

Next, let's discuss about the Practitioner 360 page.



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Practitioner 360 / Provider 360

Practitioner 360 / Provider 360 – Overview

Practitioner 360 and Provider 360 are advanced analytics solutions designed to enhance the performance and efficiency of healthcare practitioners and provider organizations, respectively. These tools leverage data integration and analytics to provide comprehensive insights, enabling better decision-making and improved outcomes in healthcare settings.

In this module, the below components of the Practitioner 360 and Provider 360 pages will be covered:

- **Practitioner 360 Highlights Panel**
- **Practitioner 360 Tabs**
- **Provider 360 Highlights Panel**
- **Provider 360 Tabs**

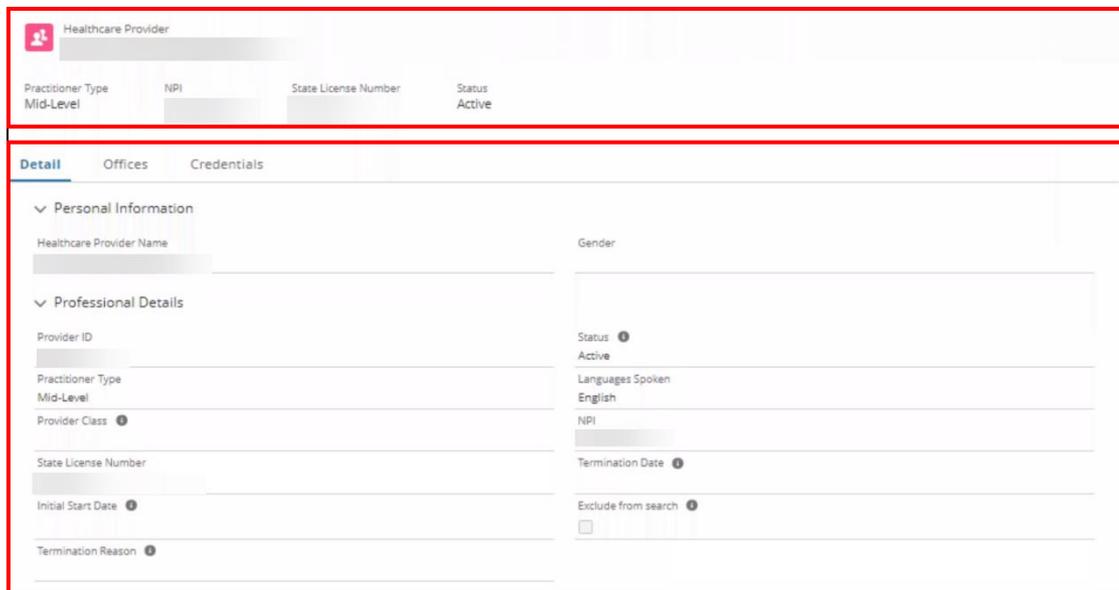
Practitioner 360 – Overview

Practitioner 360 is also referred to as the practitioner profile. On this page, Users can view the practitioner’s complete information.

The Practitioner 360 page provides a holistic view of the practitioner’s personal information, professional details, contact information, office details, and credentials details.

The key components of the Practitioner 360 page are:

1. Highlights Panel
2. Practitioner 360 Tabs



Next, let’s discuss about these components in details.

Practitioner 360 – Highlights Panel

Here are the key components of the Practitioner 360 page:

1. **Highlights Panel:** This is the top section of the **Practitioner 360** page. Here you will find details such as the **Practitioner Type**, **NPI**, **State License Number**, and **Status**.

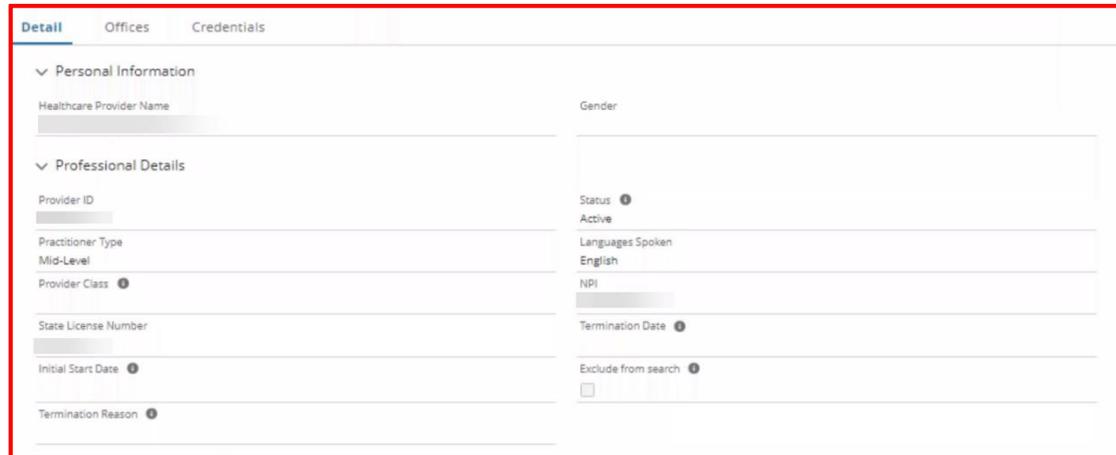
	Healthcare Provider		
Practitioner Type	NPI	State License Number	Status
Mid-Level			Active

Next, let's discuss about the tabs available on the Practitioner 360 page.

Practitioner 360 – Tabs

Here are the key components of the Practitioner 360 page:

- Practitioner 360 Tabs:** The Practitioner 360 tabs provide a comprehensive view of the practitioner's personal details, professional details, contact details, offices and credentials details. The following three tabs are available on the Practitioner 360 page:
 - Detail
 - Offices
 - Credentials



The screenshot displays the 'Detail' tab of the Practitioner 360 page. It features two main sections: 'Personal Information' and 'Professional Details'. The 'Personal Information' section includes fields for 'Healthcare Provider Name', 'Gender', and 'Status' (set to 'Active'). The 'Professional Details' section includes fields for 'Provider ID', 'Practitioner Type' (set to 'Mid-Level'), 'Provider Class', 'State License Number', 'Initial Start Date', 'Termination Reason', 'Languages Spoken' (set to 'English'), 'NPI', 'Termination Date', and 'Exclude from search' (checkbox).

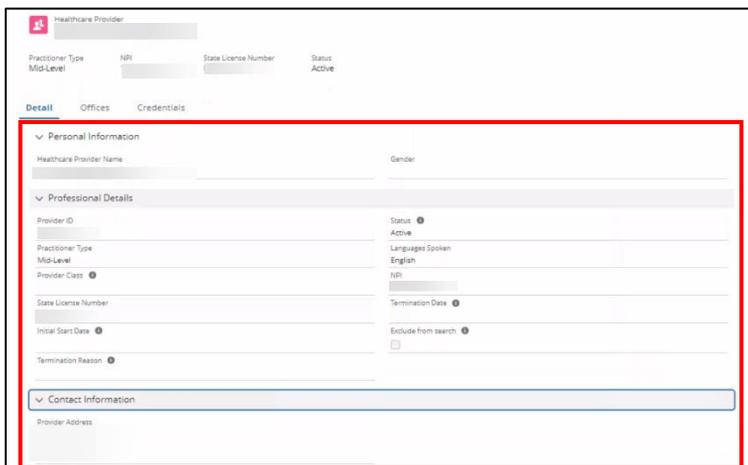
Next, let's discuss about the information available under each tab.

Practitioner 360 – Detail Tab

Here is the information available under the **Detail** tab:

Under the **Detail** tab, there are three different sections:

- **Personal Information:** In this section, you will find the personal information of the practitioner such as **Healthcare Provider Name** and **Gender**.
- **Professional Details:** Under **Professional Details** section, you will find the professional information of the practitioner such as **Provider ID**, **Practitioner Type**, **State License Number**, **Status**, **Language Spoken**, **NPI**, etc.
- **Contact Information:** You will find the contact information of the practitioner such as **Provider Address** in the **Contact Information** section.



Healthcare Provider

Practitioner Type: Mid-Level, NPI: [Redacted], State License Number: [Redacted], Status: Active

Detail | Offices | Credentials

Personal Information

Healthcare Provider Name: [Redacted], Gender: [Redacted]

Professional Details

Provider ID: [Redacted], Status: Active

Practitioner Type: Mid-Level, Languages Spoken: English

Provider Class: [Redacted], NPI: [Redacted]

State License Number: [Redacted], Termination Date: [Redacted]

Initial Start Date: [Redacted], Exclude from search: [Redacted]

Termination Reason: [Redacted]

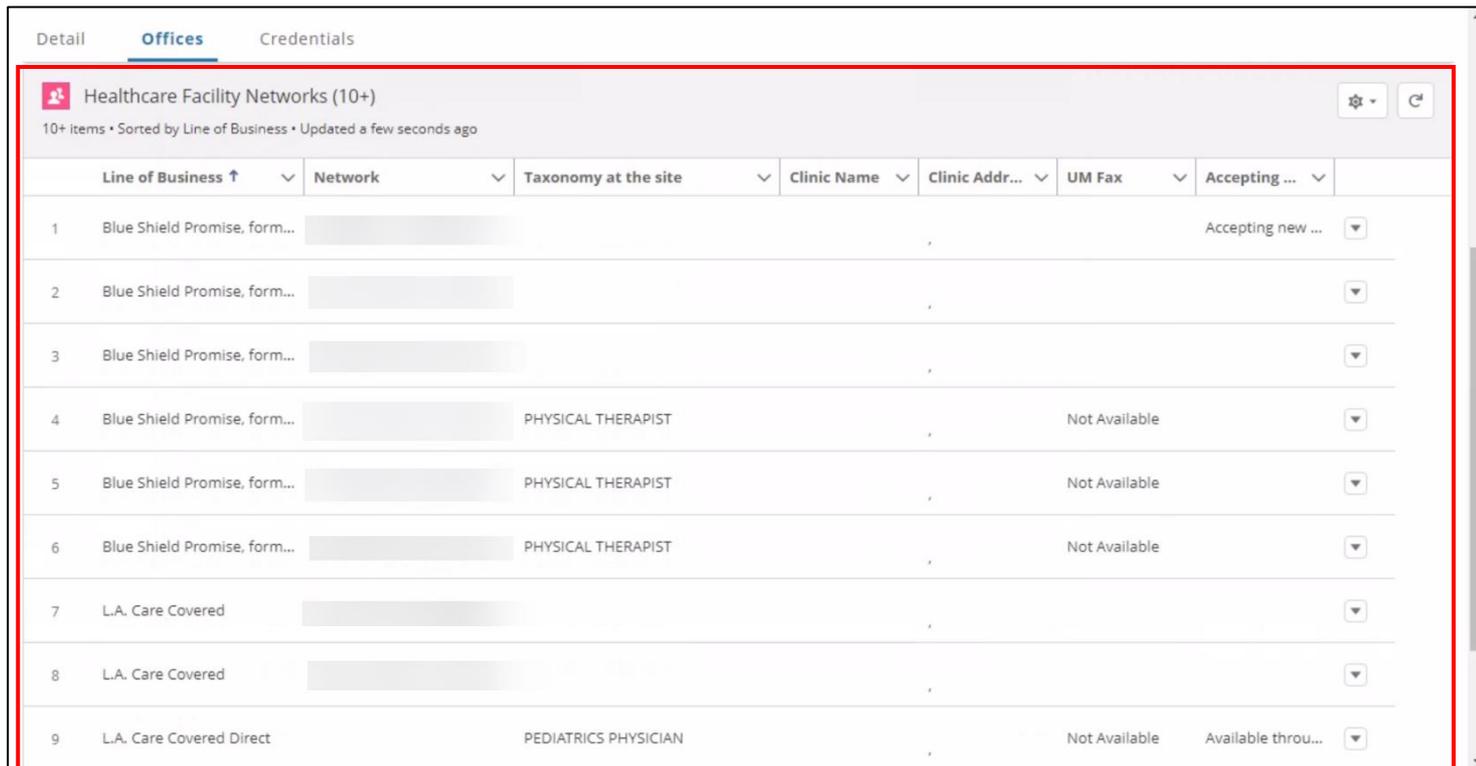
Contact Information

Provider Address: [Redacted]

Practitioner 360 – Offices Tab

Here is the information available under the **Offices** tab:

Under the **Offices** tab, you will find the list of various **Healthcare Facility Networks** associated with the practitioner. This tab provides details such as Line of Business, Network, Taxonomy at the site, Clinic Name, Clinic Address, UM Fax, etc.



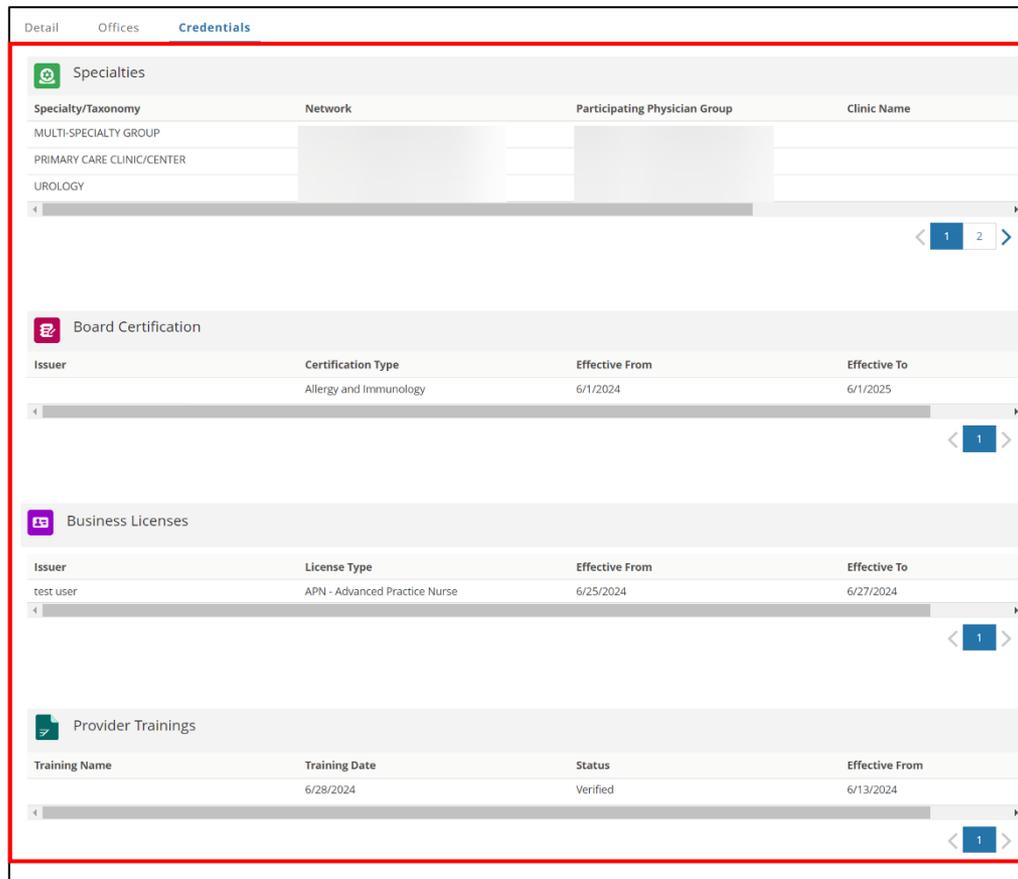
The screenshot shows the 'Offices' tab with a table of healthcare facility networks. The table has columns for Line of Business, Network, Taxonomy at the site, Clinic Name, Clinic Address, UM Fax, and Accepting new patients. There are 10+ items listed, with the first 9 rows visible. The first 8 rows are for Blue Shield Promise, and the last row is for L.A. Care Covered Direct.

	Line of Business ↑	Network	Taxonomy at the site	Clinic Name	Clinic Addr...	UM Fax	Accepting ...
1	Blue Shield Promise, form...						Accepting new ...
2	Blue Shield Promise, form...						
3	Blue Shield Promise, form...						
4	Blue Shield Promise, form...		PHYSICAL THERAPIST			Not Available	
5	Blue Shield Promise, form...		PHYSICAL THERAPIST			Not Available	
6	Blue Shield Promise, form...		PHYSICAL THERAPIST			Not Available	
7	L.A. Care Covered						
8	L.A. Care Covered						
9	L.A. Care Covered Direct		PEDIATRICS PHYSICIAN			Not Available	Available throu...

Practitioner 360 – Credentials Tab

Under the **Credentials** tab, you will find the information under the following sections:

- Specialties:** In this section, you will find the practitioner's specialties along with the Network, Participating Physician Group, and Clinic.
- Board Certification:** In this section, you will find the board certifications the Practitioner currently hold.
- Business licenses:** In this section, you will find the business licenses the Practitioner currently holds.
- Provider Trainings:** In this section, you will find the provider trainings the Practitioner has completed.



The screenshot displays the 'Credentials' tab with the following data:

Specialty/Taxonomy	Network	Participating Physician Group	Clinic Name
MULTI-SPECIALTY GROUP			
PRIMARY CARE CLINIC/CENTER			
UROLOGY			

Issuer	Certification Type	Effective From	Effective To
	Allergy and Immunology	6/1/2024	6/1/2025

Issuer	License Type	Effective From	Effective To
test user	APN - Advanced Practice Nurse	6/25/2024	6/27/2024

Training Name	Training Date	Status	Effective From
	6/28/2024	Verified	6/13/2024



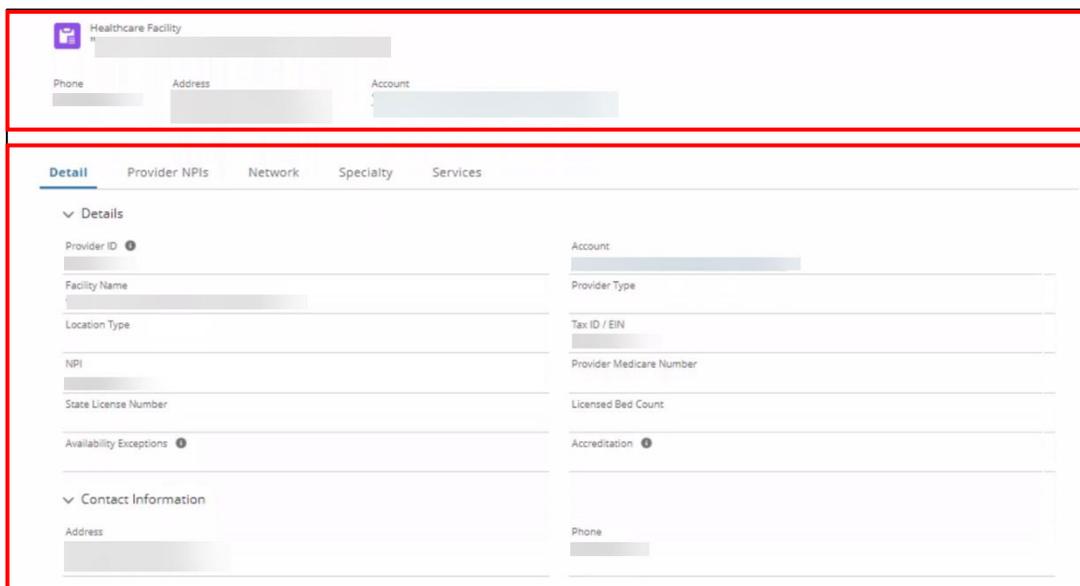
Provider 360 – Overview

Provider 360 is also referred to as the provider profile. On this page, Users can view the practitioner’s complete information.

The Provider 360 page provides a holistic view of the provider’s information, including Contact Information, Provider NPIs, Network, Specialty, and Services.

The key components of the Provider 360 page are:

1. Highlights Panel
2. Provider 360 Tabs



Next, let’s discuss about these components in details.

Provider 360

Here are the key components of the Provider 360 page:

1. **Highlights Panel:** This is the first section of the **Provider 360** page. Here, the provider's key details such as **Phone**, **Address**, and **Account** are displayed.



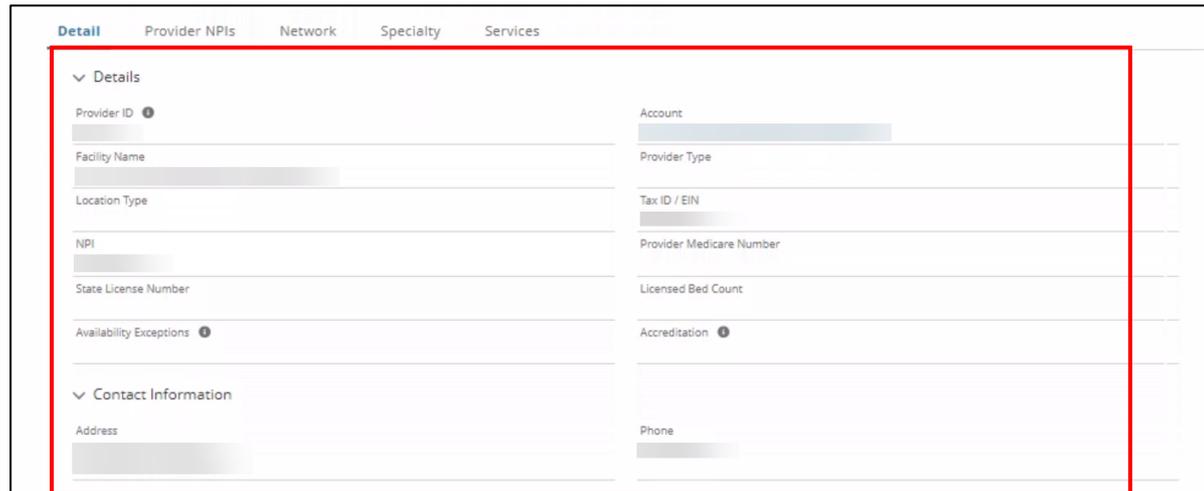
Next, let's discuss about the Provider 360 tabs.

Provider 360 (Cont'd)

Here are the key components of the Provider 360 page:

- 2. Provider 360 Tabs:** The Provider 360 tabs provide a comprehensive view of the provider details. The provider's details are available under the following five tabs on the Provider 360 page:

- **Detail**
- **Provider NPIs**
- **Network**
- **Specialty**
- **Services**



The screenshot displays the 'Detail' tab of the Provider 360 interface. The tab is highlighted with a red border. The interface includes a navigation bar with tabs: 'Detail', 'Provider NPIs', 'Network', 'Specialty', and 'Services'. The 'Detail' tab is active, showing a 'Details' section with a dropdown arrow. Below this, there are two columns of input fields for provider information:

Field Name	Field Name
Provider ID	Account
Facility Name	Provider Type
Location Type	Tax ID / EIN
NPI	Provider Medicare Number
State License Number	Licensed Bed Count
Availability Exceptions	Accreditation
Contact Information	
Address	Phone

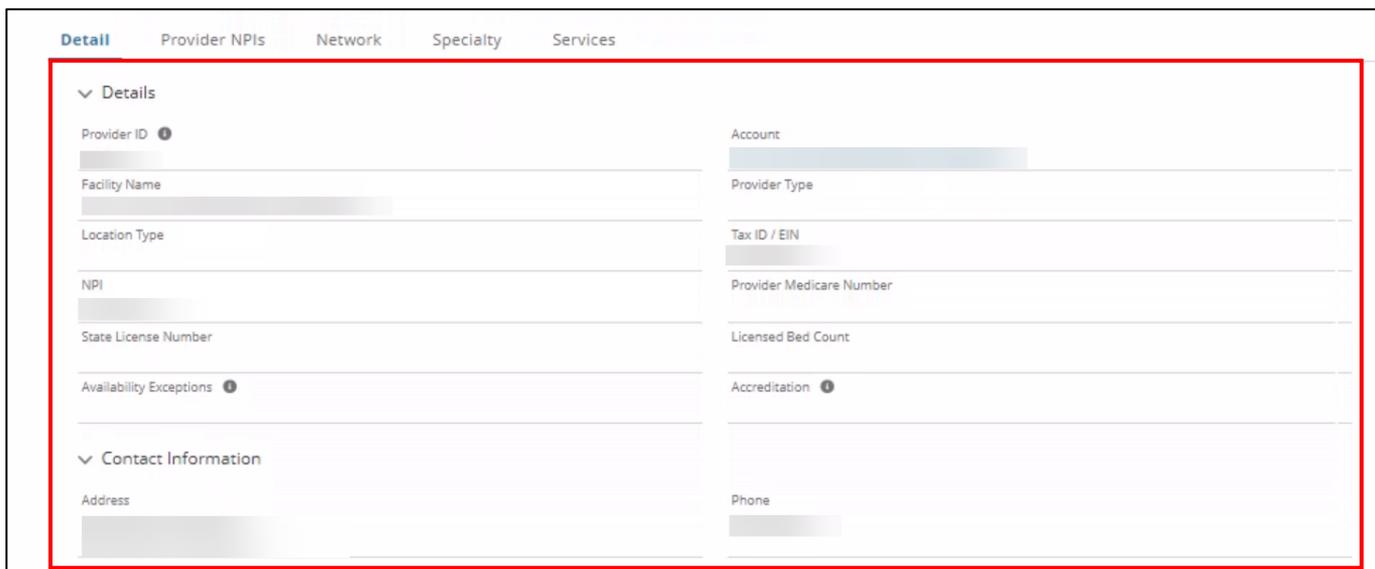
Next, let's discuss about the information available under each tab.

Provider 360 – Detail Tab

Here is the key information available under **Detail** tab on the Provider 360 page:

Under the **Detail** tab, there are two sections:

- **Details:** In this section, you will find information regarding **Provider, Account, Facility Name, Provider Type, Location Type**, etc.
- **Contact Information:** You will find the contact information of the provider such as **Address** and **Phone** in the **Contact Information** section.



The screenshot shows the 'Detail' tab selected in a navigation menu. Below the menu, there are two main sections: 'Details' and 'Contact Information'. The 'Details' section is highlighted with a red border and contains the following fields:

- Provider ID
- Facility Name
- Location Type
- NPI
- State License Number
- Availability Exceptions
- Account
- Provider Type
- Tax ID / EIN
- Provider Medicare Number
- Licensed Bed Count
- Accreditation

The 'Contact Information' section is partially visible below the 'Details' section and includes:

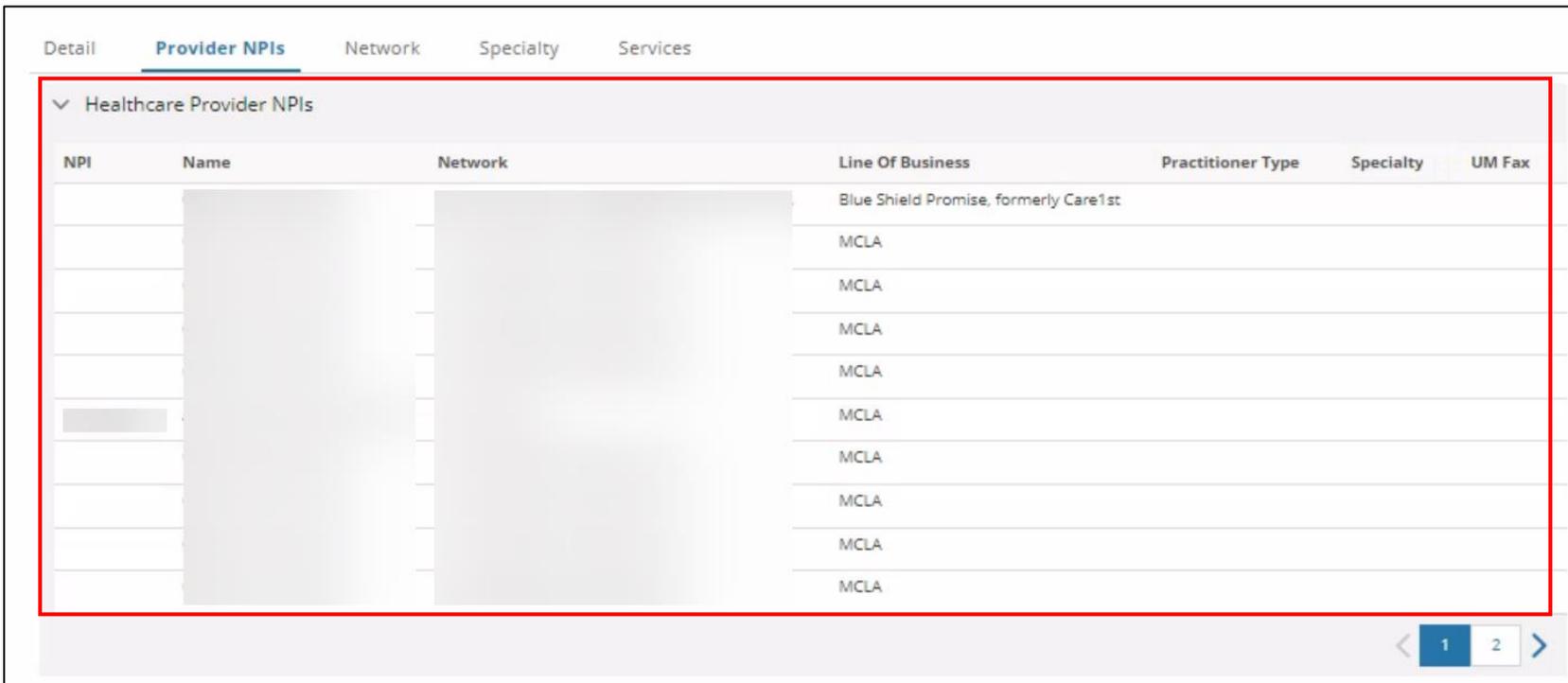
- Address
- Phone



Provider 360 – Provider NPIs Tab

Here is the key information available under the **Provider NPIs** tab on the Provider 360 page:

Under the **Provider NPIs** tab, you will find all the Healthcare Provider NPIs associated with the provider, along with their **Name**, **Network**, **Line of Business**, **Practitioner Type**, **Specialty**, and **UM Fax**.

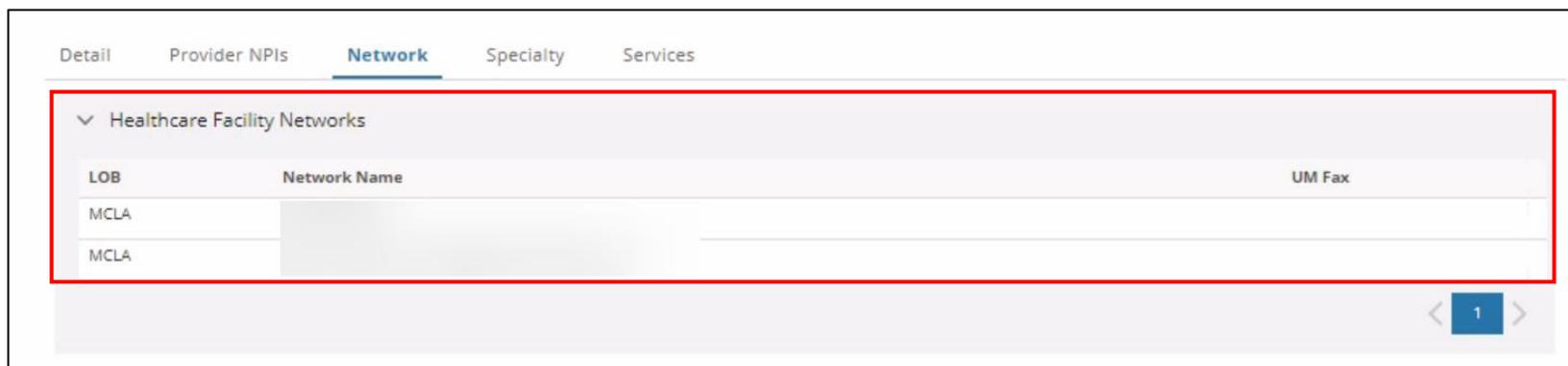


NPI	Name	Network	Line Of Business	Practitioner Type	Specialty	UM Fax
			Blue Shield Promise, formerly Care1st	MCLA		
			MCLA			
			MCLA			
			MCLA			
			MCLA			
			MCLA			
			MCLA			
			MCLA			
			MCLA			
			MCLA			

Provider 360 – Network Tab

Here is the key information available under the **Network** tab on the Provider 360 page:

Under the **Network** tab, you will find the Healthcare Facility Networks that are part of the provider network, along with their **LOB**, **Network Name**, and **UM Fax**.



The screenshot shows the 'Network' tab selected in a navigation menu. Below the menu is a table titled 'Healthcare Facility Networks'. The table has three columns: 'LOB', 'Network Name', and 'UM Fax'. There are two rows of data, both with 'MCLA' in the 'LOB' column. The 'Network Name' column is redacted with a grey box. The 'UM Fax' column is empty. A pagination control at the bottom right shows a blue square with the number '1' and navigation arrows.

LOB	Network Name	UM Fax
MCLA	[Redacted]	
MCLA	[Redacted]	

Provider 360 – Specialty Tab

Here is the key information available under the **Specialty** tab on the Provider 360 page:

The **Specialty** tab provides information about the specific areas of medical expertise and practice for the healthcare provider.



The screenshot shows the 'Specialty' tab selected in a navigation menu. Below the menu, a dropdown arrow is next to the word 'Specialty'. A red rectangular box highlights a list of specialties. The list contains one 'CLINIC-MIXED SPEC' entry followed by eight 'CLINIC-SPEC' entries. At the bottom right of the list, there are navigation arrows and a page indicator showing '1' and '2'.

Specialty
CLINIC-MIXED SPEC
CLINIC
CLINIC-SPEC

Module Summary

Now that you have completed this module, here is the summary of what you have learnt, how to:

- Initiate Guided Registration on Provider Portal.
- Perform Microsoft Registration.
- Fill and submit the Enter User Information form.
- Switch an Account.
- Search Providers / Practitioners.
- Access the Provider360 / Practitioner360 page.





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Module 3: Member Information

Module Objectives

After completing this module, you will be able to:

- Search Member.
- Access the Member 360 page.
- View Member Plan information.
- Select Plan & View Plan Level Details.
- View Coverage Benefits and Claim/Authorization information.



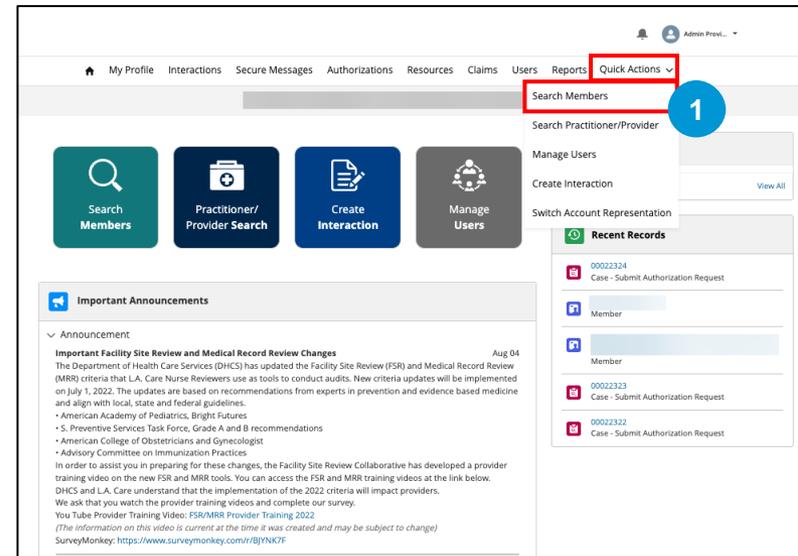
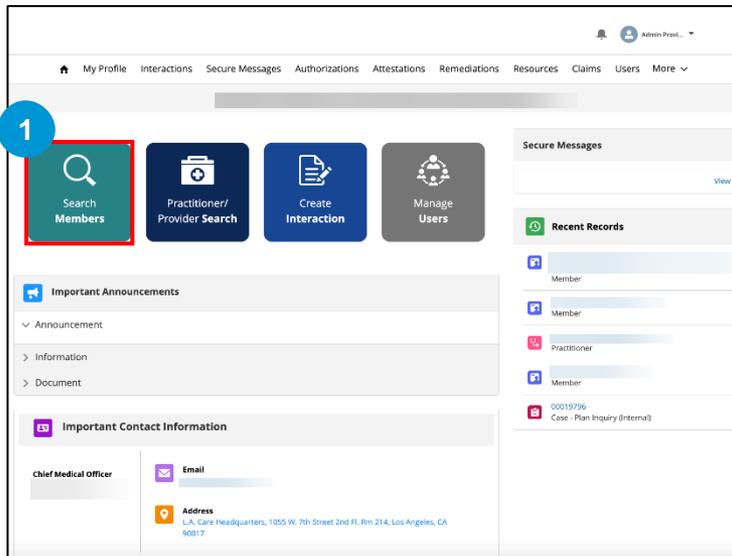
Member Search & Details

[via Admin Portal user persona]

Providers use Member Search functionality to search for a member in the portal.

The steps to carry out member search in the portal are outlined below:

1. You can conduct Member Search either by navigating to the **Search Members** tile on the portal Homepage **OR** by selecting **Search Members** from the **Quick Actions** menu as highlighted below:



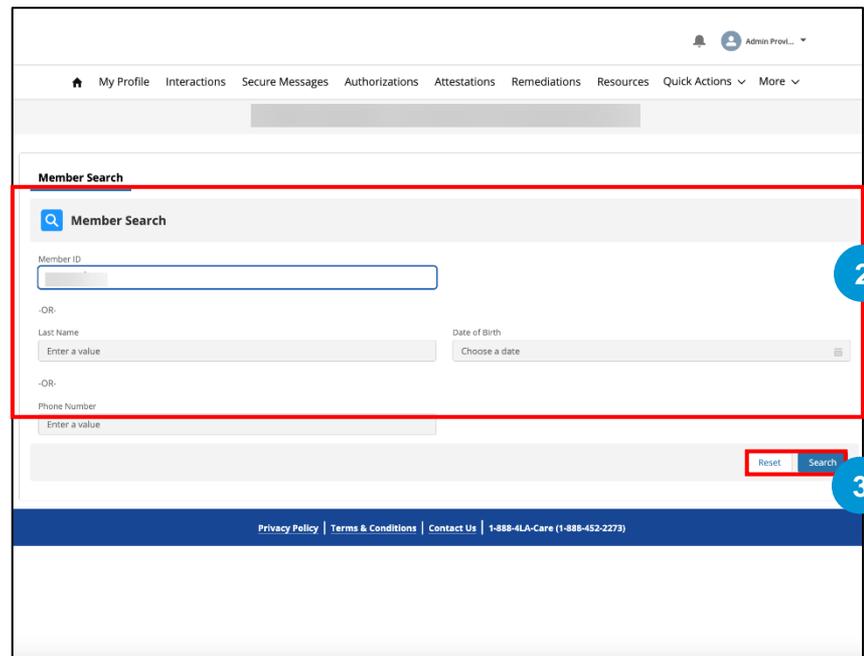
Note: If the Quick Actions tab is not present, then the Search Member option will be available under “More” tab.

Member Search & Details (Cont'd)

Providers use Member Search functionality to search for a member in the portal.

The steps to carry out member search in the portal are outlined below:

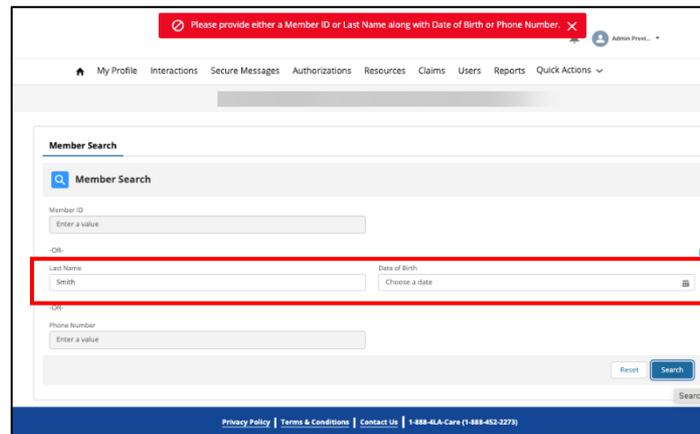
2. On the **Member Search** page, enter either **Member ID; Last Name AND Date Of Birth; or Phone Number**. *Please note* that the use of Phone Number as a search criteria is only recommended in instances where Member ID or Date of Birth are unknown. Also, if any one set of fields is entered, the remaining fields will become non-editable.
3. Now, click **Search**. Use **Reset** button to reset all the fields.



Member Search & Details – Error

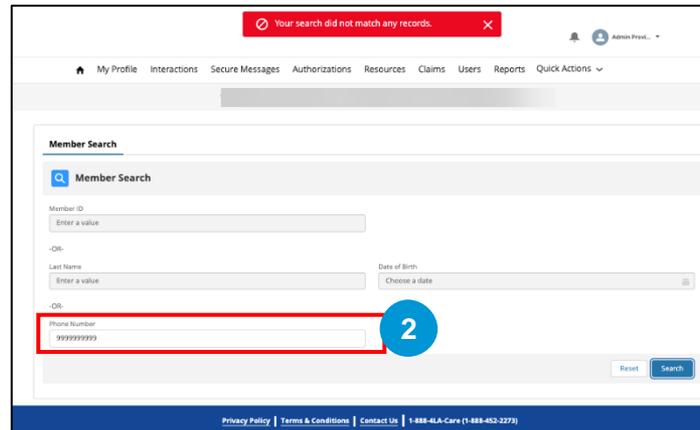
While conducting the member search you may encounter the following errors:

1. Entering both Last Name AND Date of Birth is mandatory to do the search. Entering only one will prompt an error.



The screenshot shows the Member Search interface. At the top, a red error banner reads: "Please provide either a Member ID or Last Name along with Date of Birth or Phone Number." Below the search form, the "Last Name" field contains "Smith" and the "Date of Birth" field contains "Choose a date". A red box highlights these two fields, and a blue circle with the number "1" is positioned to the right of the box. The "Search" button is visible at the bottom right of the form.

2. Entering any invalid/incorrect data will not give any results and will prompt an error.



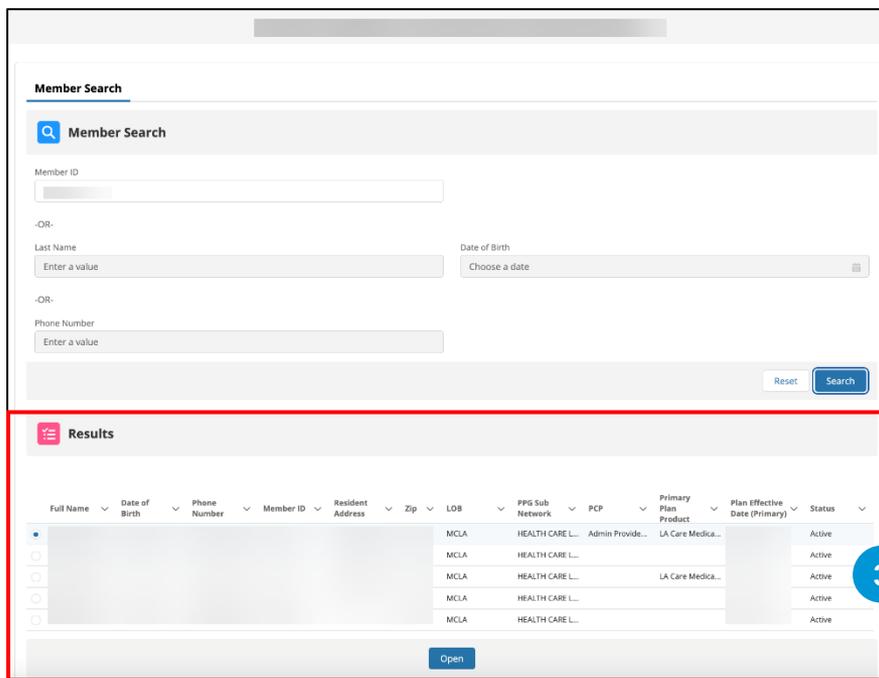
The screenshot shows the Member Search interface. At the top, a red error banner reads: "Your search did not match any records." Below the search form, the "Phone Number" field contains "999999999". A red box highlights this field, and a blue circle with the number "2" is positioned to the right of the box. The "Search" button is visible at the bottom right of the form.

Member Search & Details (Cont'd)

Providers use Member Search functionality to search for a member in the portal.

The steps to carry out member search in the portal are outlined below:

3. Upon clicking Search, the **Search Result** will be displayed. Please note the search result sorted based on **Status** (active/inactive member) by default. Select the member from the list and click on **Open** to view the member details.



Member Search

Member ID

-OR-

Last Name Date of Birth

-OR-

Phone Number

Results

Full Name	Date of Birth	Phone Number	Member ID	Resident Address	Zip	LOB	PPG Sub Network	PCP	Primary Plan Product	Plan Effective Date (Primary)	Status
						MCLA	HEALTH CARE L...	Admin Provide...	LA Care Medica...		Active
						MCLA	HEALTH CARE L...				Active
						MCLA	HEALTH CARE L...		LA Care Medica...		Active
						MCLA	HEALTH CARE L...				Active
						MCLA	HEALTH CARE L...				Active

Note: – If more than 10 records matching the search criteria are displayed, use the scroll bar in the list to access more search records.

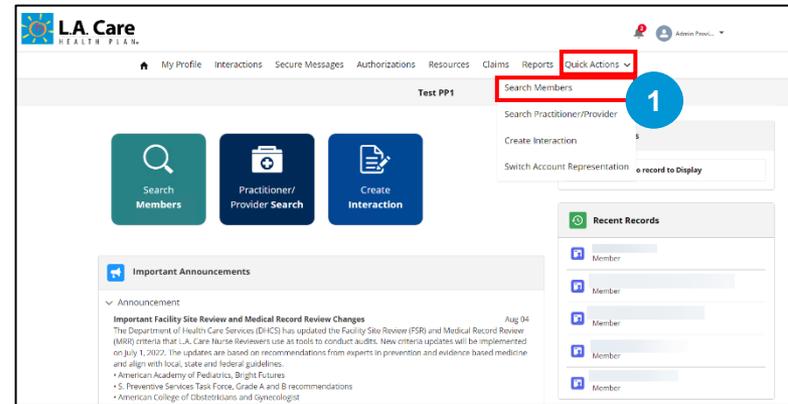
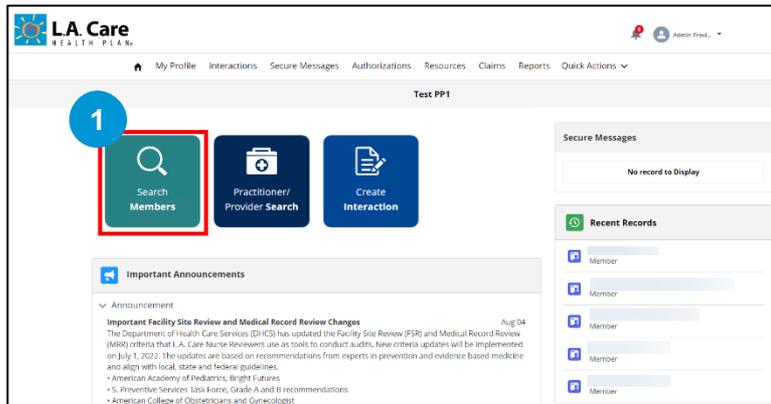
Member Search & Details

[via General Authorized user persona]

Providers use Member Search functionality to search for a member in the portal.

The steps to carry out member search in the portal are outlined below:

1. You can conduct Member Search either by navigating to the **Search Members** tile on the portal Homepage **OR** by selecting **Search Members** from the **Quick Actions** menu as highlighted below:



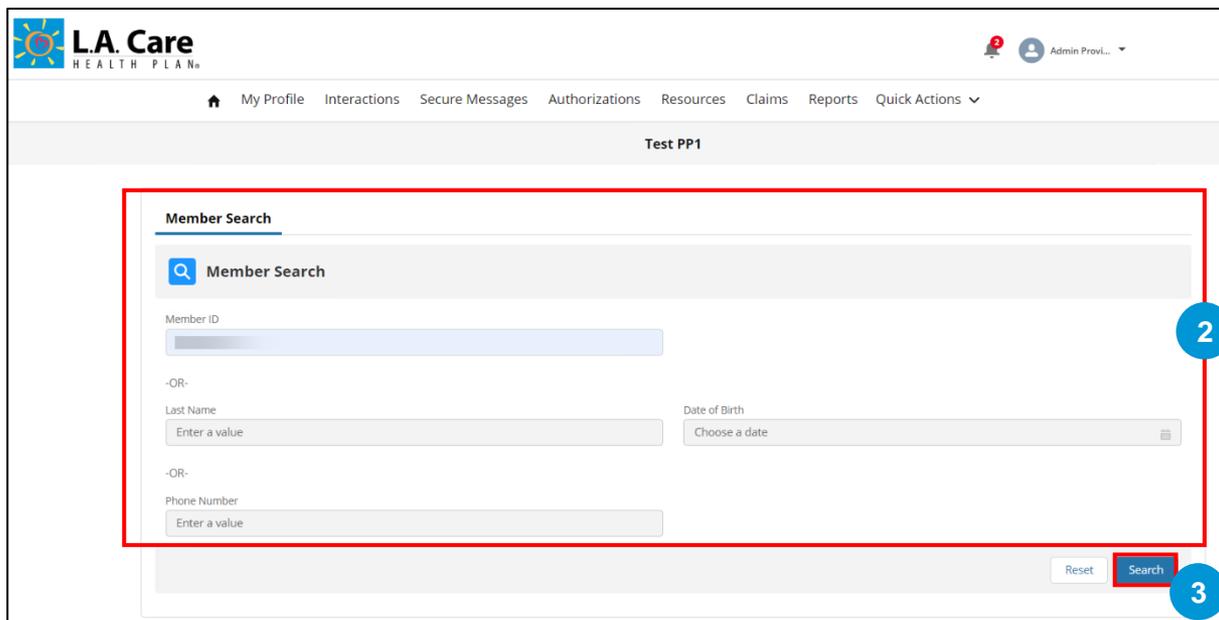
Note: If the Quick Actions tab is not present, then the Search Member option will be available under “More” tab.

Member Search & Details (Cont'd)

Providers use Member Search functionality to search for a member in the portal.

The steps to carry out member search in the portal are outlined below:

2. On the **Member Search** page, enter either **Member ID; Last Name AND Date Of Birth; or Phone Number**. *Please note* that the use of Phone Number as a search criteria is only recommended in instances where Member ID or Date of Birth are unknown. Also, if any one set of fields is entered, the remaining fields will become non-editable.
3. Now, click **Search**. Use **Reset** button to reset all the fields.



The screenshot displays the L.A. Care Health Plan member search interface. At the top, the L.A. Care logo and navigation menu are visible. The main content area is titled "Test PP1" and contains a "Member Search" section. This section includes a search bar with a magnifying glass icon and the text "Member Search". Below the search bar are three search criteria sections, each separated by "-OR-":

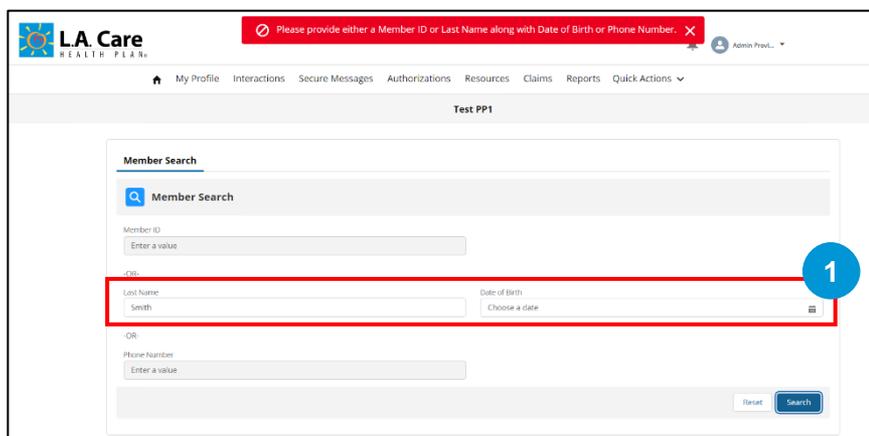
- Member ID:** A text input field.
- Last Name and Date of Birth:** Two text input fields. The "Last Name" field contains the placeholder text "Enter a value". The "Date of Birth" field contains the placeholder text "Choose a date" and a calendar icon.
- Phone Number:** A text input field with the placeholder text "Enter a value".

At the bottom right of the search form, there are two buttons: a "Reset" button and a "Search" button. The "Search" button is highlighted with a red box, and a blue circle with the number "3" is positioned next to it. A blue circle with the number "2" is positioned next to the search form area.

Member Search & Details – Error

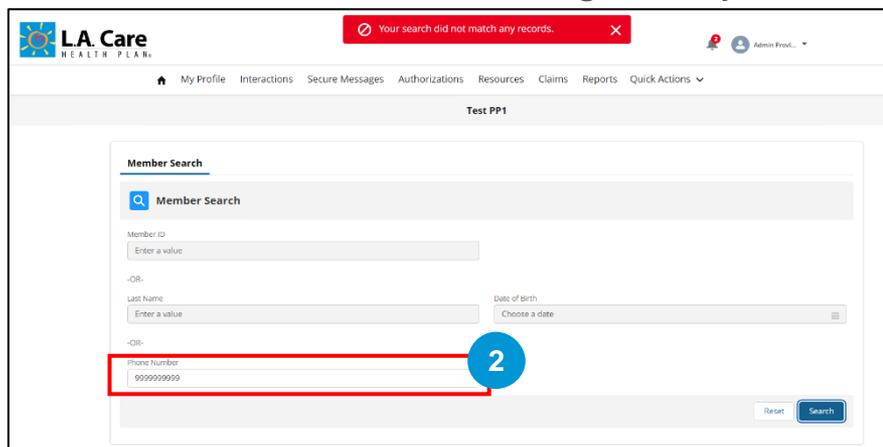
While conducting the member search you may encounter the following errors:

1. Entering both Last Name AND Date of Birth is mandatory to do the search. Entering only one will prompt an error.



The screenshot shows the L.A. Care Member Search interface. At the top, a red error message reads: "Please provide either a Member ID or Last Name along with Date of Birth or Phone Number." Below the search form, a red box highlights the "Last Name" field (containing "Smith") and the "Date of Birth" field (containing "Choose a date"). A blue circle with the number "1" is positioned to the right of the red box.

2. Entering any invalid/incorrect data will not give any results and will prompt an error.



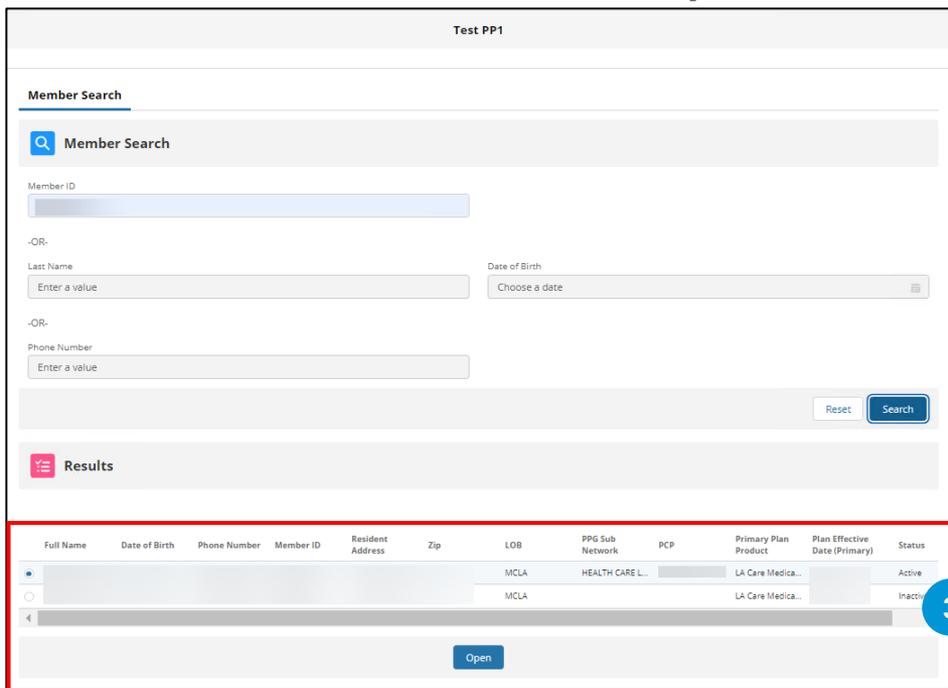
The screenshot shows the L.A. Care Member Search interface. At the top, a red error message reads: "Your search did not match any records." Below the search form, a red box highlights the "Last Name" field (empty) and the "Date of Birth" field (empty). A blue circle with the number "2" is positioned to the right of the red box.

Member Search & Details (Cont'd)

Providers use Member Search functionality to search for a member in the portal.

The steps to carry out member search in the portal are outlined below:

3. Upon clicking Search, the **Search Result** will be displayed. Please note the search result sorted based on **Status** (active/inactive member) by default. Select the member from the list and click on **Open** to view the member details.



The screenshot shows the 'Member Search' interface. It includes search fields for Member ID, Last Name, Date of Birth, and Phone Number. Below the search fields is a 'Results' section containing a table of search results. The table has columns for Full Name, Date of Birth, Phone Number, Member ID, Resident Address, Zip, LOB, PPG Sub Network, PCP, Primary Plan Product, Plan Effective Date (Primary), and Status. Two records are visible: one with status 'Active' and one with status 'Inactive'. A blue circle with the number '3' is overlaid on the 'Open' button at the bottom of the results section.

Full Name	Date of Birth	Phone Number	Member ID	Resident Address	Zip	LOB	PPG Sub Network	PCP	Primary Plan Product	Plan Effective Date (Primary)	Status
						MCLA	HEALTH CARE L...		LA Care Medica...		Active
						MCLA			LA Care Medica...		Inacti...

Note: – If more than 10 records matching the search criteria are displayed, use the scroll bar in the list to access more search records.

Member 360 – Overview

Member 360, also referred to as the member profile, is where providers can view the member's complete information.

The Member 360 page provides details about a member's plan details and status, contact details, membership benefits, cases, authorization details, claims and more.

In this unit, the below components of Member 360 will be covered:

- **Member Highlights Panel**
- **Member Info Card**
- **Member Plan Card**
- **Member 360 Tabs**
- **Coverage / benefits Information**

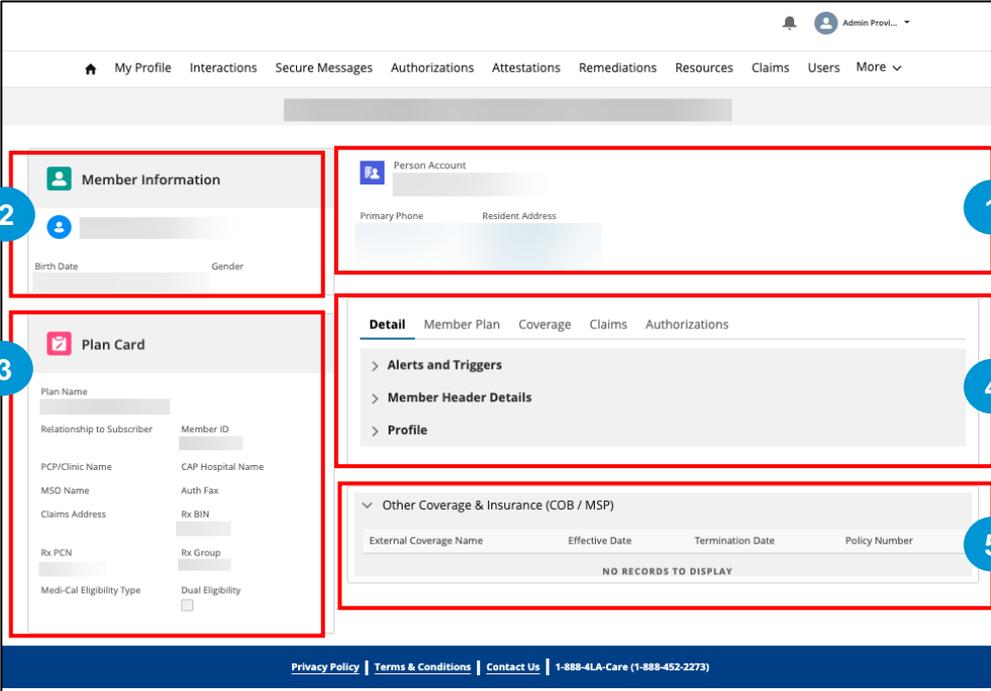
Member 360 – Overview (Cont'd)

[via Admin Portal user persona]

Member 360, also referred to as the member profile, is where providers can view the member's complete information.

Here is quick view of the Member 360 page after searching for a member.

1. Member Highlights Panel
2. Member Info Card
3. Member Plan Card
4. Member 360 Tabs
5. Coverage / Benefits Information



The screenshot displays the Member 360 Admin Portal interface. At the top, there is a navigation bar with a home icon and menu items: My Profile, Interactions, Secure Messages, Authorizations, Attestations, Remediations, Resources, Claims, Users, and More. A user profile dropdown shows 'Admin Provi...'. Below the navigation bar is a search bar. The main content area is divided into several sections:

- Member Information (Callout 2):** A card containing fields for Birth Date and Gender.
- Person Account (Callout 1):** A card containing fields for Primary Phone and Resident Address.
- Plan Card (Callout 3):** A card containing fields for Plan Name, Relationship to Subscriber, Member ID, PCP/Clinic Name, CAP Hospital Name, MSO Name, Auth Fax, Claims Address, Rx BIN, Rx PCN, Rx Group, Medi-Cal Eligibility Type, and Dual Eligibility.
- Member 360 Tabs (Callout 4):** A section with tabs for Detail, Member Plan, Coverage, Claims, and Authorizations. Under the Detail tab, there are expandable sections for Alerts and Triggers, Member Header Details, and Profile.
- Coverage / Benefits Information (Callout 5):** A section titled 'Other Coverage & Insurance (COB / MSP)' with a table containing columns for External Coverage Name, Effective Date, Termination Date, and Policy Number. The table currently displays 'NO RECORDS TO DISPLAY'.

At the bottom of the page, there is a footer with links for Privacy Policy, Terms & Conditions, Contact Us, and the phone number 1-888-4LA-Care (1-888-452-2273).



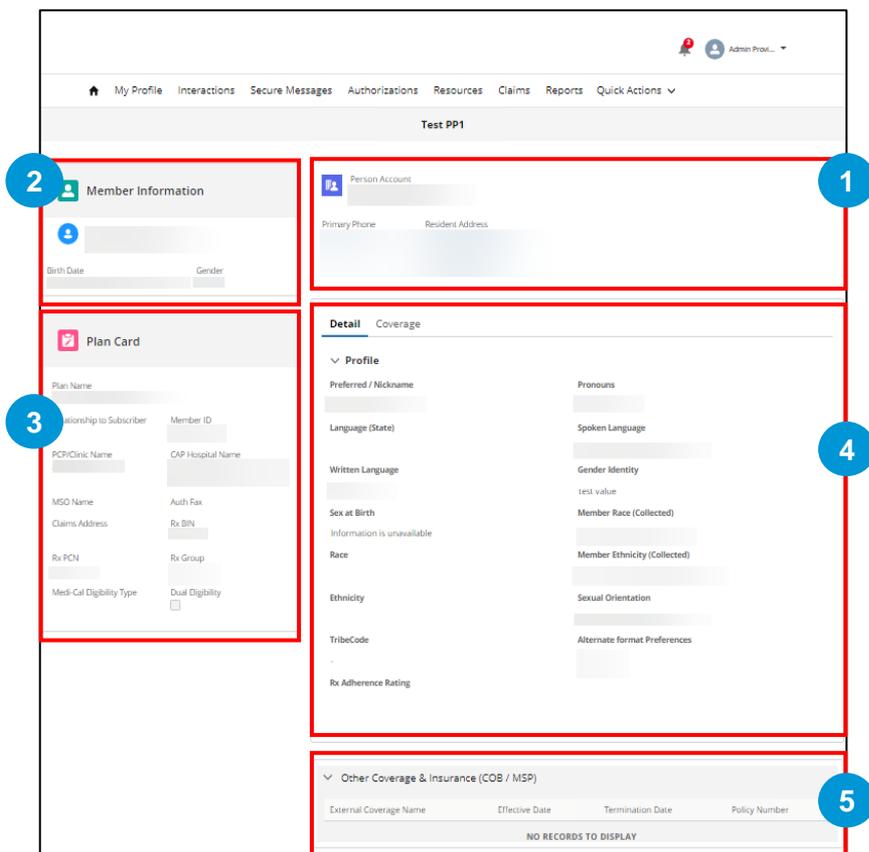
Member 360 – Overview (Cont'd)

[via General Authorized user persona]

Complete view of the Member 360 page, upon doing a member search:

Here is quick view of the Member 360 page after searching for a member.

1. Member Highlights Panel
2. Member Info Card
3. Member Plan Card
4. Member 360 Tabs
5. Coverage / Benefits Information



The screenshot shows the Member 360 page for a user named 'Test PP1'. The page is divided into several sections, with five red boxes and blue callout numbers highlighting specific areas:

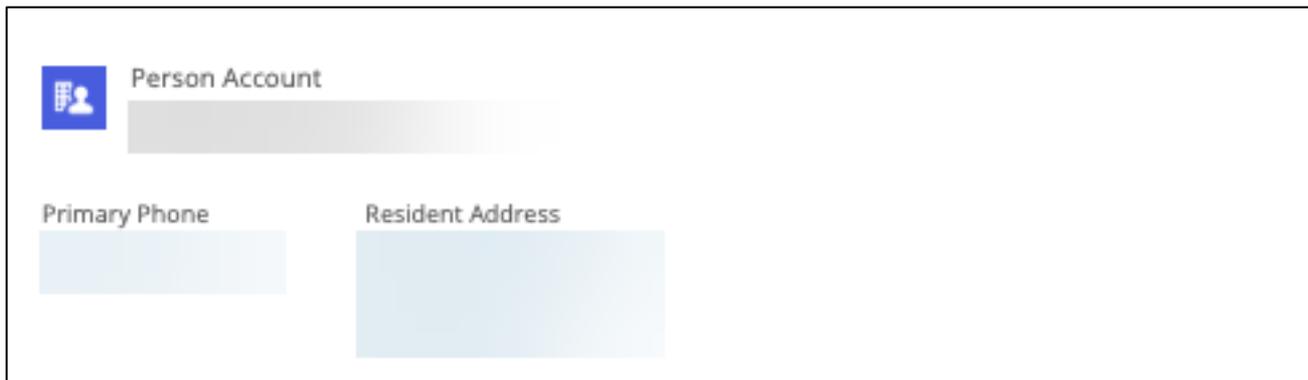
- 1. Member Highlights Panel:** Located at the top right, it contains a 'Person Account' section with fields for 'Primary Phone' and 'Resident Address'.
- 2. Member Info Card:** Located on the left side, it contains a 'Member Information' section with fields for 'Birth Date' and 'Gender'.
- 3. Member Plan Card:** Located on the left side, below the Member Info Card, it contains a 'Plan Card' section with various fields including 'Plan Name', 'Relationship to Subscriber', 'Member ID', 'PCP/Clinic Name', 'CAP Hospital Name', 'MSO Name', 'Auth Fax', 'Claims Address', 'Rx BIN', 'Rx PCN', 'Rx Group', 'Medi-Cal Eligibility Type', and 'Dual Eligibility'.
- 4. Member 360 Tabs:** Located on the right side, it contains a 'Detail Coverage' section with a 'Profile' tab. The profile section includes fields for 'Preferred / Nickname', 'Pronouns', 'Language (State)', 'Spoken Language', 'Written Language', 'Gender Identity', 'Sex at Birth', 'Member Race (Collected)', 'Member Ethnicity (Collected)', 'Race', 'Ethnicity', 'Sexual Orientation', 'TribeCode', and 'Alternate format Preferences'.
- 5. Coverage / Benefits Information:** Located at the bottom right, it contains an 'Other Coverage & Insurance (COB / MSP)' section with a table for 'External Coverage Name', 'Effective Date', 'Termination Date', and 'Policy Number'. The table currently shows 'NO RECORDS TO DISPLAY'.



Member 360 – Highlights Panel

Member 360, also referred to as the member profile, is where providers can view the member's complete information.

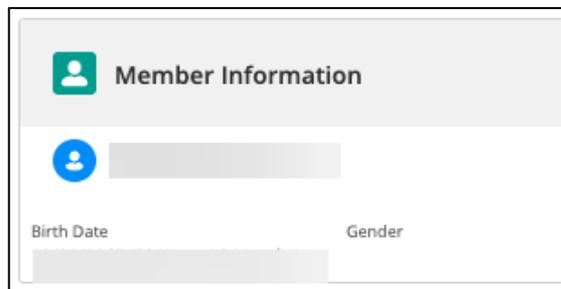
1. **Member Highlights Panel:** This is the top section of the Member 360 page. Here you will find details such as the member's **Name**, **Primary Phone** and **Residential Address**.



Member 360 – Highlights Panel

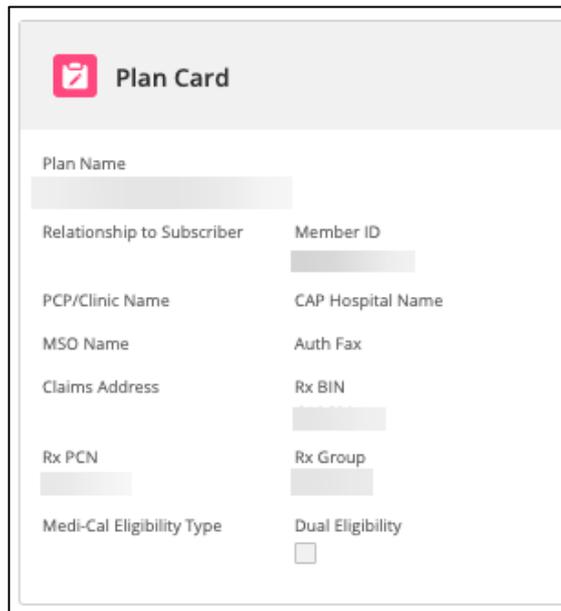
Member 360, also referred to as the member profile, is where providers can view the member's complete information.

- Member Info Card:** On the Member Info Card, you will find the **Member's Name**, **Birthdate (Age)**, and **Gender**.



The screenshot shows a card titled "Member Information" with a person icon. Below the title, there is a blue person icon followed by a greyed-out name field. Underneath, there are two fields: "Birth Date" and "Gender", both with greyed-out content.

- Plan Card:** This section provides information about the primary plan of a member including **Plan Name**, **Relationship to Subscriber**, **MSO Name**, **Member ID**, **Claims Address**, **Auth Fax** and **Medi-Cal Eligibility type**. The **Rx** fields (**Rx Bin**, **Rx PCN**, and **Rx Group**) show pharmacy plan related data etc. You can also see a field denoting **dual eligibility** of the plan for the member.



The screenshot shows a card titled "Plan Card" with a document icon. It contains several fields arranged in two columns:

- Plan Name (greyed out)
- Relationship to Subscriber (greyed out)
- Member ID (greyed out)
- PCP/Clinic Name (greyed out)
- CAP Hospital Name (greyed out)
- MSO Name (greyed out)
- Auth Fax (greyed out)
- Claims Address (greyed out)
- Rx BIN (greyed out)
- Rx PCN (greyed out)
- Rx Group (greyed out)
- Medi-Cal Eligibility Type (greyed out)
- Dual Eligibility (checkbox, unchecked)



Member 360 – Tabs

Member 360, also referred to as the member profile, is where providers can view the member's complete information.

4. **Member Tabs** - The Member 360 tabs provide a comprehensive view of the member's personal details, plan related details, coverage benefits, claims and authorizations information which will be available in the following tabs:
 - Detail Tab
 - Member Plan Tab
 - Coverage Tab
 - Claims Tab
 - Authorizations Tab
 - Documents

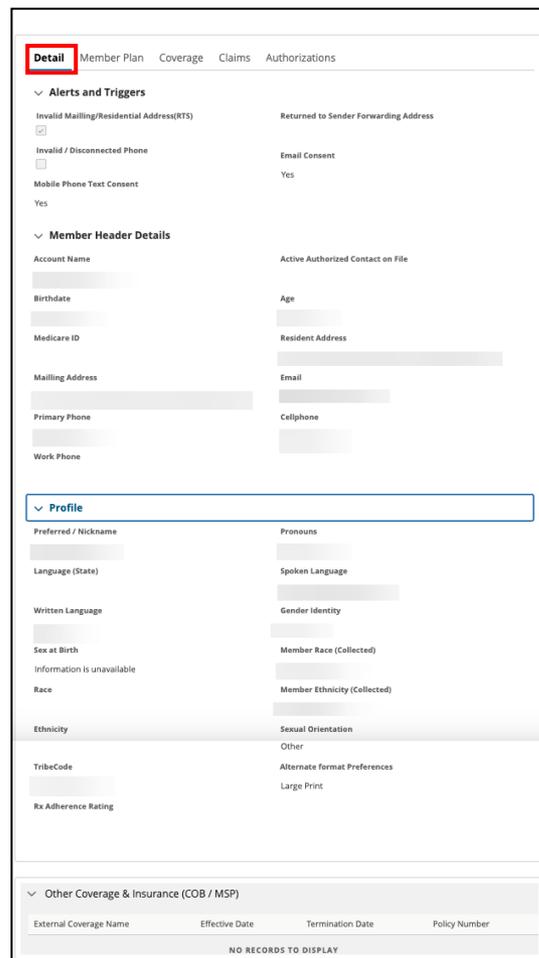
Now, let's discuss each tab in detail next.

Member 360 – Tabs (Detail)

Detail: Under the Detail tab, you can view Member’s personal details as well as system details categorized under different sections such as:

- **Alerts and Triggers** – Various member info about invalid addresses & phone, email & phone consent, etc. are shown here.
- **Member Header Details** – Basic information about the member such as name, age, birthdate, addresses & phone are shown here.
- **Profile** – Other demographic details about the member such as language, race, gender, ethnicity etc. are shown here.

Note: Tab and Field visibility is dynamic. If member belongs to the Account, then all tabs are visible, but if it doesn’t, then only **Detail & Coverage** tabs are visible. **Other Coverage section** is visible in each tab.



The screenshot shows the Member 360 interface with the following sections visible:

- Detail** (highlighted in red)
- Member Plan**
- Coverage**
- Claims**
- Authorizations**

Alerts and Triggers

- Invalid Mailing/Residential Address(RTS) Returned to Sender Forwarding Address
- Invalid / Disconnected Phone Email Consent
- Mobile Phone Text Consent Yes

Member Header Details

- Account Name Active Authorized Contact on File
- Birthdate Age
- Medicare ID Resident Address
- Mailing Address Email
- Primary Phone Cellphone
- Work Phone

Profile

- Preferred / Nickname Pronouns
- Language (State) Spoken Language
- Written Language Gender Identity
- Sex at Birth Member Race (Collected)
- Information is unavailable
- Race Member Ethnicity (Collected)
- Ethnicity Sexual Orientation
- Other
- TribeCode Alternate format Preferences
- Rx Adherence Rating Large Print

Other Coverage & Insurance (COB / MSP)

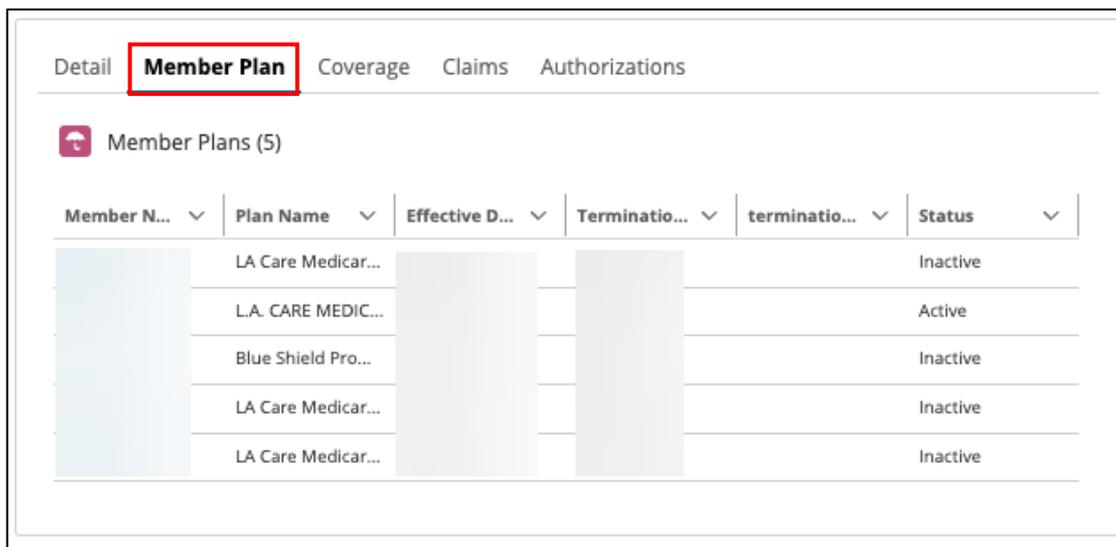
External Coverage Name	Effective Date	Termination Date	Policy Number
NO RECORDS TO DISPLAY			



Member 360 – Tabs (Member Plan)

Member Plan: In this tab, you will find the List View of all the member plans (active/inactive).

You will find information such as **Member Name**, **Plan Name**, **Effective Date**, **Termination Date & Reason** and **Status**. You can also select a plan to navigate to the Member Plan page.



The screenshot shows a web interface with a navigation bar containing tabs: Detail, **Member Plan** (highlighted with a red box), Coverage, Claims, and Authorizations. Below the tabs is a section titled "Member Plans (5)" with a red umbrella icon. A table lists five member plans with the following columns: Member N..., Plan Name, Effective D..., Terminatio..., terminatio..., and Status.

Member N...	Plan Name	Effective D...	Terminatio...	terminatio...	Status
	LA Care Medicar...				Inactive
	L.A. CARE MEDIC...				Active
	Blue Shield Pro...				Inactive
	LA Care Medicar...				Inactive
	LA Care Medicar...				Inactive

Note: Click **View All** to view of the member plans (only visible when there are more than 10 member plans in the list).

- This tab is not available for the General user persona.

Member 360 – Tabs (Member Plan Detail page)

Member Plan: Clicking on any of the plans, will open a LOB specific member plan detail page. Screenshot here shows a plan under LA Care DSNP LOB.

Note: The fields on the detail page differ for every line of business.

Member Plan
Member ID: [redacted] Line of Business: [redacted] Status: Active

Detail

Member Plan Information

Line of Business: [redacted]	Plan Name: [redacted]
Member ID: [redacted]	Medicare ID: [redacted]
Status: Active	Effective Date: [redacted]
Termination Date: [redacted]	Termination Reason: [redacted]
COB / Other Coverages: [redacted]	Primary/Secondary/Tertiary: Primary
Notes: [redacted]	

Address Information

Plan Correspondence Address: [redacted]	Plan Claims Address: [redacted]
Plan Payment Address: [redacted]	Grievance and Appeals Address: [redacted]
RX BIN: [redacted]	Member Service TTN: [redacted]
RX PCN: [redacted]	Provider Service TTN: [redacted]
RX Group: [redacted]	

System Information

Created By: [redacted]	Last Modified By: [redacted]
------------------------	------------------------------

Provider Network Details

PCP / Clinic Name	Phone Number	Address	Network	CAP Hospital	Effective Date	Termination Date	Termination Reason
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Line of Business = L.A. CARE DSNP

Member 360 – Tabs (Coverage)

Coverage: In this tab, you will find the coverage benefits applicable to the member based on the selected date of service. Both Internal & External plan details are shown.

You will find the workflow of choosing a coverage benefit plan for the member. This is described extensively in further slides. This is described extensively in further slides.

Detail
Member Plan
Coverage
Claims
Authorizations
Documents

Please select a date of service and plan

Member has more than one active plan potentially in error

Date of Service

9/4/2024

Steps

- Plan Selection

LA Care Medicare PLUS

Member ID

Effective From

Plan Type / LOB

MCLA

Termination Date

PCP / Clinic Name

Network

CAP Hospital

There is no Facility or Facility Account in the Site record.

Provider ID (Site ID)

Relationship to Subscriber

Plan Source

Internal

Select Plan

L.A. CARE MEDICARE PLUS

Member ID

Effective From

Plan Type / LOB

L.A. CARE Medicare

Termination Date

PCP / Clinic Name

Network

CAP Hospital

Provider ID (Site ID)

Relationship to Subscriber

Plan Source

Internal

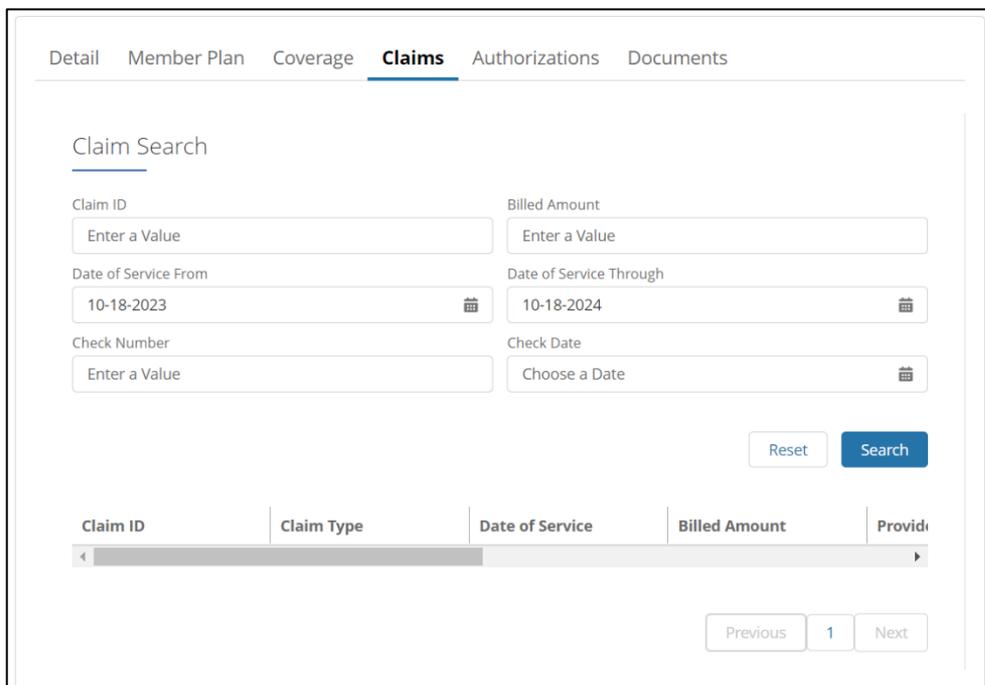
Select Plan

Member 360 – Tabs (Claims)

Claims: In this tab, you will find the option to search for any existing claims raised for this member.

You can search via fields like **Claim ID**, **Billed Amount**, **Date of Service From**, **Date of Service Through**, **Check Number**, and **Check Date**.

If relevant claims are found based on the search data, the list of the claims will be visible right below the search dialog box. This is described extensively in further slides.



The screenshot shows the 'Claims' tab in the Member 360 interface. At the top, there are navigation tabs: Detail, Member Plan, Coverage, **Claims**, Authorizations, and Documents. Below the tabs is a 'Claim Search' section with the following fields:

- Claim ID: Enter a Value
- Billed Amount: Enter a Value
- Date of Service From: 10-18-2023
- Date of Service Through: 10-18-2024
- Check Number: Enter a Value
- Check Date: Choose a Date

There are 'Reset' and 'Search' buttons. Below the search fields is a table with the following headers: Claim ID, Claim Type, Date of Service, Billed Amount, and Provider. The table content is currently empty. At the bottom right, there are 'Previous', '1', and 'Next' navigation buttons.

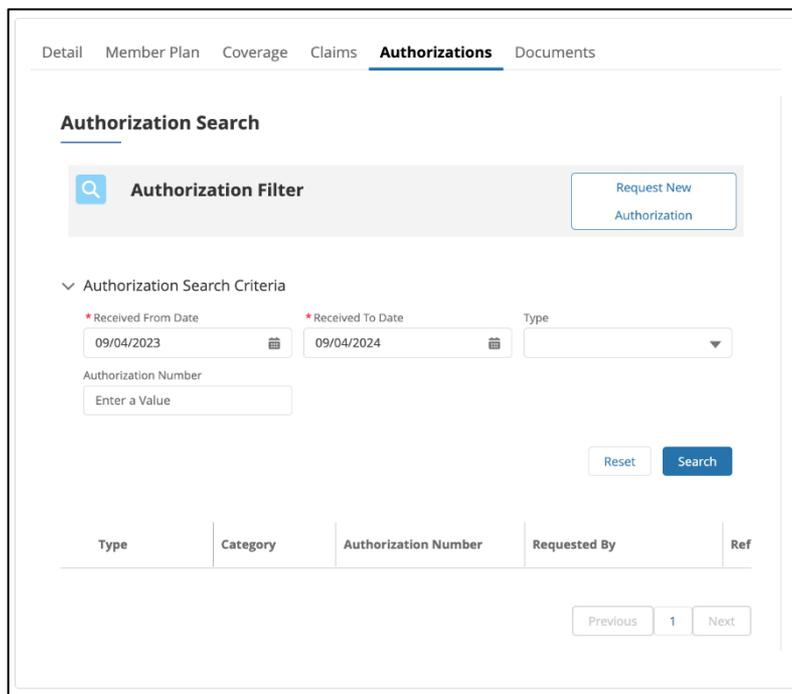
Note: This tab is not available for the General user persona.

Member 360 – Tabs (Authorization)

Authorizations: In this tab, you will find the option to search for any existing authorizations for this member. Additionally, new authorizations can be requested from here as well.

You can search via from & to dates, type of member, authorization number.

If relevant authorizations are found based on the search data, the list of the authorizations will be visible right below the search dialog box. This is described extensively in further slides.

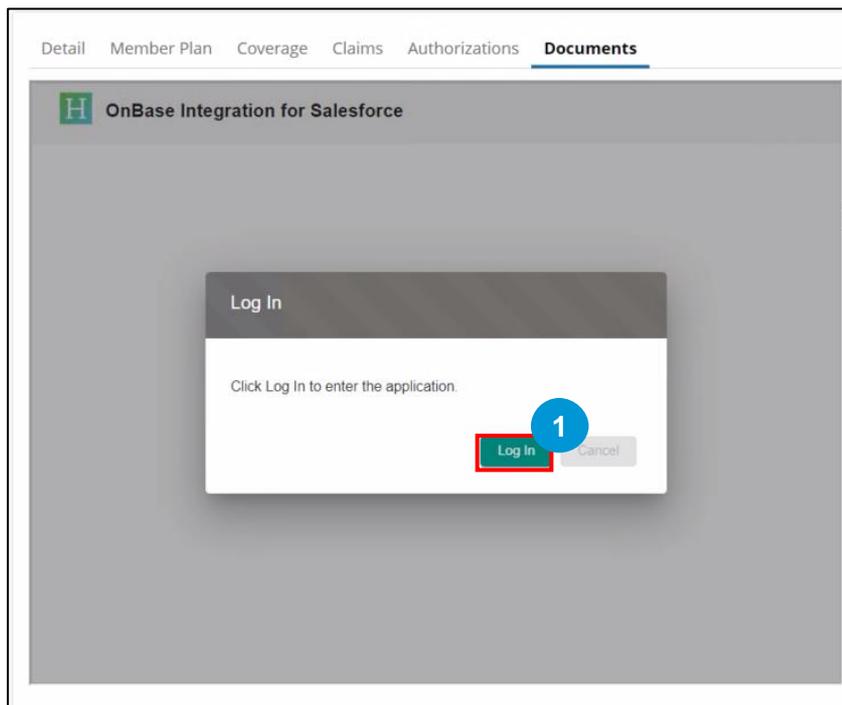


Note: This tab is not available for the General user persona.

Member 360 – Tabs (Documents)

Documents: In this tab, you will find the relevant documents uploaded for the Member once you log in to the OnBase Integration for Salesforce platform.

Upon clicking the **Documents** tab, the **Log In** pop-up window displays. Click **Log In** to directly log into the OnBase Integration for Salesforce platform and view the uploaded documents.

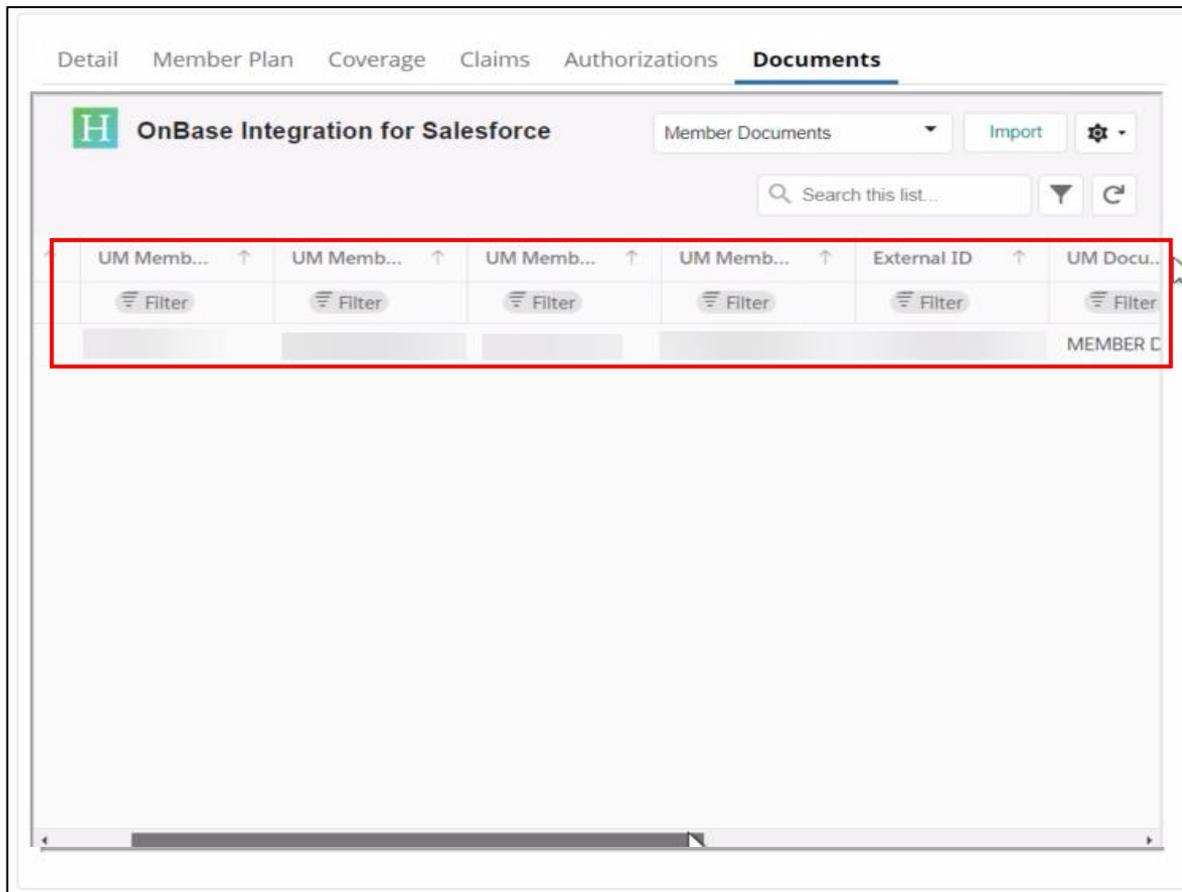


Note: This tab is not available for the General user persona.

Member 360 – Tabs (Documents)

(Cont'd)

After successful log in to the OnBase Integration for Salesforce, all the uploaded documents will display under the **Documents** tab.



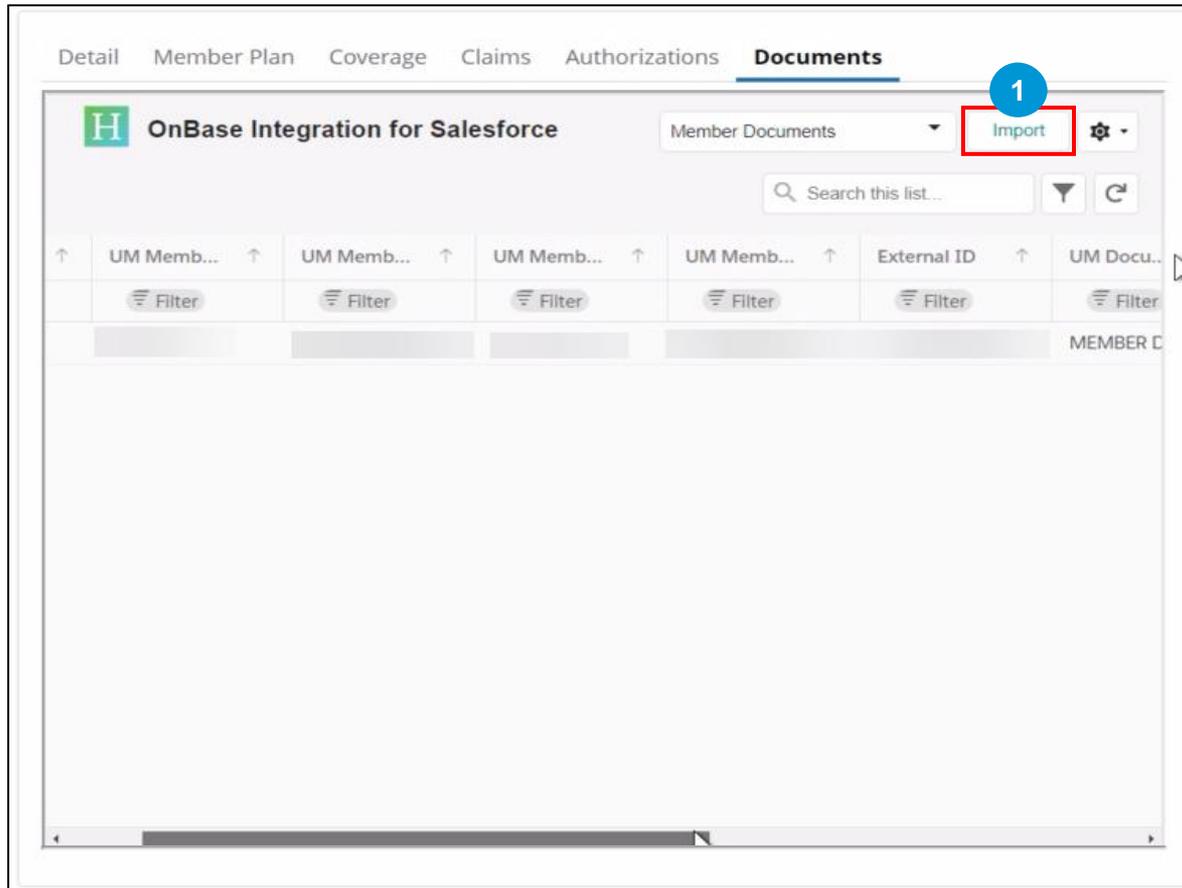
Note: You can use the scrollbar to view all the details of the uploaded document(s).

Member 360 – Tabs (Documents)

(Cont'd)

To add a document, perform the following steps:

1. Click **Import**. A pop-up window will appear where you can select the supporting documents that you want to upload from your system.

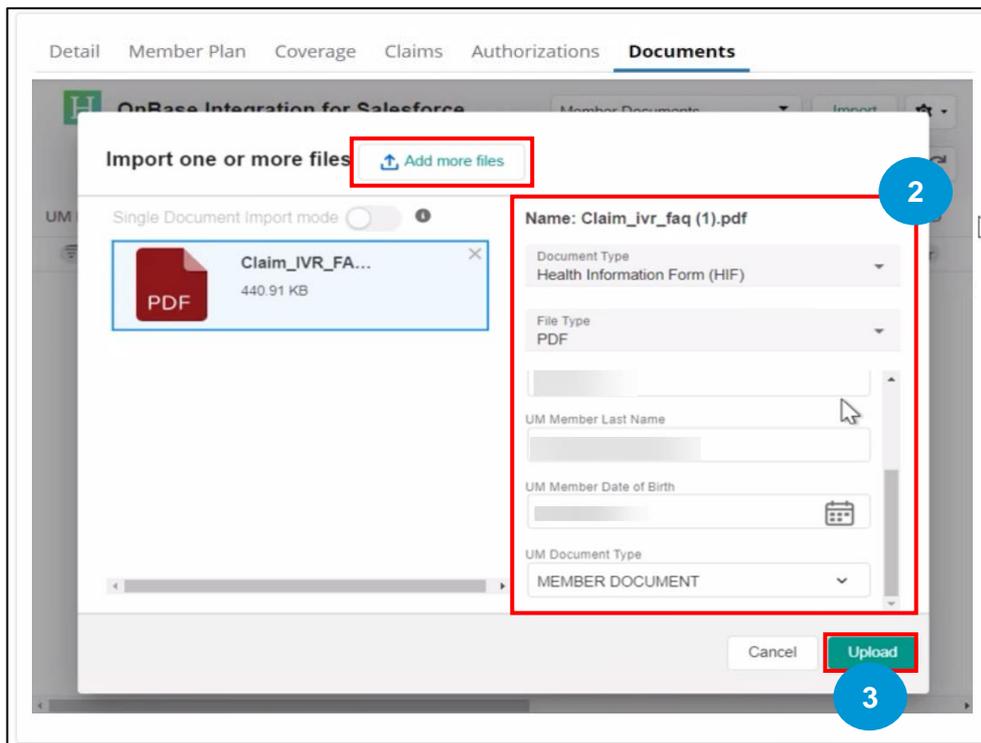


Member 360 – Tabs (Documents)

(Cont'd)

To add a document, perform the following steps:

2. Once you have selected the supporting documents from your system, the **Import one or more files** window appears. Select the document type and fill out the relevant information.
3. Click **Upload**.



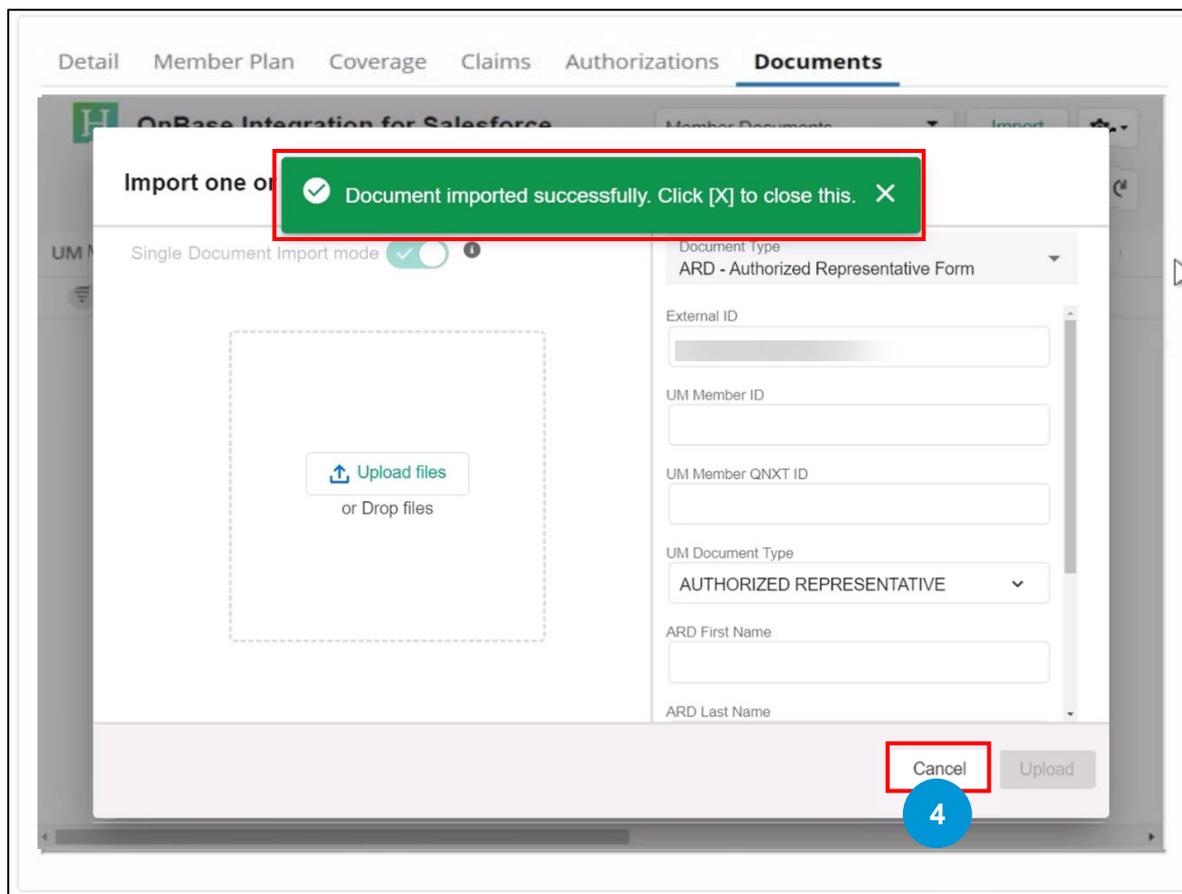
Note: You can upload multiple files using the **Add more files** button.

Member 360 – Tabs (Documents)

(Cont'd)

To add a document, perform the following steps:

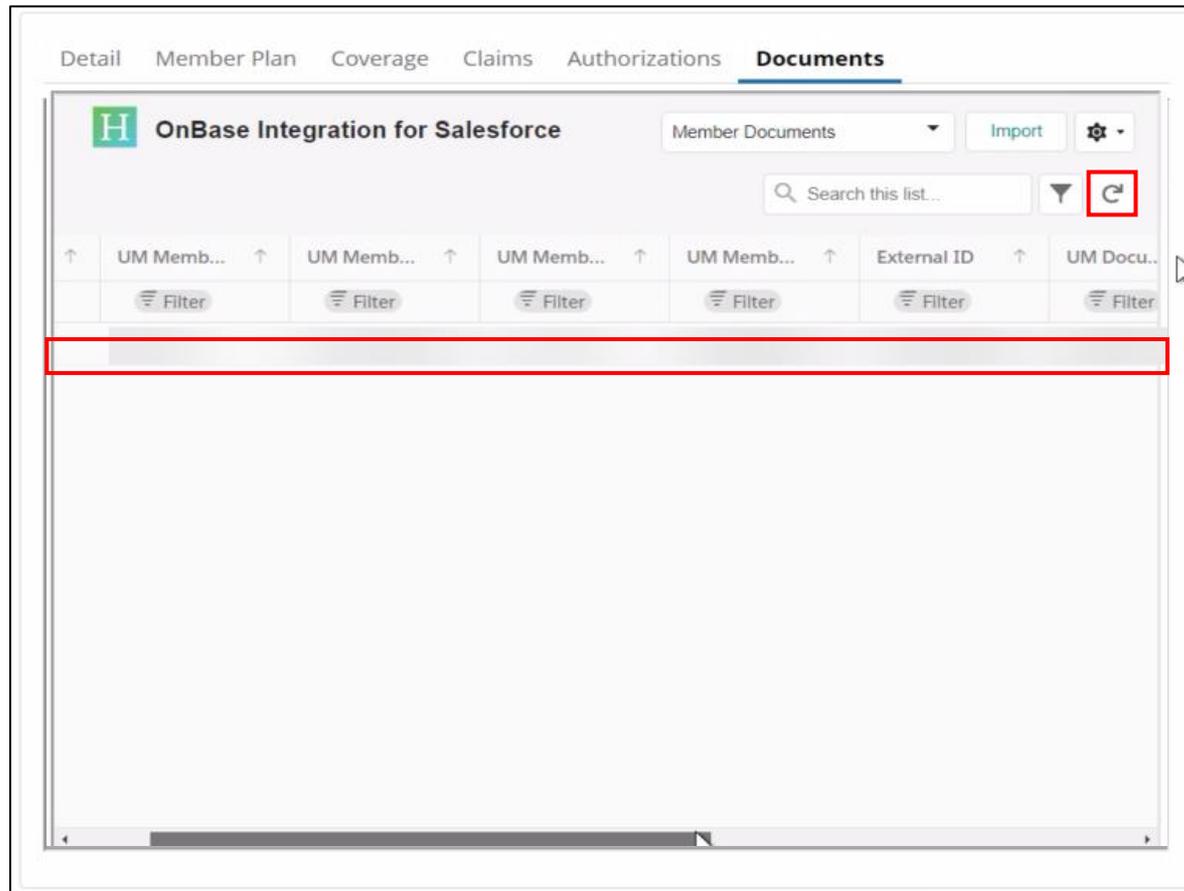
- After clicking Upload, a message appears confirming that the document was imported successfully. Click the **Cancel** button to close the window.



Member 360 – Tabs (Documents)

(Cont'd)

The recently uploaded file is now displayed under the OnBase Integration for Salesforce section.



Note: If the file does not appear after a successful upload, you can click the Refresh icon.

Member 360–Coverage Information

Member 360, also referred to as the member profile, is where providers can view the member’s complete information.

- Other Coverage Information** – Shows any existing coverage plans that the Member has. It also shows fields like **Coverage Name**, **Effective Date**, **Termination Date** along with **Policy Number** for easy reference. Also, the coverage name is a hyperlink, so clicking on it will navigate to the Coverage plan details page.

Other Coverage & Insurance (COB / MSP)			
External Coverage Name	Effective Date	Termination Date	Policy Number
[Redacted]	07/01/2016	12/31/2078	[Redacted]

Admin Provi...

My Profile Interactions Secure Messages Authorizations Attestations Remediations Resources Claims Users More

Other Coverage & Insurance (COB / MSP)

Enroll ID	Policyholder Name
COB Template Group	Policyholder DOB
Effective Date 07/01/2016	Other insurance Carrier Name Test Medicare other name
Termination Date 12/31/2078	Employer Group or Name
Created By	Policy Number
Create Date 02/02/2024	Relationship of Policyholder to Member
Updated By	Contact Information
Update Date 02/02/2024	



L.A. Care
HEALTH PLANSM

For All of L.A.

Coverage Benefits and Quotes

Coverage Benefits and Quotes

Coverage benefits at L.A. Care refer to the specific health care services, protections, or financial compensations available to members based on the terms of their health plan coverage.

Quotes represent the proposed price of a member plan.

In this section, you will learn how to:

- Launch coverage benefits
- Select date of service and plan
- View plan level details
- Benefit category and benefit detail selection
- View benefit details
- View authorization and claim information
- Submit and view case details
- View benefit quoting details

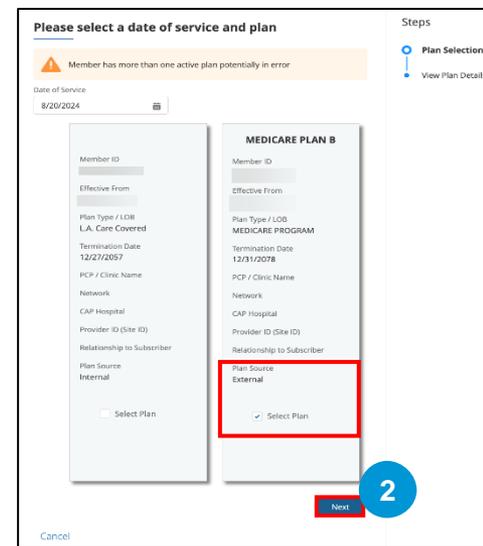
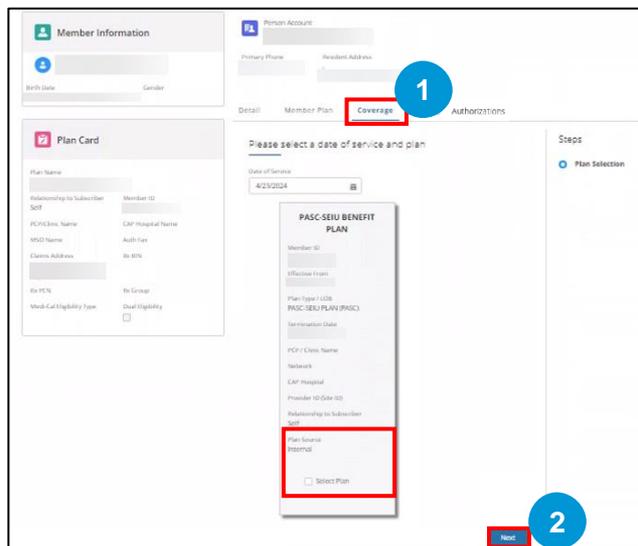


Coverage Benefits and Quotes

Coverage benefits at L.A. Care refer to the specific health care services, protections, or financial compensations available to members based on the terms of their health plan coverage.

The steps to select Coverage/Benefits plan in the provider portal are outlined below:

1. On the Member 360 record page, locate & select the **Coverage** tab. Notice the date of service is editable & defaulted to today's date. Plans displayed are based on the selected date of service, and the plan date.
2. Select the plan and click **Next** to see the **Plan Level Details** (Internal or External)
 - **Internal** – Where responsible party is LA Care.
 - **External** – Where responsible party is not LA Care.



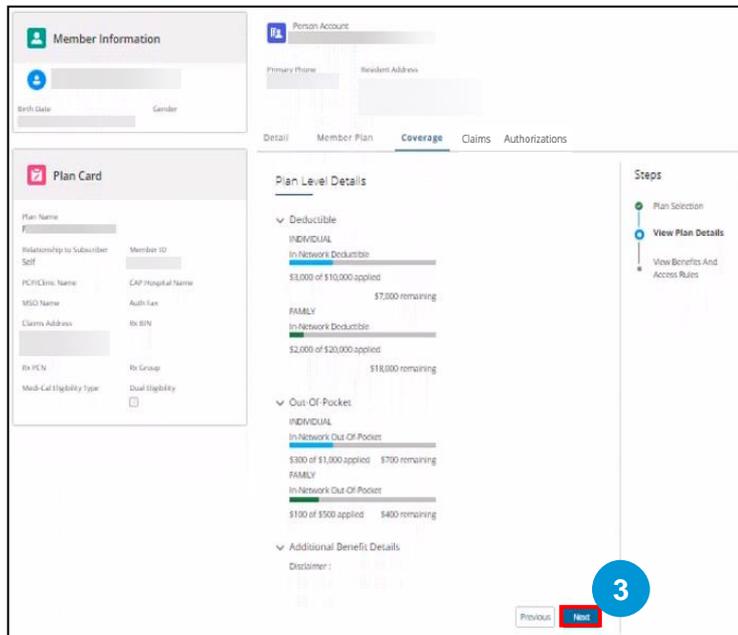
Coverage Benefits and Quotes (Cont'd)

Coverage benefits at L.A. Care refer to the specific health care services, protections, or financial compensations available to members based on the terms of their health plan coverage.

The steps to select Coverage/Benefits plan in the provider portal are outlined below:

3. On the **Internal Plan Details** page, you will find any additional details of the selected plan along with a **Disclaimer as applicable**. Then, click **Next**.

On the **External Plan Details** page, you will find all the details of the chosen plan, and the flow ends here when clicked on **Finish**. Upon finishing, a case would get created and you would be navigated to the Case Detail page



Member Information

Person Account

Primary Phone: [Redacted] Resident Address: [Redacted]

Birth Date: [Redacted] Gender: [Redacted]

Plan Card

Plan Name: [Redacted]
 Relationship to Subscriber: Self Member ID: [Redacted]
 PCPC/Class Name: [Redacted] CAP Hospital Name: [Redacted]
 MSD Name: [Redacted] Auth Fax: [Redacted]
 Claims Address: [Redacted] Bx BIN: [Redacted]
 Bx PCN: [Redacted] Bx Group: [Redacted]
 Med-Cal Eligibility Type: [Redacted] Dual Eligibility: [Redacted]

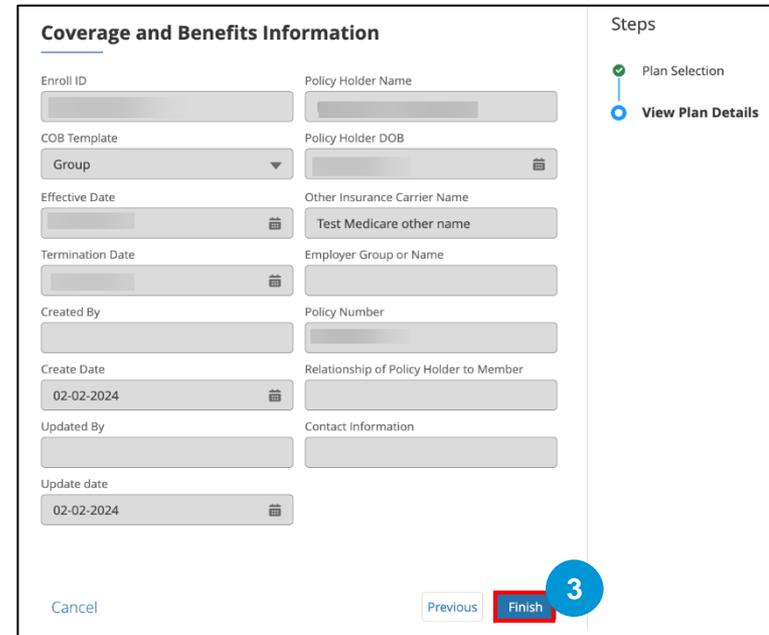
Coverage

Plan Level Details

- Deductible**
 - INDIVIDUAL: In Network Deductible: \$3,000 of \$10,000 applied, \$7,000 remaining
 - FAMILY: In Network Deductible: \$2,000 of \$20,000 applied, \$18,000 remaining
- Out-Of-Pocket**
 - INDIVIDUAL: In Network Out-Of-Pocket: \$300 of \$1,000 applied, \$700 remaining
 - FAMILY: In Network Out-Of-Pocket: \$150 of \$500 applied, \$350 remaining
- Additional Benefit Details**
Disclaimer: [Redacted]

Steps: Plan Selection, **View Plan Details**, View Benefits And Access Rules

Previous **Next** 3



Coverage and Benefits Information

Enroll ID: [Redacted] Policy Holder Name: [Redacted]

COB Template: Group Policy Holder DOB: [Redacted]

Effective Date: [Redacted] Other Insurance Carrier Name: Test Medicare other name

Termination Date: [Redacted] Employer Group or Name: [Redacted]

Created By: [Redacted] Policy Number: [Redacted]

Create Date: 02-02-2024 Relationship of Policy Holder to Member: [Redacted]

Updated By: [Redacted] Contact Information: [Redacted]

Update date: 02-02-2024

Steps: Plan Selection, View Plan Details

Cancel Previous **Finish** 3



Coverage Benefits and Quotes (Internal Plan)

Coverage benefits at L.A. Care refer to the specific health care services, protections, or financial compensations available to members based on the terms of their health plan coverage.

The steps to select Coverage/Benefits plan in the provider portal are outlined below:

4. On the Benefit Section Page, select the **Benefit Category** and **Benefit Detail** from the drop-down list and click **Select**. Any number of benefits can be chosen from the combinations, and upon clicking Select, all individual benefits would be added to the coverage plan.
5. Based on the Benefit Category and Detail selected, the **Benefit Details, Authorization Information, and Claim Information** will be displayed.
6. Click **Finish** to add the benefit to the plan. Upon finishing, a case would get created and you would be navigated to the Case Detail page.

Benefit Selection

Information for Providers:
To ensure payment, Providers are required to confirm member eligibility prior to providing services as payment is made *only* if the member is eligible at the time of service.
Please note that authorization for services is not a guarantee of payment. All claims submitted for services are subject to claims payment and Payment Integrity policies. Please contact the L.A. Care Provider Call Center at **1-877-431-2273** if you have any questions.

* Benefit Category
Medi-Cal Only - CalAim & Community Supports

* Benefit Detail
Day Habilitation Programs

Select

4

Steps

- Plan Selection
- View Plan Details
- View Benefits And Access Rules

5

Allowed Limit	Term Type	Requires Prior Authorization	Member
		Y	0

6

Cancel
Previous
Finish



Coverage Benefits and Quotes

(Internal Plan)

Coverage benefits at L.A. Care refer to the specific health care services, protections, or financial compensations available to members based on the terms of their health plan coverage.

On the Case Details page, you will find details such as **Case Number**, **Member ID**, **Plan Name**, **Last Name**, **Line of Business**, **Case Record Type**, **Status**, **Plan Selected** and its **Details** etc. You will also have a **Related Benefit Quotes** section where you will find **Case Number**, **Status**, **Date Opened**, **Benefit Category**, and **Benefit Details**. Select **Case Number** to view the **Benefit Quoting Details** page.

■ Case
00011696

Type: Plan Inquiry Status: Completed

Details

▼ Case Overview

<p>Case Number: 00011696</p> <p>First Name: [REDACTED]</p> <p>Line of Business: MCLA</p> <p>Status: Completed</p> <p>Details</p> <p>[REDACTED] called on 7/26/24 for LA Care Medicare PLUS, and was informed of the following :</p> <ul style="list-style-type: none"> Deductible (Individual) : \$3,000 out of \$10,000 applied Deductible (Family) : \$400 out of \$1,000 applied Out-of-Pocket (Individual) : \$1,200 out of \$2,000 applied Out-of-Pocket (Family) : \$2,000 out of \$3,000 applied <p>Disclaimer :</p> <p>Notes</p>	<p>Member ID: [REDACTED]</p> <p>Last Name: [REDACTED]</p> <p>Case Record Type: Plan Inquiry</p> <p>Date/Time Opened: 7/19/2024, 5:18 AM</p> <p>Plan Selected: LA Care Medicare PLUS</p> <p>Date of Service: 7/26/2024</p>
--	---

■ **Related Benefit Quotes (1)** ⌵ ⌵

1 Item • Updated 3 minutes ago

Case Number	Status	Date Opened	Benefit Category	Benefit Details
1 00015260	Completed	7/26/2024, 7:21 AM	Outpatient Benefits & Services	Dialysis Services

[View All](#)

▼ Internal Use Only

Created By: [REDACTED] 7/11/2024, 8:23 PM Last Modified By: [REDACTED] 7/26/2024, 7:21 AM



Coverage Benefits and Quotes (Internal Plan)

Coverage benefits at L.A. Care refer to the specific health care services, protections, or financial compensations available to members based on the terms of their health plan coverage.

On the **Benefit Quoting Case Details** page, you will find the details such as, **Case Number, Member ID, Line Of Business, Case Record Type, Status, Details, Benefit Attribute Details, and Access Rules Details.**

Case
00015260

Status
Completed

Type
Benefit Quoting

Status
Completed

Details

Case Overview

Case Number 00015260	Member ID [REDACTED]
First Name [REDACTED]	Last Name [REDACTED]
Line of Business LA, CARE Medicare	Case Record Type Benefit Quoting
Status Completed	Date/Time Opened 7/26/2024, 7:21 AM

Plan Selected
LA Care Medicare PLUS

Parent Case
[REDACTED]

Benefit Category
Outpatient Benefits & Services

Benefit Details
Dialysis Services

Details

[REDACTED] called on 7/26/24 for LA Care Medicare PLUS, and was informed of the following:

- Benefit Description : Dialysis and hemodialysis services LA, Care covers dialysis treatments. LA, Care also covers hemodialysis (chronic dialysis) services if your doctor submits a request and LA, Care approves it. Medi-Cal coverage does not include • Comfort, convenience, or luxury equipment, supplies, and features • Non-medical items, such as generators or accessories to make home dialysis equipment portable for travel

Benefit Attribute Details

- Description/Value : Dialysis and hemodialysis services LA, Care covers dialysis treatments. LA, Care also covers hemodialysis (chronic dialysis) services if your doctor submits a request and LA, Care approves it. Medi-Cal coverage does not include • Comfort
- convenience
- or luxury equipment
- supplies
- and features • Non-medical items
- such as generators or accessories to make home dialysis equipment portable for travel

benefitItems :

- Allowed Limit :
- Member Responsibility : 0
- Requires Prior Authorization : Y
- Term Type :

Access Rule Details

Access Rule Details :

- Authorization Information :
 - Responsible Party : No Matching data
 - Fee Authorization : No Matching data
 - Online Option : No Matching data
- Claim Information :
 - Responsible Party : No Matching data
 - Claim address : No Matching data
 - Electronic Payer ID : No Matching data
 - Claim Status Phone Number : No Matching data

Created By
[REDACTED]

7/26/2024, 7:21 AM

Last Modified By
[REDACTED]

7/26/2024, 7:21 AM



Coverage Benefits and Quotes – Case (External Plan)

On the Case Details page, you will find details such as **Case Number**, **Member ID**, **Plan Name**, **Last Name**, **Line of Business**, **Case Record Type**, **Status**, **Plan Selected** and its **Details** etc. There is **Internal Use Only** section which contains fields like **Contact Name**, **Case Origin**, **Priority**.


Case
00023056

Type Plan Inquiry (External)	Status Completed	Sub Status
---------------------------------	---------------------	------------

Detail

▼ Case Overview

Case Number 00023056	Last Name [REDACTED]
First Name [REDACTED]	Type Plan Inquiry (External)
Status Completed	Date/Time Opened 8/20/2024, 12:57 AM
Plan Selected MEDICARE PLAN B	Subject Plan Inquiry (External)

Details

[REDACTED] called on 8/20/2024 for MEDICARE PLAN B, and was informed of the following :

- Enroll ID = [REDACTED]
- Policyholder Name: [REDACTED]
- COB Template: Group
- Policyholder DOB: [REDACTED]
- Effective Date: 2016-07-01
- Other Insurance Carrier Name: Test Medicare other name
- Termination Date: 2078-12-31
- Employer Group or Name:
- Created By:
- Policy Number: [REDACTED]
- Create Date: 2024-02-02
- Relationship of Policyholder to Member:
- Updated By:
- Contact Information:
- Update Date: 2024-02-02

Description

> Internal Use Only



Module Summary

Now that you have completed this module, here is the summary of what you have learnt, how to:

- Search a Member.
- Access the Member 360 page.
- View Member Plan information.
- Select Plan & View Plan Level Details.
- View Coverage Benefits and Claim/Authorization information.





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Module 4: Provider Self Service

Module Objectives

After completing this module, you will be able to:

- Search and view Authorizations
- Submit online SARs (e-forms)
- Search Claims & Claims RA View
 - Navigation
 - Search criteria & results
 - Access Details Page
- Create & View Interactions





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View Authorizations

Authorization Overview

Authorization in Provider Portal refer to the process and functionality that allows healthcare providers to request and manage prior authorizations for medical services, procedures, or medications.

In this module, we will cover how you can search and view Authorization from:

- Provider Portal Homepage using the Authorization menu item
- Member 360

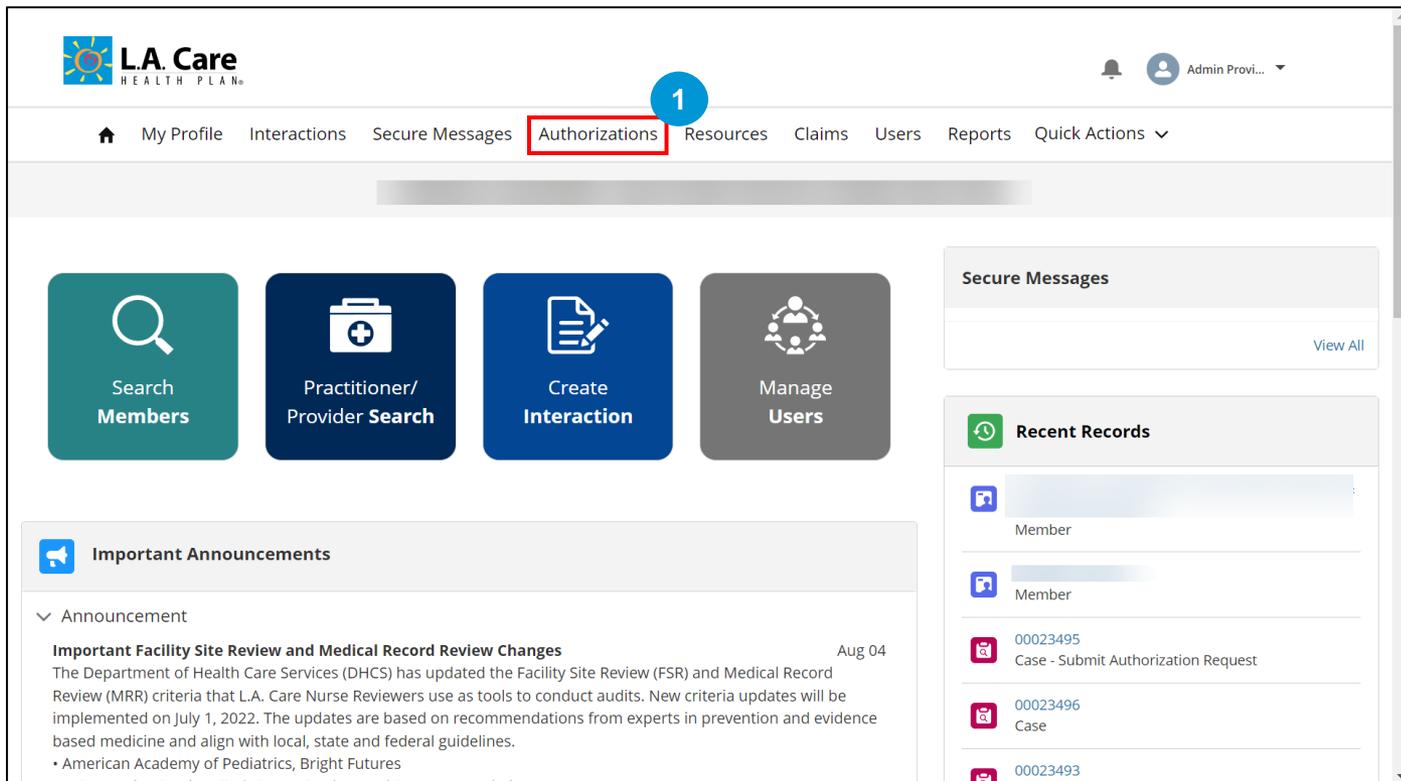
Let's first see the steps of how you can search and view Authorization from the Authorization menu item.

View Authorization – Menu Item (Cont'd)

Login to Provider Portal using your login credentials. On the Provider Portal Homepage, perform the following steps to view the Authorization details:

The steps to view authorizations on Provider Portal are outlined below:

1. Click the **Authorizations** menu item on the Provider Portal Homepage to access the **Authorization Search** page.



The screenshot displays the L.A. Care Health Plan Provider Portal homepage. The navigation bar includes: My Profile, Interactions, Secure Messages, **Authorizations** (highlighted with a red box and a blue circle with '1'), Resources, Claims, Users, Reports, and Quick Actions. Below the navigation bar are four main action buttons: Search Members, Practitioner/Provider Search, Create Interaction, and Manage Users. On the right side, there are sections for Secure Messages (with a 'View All' link) and Recent Records. The Recent Records section lists several items, including a Member, another Member, and three cases with IDs 00023495 (Case - Submit Authorization Request), 00023496 (Case), and 00023493. At the bottom left, there is an Important Announcements section with a dropdown arrow and a title: 'Important Facility Site Review and Medical Record Review Changes' dated Aug 04. The announcement text states that the Department of Health Care Services (DHCS) has updated the Facility Site Review (FSR) and Medical Record Review (MRR) criteria that L.A. Care Nurse Reviewers use as tools to conduct audits. New criteria updates will be implemented on July 1, 2022. The updates are based on recommendations from experts in prevention and evidence-based medicine and align with local, state and federal guidelines. A bullet point lists 'American Academy of Pediatrics, Bright Futures'.

View Authorization – Menu Item (Cont'd)



The steps to view authorizations on Provider Portal are outlined below:

2. The **Authorization Search** page displays. Under the **Authorization Search Criteria** section, you can enter search criteria in the **Received From Date**, **Received To Date**, **Member ID**, **Type**, and **Authorization Number** fields.
3. Click **Search** to view the search results.

Type	Category	Authorization Number	Requested By	Referred To	Date of Service	Decision Type
<input type="radio"/> Outpatient	HIPAA			NO PROVIDER		
<input type="radio"/> Outpatient	HIPAA			NO PROVIDER		
<input type="radio"/> Outpatient	HIPAA			NO PROVIDER		
<input type="radio"/> Outpatient	HIPAA			NO PROVIDER		
<input type="radio"/> Outpatient	HIPAA			NO PROVIDER		
<input type="radio"/> Inpatient	HIPAA					
<input type="radio"/> Inpatient	HIPAA					
<input type="radio"/> Inpatient	HIPAA					

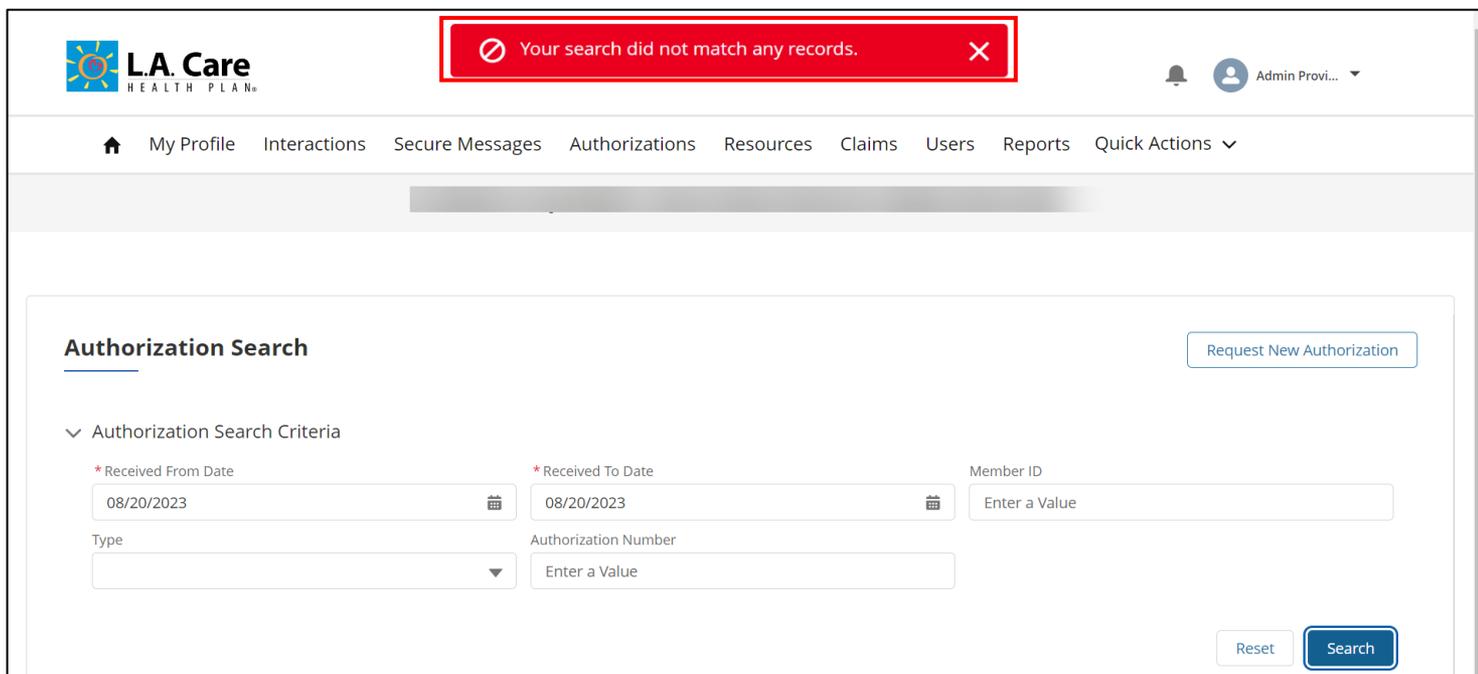
Note: The **Received From Date** and **Received To Date** fields are mandatory.

- Use **Reset** button to reset all the fields on this page.
- Use **Request New Authorization** button to create a new authorization request.

Search Authorization – Error

When entering the search criteria, it is crucial to ensure that you input accurate and complete data. Failure to do so will result in the following errors:

1. If the search criteria doesn't match with any record in the system.

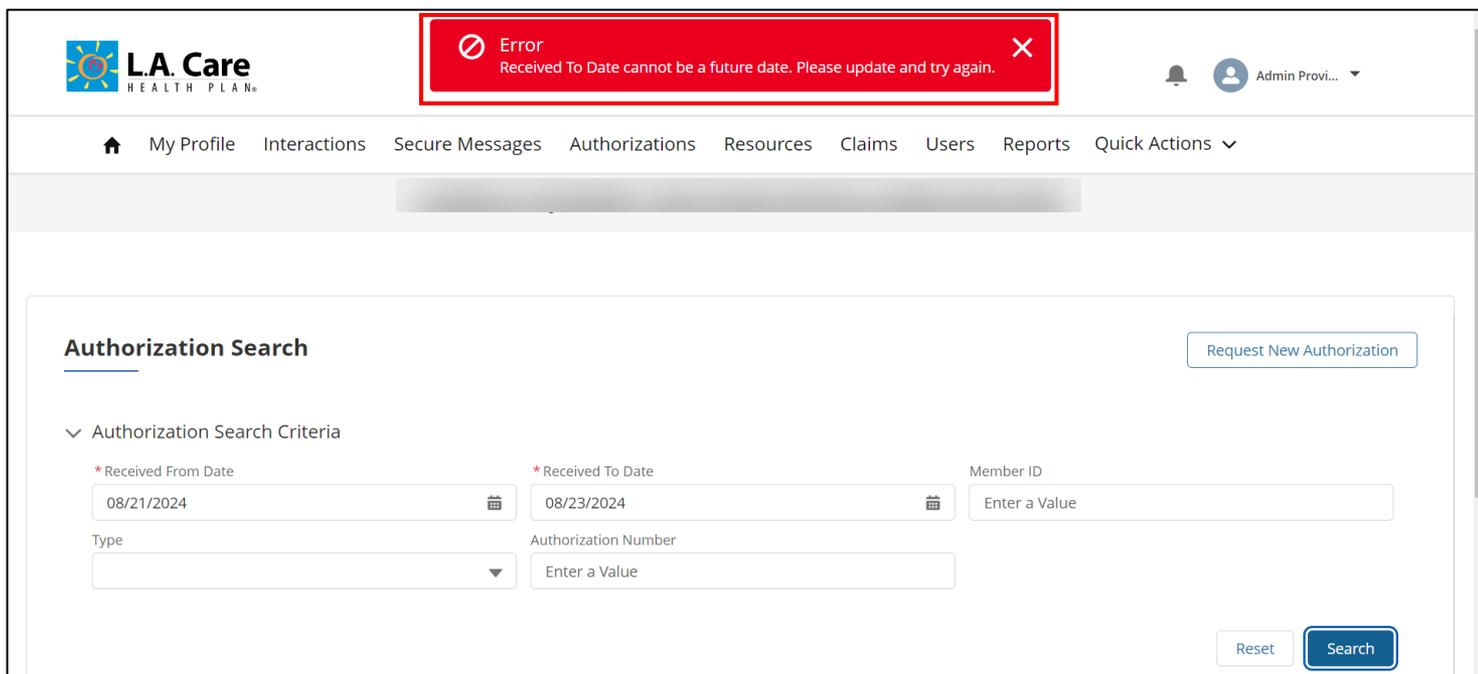


The screenshot displays the L.A. Care Health Plan user interface. At the top left is the L.A. Care logo. A red error banner at the top center reads "Your search did not match any records." with a close button (X). The navigation menu includes: My Profile, Interactions, Secure Messages, Authorizations, Resources, Claims, Users, Reports, and Quick Actions. The main content area is titled "Authorization Search" and includes a "Request New Authorization" button. Under "Authorization Search Criteria", there are four input fields: "Received From Date" (08/20/2023), "Received To Date" (08/20/2023), "Member ID" (Enter a Value), and "Authorization Number" (Enter a Value). The "Type" field is a dropdown menu. At the bottom right of the form are "Reset" and "Search" buttons.

Search Authorization – Error (Cont'd)

When entering the search criteria, it is crucial to ensure that you input accurate and complete data. Failure to do so will result in the following errors:

2. The date entered in the **Received From Date** and **Received To Date** fields should not be a future date.

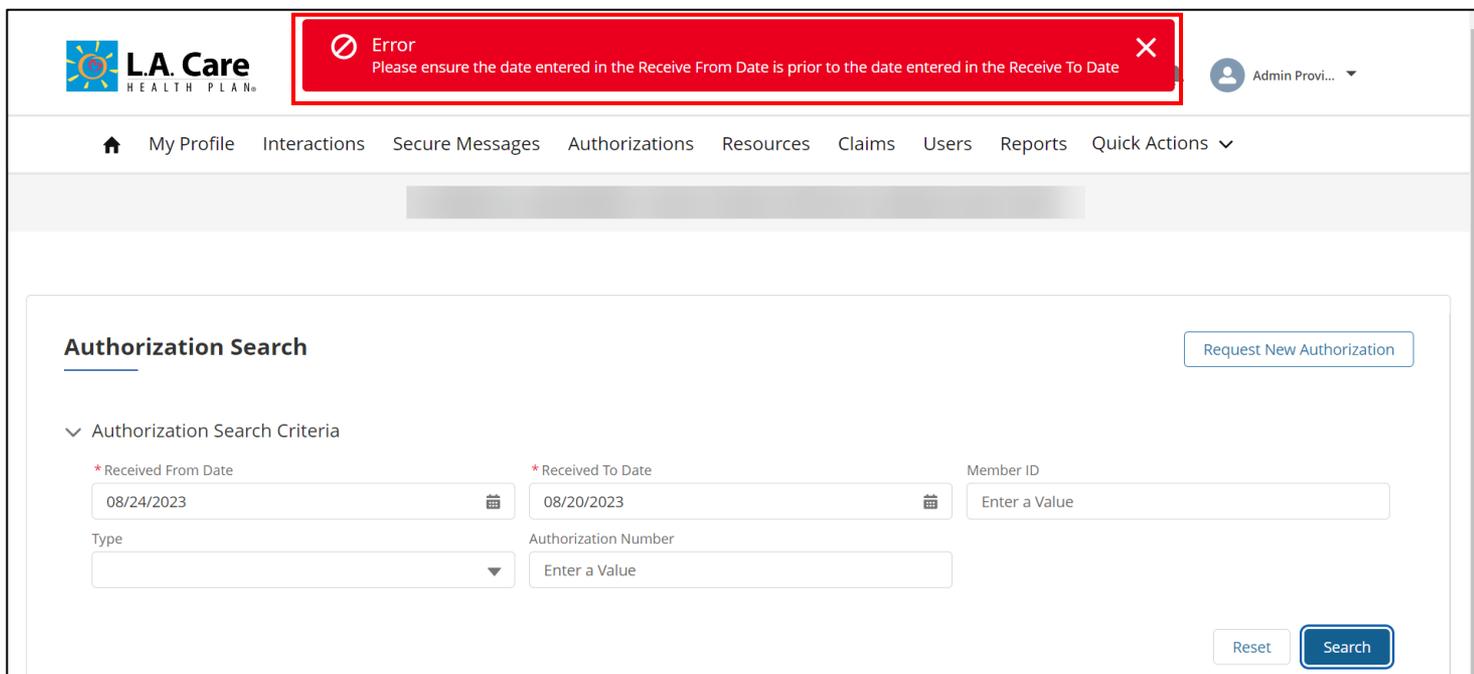


The screenshot displays the L.A. Care Health Plan user interface. At the top left is the L.A. Care logo. A red error banner at the top center reads: "Error Received To Date cannot be a future date. Please update and try again." The navigation menu includes: My Profile, Interactions, Secure Messages, Authorizations, Resources, Claims, Users, Reports, and Quick Actions. The main content area is titled "Authorization Search" and contains a "Request New Authorization" button. Under "Authorization Search Criteria", there are four input fields: "Received From Date" (08/21/2024), "Received To Date" (08/23/2024), "Member ID" (Enter a Value), and "Type" (dropdown menu). Below these is an "Authorization Number" field (Enter a Value). At the bottom right are "Reset" and "Search" buttons.

Search Authorization – Error (Cont'd)

When entering the search criteria, it is crucial to ensure that you input accurate and complete data. Failure to do so will result in the following errors:

3. The date entered in the **Received From Date** field must be earlier than the date entered in the **Received To Date** field.

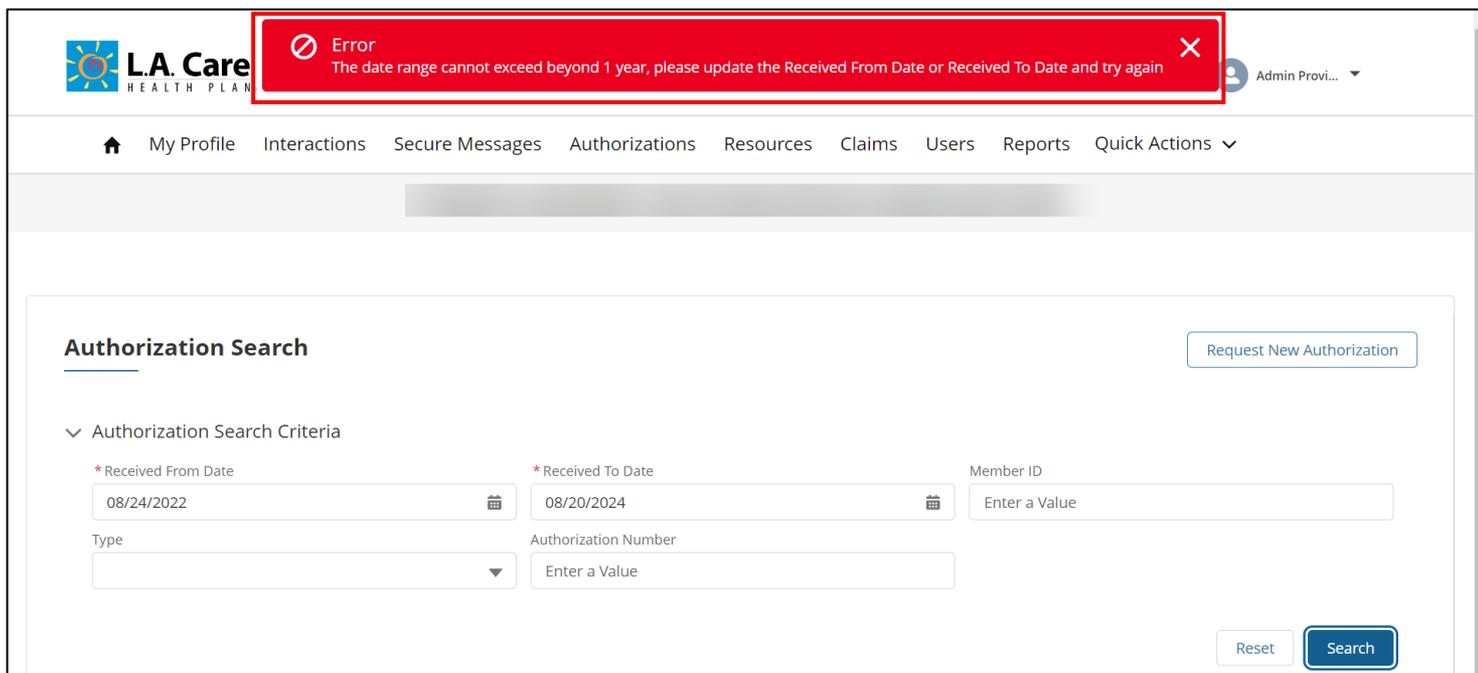


The screenshot displays the L.A. Care Health Plan user interface. At the top left is the L.A. Care logo. A red error banner at the top center contains the text: "Error Please ensure the date entered in the Receive From Date is prior to the date entered in the Receive To Date". Below the banner is a navigation menu with items: My Profile, Interactions, Secure Messages, Authorizations, Resources, Claims, Users, Reports, and Quick Actions. The main content area is titled "Authorization Search" and includes a "Request New Authorization" button. Under "Authorization Search Criteria", there are four input fields: "Received From Date" (08/24/2023), "Received To Date" (08/20/2023), "Member ID" (Enter a Value), and "Authorization Number" (Enter a Value). There are also "Reset" and "Search" buttons at the bottom right.

Search Authorization – Error (Cont'd)

When entering the search criteria, it is crucial to ensure that you input accurate and complete data. Failure to do so will result in the following errors:

4. The date range entered in the **Received From Date** and **Received To Date** fields should not exceed one year.



The screenshot displays the L.A. Care Health Plan user interface. At the top left is the L.A. Care logo. A red error banner is positioned at the top center, containing a red circle with a white 'X' icon, the word "Error", and the text: "The date range cannot exceed beyond 1 year, please update the Received From Date or Received To Date and try again". Below the banner is a navigation menu with items: My Profile, Interactions, Secure Messages, Authorizations, Resources, Claims, Users, Reports, and Quick Actions. The main content area is titled "Authorization Search" and includes a "Request New Authorization" button. Under the heading "Authorization Search Criteria", there are four input fields: "Received From Date" (with a calendar icon) containing "08/24/2022", "Received To Date" (with a calendar icon) containing "08/20/2024", "Member ID" (containing "Enter a Value"), and "Authorization Number" (containing "Enter a Value"). A "Type" dropdown menu is also present. At the bottom right of the form are "Reset" and "Search" buttons.

View Authorization – Menu Item (Cont'd)

The steps to view authorizations on Provider Portal are outlined below:

- Based on the search criteria entered, the search results appear under the **Authorization Search Criteria** section. Select the appropriate authorization from the search result to access the **Authorization Details** page and view the authorization details.

Note:

- All records that match the search criteria are displayed across multiple search result pages, with each page displaying up to 10 records.
- You can use the **Previous** and **Next** button to move to the previous search result page and the next search result page, respectively.
- The number between the **Previous** and **Next** button indicates the current search result page number.
- You can use the scrollbar to access other Authorization details such as Status.

Authorization Search

▼ Authorization Search Criteria

* Received From Date

* Received To Date

Member ID

Type

Authorization Number

Type	Category	Authorization Number	Requested By	Referred To	Date of Service	Decision Type
<input type="radio"/>	Inpatient	HIPAA				
<input type="radio"/>	Inpatient	HIPAA				
<input type="radio"/>	Inpatient	HIPAA				
<input type="radio"/>	Inpatient	HIPAA				
<input type="radio"/>	Inpatient	HIPAA				
<input type="radio"/>	Inpatient	HIPAA				
<input type="radio"/>	Inpatient	HIPAA				
<input type="radio"/>	Inpatient	HIPAA				
<input type="radio"/>	Inpatient	HIPAA				
<input type="radio"/>	Inpatient	HIPAA				
<input type="radio"/>	Inpatient	HIPAA				

1

View Authorization – Menu Item (Cont'd)

The **Authorization Details** page displays. Here, you can view the Authorization details such as, Member Information, Prescribing / Requesting Provider Information, Requested Service Provider Information, Requested Facility Information, etc.

Authorization Details

Request Details

Authorization Number: [Redacted] Authorization Received: 2024-08-20

Type: Inpatient Category: [Redacted]

Priority: [Redacted] Decision Type: [Redacted]

Status: APPROVED

Member Information

Member Name: [Redacted] Date of Birth: [Redacted]

Line of Business: MCLA Network: [Redacted]

PCP: [Redacted] PCP Site ID: [Redacted]

Member ID: [Redacted]

Prescribing / Requesting Provider Information

Requesting / Prescribing Provider Name: [Redacted] R/P Provider NPI: [Redacted]

Member Account / Patient ID / MRN: [Redacted] Provider Address: [Redacted]

Provider Phone: [Redacted] Provider Fax: [Redacted]

Requested Service Provider Information

Service Provider Name: [Redacted] Service Provider NPI: [Redacted]

Provider Address: [Redacted] Provider Phone: [Redacted]

Provider Fax: [Redacted] Decision Actual Date: [Redacted]

Decision Due Date: [Redacted] Provider Notify Due: [Redacted]

Provider Notify Actual: [Redacted]

Requested Facility Information

Facility Name: [Redacted] Facility NPI: [Redacted]

Facility Address: [Redacted] Facility Phone: [Redacted]

Facility Fax: [Redacted] Decision Actual Date: [Redacted]

Decision Due Date: [Redacted] Provider Notify Due: [Redacted]

Provider Notify Actual: [Redacted] Admit Date: 2023-10-01

Discharge Date: 2078-12-31 Next Review Date: [Redacted]

Level of Care: [Redacted]

Services

Service Start Date	Service End Date	Service Code	Description	Requested Units	Authorized Units
2023-10-01	2024-05-01		NO AUTHCODE	214	214
2024-05-02	2024-12-01			214	214

Diagnosis

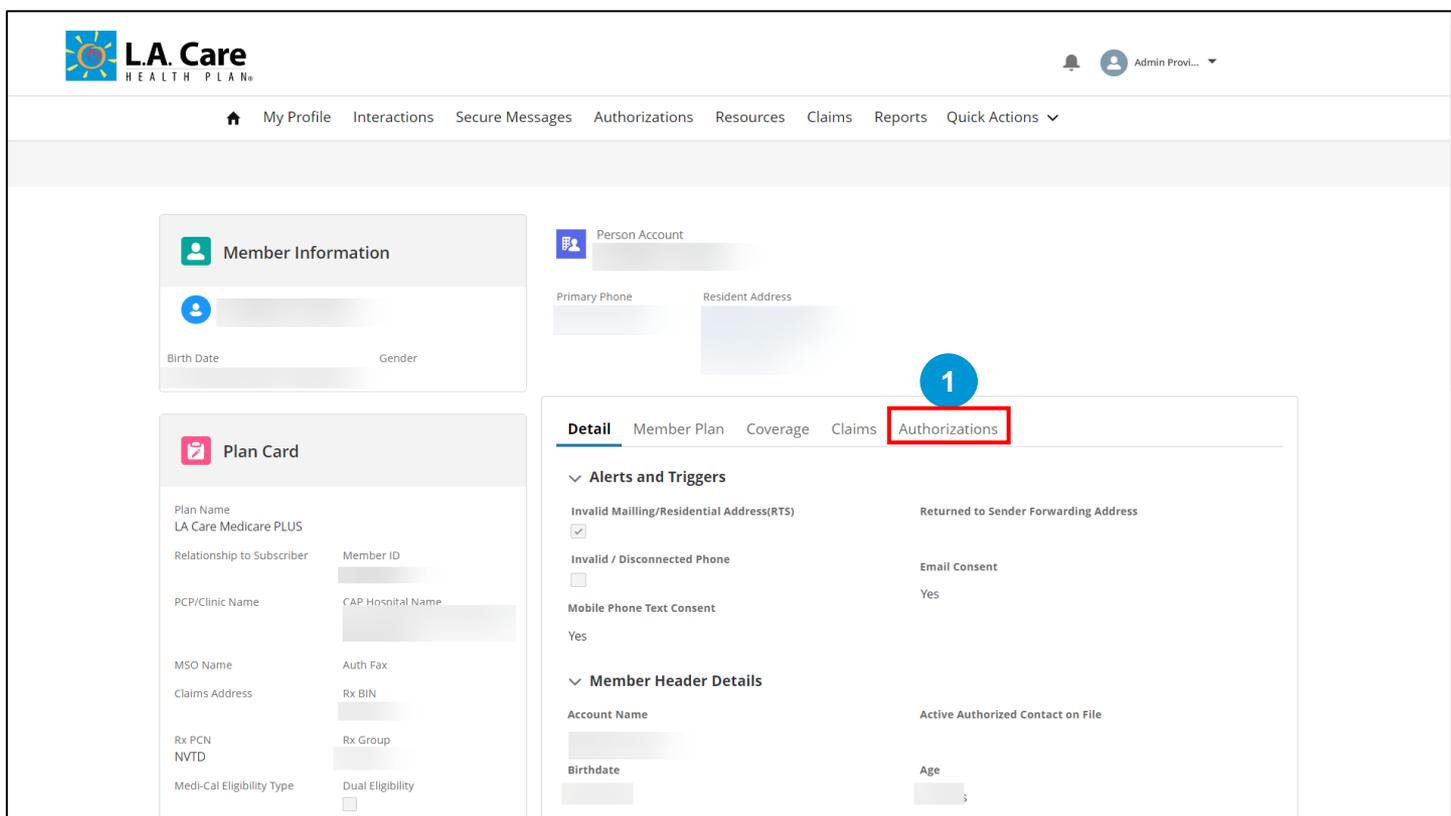
Code: [Redacted] Description: [Redacted]

Next, let's see how you can view Authorization from the Member 360 page.

View Authorization – Member 360

Perform the following steps to view the Authorization details from the Member 360 page:

1. Access the Member 360 page of the required Member on the Provider Portal. Then, click the **Authorizations** tab to access the **Authorization Search** page.



The screenshot displays the L.A. Care Member 360 portal interface. At the top left is the L.A. Care logo. The navigation bar includes links for My Profile, Interactions, Secure Messages, Authorizations, Resources, Claims, Reports, and Quick Actions. The main content area is divided into several sections: Member Information, Plan Card, and Person Account. The Person Account section is expanded to show tabs for Detail, Member Plan, Coverage, Claims, and Authorizations. The Authorizations tab is highlighted with a red box and a blue circle containing the number 1, indicating the step to click on this tab.

Member Information

Birth Date: [Redacted] Gender: [Redacted]

Plan Card

Plan Name: LA Care Medicare PLUS
Relationship to Subscriber: [Redacted] Member ID: [Redacted]
PCP/Clinic Name: [Redacted] CAP Hospital Name: [Redacted]
MSO Name: [Redacted] Auth Fax: [Redacted]
Claims Address: [Redacted] Rx BIN: [Redacted]
Rx PCN: [Redacted] Rx Group: [Redacted]
NVTD: [Redacted]
Medi-Cal Eligibility Type: [Redacted] Dual Eligibility:

Person Account

Primary Phone: [Redacted] Resident Address: [Redacted]

Authorizations Tab

Alerts and Triggers

Invalid Mailing/Residential Address(RTS) Returned to Sender Forwarding Address
Invalid / Disconnected Phone Email Consent
Mobile Phone Text Consent Yes
Yes

Member Header Details

Account Name [Redacted] Active Authorized Contact on File
Birthdate [Redacted] Age [Redacted]



View Authorization – Member 360

(Cont'd)

Perform the following steps to view the Authorization details from the Member 360 page:

2. The **Authorization Search** page displays. Under the Authorization Search Criteria section, you can enter search criteria in the **Received From Date**, **Received To Date**, **Type**, and **Authorization Number** fields.
3. Click **Search** to view the search results.

Note: When you view Authorizations from the Member 360 page, all the Authorizations displayed are specific to that Member.

[Detail](#)
[Member Plan](#)
[Coverage](#)
[Claims](#)
[Authorizations](#)

Authorization Search

🔍
Authorization Filter

Request New
Authorization

∨ Authorization Search Criteria

* Received From Date

* Received To Date

Type

Authorization Number

Type	Category	Authorization Number	Requested By	Ref
<input type="radio"/>	Outpatient	HIPAA		NO
<input type="radio"/>	Outpatient	HIPAA		NO
<input type="radio"/>	Outpatient	HIPAA		NO
<input type="radio"/>	Outpatient	HIPAA		NO
<input type="radio"/>	Outpatient	HIPAA		NO
<input type="radio"/>	Outpatient	HIPAA		NO
<input type="radio"/>	Outpatient	HIPAA		NO
<input type="radio"/>	Outpatient	HIPAA		NO
<input type="radio"/>	Outpatient	HIPAA		NO

2

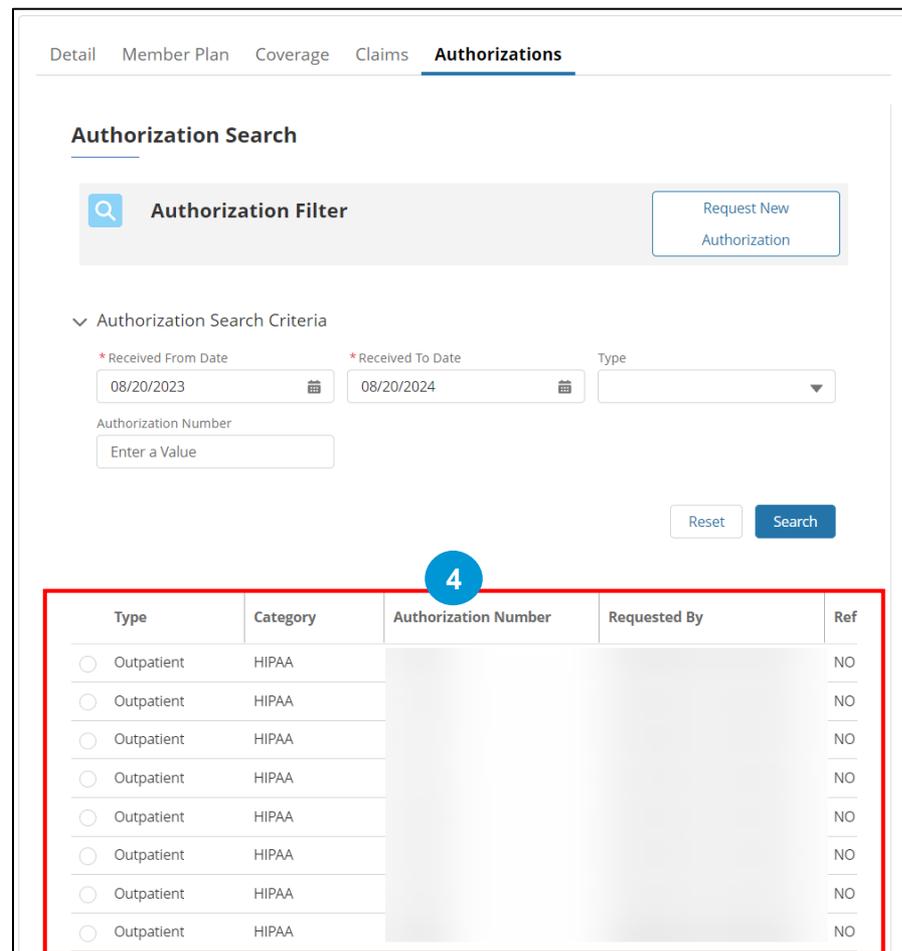
3

View Authorization – Member 360

(Cont'd)

Perform the following steps to view the Authorization details from the Member 360 page:

- Based on the search criteria entered, the search results appear under the **Authorization Search Criteria** section. Select the appropriate authorization from the search result to access the **Authorization Details** page and view the authorization details.



Detail Member Plan Coverage Claims **Authorizations**

Authorization Search

Authorization Filter Request New Authorization

Authorization Search Criteria

* Received From Date: 08/20/2023 Calendar icon * Received To Date: 08/20/2024 Calendar icon Type: Dropdown arrow

Authorization Number: Enter a Value

Reset Search

Type	Category	Authorization Number	Requested By	Ref
<input type="radio"/> Outpatient	HIPAA			NO
<input type="radio"/> Outpatient	HIPAA			NO
<input type="radio"/> Outpatient	HIPAA			NO
<input type="radio"/> Outpatient	HIPAA			NO
<input type="radio"/> Outpatient	HIPAA			NO
<input type="radio"/> Outpatient	HIPAA			NO
<input type="radio"/> Outpatient	HIPAA			NO
<input type="radio"/> Outpatient	HIPAA			NO



View Authorization – Member 360

(Cont'd)

The **Authorization Details** page displays. Here, you can view the Authorization details such as, **Member Information**, **Prescribing / Requesting Provider Information**, **Requested Service Provider Information**, **Requested Facility Information**, etc.

Authorization Details

Request Details

Authorization Number: 2024-08-07

Type: Inpatient

Priority: []

Status: APPROVED

Member Information

Member Name: [] Date of Birth: []

Line of Business: MCLA Network: []

PCP: [] PCP Site ID: []

Member ID: []

Prescribing / Requesting Provider Information

Requesting / Prescribing Provider Name: [] R/P Provider NPI: []

Member Account / Patient ID / MRN: [] Provider Address: []

Provider Phone: [] Provider Fax: []

Requested Service Provider Information

Service Provider Name: [] Service Provider NPI: []

Provider Address: [] Provider Phone: []

Provider Fax: [] Decision Actual Date: []

Decision Due Date: [] Provider Notify Due: []

Provider Notify Actual: []

Requested Facility Information

Facility Name: [] Facility NPI: []

Facility Address: [] Facility Phone: []

Facility Fax: [] Decision Actual Date: []

Decision Due Date: [] Provider Notify Due: []

Provider Notify Actual: [] Admit Date: 2023-06-25

Discharge Date: 2078-12-31 Next Review Date: 2078-12-31

Level of Care: []

Services

Service Start Date	Service End Date	Service Code	Description	Requested Units	Authorized Units
2023-06-25	2023-06-28	99213		3	3

Diagnosis

Code	Description
[]	[]





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Online SARs and e-forms

Online SARs

The SAR (Service Authorization Request) form on a Provider Portal is a digital document used by providers to request authorization for specific medical services or treatments for their patients.

In this module, we will see how to submit the following SARs:

1. Emergent Admission
2. Inpatient
3. Non-Emergency Medical Transport (NEMT)
4. General/Outpatient

Submit SARs

To submit a SAR (Service Authorization Request) form on a Provider Portal, you need to access the **Select Authorization Type** page.

There are two ways to access the **Select Authorization Type** page:

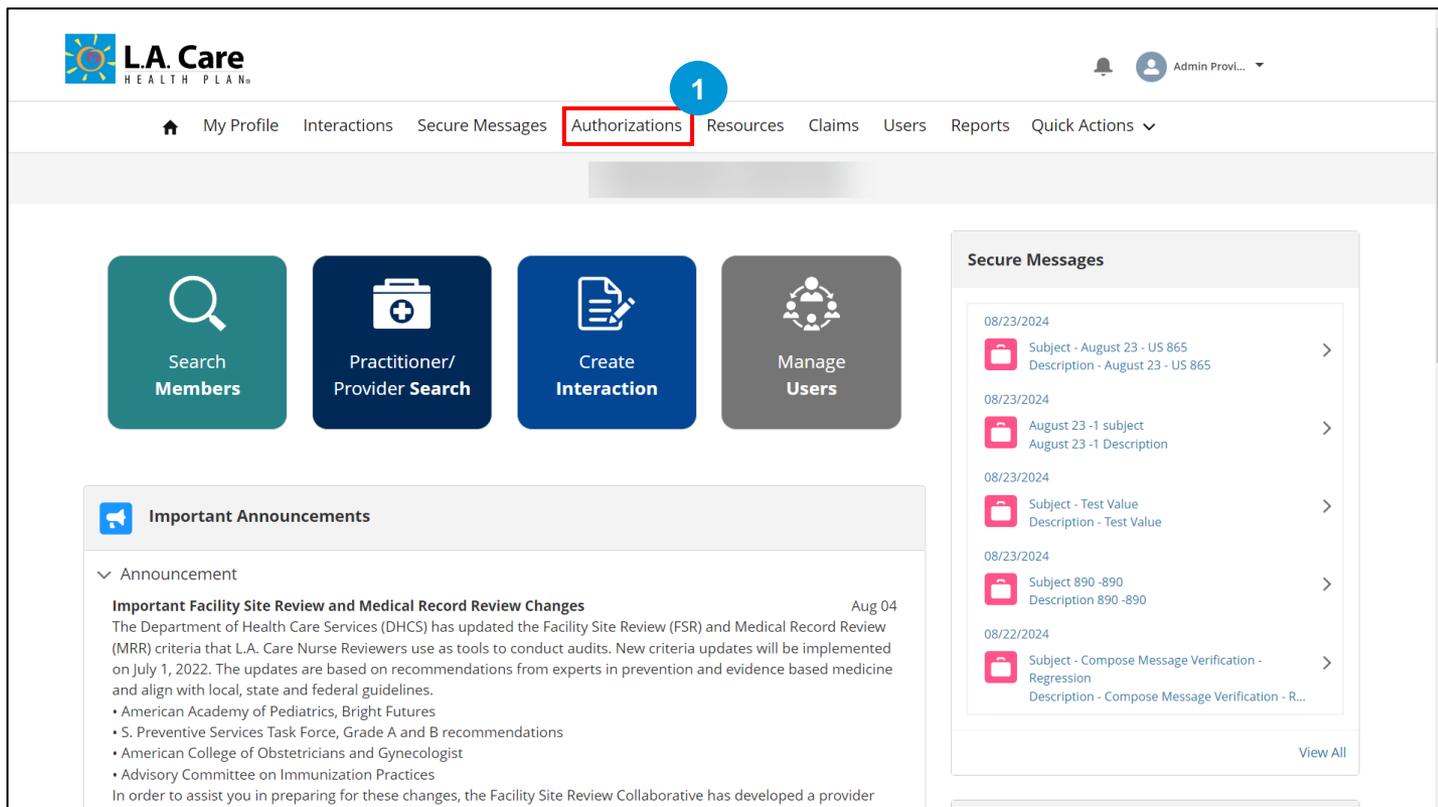
1. From the Authorization menu item
2. From the Member 360 page

Let's first see how you can access the **Select Authorization Type** page from the **Authorization** menu item.

Access the Select Authorization Type Page (Authorization Menu Item)

Login to Provider Portal using your login credentials. On the Provider Portal Homepage, perform the following steps to access the **Select Authorization Type** page from the **Authorizations** menu item:

1. Click the **Authorizations** menu item on the Provider Portal Homepage to access the **Authorization Search** page.

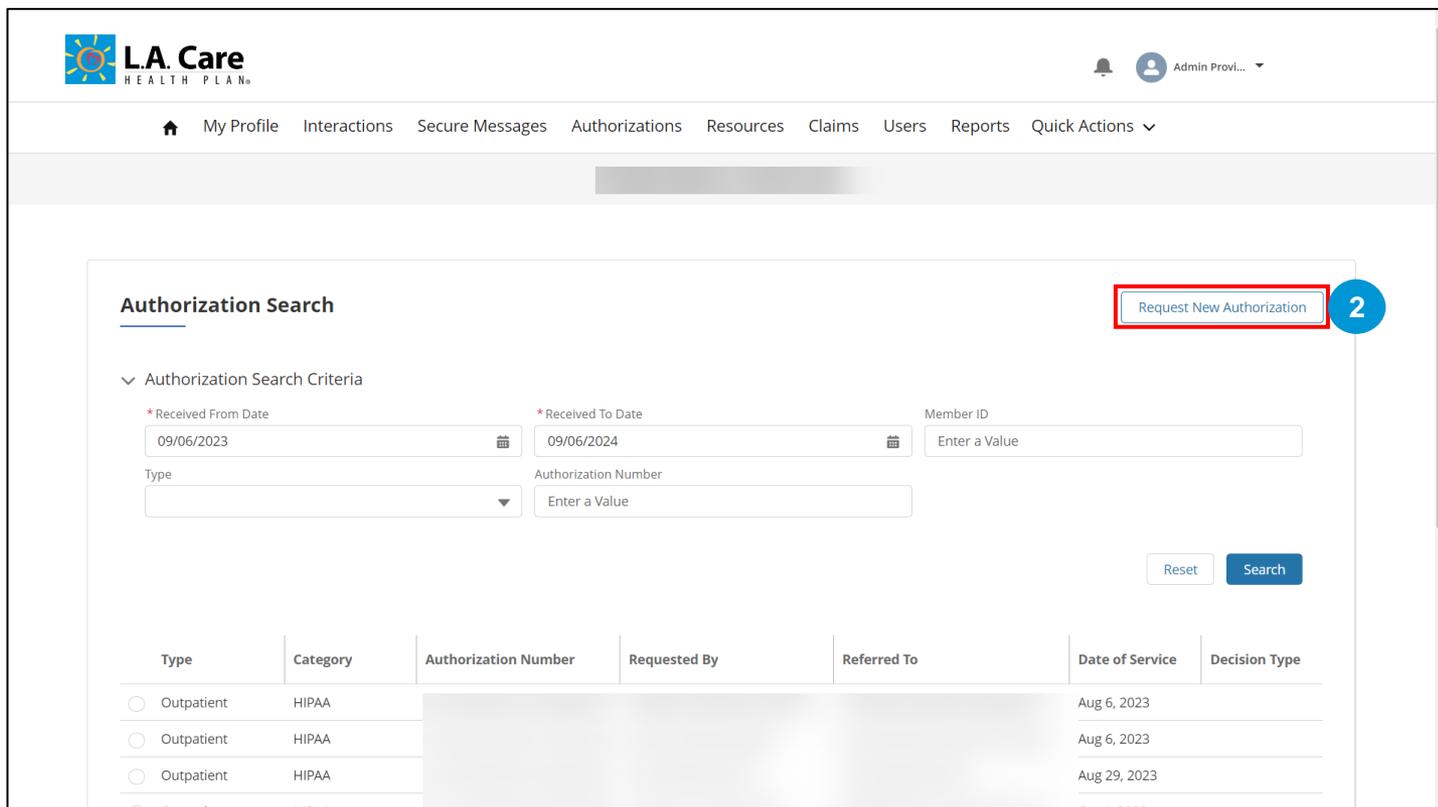


The screenshot displays the L.A. Care Provider Portal homepage. At the top left is the L.A. Care logo. The navigation bar includes: My Profile, Interactions, Secure Messages, **Authorizations** (highlighted with a red box and a circled '1'), Resources, Claims, Users, Reports, and Quick Actions. Below the navigation bar are four main action buttons: Search Members, Practitioner/Provider Search, Create Interaction, and Manage Users. On the right side, there is a 'Secure Messages' section with a list of messages dated 08/23/2024 and 08/22/2024. At the bottom left, there is an 'Important Announcements' section with a recent announcement about Facility Site Review and Medical Record Review Changes dated Aug 04.

Access the Select Authorization Type Page (Authorization Menu Item)

Perform the following steps to access the **Select Authorization Type** page from the **Authorizations** menu item:

2. Click the **Request New Authorization** button to open the **Member Search** pop-up window.



The screenshot shows the L.A. Care Health Plans web application interface. At the top, there is a navigation bar with the L.A. Care logo and a user profile dropdown labeled 'Admin Provi...'. Below the navigation bar, a menu contains items: My Profile, Interactions, Secure Messages, Authorizations, Resources, Claims, Users, Reports, and Quick Actions. The main content area is titled 'Authorization Search' and features a search criteria section with the following fields:

- * Received From Date: 09/06/2023
- * Received To Date: 09/06/2024
- Member ID: Enter a Value
- Type: (Dropdown menu)
- Authorization Number: Enter a Value

At the bottom right of the search criteria section, there are 'Reset' and 'Search' buttons. The 'Request New Authorization' button is highlighted with a red box and a blue circle containing the number 2. Below the search criteria, a table displays search results with the following columns: Type, Category, Authorization Number, Requested By, Referred To, Date of Service, and Decision Type.

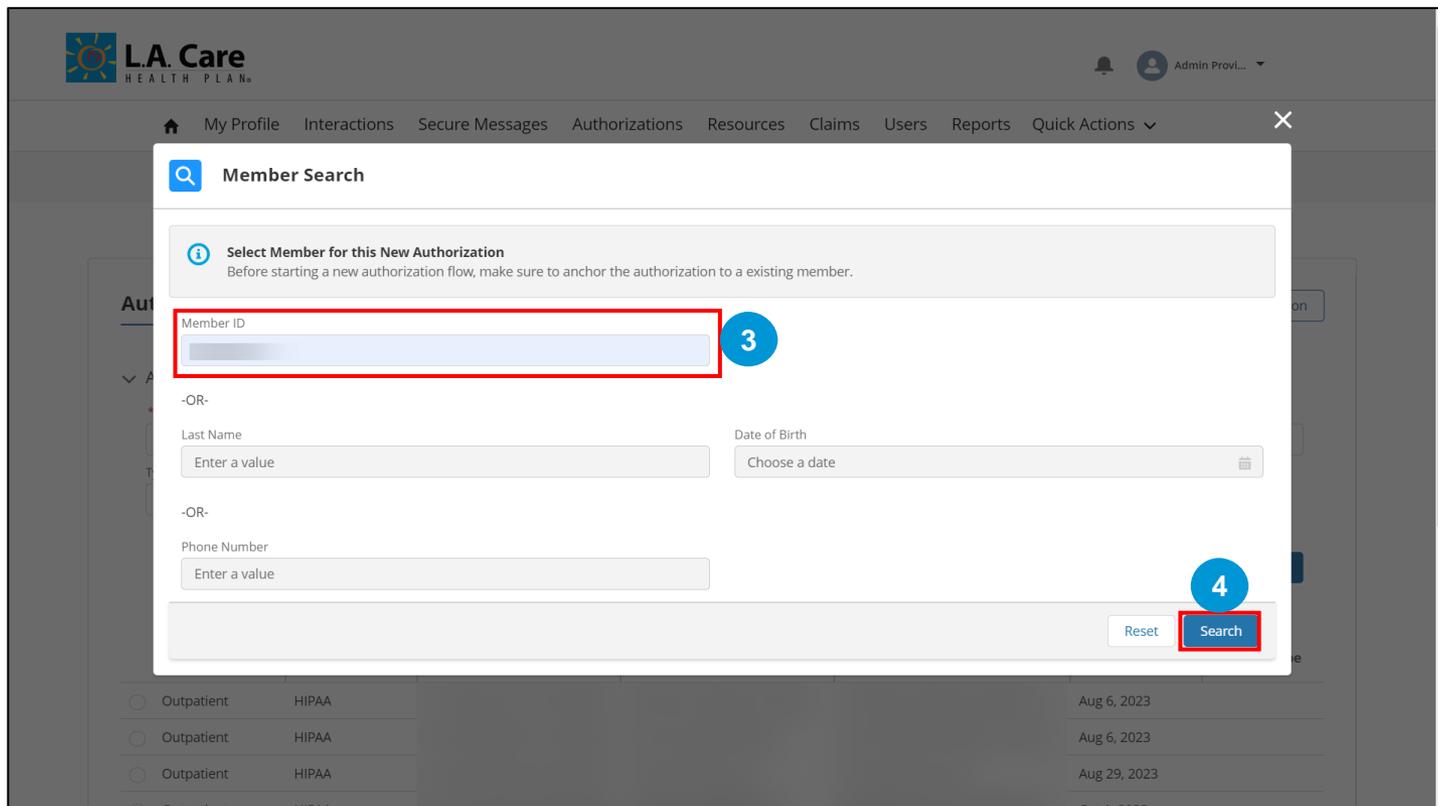
Type	Category	Authorization Number	Requested By	Referred To	Date of Service	Decision Type
<input type="radio"/> Outpatient	HIPAA				Aug 6, 2023	
<input type="radio"/> Outpatient	HIPAA				Aug 6, 2023	
<input type="radio"/> Outpatient	HIPAA				Aug 29, 2023	
<input type="radio"/> Outpatient	HIPAA				Oct 1, 2023	



Access the Select Authorization Type Page (Authorization Menu Item)

Perform the following steps to access the **Select Authorization Type** page from the **Authorizations** menu item:

3. On the Member Search pop-up window, enter the **Member ID** for which you want to submit a SAR form.
4. Click **Search** to view the search list.



Member Search

Select Member for this New Authorization
Before starting a new authorization flow, make sure to anchor the authorization to an existing member.

Member ID 3

-OR-

Last Name Date of Birth

-OR-

Phone Number

4

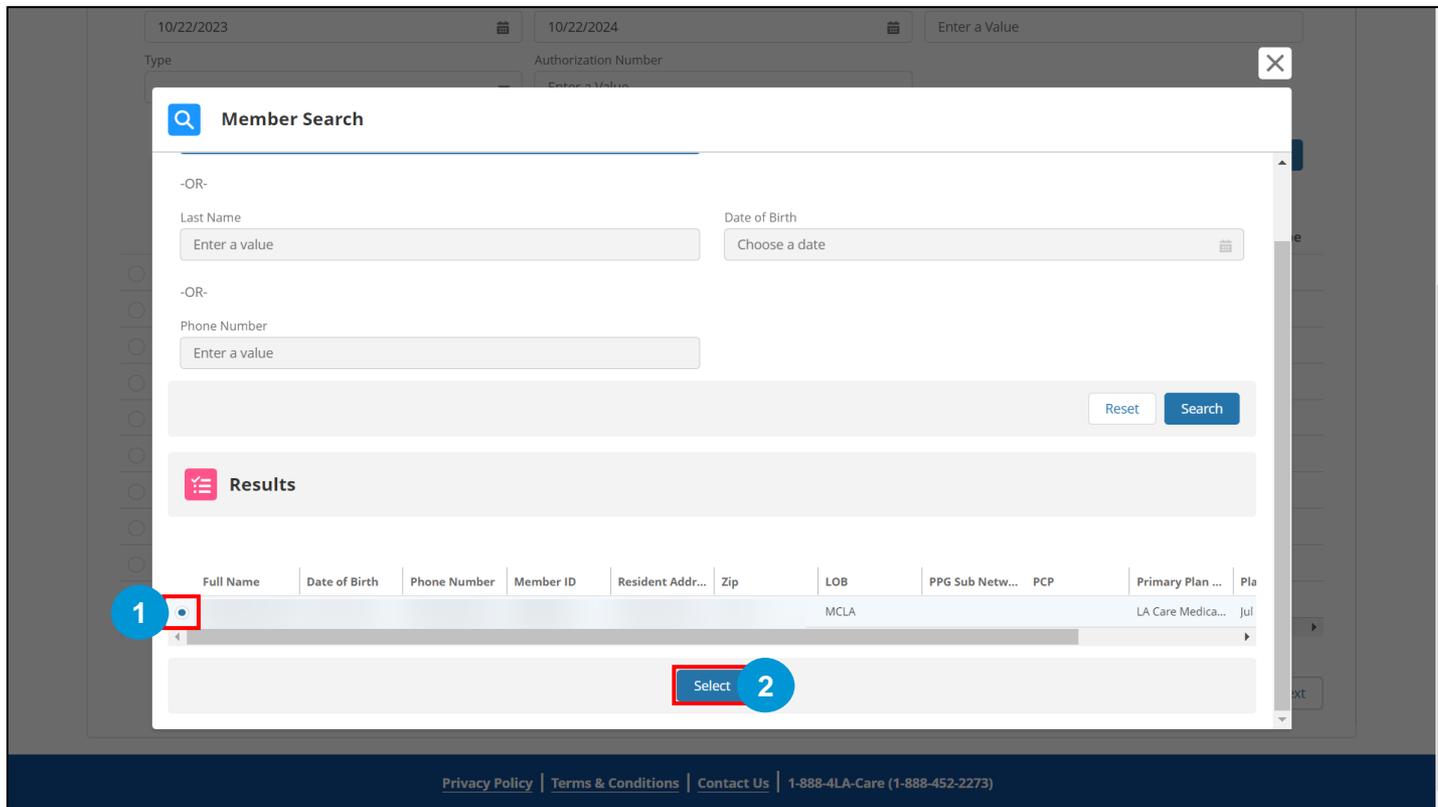
<input type="radio"/> Outpatient	HIPAA	Aug 6, 2023
<input type="radio"/> Outpatient	HIPAA	Aug 6, 2023
<input type="radio"/> Outpatient	HIPAA	Aug 29, 2023
<input type="radio"/> Outpatient	HIPAA	Oct 3, 2023



Access the Select Authorization Type Page (Authorization Menu Item)

Perform the following steps to access the **Select Authorization Type** page from the **Authorizations** menu item:

5. Scroll down to the **Results** section and select the Member for which you want to submit the SAR form.
6. Click **Select** to open the **Select Authorization Type** page.

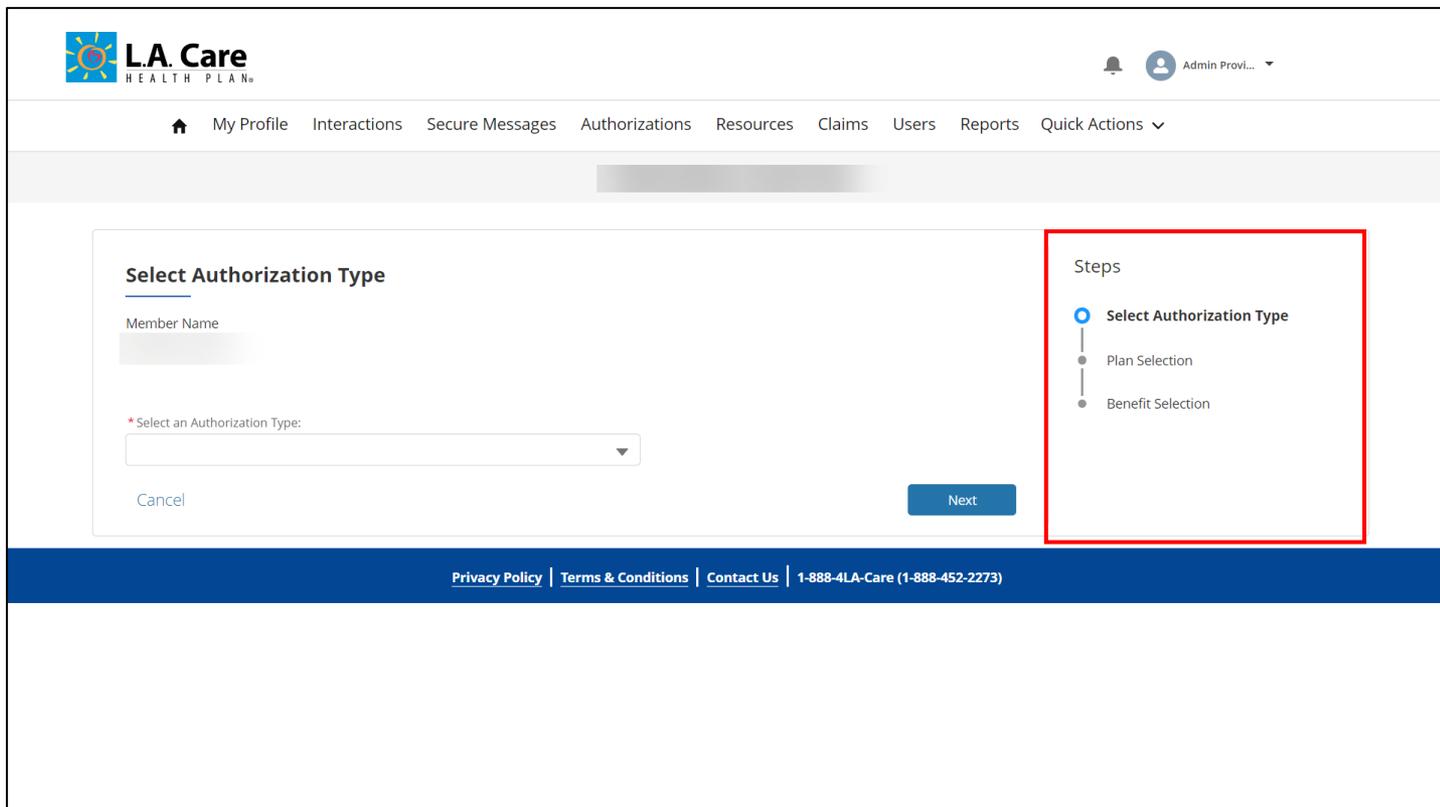


The screenshot shows a 'Member Search' modal window. It includes search filters for Last Name, Date of Birth, and Phone Number. Below the filters is a 'Results' section containing a table of search results. A red box labeled '1' highlights the first row of the table, and another red box labeled '2' highlights the 'Select' button at the bottom of the modal.

Full Name	Date of Birth	Phone Number	Member ID	Resident Addr...	Zip	LOB	PPG Sub Netw...	PCP	Primary Plan ...	Pla
						MCLA			LA Care Medica...	Jul

Access the Select Authorization Type Page (Authorization Menu Item)

The **Select Authorization Type** page displays. On the right side of this page, you can view the steps you need to perform to submit the authorization request. Based on your selection in the **Authorization Type** field and other subsequent fields, the steps will vary.



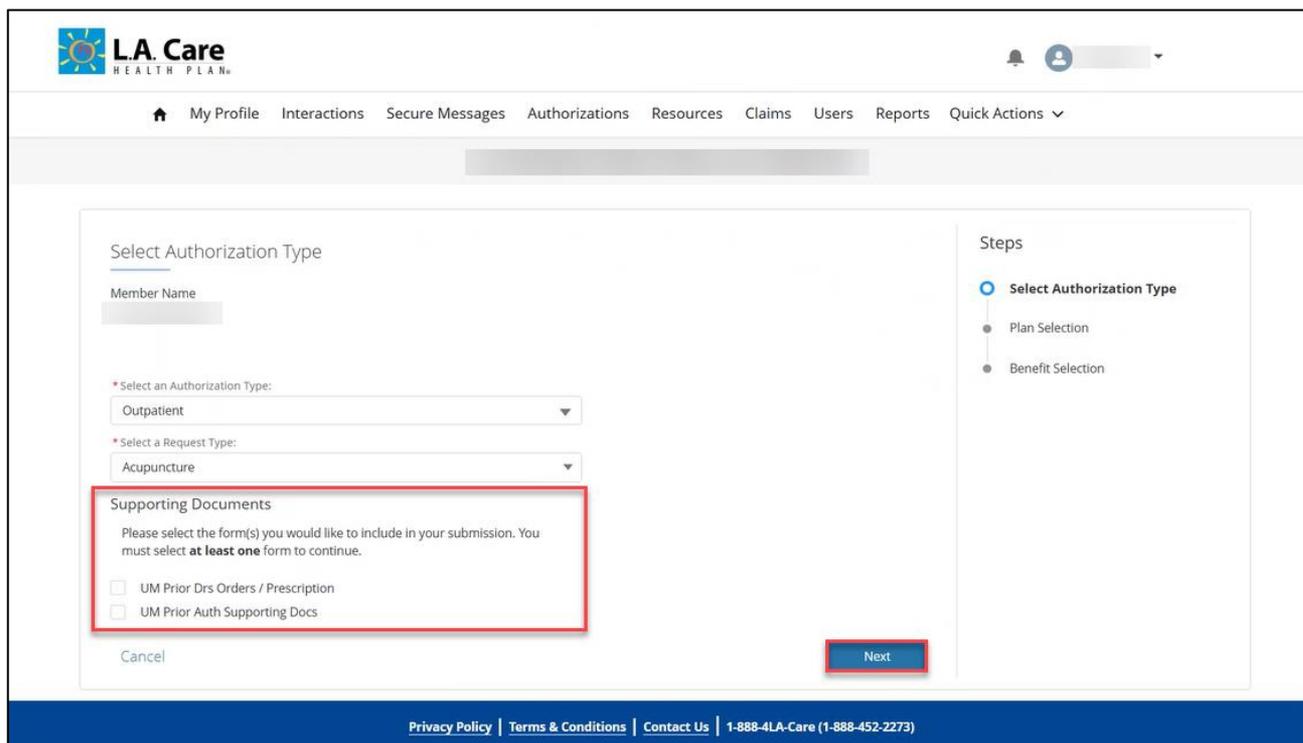
The screenshot shows the L.A. Care Health Plan website interface. At the top left is the L.A. Care logo. To the right of the logo is a notification bell and a user profile icon labeled "Admin Provi...". Below the logo is a navigation menu with items: My Profile, Interactions, Secure Messages, Authorizations, Resources, Claims, Users, Reports, and Quick Actions (with a dropdown arrow). The main content area is titled "Select Authorization Type". It contains a "Member Name" field, a dropdown menu labeled "* Select an Authorization Type:", a "Cancel" button, and a "Next" button. On the right side of the main content area, there is a "Steps" section enclosed in a red box. The "Steps" section lists three steps: "Select Authorization Type" (which is the current step and has a blue circle next to it), "Plan Selection", and "Benefit Selection". At the bottom of the page, there is a blue footer bar with links for "Privacy Policy", "Terms & Conditions", "Contact Us", and the phone number "1-888-4LA-Care (1-888-452-2273)".

Next, let's see how you can access the **Select Authorization Type** page from the Member Search quick tile.

Access the Select Authorization Type Page (Authorization Menu Item)

After selecting an authorization type, select the appropriate request type (e.g., Emergent Admission, Inpatient, General/Outpatient, and NEMT). The system is intuitive and will display additional required fields based on your selection:

- Complete all **supporting fields relating to uploading necessary documents, such as Clinical Notes, Face Sheets, PCS Form, DME Order, and/or Prescription Rx etc.** Incomplete entries or missing attachments may delay processing. Once complete, click **Next**.



L.A. Care
HEALTH PLAN

My Profile Interactions Secure Messages Authorizations Resources Claims Users Reports Quick Actions

Select Authorization Type

Member Name

* Select an Authorization Type:
Outpatient

* Select a Request Type:
Acupuncture

Supporting Documents

Please select the form(s) you would like to include in your submission. You must select **at least one** form to continue.

UM Prior Drs Orders / Prescription

UM Prior Auth Supporting Docs

Cancel **Next**

Steps

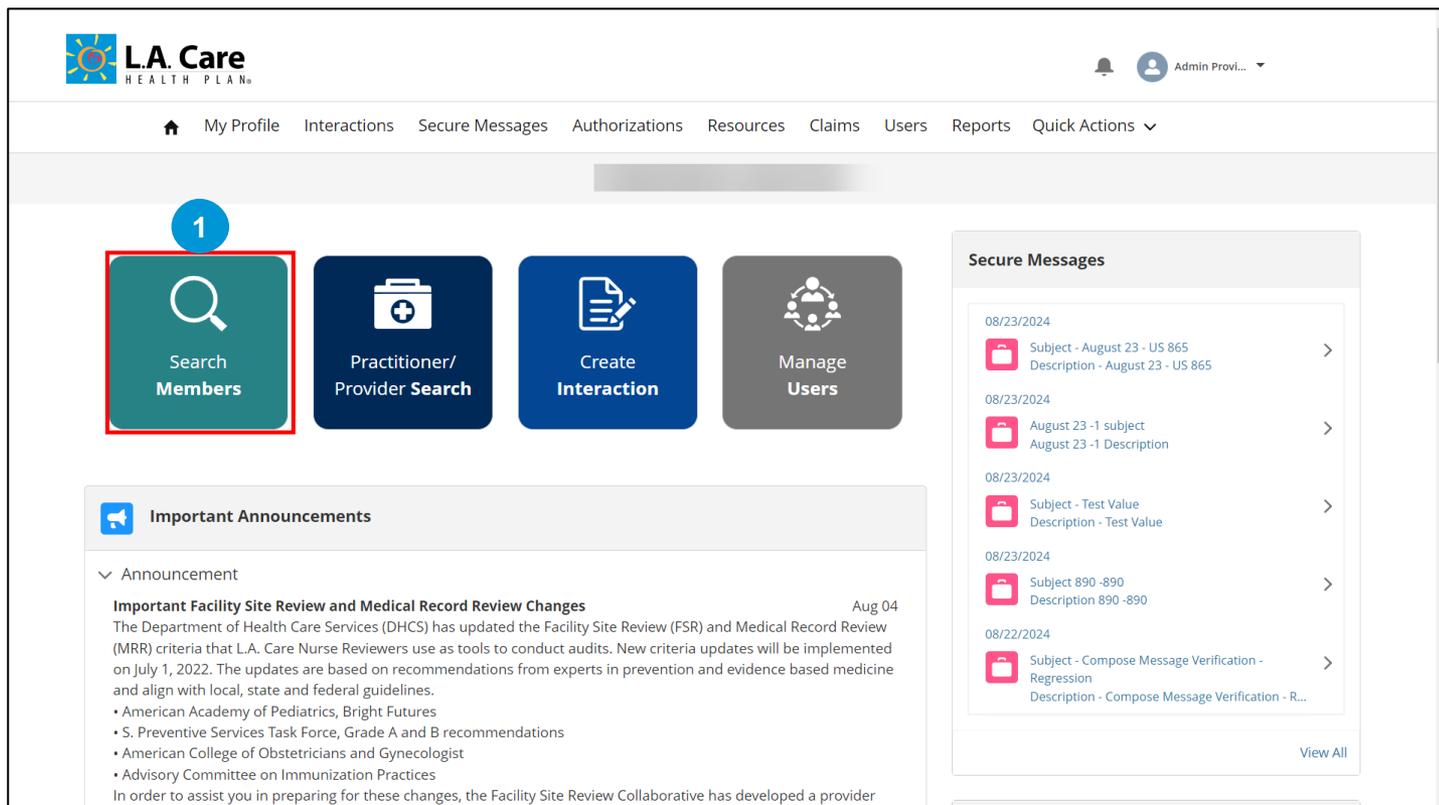
- Select Authorization Type**
- Plan Selection
- Benefit Selection

Privacy Policy | Terms & Conditions | Contact Us | 1-888-4LA-Care (1-888-452-2273)

Access the Select Authorization Type Page (Member 360)

Login to Provider Portal using your login credentials. On the Provider Portal Homepage, perform the following steps to access the **Select Authorization Type** page from Member 360:

1. Click the **Search Members** quick tile on the Provider Portal Homepage to access the **Member Search** page.

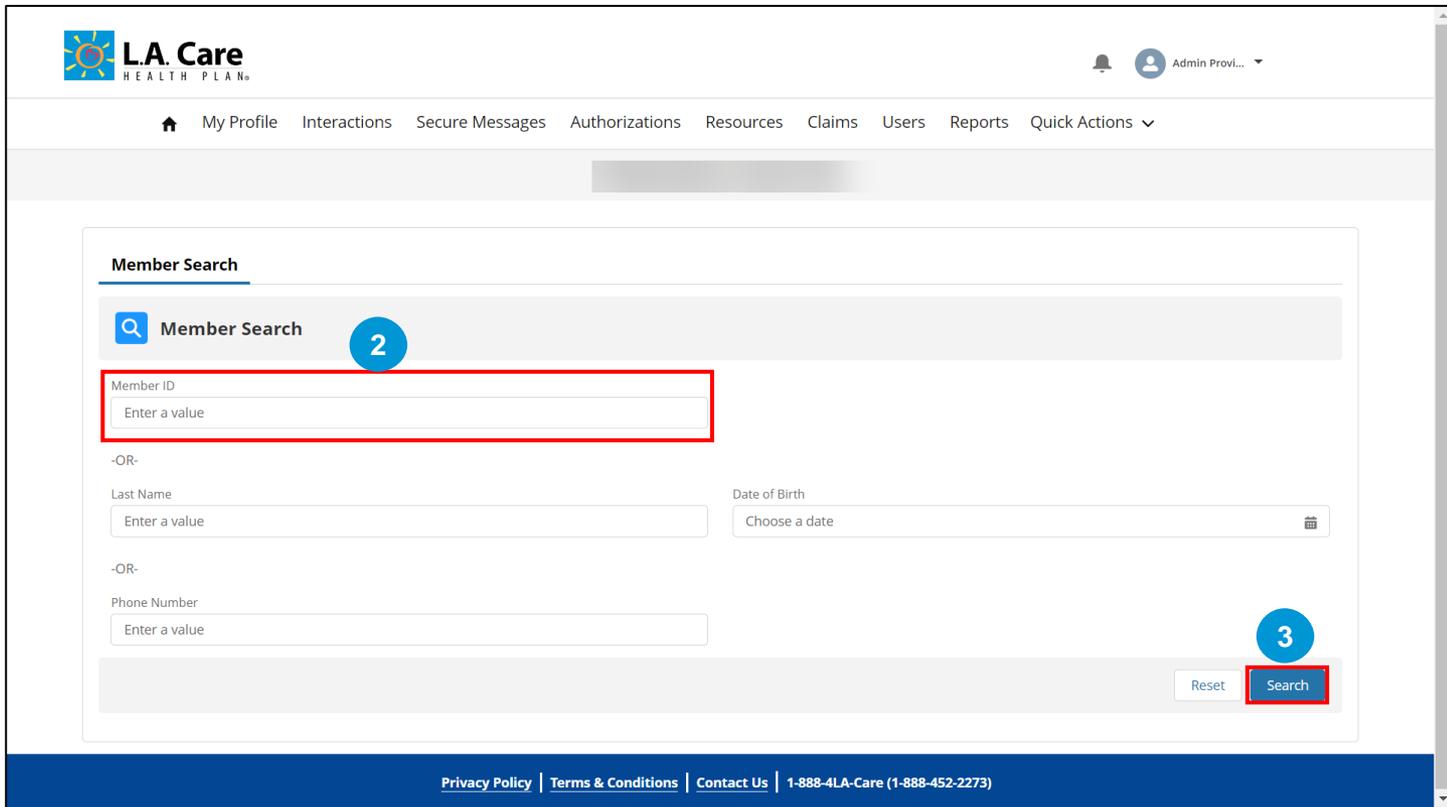


The screenshot shows the L.A. Care Provider Portal homepage. At the top left is the L.A. Care Health Plan logo. To the right of the logo is a notification bell icon and a user profile dropdown menu labeled 'Admin Provi...'. Below the logo is a navigation bar with links: My Profile, Interactions, Secure Messages, Authorizations, Resources, Claims, Users, Reports, and Quick Actions. The main content area features four large tiles: 'Search Members' (highlighted with a red box and a blue circle with '1'), 'Practitioner/Provider Search', 'Create Interaction', and 'Manage Users'. Below these tiles is an 'Important Announcements' section with a blue megaphone icon. The announcement is titled 'Important Facility Site Review and Medical Record Review Changes' and is dated 'Aug 04'. The text of the announcement states that the Department of Health Care Services (DHCS) has updated the Facility Site Review (FSR) and Medical Record Review (MRR) criteria. It lists several sources of recommendations: American Academy of Pediatrics, S. Preventive Services Task Force, and American College of Obstetricians and Gynecologist. The announcement concludes by stating that a provider has developed a provider... To the right of the main content area is a 'Secure Messages' sidebar with a list of messages, each with a date, subject, description, and a right-pointing arrow. The messages are dated 08/23/2024 and 08/22/2024. At the bottom right of the sidebar is a 'View All' link.

Access the Select Authorization Type Page (Member 360)

Perform the following steps to access the **Select Authorization Type** page from Member 360:

2. On the **Member Search** page, in the **Member ID** field, enter the Member ID of the member for which you want to submit a NEMT SAR.
3. Click **Search** to view the search results.



The screenshot displays the L.A. Care Health Plan Member Search interface. At the top, the L.A. Care logo and navigation menu are visible. The main content area is titled "Member Search" and contains a search form. The form has a search bar with a magnifying glass icon and the text "Member Search". Below this, there are three search criteria sections, each separated by "-OR-". The first section is for "Member ID" with a text input field containing "Enter a value". The second section is for "Last Name" and "Date of Birth", with text input fields for "Enter a value" and "Choose a date" respectively. The third section is for "Phone Number" with a text input field containing "Enter a value". At the bottom right of the form, there are "Reset" and "Search" buttons. A red box highlights the "Search" button, and a blue circle with the number 3 is next to it. Another red box highlights the "Member ID" input field, and a blue circle with the number 2 is next to it.

Member Search

Member ID

Enter a value

-OR-

Last Name

Enter a value

Date of Birth

Choose a date

-OR-

Phone Number

Enter a value

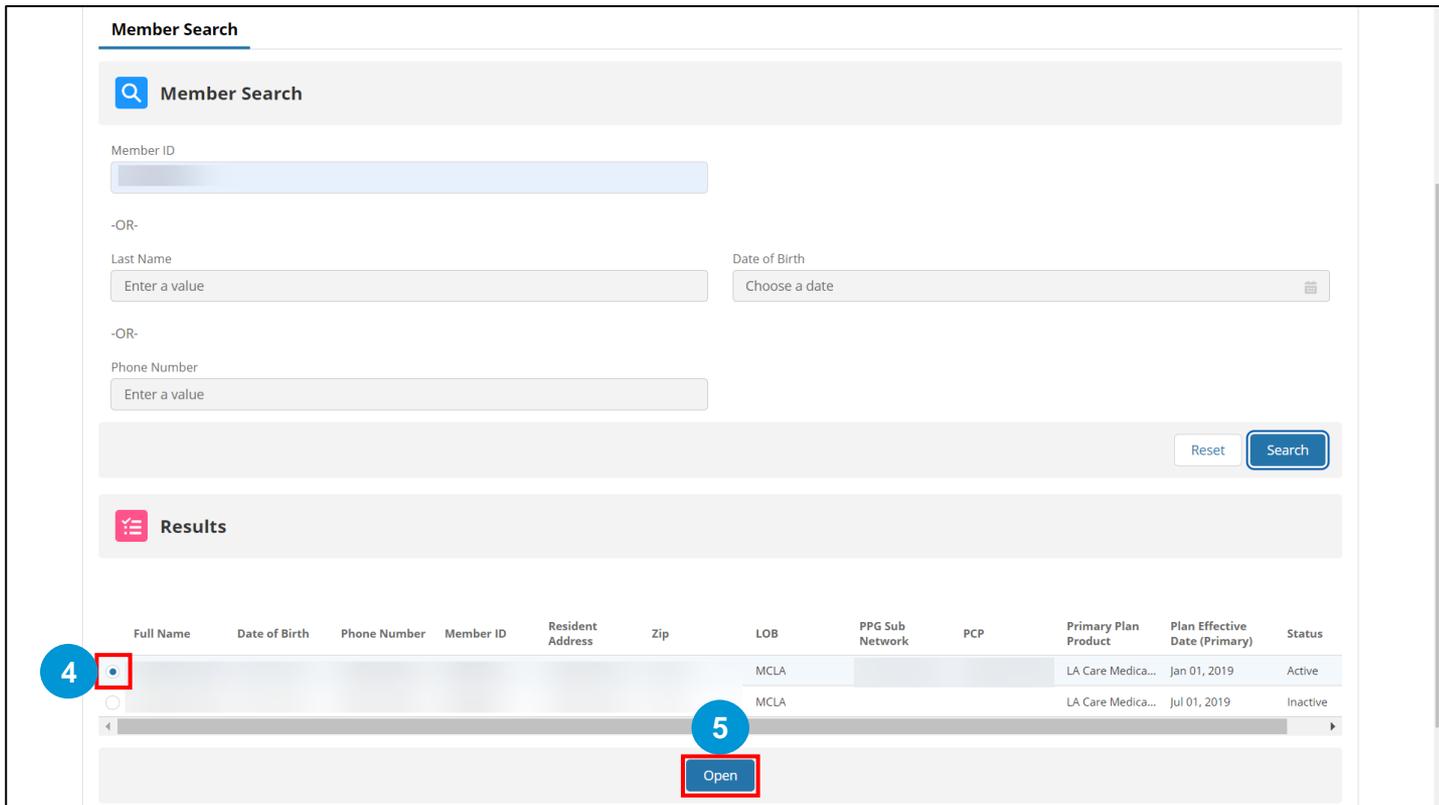
Reset Search

Privacy Policy | Terms & Conditions | Contact Us | 1-888-4LA-Care (1-888-452-2273)

Access the Select Authorization Type Page (Member 360)

Perform the following steps to access the **Select Authorization Type** page from Member 360:

4. Select the member from the **Results** section.
5. Click **Open** to access the Member 360 page for the selected member.



The screenshot displays the 'Member Search' interface. It includes search filters for Member ID, Last Name, Date of Birth, and Phone Number. Below the filters is a 'Results' section containing a table of search results. A red box labeled '4' highlights the first row of the table, and another red box labeled '5' highlights the 'Open' button located below the table.

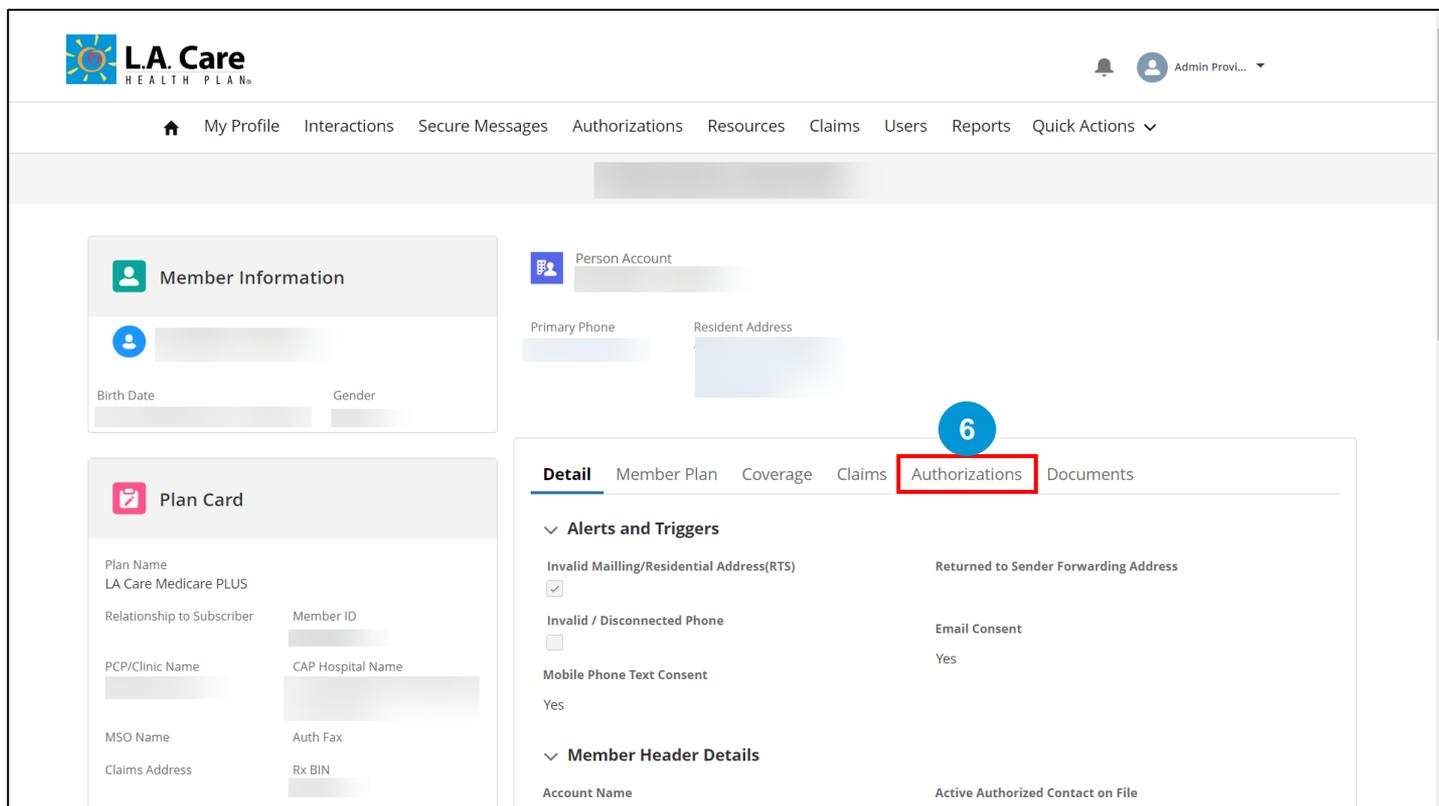
Full Name	Date of Birth	Phone Number	Member ID	Resident Address	Zip	LOB	PPG Sub Network	PCP	Primary Plan Product	Plan Effective Date (Primary)	Status
						MCLA			LA Care Medica...	Jan 01, 2019	Active
						MCLA			LA Care Medica...	Jul 01, 2019	Inactive



Access the Select Authorization Type Page (Member 360)

Perform the following steps to access the **Select Authorization Type** page from Member 360:

- On the Member 360 page, click the **Authorizations** tab.



The screenshot shows the L.A. Care Member 360 portal interface. At the top left is the L.A. Care logo. The navigation bar includes: Home, My Profile, Interactions, Secure Messages, **Authorizations**, Resources, Claims, Users, Reports, and Quick Actions. The main content area is divided into several sections:

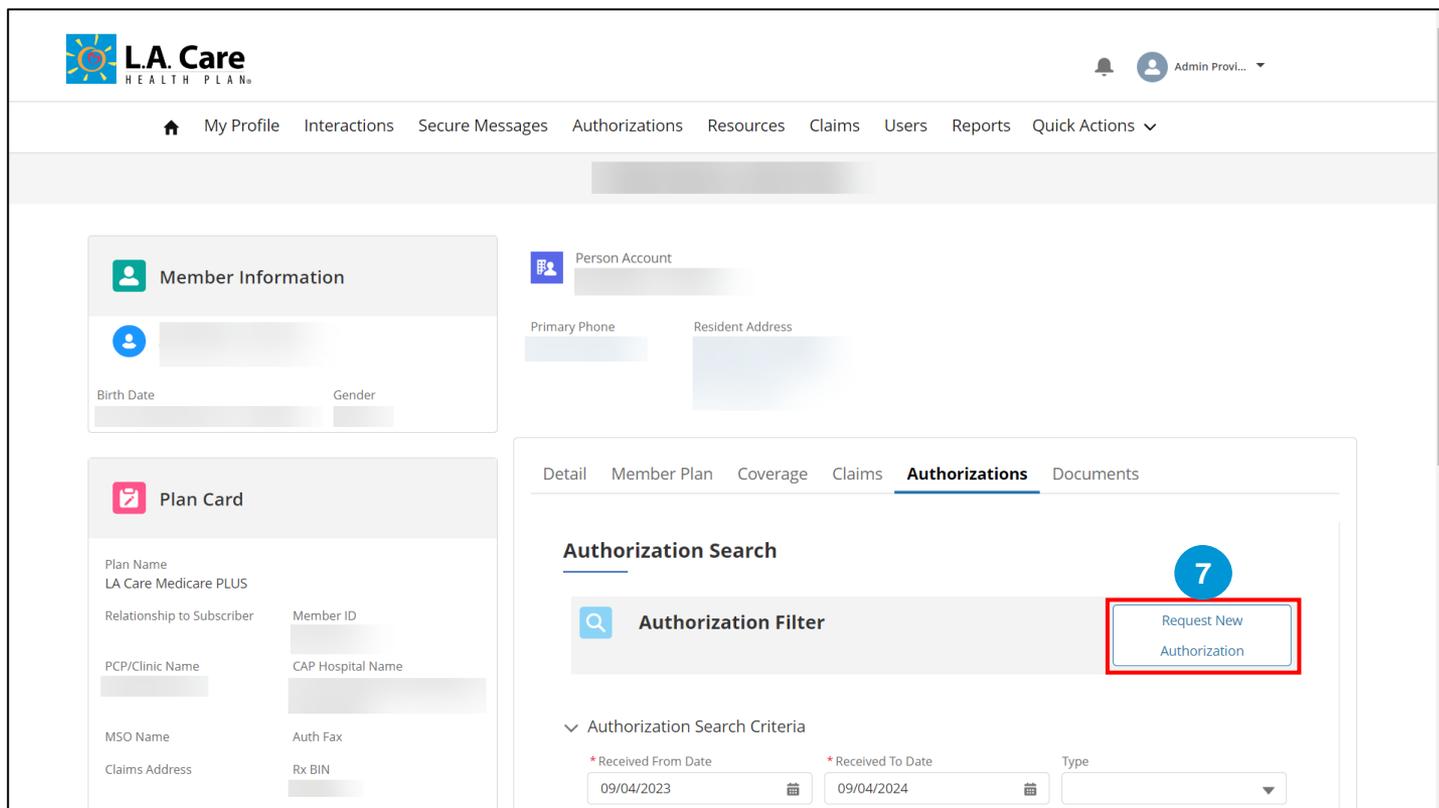
- Member Information:** Includes fields for Birth Date and Gender.
- Person Account:** Includes fields for Primary Phone and Resident Address.
- Plan Card:** Displays Plan Name (LA Care Medicare PLUS), Relationship to Subscriber, Member ID, PCP/Clinic Name, CAP Hospital Name, MSO Name, Auth Fax, Claims Address, and Rx BIN.
- Navigation Tabs:** Detail, Member Plan, Coverage, Claims, **Authorizations** (highlighted with a red box and a blue circle with the number 6), and Documents.
- Alerts and Triggers:**
 - Invalid Mailing/Residential Address(RTS): Returned to Sender Forwarding Address
 - Invalid / Disconnected Phone: Email Consent
 - Mobile Phone Text Consent: Yes
- Member Header Details:**
 - Account Name
 - Active Authorized Contact on File



Access the Select Authorization Type Page (Member 360)

Perform the following steps to access the **Select Authorization Type** page from Member 360:

- Click the **Request New Authorizations** button to access the **Select Authorization Type** page.

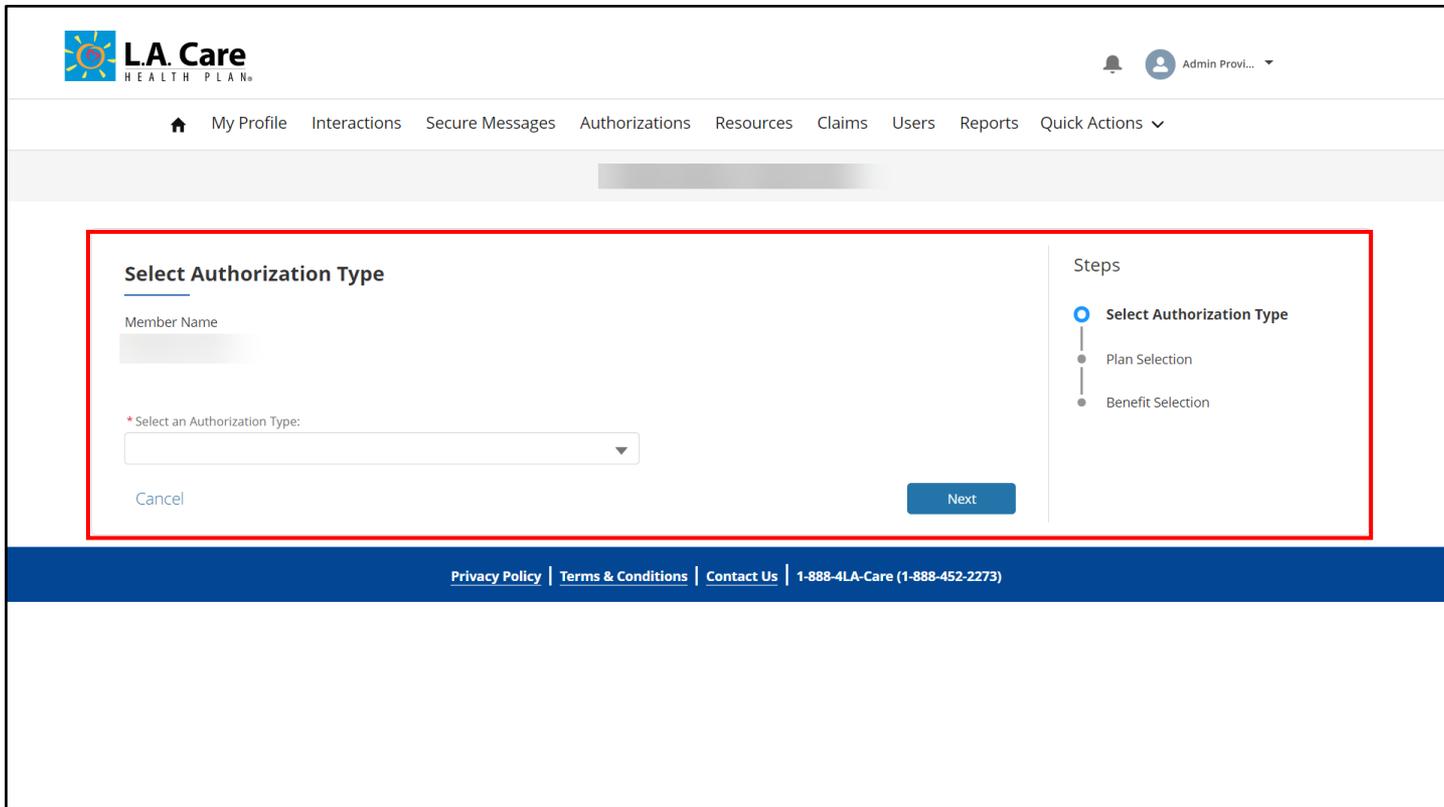


The screenshot displays the L.A. Care Member 360 portal interface. At the top left is the L.A. Care logo. The navigation bar includes links for My Profile, Interactions, Secure Messages, Authorizations, Resources, Claims, Users, Reports, and Quick Actions. The main content area is divided into several sections:

- Member Information:** Includes fields for Birth Date and Gender.
- Plan Card:** Displays Plan Name (LA Care Medicare PLUS), Relationship to Subscriber, Member ID, PCP/Clinic Name, CAP Hospital Name, MSO Name, Auth Fax, Claims Address, and Rx BIN.
- Person Account:** Includes fields for Primary Phone and Resident Address.
- Authorizations Section:** Features tabs for Detail, Member Plan, Coverage, Claims, **Authorizations**, and Documents. Below the tabs is an "Authorization Search" section with an "Authorization Filter" input field. A red box highlights the "Request New Authorization" button, which is also marked with a blue circle containing the number 7. Below the filter is an "Authorization Search Criteria" section with fields for "Received From Date" (09/04/2023), "Received To Date" (09/04/2024), and a "Type" dropdown menu.

Access the Select Authorization Type Page (Member 360)

The **Select Authorization Type** page displays. Here, you can submit a SAR.



The screenshot shows the L.A. Care Health Plan user interface. At the top left is the L.A. Care logo. To the right of the logo is the user's name, "Admin Provi...", with a dropdown arrow. Below the logo and name is a navigation bar with links: My Profile, Interactions, Secure Messages, Authorizations, Resources, Claims, Users, Reports, and Quick Actions (with a dropdown arrow). The main content area is titled "Select Authorization Type" and is enclosed in a red border. It contains a "Member Name" field with a blurred value, a dropdown menu labeled "* Select an Authorization Type:" with a downward arrow, a "Cancel" link, and a blue "Next" button. To the right of the main form is a "Steps" section with a vertical list of three items: "Select Authorization Type" (highlighted with a blue circle), "Plan Selection", and "Benefit Selection". At the bottom of the page is a dark blue footer with links for "Privacy Policy", "Terms & Conditions", "Contact Us", and the phone number "1-888-4LA-Care (1-888-452-2273)".

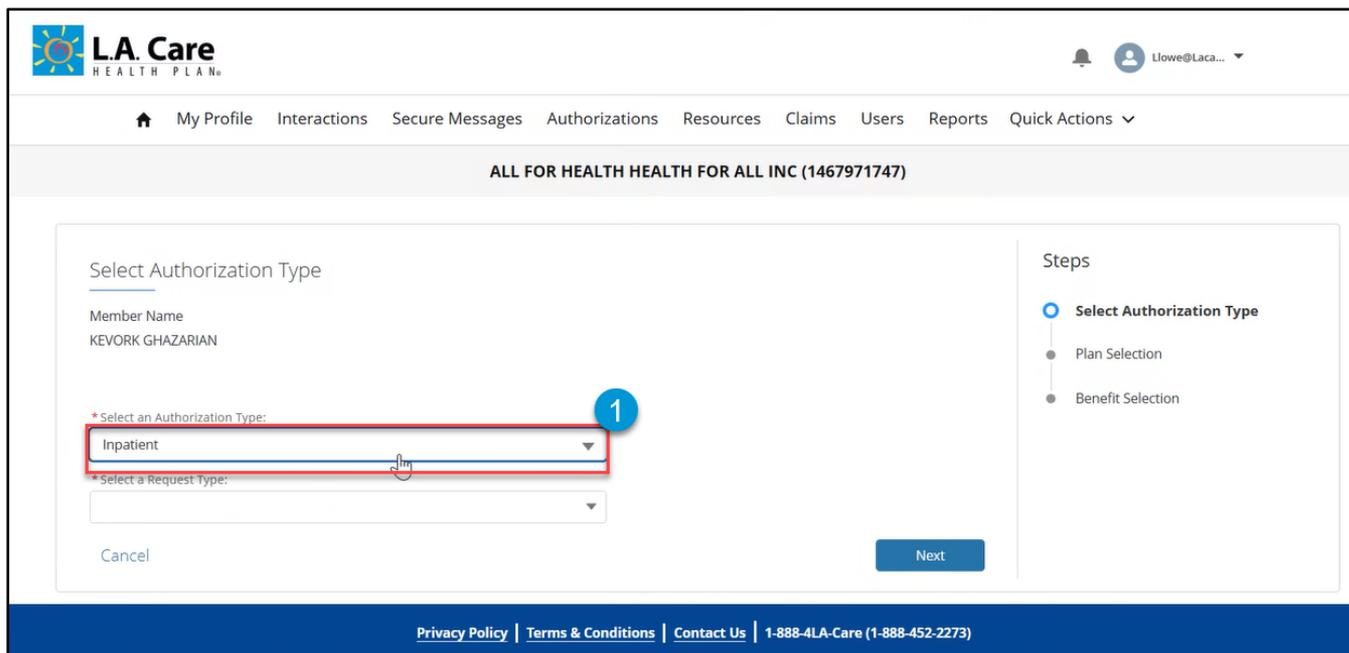
Next, let's explore the steps for submitting other types of Inpatient SARs. The process for submitting a General/Outpatient SAR differs slightly from other types of SARs.

Emergent Admission

The steps to submit an Emergent Admission SAR on the Provider Portal are outlined below:

1. On the **Select Authorization Type** page, select the **Inpatient** option from the picklist in the **Select an Authorization Type** field.

On selecting the **Inpatient** option for the **Select an Authorization Type** field, the **Select a Request Type** field appears.



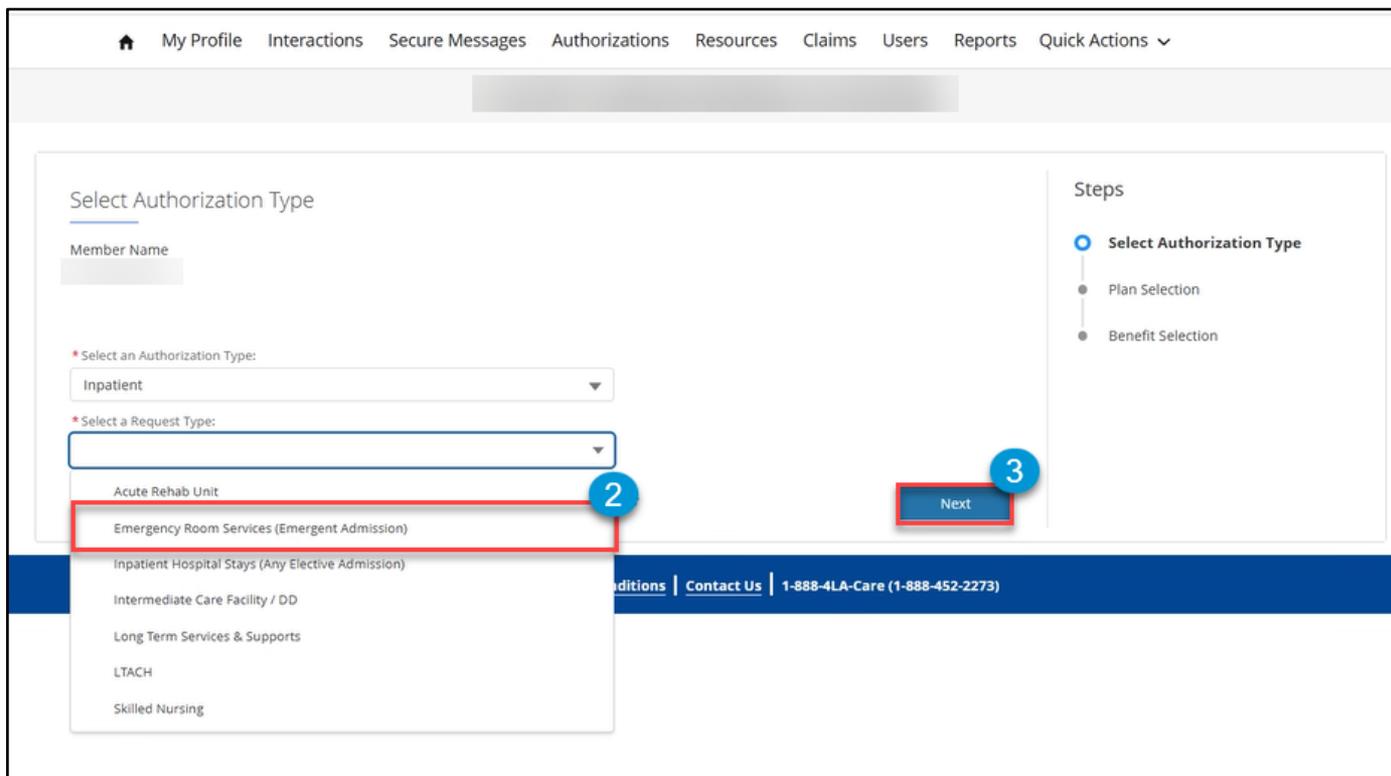
The screenshot displays the L.A. Care Health Plan provider portal interface. At the top, the L.A. Care logo is on the left, and a user profile icon labeled 'Lowe@Laca...' is on the right. A navigation bar includes links for 'My Profile', 'Interactions', 'Secure Messages', 'Authorizations', 'Resources', 'Claims', 'Users', 'Reports', and 'Quick Actions'. Below this, the member name 'ALL FOR HEALTH HEALTH FOR ALL INC (1467971747)' is shown. The main content area is titled 'Select Authorization Type' and displays the member name 'KEVORK GHAZARIAN'. There are two dropdown menus: the first is labeled '* Select an Authorization Type:' and has 'Inpatient' selected; the second is labeled '* Select a Request Type:' and is currently empty. A red rectangular box highlights the 'Inpatient' selection in the first dropdown, with a blue circle containing the number '1' next to it. A 'Cancel' button is located at the bottom left, and a 'Next' button is at the bottom right. On the right side of the form, a 'Steps' section shows a progress indicator with three items: 'Select Authorization Type' (which is active and highlighted with a blue circle), 'Plan Selection', and 'Benefit Selection'. At the very bottom of the page, there is a footer with links for 'Privacy Policy', 'Terms & Conditions', 'Contact Us', and the phone number '1-888-4LA-Care (1-888-452-2273)'.



Emergent Admission (Cont'd)

The steps to submit an Emergent Admission SAR on the Provider Portal are outlined below:

2. In the **Select a Request Type** field, select the **Emergent Admission** option from the picklist.
3. Click **Next** to move to the Plan Selection step.



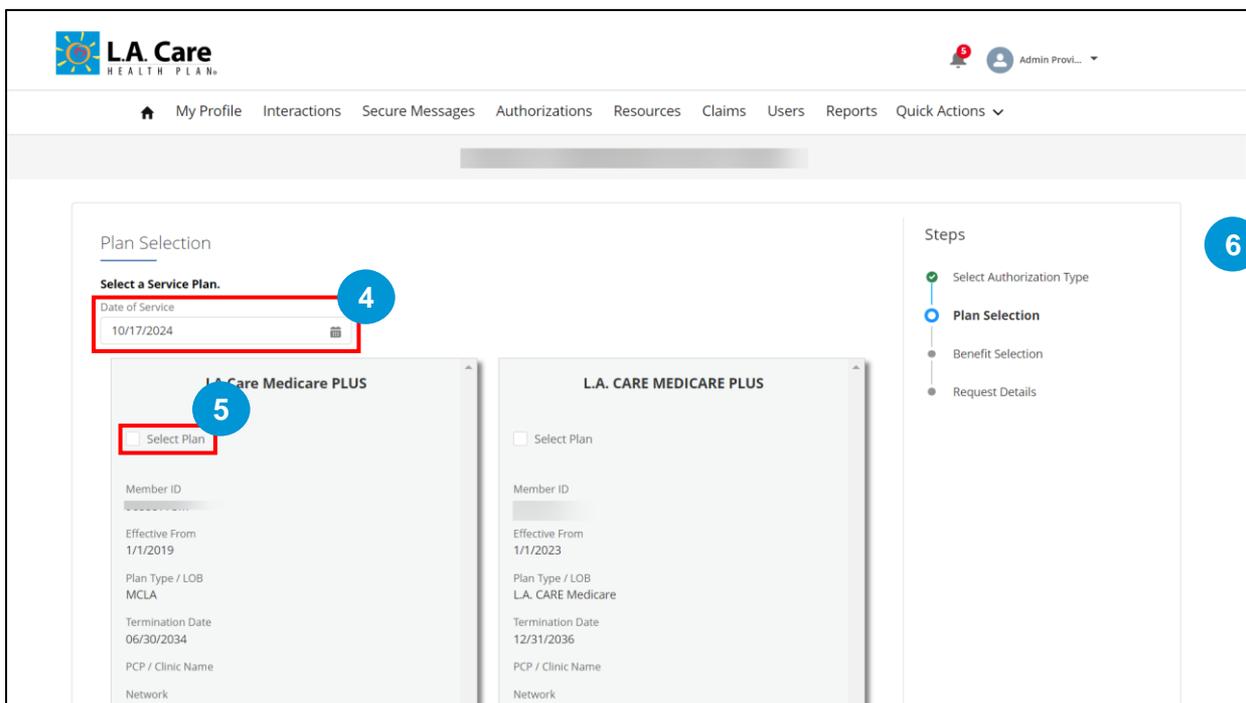
The screenshot displays the 'Select Authorization Type' form in the L.A. Care Provider Portal. The form includes a navigation bar at the top with links for My Profile, Interactions, Secure Messages, Authorizations, Resources, Claims, Users, Reports, and Quick Actions. The main content area features a 'Select Authorization Type' section with a 'Member Name' field. Below this, there are two required dropdown menus: 'Select an Authorization Type' (currently set to 'Inpatient') and 'Select a Request Type'. The 'Select a Request Type' dropdown is open, showing a list of options: 'Acute Rehab Unit', 'Emergency Room Services (Emergent Admission)', 'Inpatient Hospital Stays (Any Elective Admission)', 'Intermediate Care Facility / DD', 'Long Term Services & Supports', 'LTACH', and 'Skilled Nursing'. The 'Emergency Room Services (Emergent Admission)' option is highlighted with a red box and a blue circle containing the number 2. To the right of the dropdown is a 'Next' button, which is also highlighted with a red box and a blue circle containing the number 3. A 'Steps' sidebar on the right indicates the current step is 'Select Authorization Type', with 'Plan Selection' and 'Benefit Selection' as subsequent steps. The footer contains links for 'Conditions', 'Contact Us', and the phone number '1-888-4LA-Care (1-888-452-2273)'.



Emergent Admission (Cont'd)

The steps to submit an Emergent Admission SAR on the Provider Portal are outlined below:

4. The **Plan Selection** page displays. Here, the **Date of Service** field is auto-populated with the current date. You can update the date as per your requirement in this field.
5. Select the **Select Plan** checkbox of the required plan from the available options.
6. Scroll down to access the **Next** button.



The screenshot displays the L.A. Care Health Plans Provider Portal. At the top, the L.A. Care logo and navigation menu are visible. The main content area is titled 'Plan Selection' and includes a 'Select a Service Plan.' section. A 'Date of Service' field is populated with '10/17/2024'. Below this, two plan cards are shown, each with a 'Select Plan' checkbox. A 'Steps' sidebar on the right indicates the current step is 'Plan Selection'. A red vertical bar on the right side of the screenshot indicates the scroll bar.

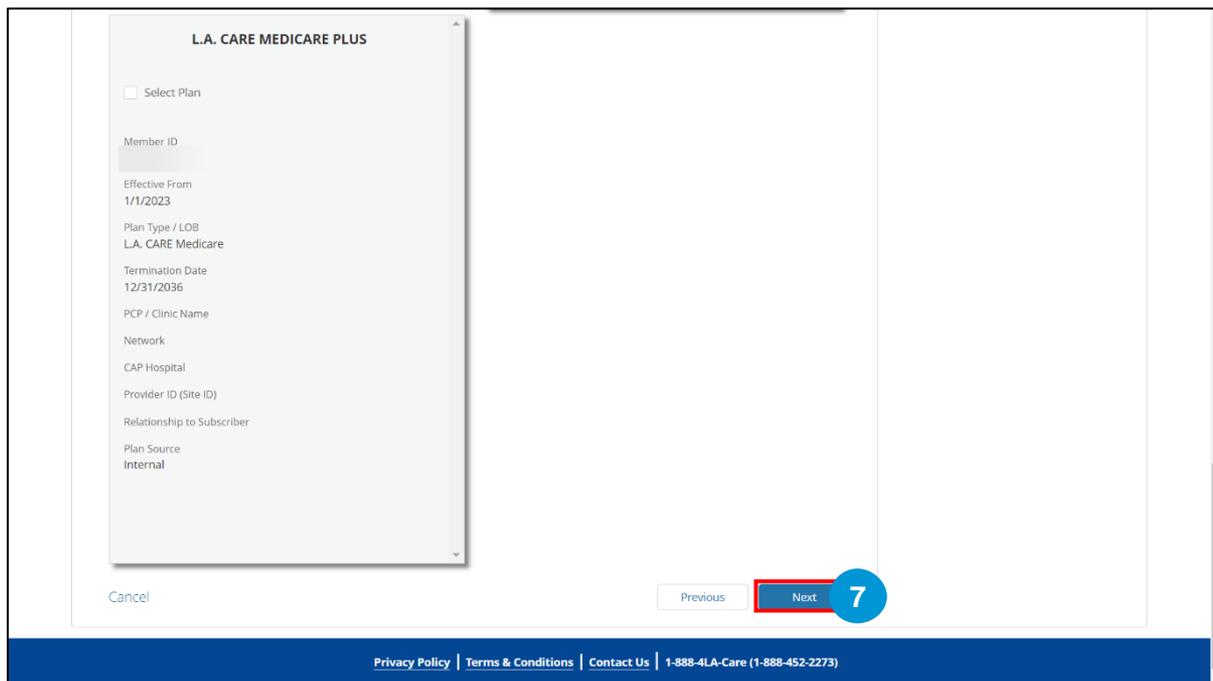


Emergent Admission (Cont'd)

The steps to submit an Emergent Admission SAR on the Provider Portal are outlined below:

7. Click **Next** to proceed further.

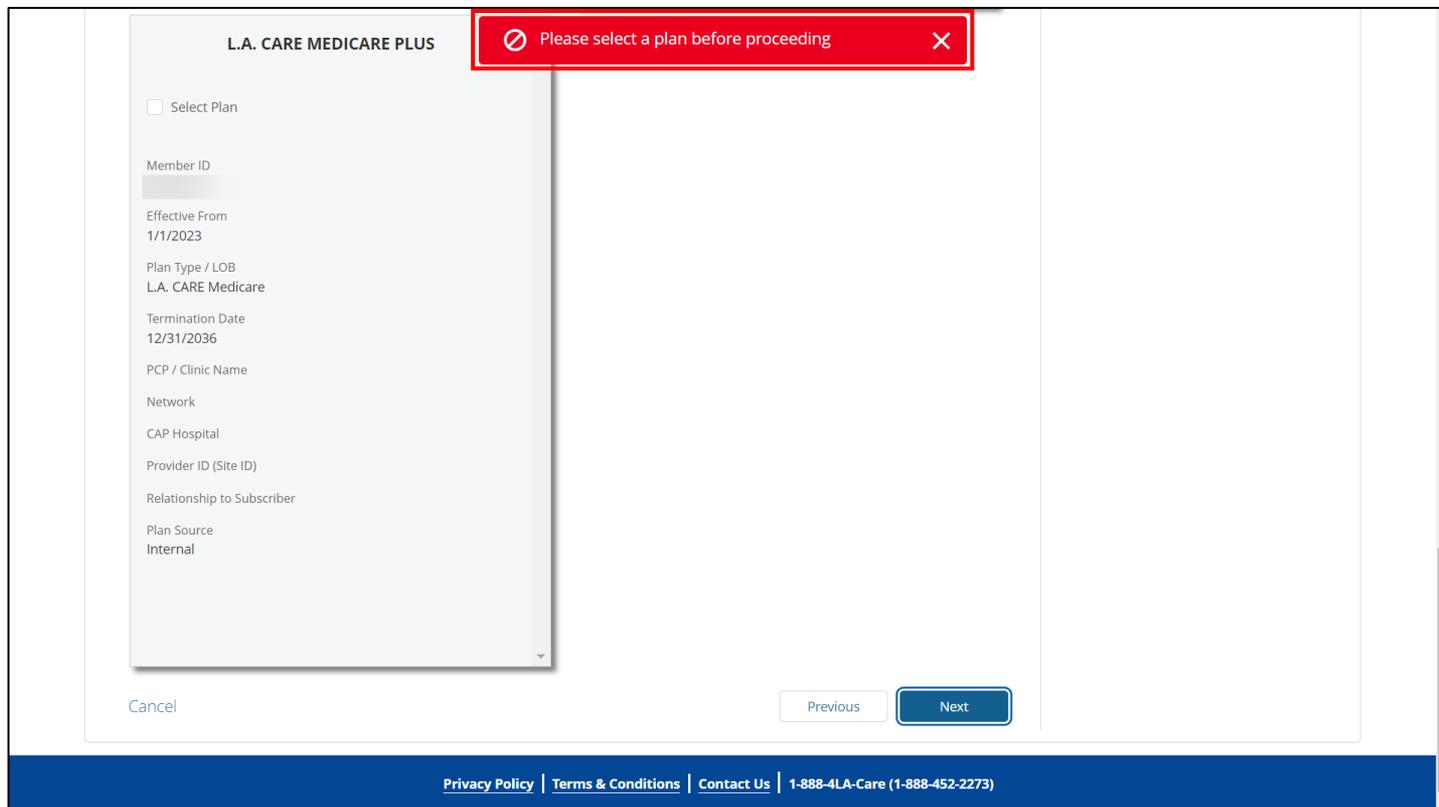
If you have selected an internal plan, you will be directed to the Benefit Selection page. Whereas, if an external plan is selected, a case is directly created, and you will be directed to the Case Detail page.



Note: If any correction is required, you can click **Previous** to go back to the previous step.

Plan Selection – Error

On the **Plan Selection** page, if you will click **Next** before selecting any plan. You will get the **Please select a plan before proceeding** error message.

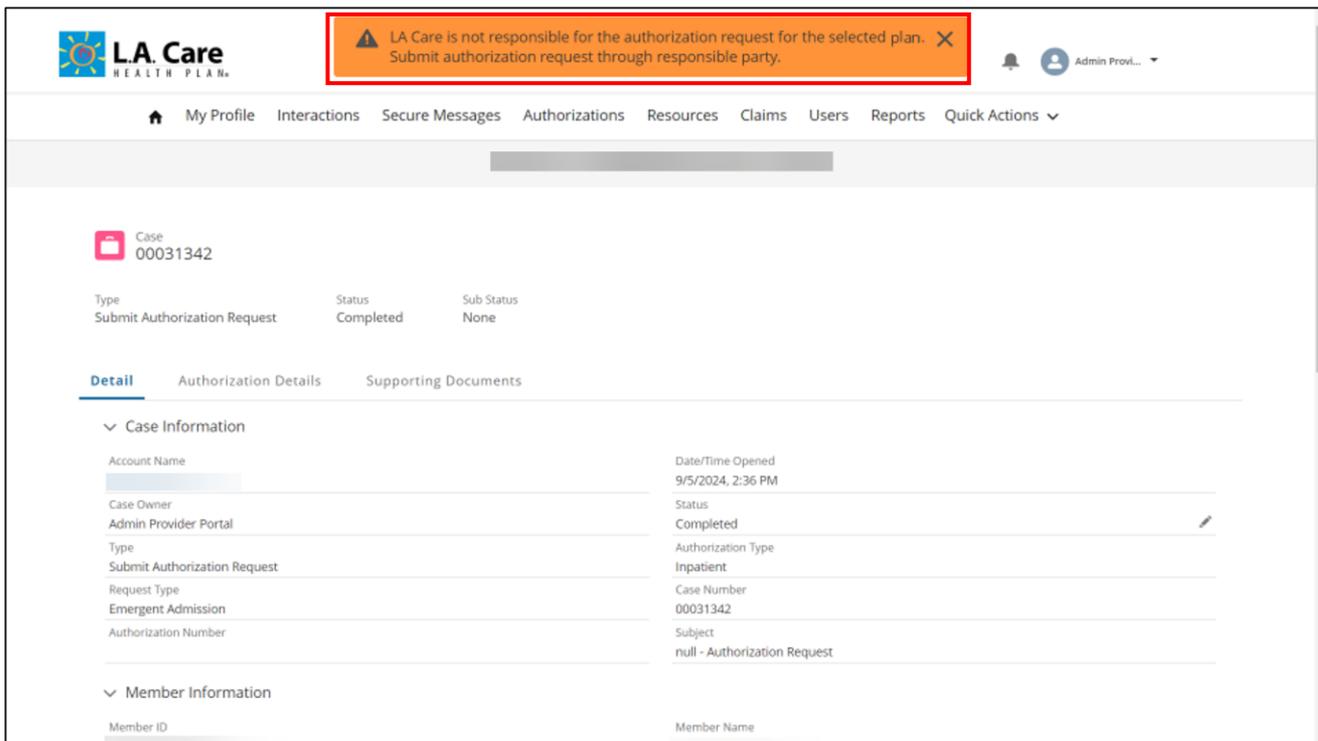


The screenshot displays the "L.A. CARE MEDICARE PLUS" plan selection interface. A red error message box at the top center reads "Please select a plan before proceeding" with a close button. The main content area is a scrollable list of plan details, including a "Select Plan" checkbox, Member ID, Effective From (1/1/2023), Plan Type / LOB (L.A. CARE Medicare), Termination Date (12/31/2036), PCP / Clinic Name, Network, CAP Hospital, Provider ID (Site ID), Relationship to Subscriber, and Plan Source (Internal). At the bottom of the list are "Cancel", "Previous", and "Next" buttons. The footer contains links for "Privacy Policy", "Terms & Conditions", "Contact Us", and the phone number "1-888-4LA-Care (1-888-452-2273)".

Note: You will get the above-mentioned error message for all the SARs if you try to proceed further without selecting a plan.

Emergent Admission (External Plan)

If the plan selected in the previous step is an external plan, a case will be directly created, and you will be directed to the Case Detail page with the **LA Care is not responsible for the authorization request for the selected plan. Submit authorization request through responsible party.** error message.



LA Care is not responsible for the authorization request for the selected plan. Submit authorization request through responsible party.

Case 00031342

Type	Status	Sub Status
Submit Authorization Request	Completed	None

Detail | Authorization Details | Supporting Documents

Case Information

Account Name	Date/Time Opened
	9/5/2024, 2:36 PM
Case Owner	Status
Admin Provider Portal	Completed
Type	Authorization Type
Submit Authorization Request	Inpatient
Request Type	Case Number
Emergent Admission	00031342
Authorization Number	Subject
	null - Authorization Request

Member Information

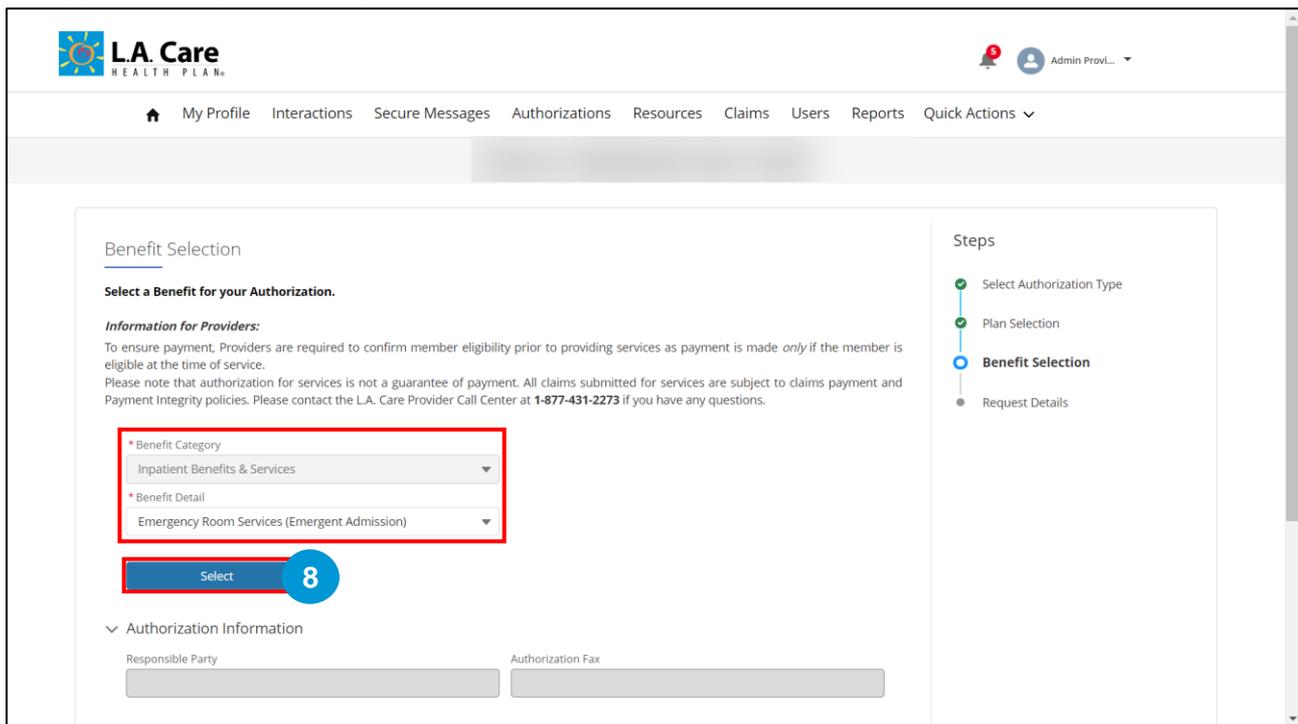
Member ID	Member Name

Note: If you select an external plan for any of the SAR, a case will be automatically created, and the above-mentioned message will be displayed.

Emergent Admission (Internal Plan)

If the plan selected in the previous step is an internal plan, you will be directed to the Benefit Selection page where you will select the benefit. Perform the following steps to submit the Emergent Admission form for an internal plan:

8. The **Benefit Selection** page displays. Here, the **Benefit Category** field and the **Benefit Detail** field is auto-populated based on the authorization type and request type, respectively. Next, click **Select**.



Note: Based on your requirement, you can update the value in the **Benefit Detail** field using the picklist.



Benefit Category – Other Coverage Benefits or Services

On the **Benefit Selection** page of any SAR type, if the **Benefit Category** is auto-populated with **Other Coverage Benefits or Services**, it indicates that the planned benefit does not exist, and you cannot proceed further with submitting the authorization request. You will also receive an error warning as highlighted below.

Benefit Selection

Select a Benefit for your Authorization.

Information for Providers:
 To ensure payment, Providers are required to confirm member eligibility prior to providing services as payment is made *only* if the member is eligible at the time of service.
 Please note that authorization for services is not a guarantee of payment. All claims submitted for services are subject to claims payment and Payment Integrity policies. Please contact the L.A. Care Provider Call Center at **1-877-431-2273** if you have any questions.

*Benefit Category

Benefit Detail

Please reference the Member's Evidence of Coverage and Handbook. If you need further clarity on submitting this Authorization Request, please reach out to Member Services.

∨ Authorization Information

Responsible Party <input type="text"/>	Authorization Fax <input type="text"/>
---	---

∨ Claim Information

Responsible Party <input type="text"/>	Claims Address <input type="text"/>
Electronic Payer ID <input type="text"/>	Claims Status Phone Number <input type="text"/>

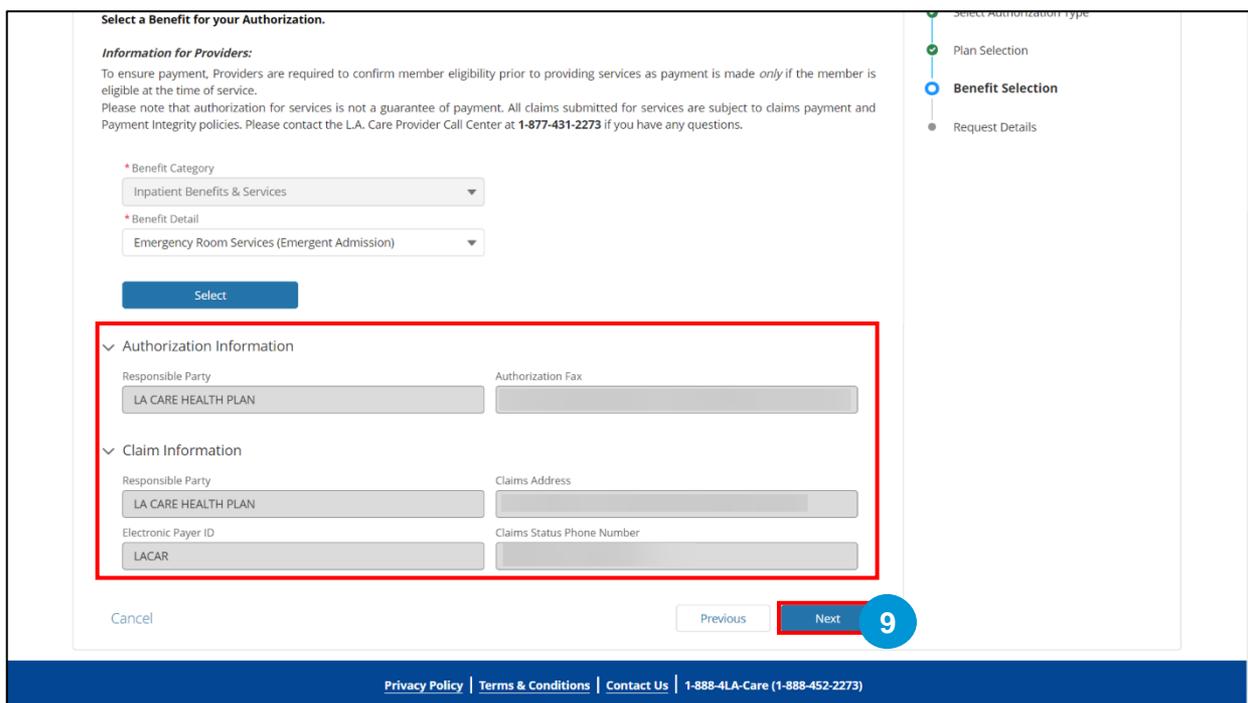
Steps

- Select Authorization Type
- Plan Selection
- **Benefit Selection**
- Request Details

Emergent Admission (Internal Plan) (Cont'd)

The steps to submit an Emergent Admission SAR for an internal plan are outlined below:

- The **Authorization information** and **Claim information** sections are auto-populated based on the **Benefit Detail** field. Click **Next** to proceed further.



Select a Benefit for your Authorization.

Information for Providers:
To ensure payment, Providers are required to confirm member eligibility prior to providing services as payment is made *only* if the member is eligible at the time of service. Please note that authorization for services is not a guarantee of payment. All claims submitted for services are subject to claims payment and Payment Integrity policies. Please contact the L.A. Care Provider Call Center at **1-877-431-2273** if you have any questions.

* Benefit Category
Inpatient Benefits & Services

* Benefit Detail
Emergency Room Services (Emergent Admission)

Select

Authorization Information

Responsible Party: LA CARE HEALTH PLAN | Authorization Fax: [Empty]

Claim Information

Responsible Party: LA CARE HEALTH PLAN | Claims Address: [Empty]

Electronic Payer ID: LACAR | Claims Status Phone Number: [Empty]

Cancel | Previous | **Next** 9

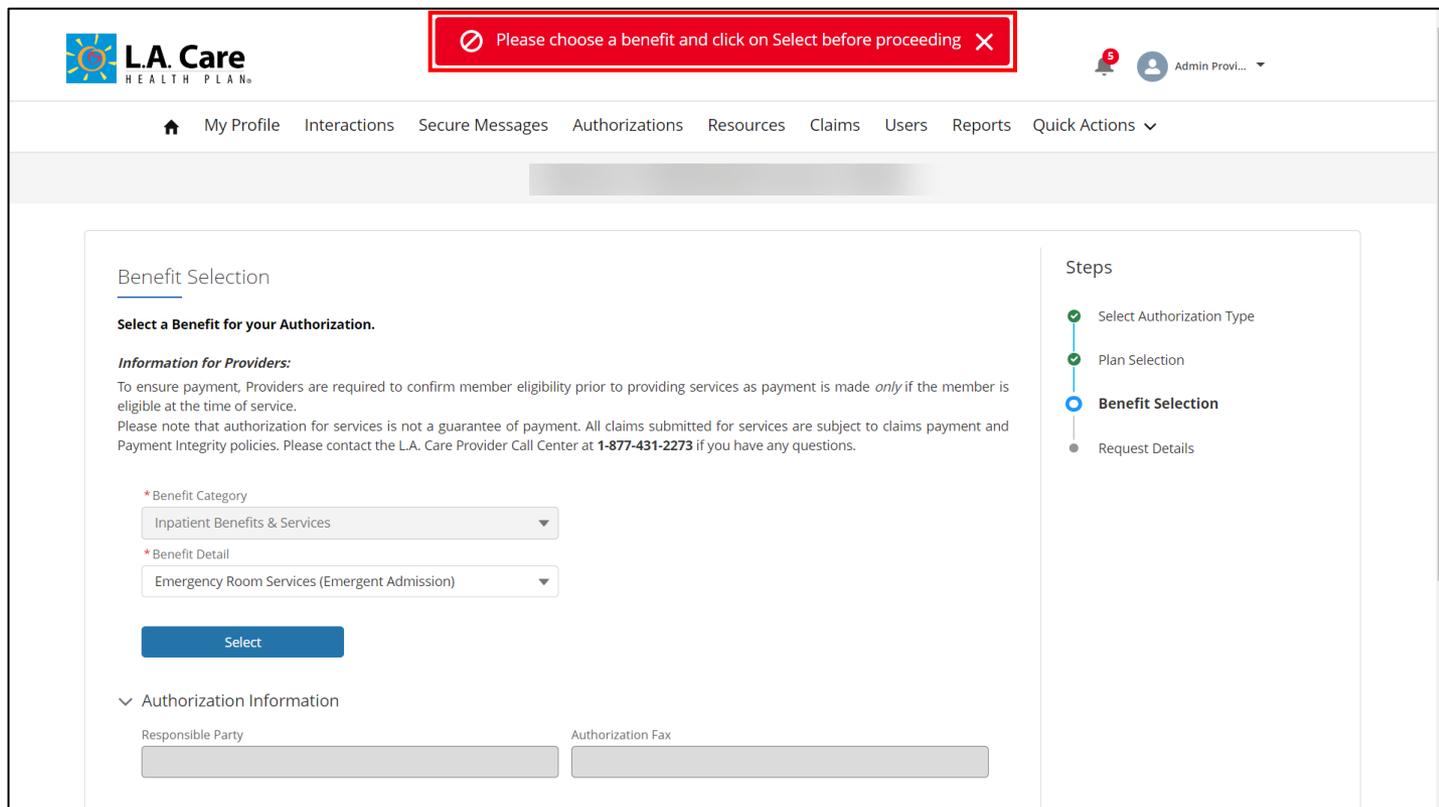
[Privacy Policy](#) | [Terms & Conditions](#) | [Contact Us](#) | 1-888-4LA-Care (1-888-452-2273)

Note: If the Responsible Party under the **Authorization Information** section is not LA Care, the next steps will be skipped, and the case is directly created.

Next, let's review the steps where LA Care is the responsible party.

Benefit Selection – Error

On the **Benefit Selection** page, if you will click **Next** before selecting **Benefit details** from the picklist or clicking **Select**. You will get the **Please choose a benefit and click on Select before proceeding** error message.



The screenshot shows the L.A. Care Health Plan user interface. At the top, there is a navigation bar with the L.A. Care logo and a user profile dropdown for 'Admin Provl...'. Below the navigation bar is a main menu with options: My Profile, Interactions, Secure Messages, Authorizations, Resources, Claims, Users, Reports, and Quick Actions. The main content area is titled 'Benefit Selection' and contains the following elements:

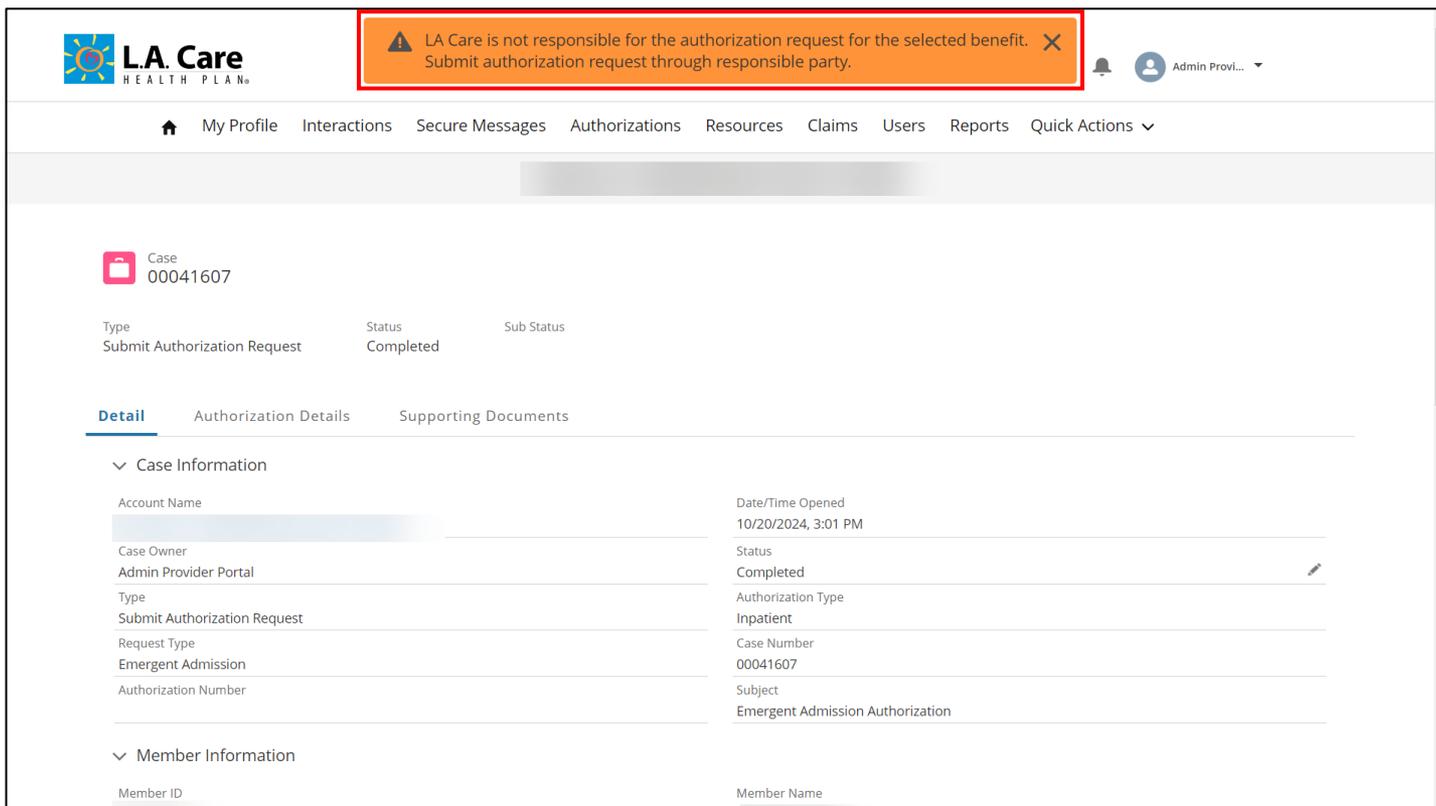
- Select a Benefit for your Authorization.**
- Information for Providers:** A paragraph explaining that providers must confirm member eligibility for payment and that authorization is not a guarantee of payment.
- Benefit Selection Form:** Two dropdown menus. The first is labeled '*Benefit Category' and is set to 'Inpatient Benefits & Services'. The second is labeled '*Benefit Detail' and is set to 'Emergency Room Services (Emergent Admission)'. Below these is a blue 'Select' button.
- Authorization Information:** A section with two input fields: 'Responsible Party' and 'Authorization Fax'.
- Steps:** A vertical list of steps on the right side of the page: 'Select Authorization Type' (checked), 'Plan Selection' (checked), 'Benefit Selection' (active, highlighted with a blue circle), and 'Request Details' (not active).

A red error message box is overlaid at the top of the page, containing the text: 'Please choose a benefit and click on Select before proceeding' with a close button (X).

Note: You will get the above-mentioned error message for all the SARs if you try to proceed further without selecting a benefit.

Emergent Admission (Internal Plan) (Cont'd)

If LA Care is not a responsible party for the benefit selected in the previous step, a case will be directly created, and you will be directed to the Case Detail page with the **LA Care is not responsible for the authorization request for the selected plan. Submit authorization request through responsible party.** error message.



LA Care is not responsible for the authorization request for the selected benefit. Submit authorization request through responsible party.

Case 00041607

Type	Status	Sub Status
Submit Authorization Request	Completed	

Detail | Authorization Details | Supporting Documents

Case Information

Account Name	Date/Time Opened
Case Owner	10/20/2024, 3:01 PM
Admin Provider Portal	Status
Type	Completed
Submit Authorization Request	Authorization Type
Request Type	Inpatient
Emergent Admission	Case Number
Authorization Number	00041607
	Subject
	Emergent Admission Authorization

Member Information

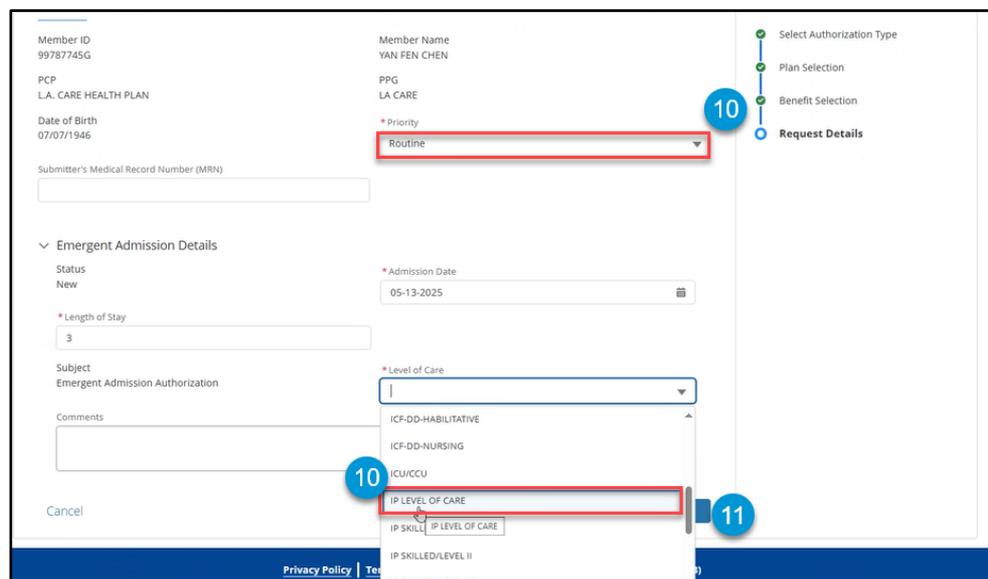
Member ID	Member Name
-----------	-------------

Note: If you select a benefit for which LA Care is not a responsible party for any of the SAR, a case will be automatically created, and the above-mentioned message will be displayed.

Emergent Admission (Internal Plan) (Cont'd)

The steps to submit an Emergent Admission SAR for an internal plan are outlined below:

10. The **Request Details** page displays. On this page, enter the appropriate values in the mandatory fields (marked with asterisk) such as **Priority**, **Admission Date**, **Length of Stay**, and **Level of Care**.
11. Click **Next** to proceed further.



The screenshot displays the 'Request Details' page for an Emergent Admission SAR. The form includes the following fields and callouts:

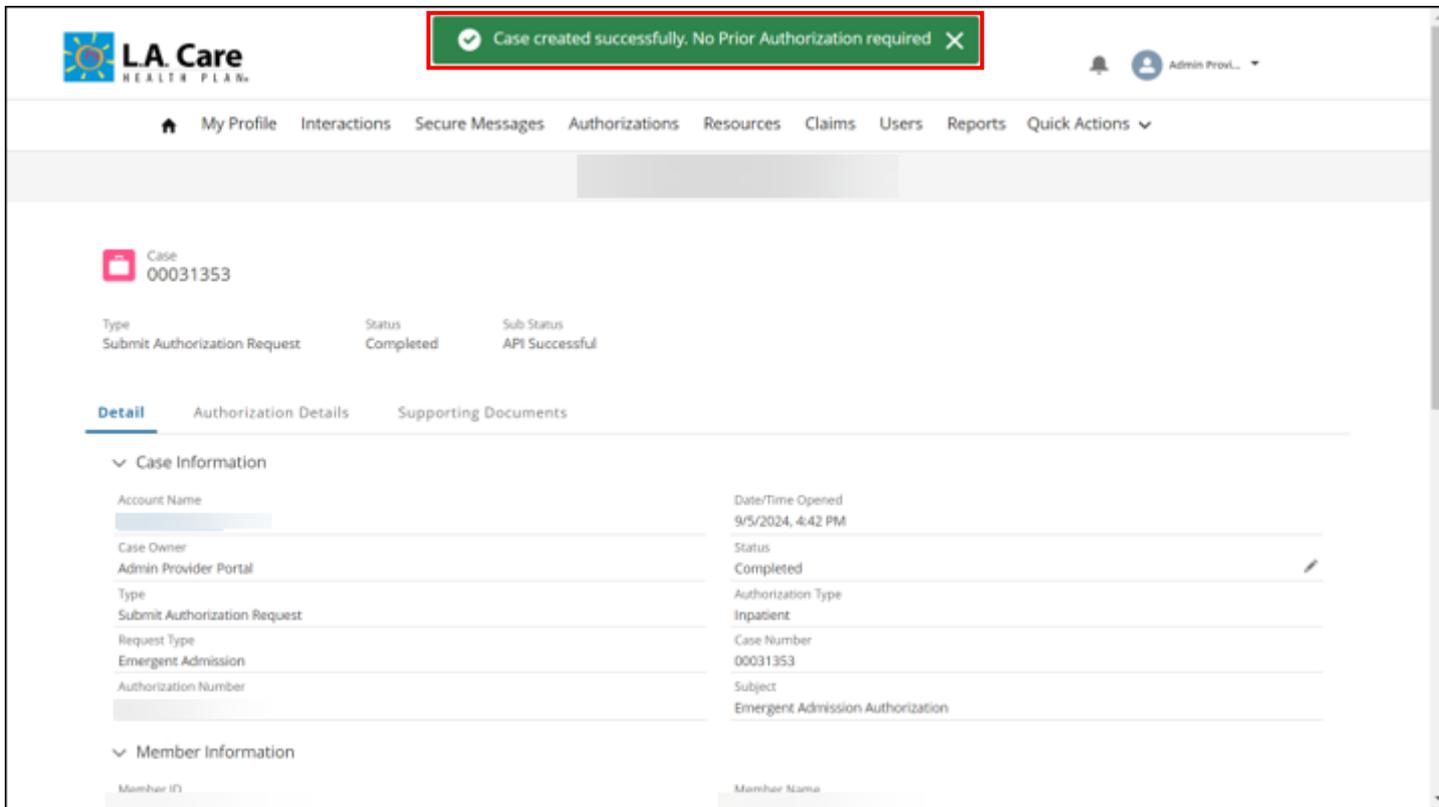
- Member ID:** 99787745G
- Member Name:** YAN FEN CHEN
- PCP:** L.A. CARE HEALTH PLAN
- Date of Birth:** 07/07/1946
- Submitter's Medical Record Number (MRN):** (Empty field)
- Emergent Admission Details:**
 - Status:** New
 - *Admission Date:** 05-13-2025
 - *Length of Stay:** 3
 - Subject:** Emergent Admission Authorization
 - Comments:** (Empty text area)
- *Level of Care:** A dropdown menu is open, showing options: ICF-DD-HABILITATIVE, ICF-DD-NURSING, ICU/CCU, **IP LEVEL OF CARE** (highlighted with callout 10), IP SKILL, IP LEVEL OF CARE, and IP SKILLED/LEVEL II.
- Navigation:** A 'Next' button is highlighted with callout 11.

Note: You can add additional information for the request in the **Comments** field and MRN in the **Submitter's Medical Record Number (MRN)** field.

If the **Observation** option is selected as **Level of Care**, a case will be directly created as Observation doesn't require any prior authorization.

Emergent Admission (Internal Plan) (Cont'd)

On the **Request Details** page, if the **Observation** option is selected as the Level of Care, a case will be directly created, and you will be directed to the **Case Details** page with the **Case created successfully. No Prior Authorization** message.



Case created successfully. No Prior Authorization required

Case 00031353

Type	Status	Sub Status
Submit Authorization Request	Completed	API Successful

Detail Authorization Details Supporting Documents

Case Information

Account Name	Date/Time Opened
Case Owner	9/5/2024, 4:42 PM
Admin Provider Portal	Status
Type	Completed
Submit Authorization Request	Authorization Type
Request Type	Inpatient
Emergent Admission	Case Number
Authorization Number	00031353
	Subject
	Emergent Admission Authorization

Member Information

Member ID	Member Name
-----------	-------------

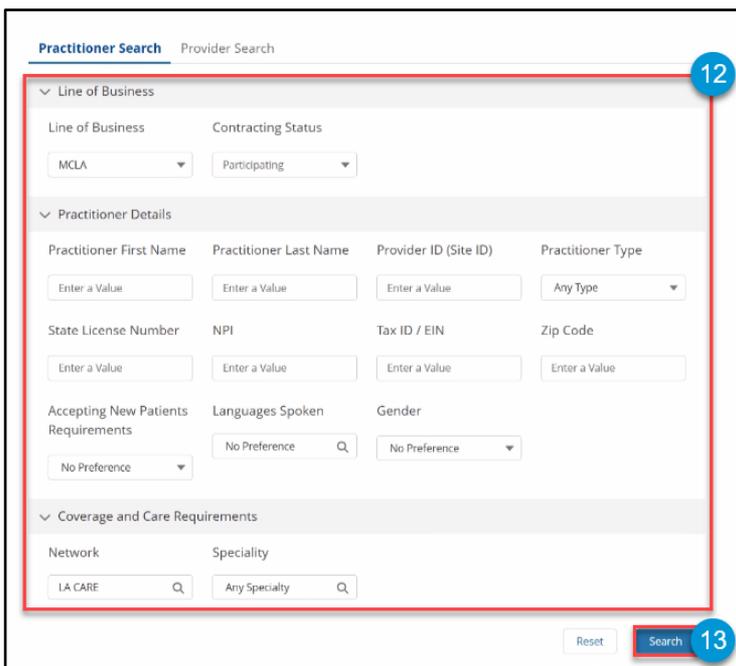
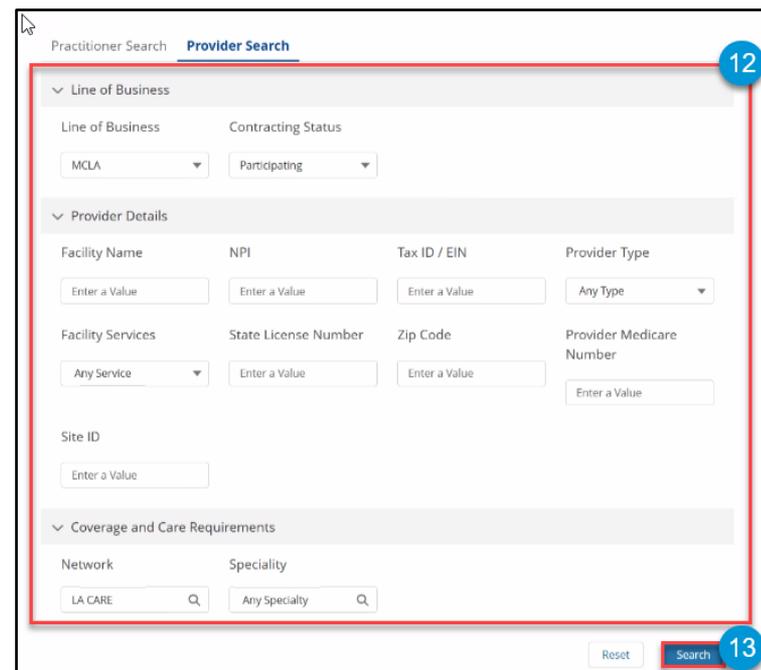
Next, let's review the steps you need to follow if you select an option other than Observation in the Level of Care field.



Emergent Admission (Internal Plan) (Cont'd)

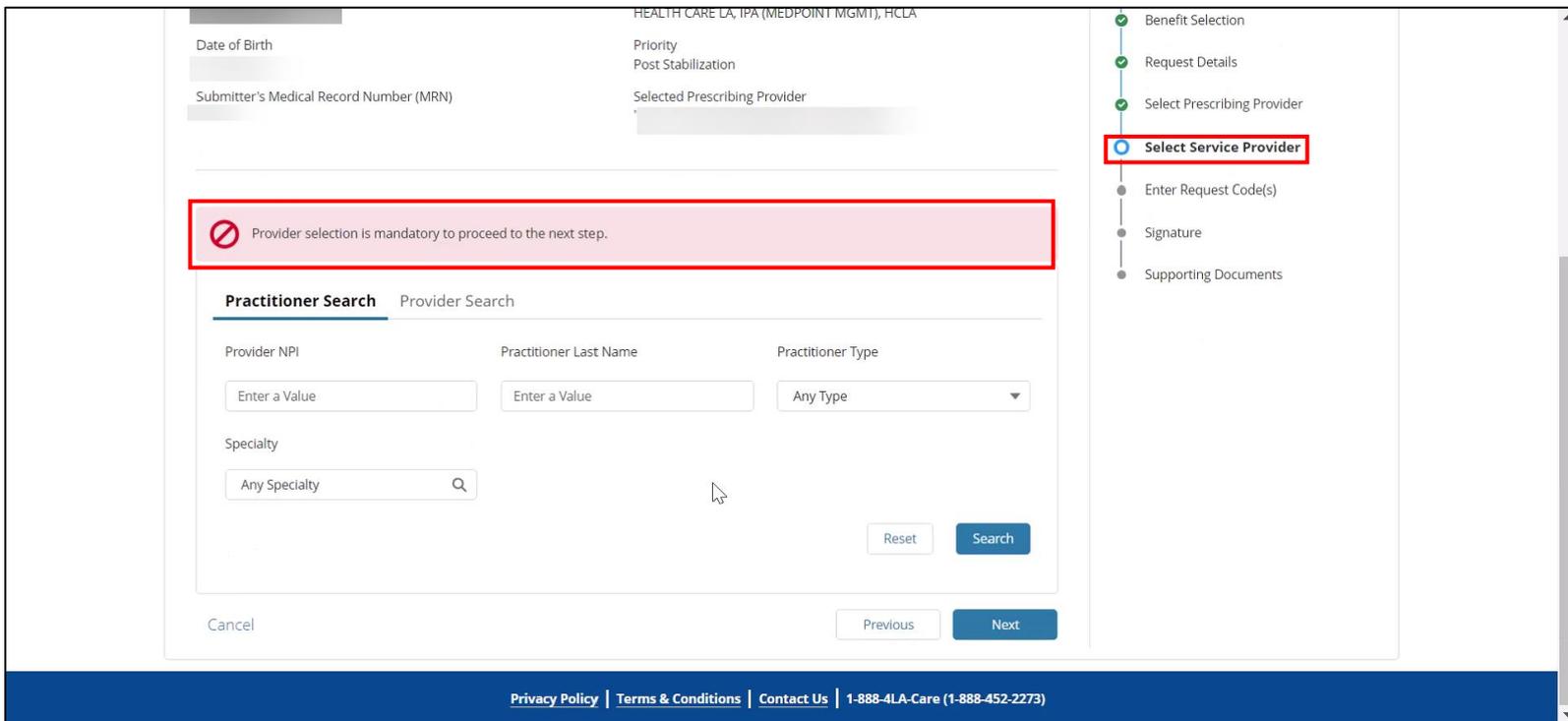
If an option other than Observation is selected in the Level of Care field, you will be directed to the **Select Prescribing Provider** page. Perform the following steps to submit the Emergent Admission form for an internal plan:

12. On the **Select Prescribing Provider** page, search for and select the appropriate Prescribing Provider or Practitioner by entering the preferred provider's demographic information into the corresponding fields
13. Click **Search** to view the search results.

Select Prescribing Provider – Error

On the **Select Prescribing Provider** page, if you will click **Next** before searching and selecting the required Prescribing Provider/Practitioner, you will get the **Provider selection is mandatory to proceed to the next step** error message.



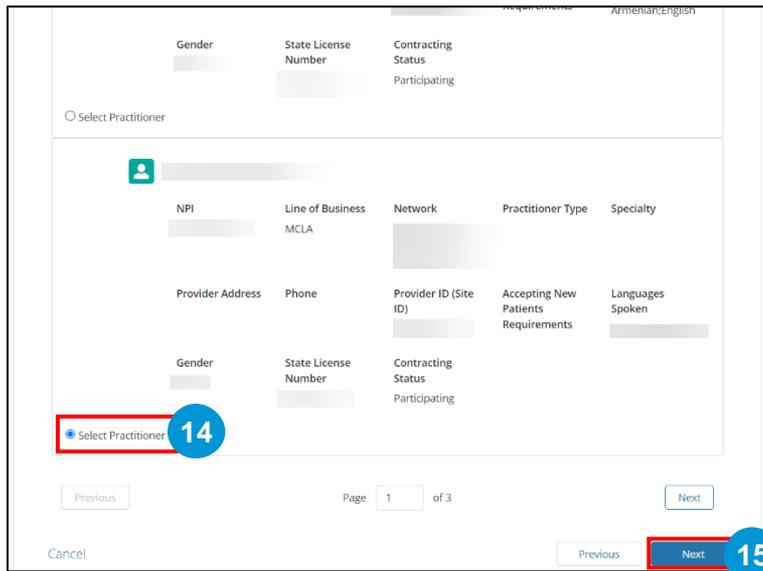
The screenshot displays a web form for selecting a prescribing provider. At the top, there are fields for "Date of Birth", "Submitter's Medical Record Number (MRN)", "Priority", "Post Stabilization", and "Selected Prescribing Provider". A red box highlights an error message: "Provider selection is mandatory to proceed to the next step." Below this is a "Practitioner Search" section with input fields for "Provider NPI", "Practitioner Last Name", "Practitioner Type", and "Specialty", along with "Reset" and "Search" buttons. A "Next" button is also visible. On the right, a progress indicator shows steps: "Benefit Selection", "Request Details", "Select Prescribing Provider", "Select Service Provider" (highlighted with a red box), "Enter Request Code(s)", "Signature", and "Supporting Documents". The footer contains links for "Privacy Policy", "Terms & Conditions", "Contact Us", and the phone number "1-888-4LA-Care (1-888-452-2273)".

Note: You will get the above-mentioned error message for all the SARs if you try to proceed further without selecting the required Prescribing Provider/Practitioner.

Emergent Admission (Internal Plan) (Cont'd)

The steps to submit an Emergent Admission SAR for an internal plan are outlined below:

14. Scroll down to access the **Practitioner** or **Provider Result** section. In this section, select the **Select Practitioner** or **Select Provider** radio button for the required Practitioner or Provider, respectively.
15. Click **Next** to proceed further.



Gender [] State License Number [] Contracting Status [] Participating

Select Practitioner

Select Practitioner **14**

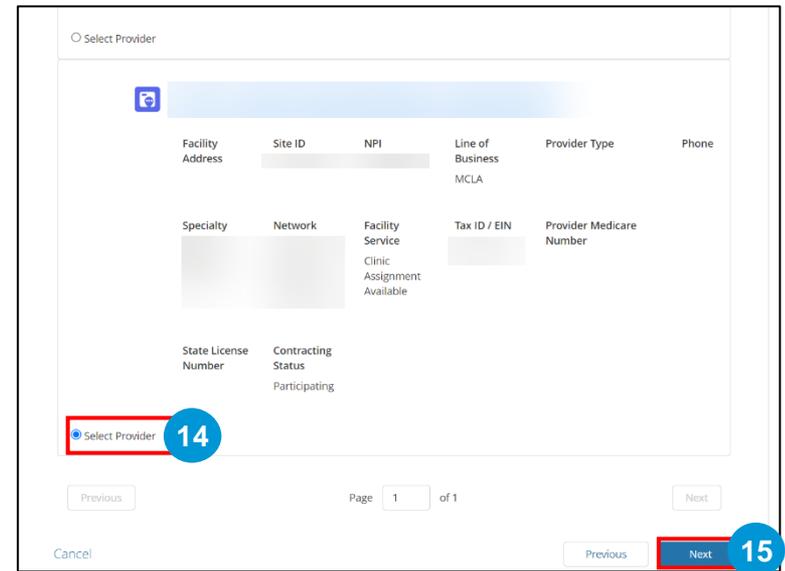
NPI [] Line of Business [] Network [] Practitioner Type [] Speciality []

Provider Address [] Phone [] Provider ID (Site ID) [] Accepting New Patients Requirements [] Languages Spoken []

Gender [] State License Number [] Contracting Status [] Participating

Previous Page 1 of 3 Next

Cancel Previous **Next** **15**



Select Provider

Select Provider **14**

Facility Address [] Site ID [] NPI [] Line of Business [] Provider Type [] Phone []

MCLA

Specialty [] Network [] Facility Service [] Tax ID / EIN [] Provider Medicare Number []

Clinic Assignment Available

State License Number [] Contracting Status [] Participating

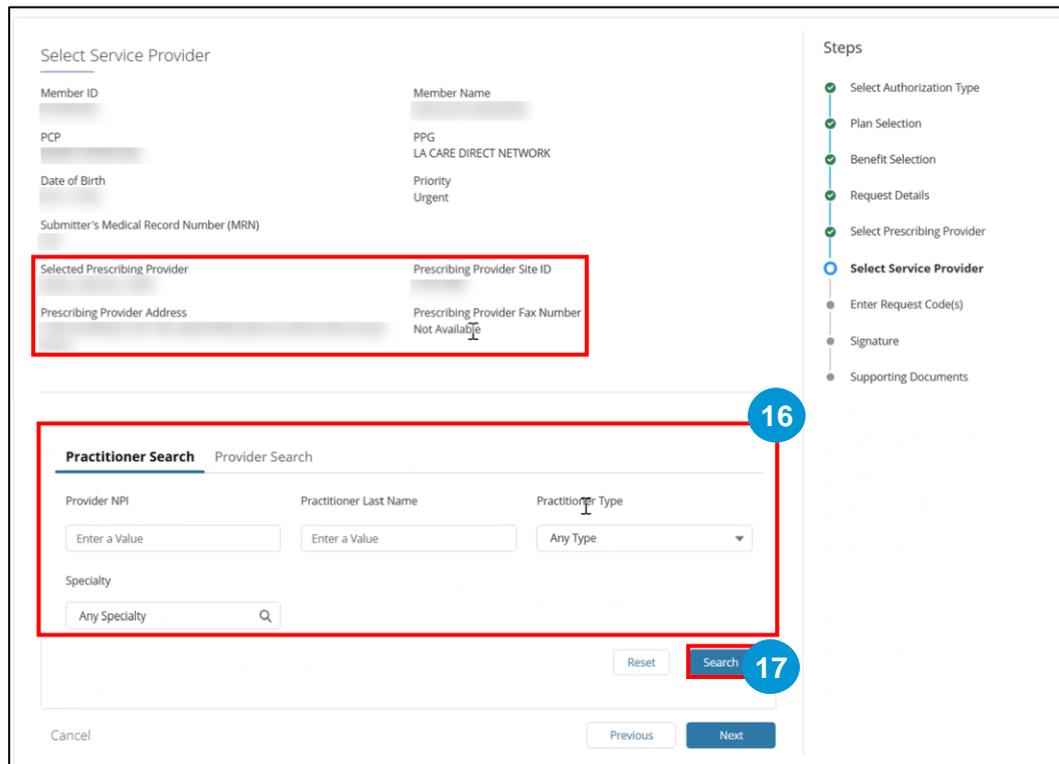
Previous Page 1 of 1 Next

Cancel Previous **Next** **15**

Emergent Admission (Internal Plan) (Cont'd)

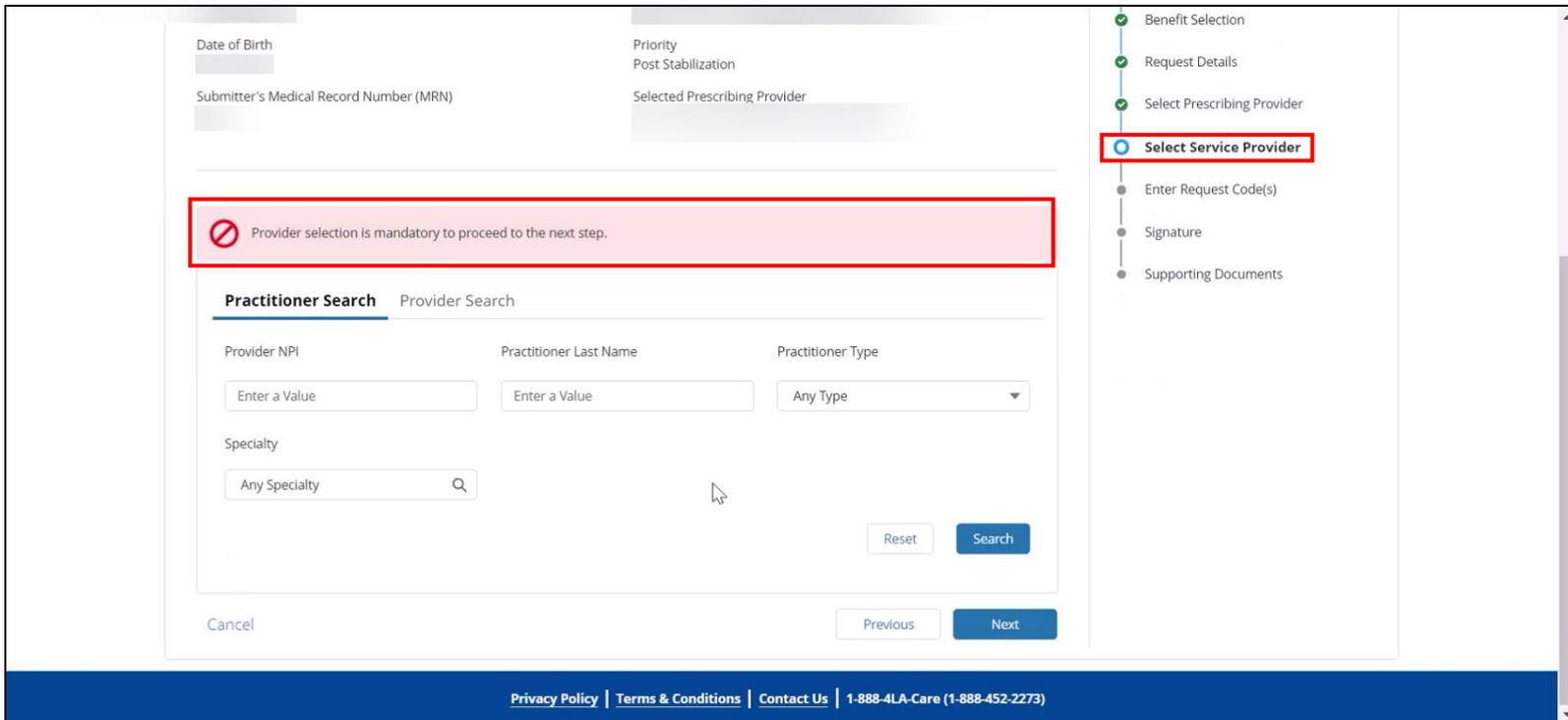
The steps to submit an Emergent Admission SAR for an internal plan are outlined below:

16. The **Select Service Provider** page displays. On this page, you can view the details of the Selected Prescribing Provider, such as Name, Site ID, Address, and Fax Number. Next, you need to search for and select the required Service Provider/Practitioner using the Practitioner Search or Provider Search.
17. Click **Search** to view the Practitioner Search Results.




Select Service Provider – Error

On the **Select Prescribing Provider** page, if you will click **Next** before searching and selecting the required Prescribing Provider, you will get the **Provider selection is mandatory to proceed to the next step** error message.



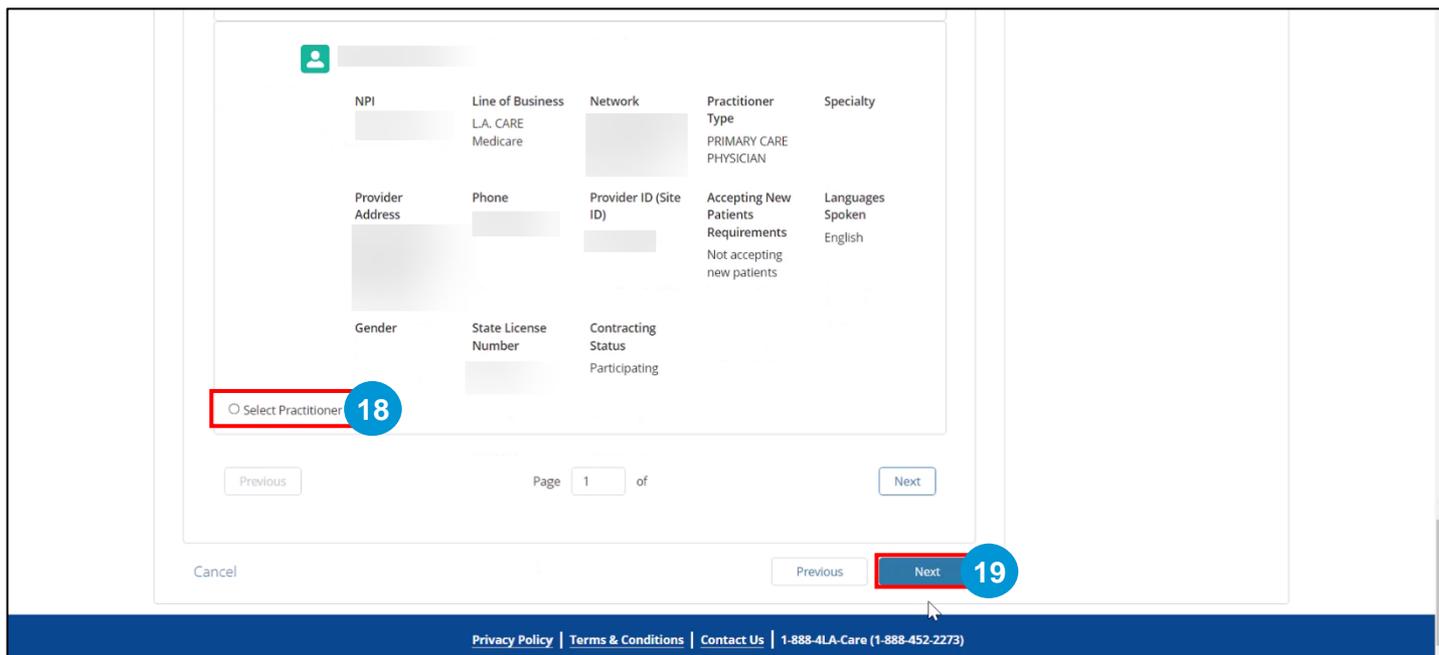
The screenshot displays a web form for selecting a service provider. At the top, there are input fields for 'Date of Birth', 'Priority', 'Post Stabilization', and 'Submitter's Medical Record Number (MRN)'. Below these is a red error message box with a red circle and slash icon, containing the text: 'Provider selection is mandatory to proceed to the next step.' The main section is titled 'Practitioner Search' and includes fields for 'Provider NPI', 'Practitioner Last Name', 'Practitioner Type', and 'Specialty'. There are 'Reset' and 'Search' buttons. At the bottom, there are 'Cancel', 'Previous', and 'Next' buttons. On the right side, a vertical progress indicator shows several steps: 'Benefit Selection', 'Request Details', 'Select Prescribing Provider', 'Select Service Provider' (highlighted with a red box and a blue circle), 'Enter Request Code(s)', 'Signature', and 'Supporting Documents'.

Note: You will get the above-mentioned error message for all the SARs if you try to proceed further without selecting the required Service Provider.

Emergent Admission (Internal Plan) (Cont'd)

The steps to submit an Emergent Admission SAR for an internal plan are outlined below:

18. Scroll down to access the **Practitioner Result** section. In this section, select the **Select Practitioner** radio button for the required Provider.
19. Click **Next** to proceed further.



The screenshot displays a form titled "Practitioner Result" with the following fields:

NPI	Line of Business L.A. CARE Medicare	Network	Practitioner Type PRIMARY CARE PHYSICIAN	Specialty
Provider Address	Phone	Provider ID (Site ID)	Accepting New Patients Requirements Not accepting new patients	Languages Spoken English
Gender	State License Number	Contracting Status Participating		

At the bottom of the form, there is a "Select Practitioner" radio button, which is highlighted with a red box and a blue circle labeled "18". Below this, there are "Previous" and "Next" buttons. The "Next" button is highlighted with a red box and a blue circle labeled "19".

Page 1 of 1

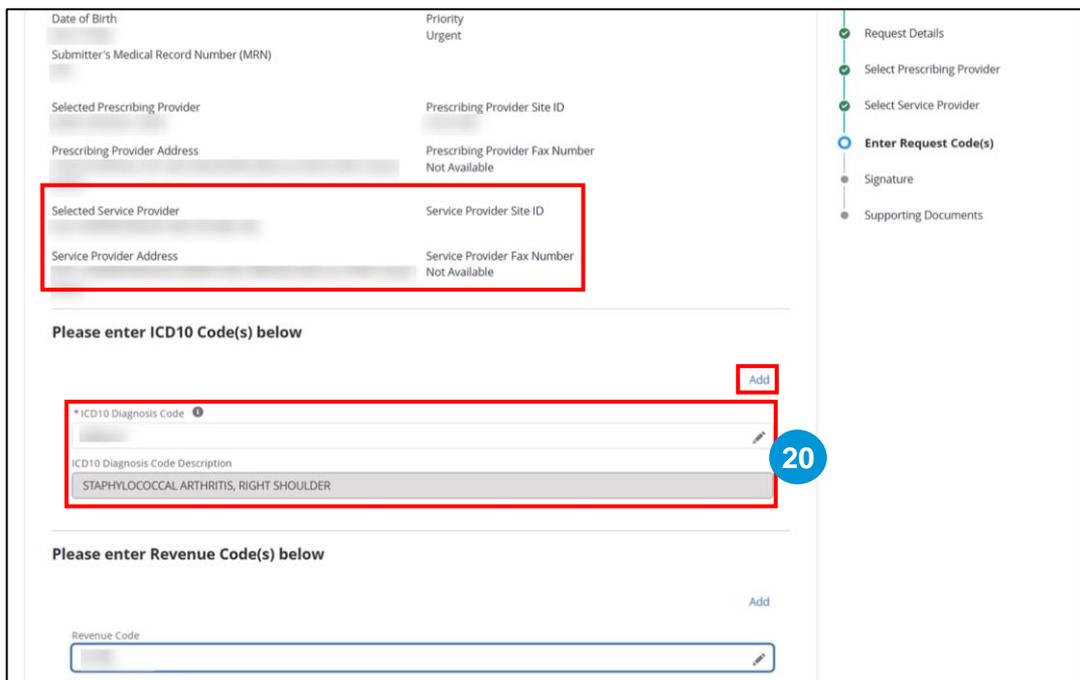
Cancel Previous Next

Privacy Policy | Terms & Conditions | Contact Us | 1-888-4LA-Care (1-888-452-2273)

Emergent Admission (Internal Plan) (Cont'd)

The steps to submit an Emergent Admission SAR for an internal plan are outlined below:

20. The **Enter Request Code(s)** page displays. On this page, you can view the details of the Selected Service Provider, such as Name, Site ID, Address, and Fax Number. Next, enter **ICD10 Diagnosis Code**. The **ICD10 Diagnosis Code Description** field will be auto-populated as per the entered **ICD10 Diagnosis Code**.

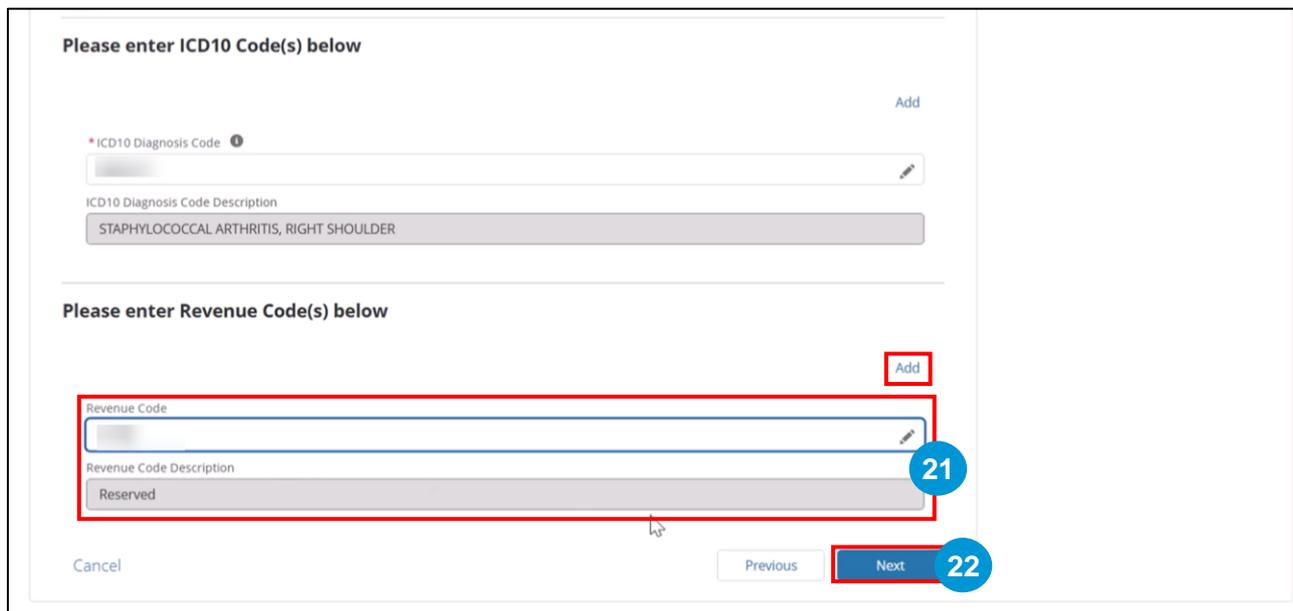


Note: You can click **Add** if you want to add multiple ICD10 codes.

Emergent Admission (Internal Plan) (Cont'd)

The steps to submit an Emergent Admission SAR for an internal plan are outlined below:

21. Scroll down and enter **Revenue Code**. The **Revenue Code Description** field will be auto-populated as per the entered **Revenue Code**. This step is optional.
22. Click **Next** to proceed further.



The screenshot displays a form with two main sections. The first section, titled "Please enter ICD10 Code(s) below", contains an "Add" button, an "ICD10 Diagnosis Code" input field, and an "ICD10 Diagnosis Code Description" field populated with "STAPHYLOCOCCAL ARTHRITIS, RIGHT SHOULDER". The second section, titled "Please enter Revenue Code(s) below", contains another "Add" button, a "Revenue Code" input field, and a "Revenue Code Description" field populated with "Reserved". A red box highlights the "Revenue Code" field and its description, with a blue circle containing the number "21" next to it. At the bottom of the form, there are "Cancel", "Previous", and "Next" buttons. The "Next" button is highlighted with a red box and a blue circle containing the number "22".

Note: You can click **Add** if you want to add multiple revenue code. If all the ICD10 Code(s) and Revenue Code(s) added on the **Enter Request Code(s)** page don't require authorization, a message will appear confirming that. On clicking Next, all the next step will be skipped, and a case will be directly created.

Emergent Admission (Internal Plan) (Cont'd)

The steps to submit an Emergent Admission SAR for an internal plan are outlined below:

23. On the **Signature** page, select the **I have verified the below Provider Information for accuracy** checkbox.
24. Click the **Enter Alternate Prescribing Provider Information** accordion and enter the prescribing provider information in the **Street 1, Street 2, City, State, Zip,** and **Alternate Service Provider Fax** fields.

Signature

Please review all Prescribing and Service Provider Information, and utilize the accordions to enter Alternative Information as necessary. The entered alternative provider information will persist on this authorization request.

23 I have verified the below Provider Information for accuracy.

Member Name
[Redacted]

Enter Alternate Prescribing Provider Information

Street 1 ABC Street	Street 2 Strt 2
City C City	State CA
Zip 54657	Alternate Service Provider Fax [Redacted]

Selected Service Provider
[Redacted]

Service Provider Address
[Redacted]

Service Provider Site ID
[Redacted]

Service Provider Fax Number
Not Available

Steps

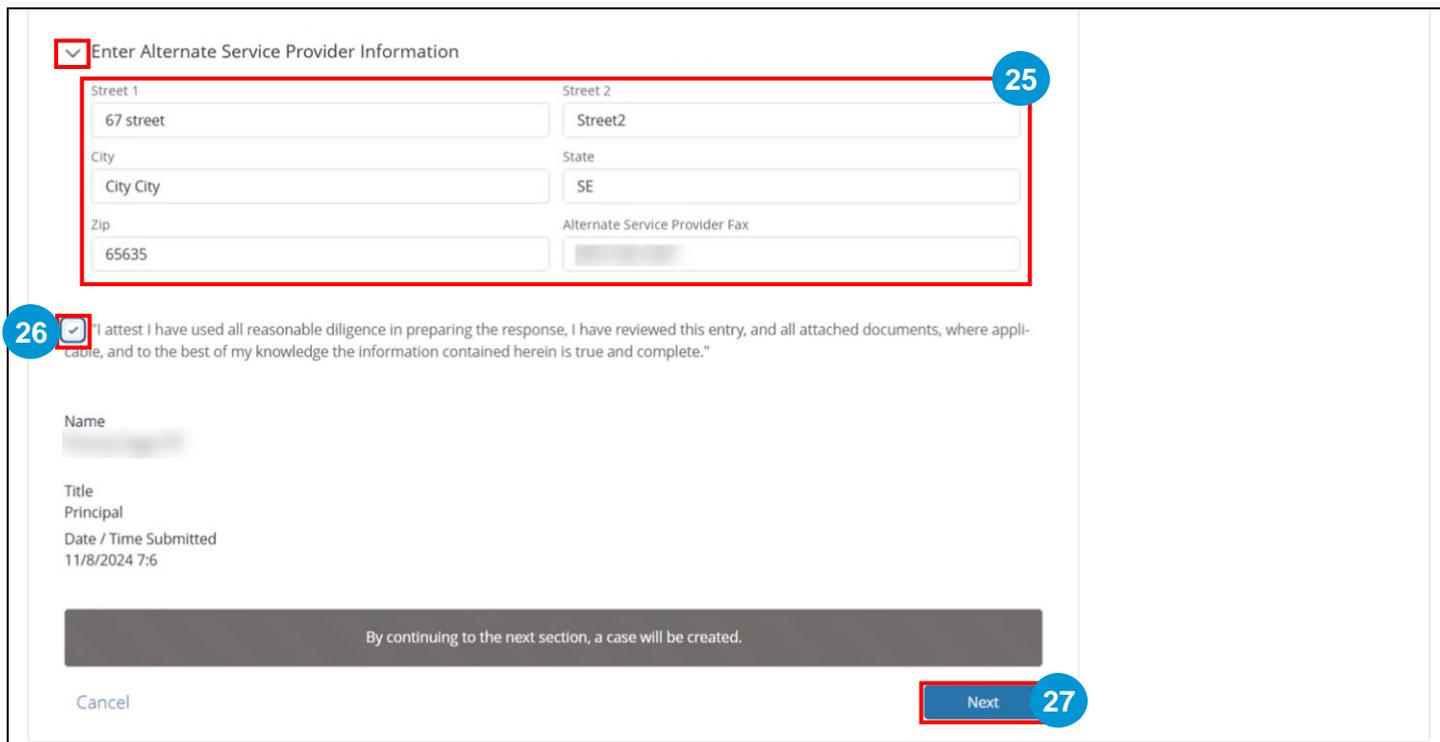
- Select Authorization Type
- Plan Selection
- Benefit Selection
- Request Details
- Signature**
- Supporting Documents



Emergent Admission (Internal Plan) (Cont'd)

The steps to submit an Emergent Admission SAR for an internal plan are outlined below:

25. Similarly, click the **Enter Alternate Service Provider Information accordion** and enter the service provider information in the **Street 1, Street 2, City, State, Zip,** and **Alternate Service Provider Fax** fields.
26. Select the attestation checkbox as highlighted below.
27. Click **Next** to proceed further.



The screenshot displays a web form for submitting an Emergent Admission SAR. The 'Enter Alternate Service Provider Information' section is expanded, showing fields for Street 1 (67 street), Street 2 (Street2), City (City City), State (SE), Zip (65635), and Alternate Service Provider Fax. A red box highlights this section, with a blue circle '25' next to it. Below this, a checkbox is checked, with a blue circle '26' next to it. The checkbox text reads: "I attest I have used all reasonable diligence in preparing the response, I have reviewed this entry, and all attached documents, where applicable, and to the best of my knowledge the information contained herein is true and complete." Below the attestation, there are fields for Name, Title (Principal), and Date / Time Submitted (11/8/2024 7:6). A dark grey bar contains the text: "By continuing to the next section, a case will be created." At the bottom, there are 'Cancel' and 'Next' buttons. A blue circle '27' is next to the 'Next' button.

Enter Alternate Service Provider Information

Street 1: 67 street
Street 2: Street2
City: City City
State: SE
Zip: 65635
Alternate Service Provider Fax: [REDACTED]

I attest I have used all reasonable diligence in preparing the response, I have reviewed this entry, and all attached documents, where applicable, and to the best of my knowledge the information contained herein is true and complete."

Name: [REDACTED]
Title: Principal
Date / Time Submitted: 11/8/2024 7:6

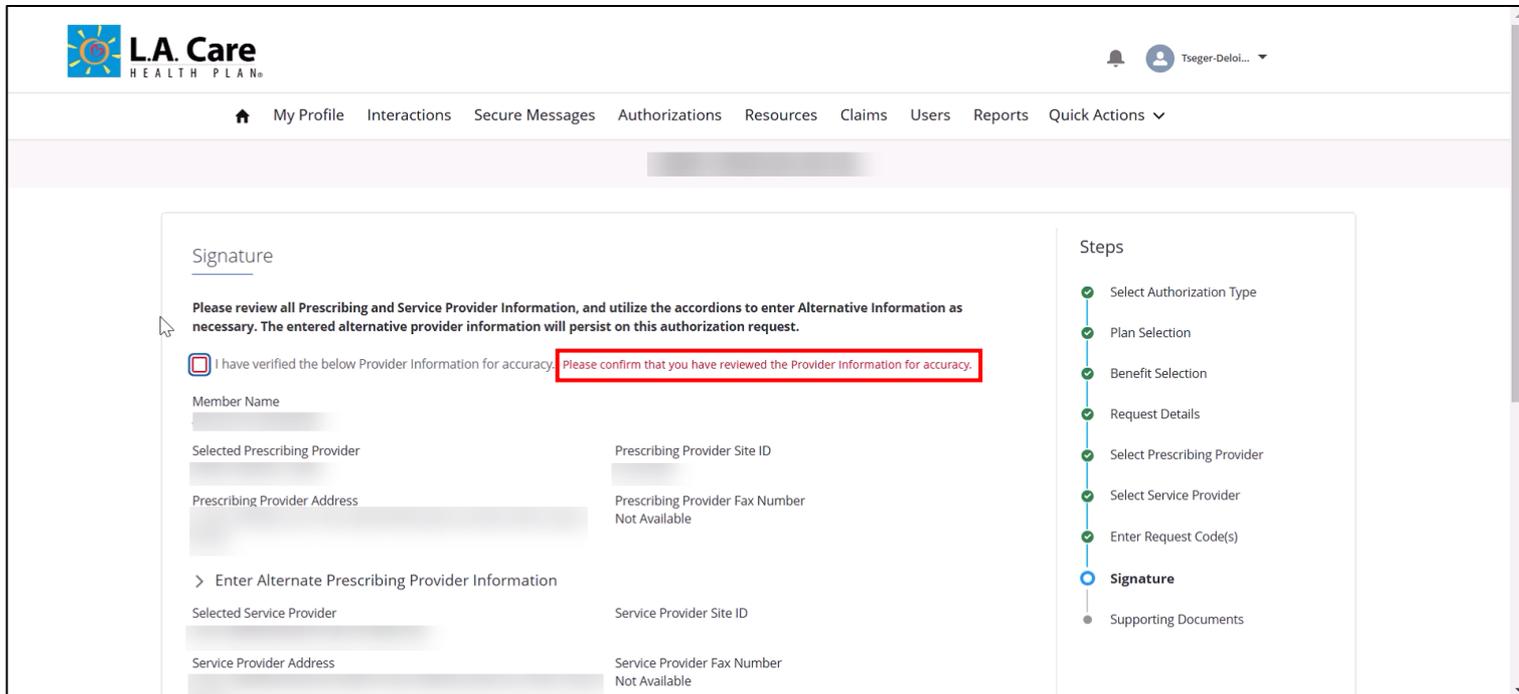
By continuing to the next section, a case will be created.

Cancel Next



Signature – Error

If you click **Next** without selecting the **I have verified the below Provider Information for accuracy** checkbox, you will get the error: **“Please confirm that you have reviewed the Provider information for accuracy.”**



L.A. Care
HEALTH PLAN

My Profile Interactions Secure Messages Authorizations Resources Claims Users Reports Quick Actions

Signature

Please review all Prescribing and Service Provider Information, and utilize the accordions to enter Alternative Information as necessary. The entered alternative provider information will persist on this authorization request.

I have verified the below Provider Information for accuracy. **Please confirm that you have reviewed the Provider information for accuracy.**

Member Name

Selected Prescribing Provider Prescribing Provider Site ID

Prescribing Provider Address Prescribing Provider Fax Number
Not Available

> Enter Alternate Prescribing Provider Information

Selected Service Provider Service Provider Site ID

Service Provider Address Service Provider Fax Number
Not Available

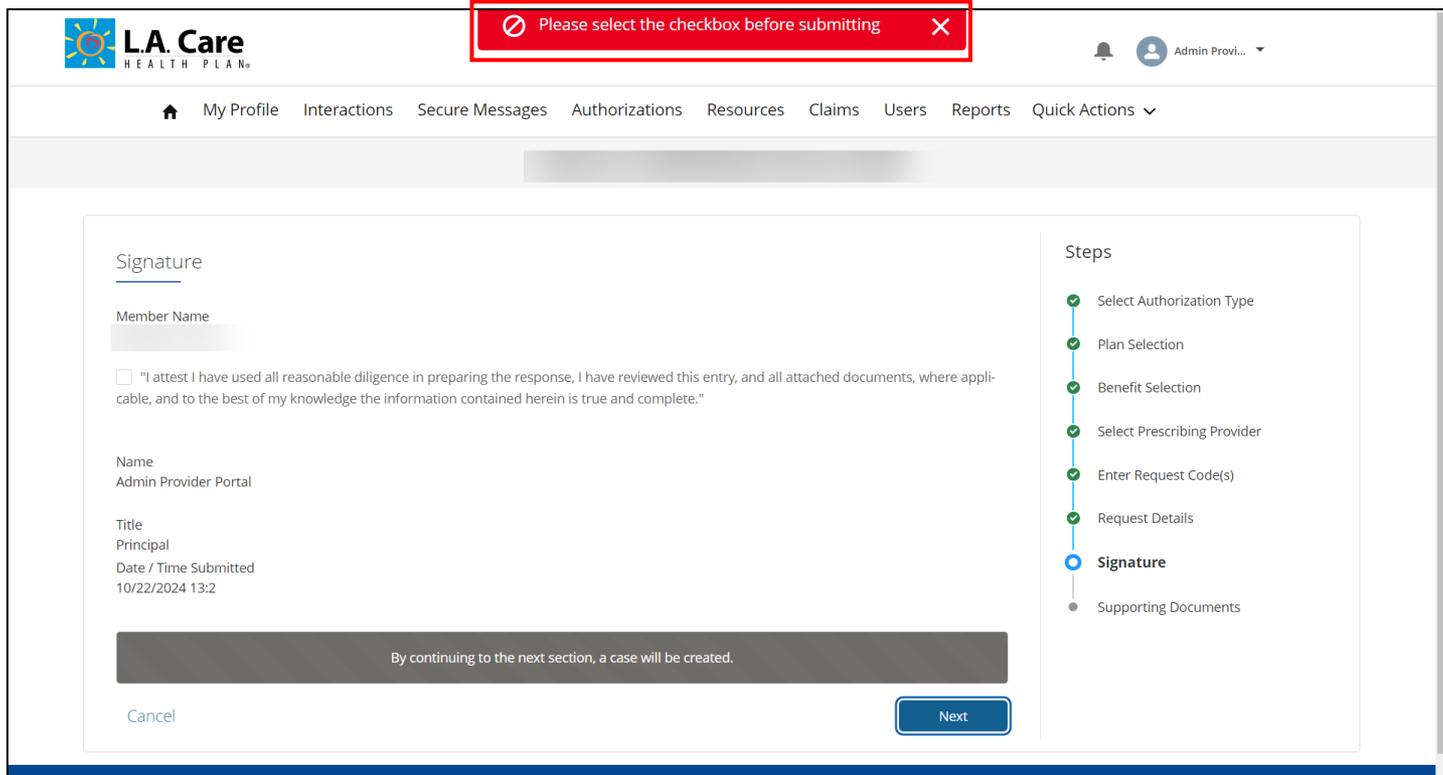
Steps

- Select Authorization Type
- Plan Selection
- Benefit Selection
- Request Details
- Select Prescribing Provider
- Select Service Provider
- Enter Request Code(s)
- Signature**
- Supporting Documents

Note: You will get the above-mentioned error message for all the SARs if you try to proceed further without selecting the checkbox.

Signature – Error

If you click **Next** without selecting the attestation checkbox, you will get the error: **“Please select the checkbox before submitting.”**



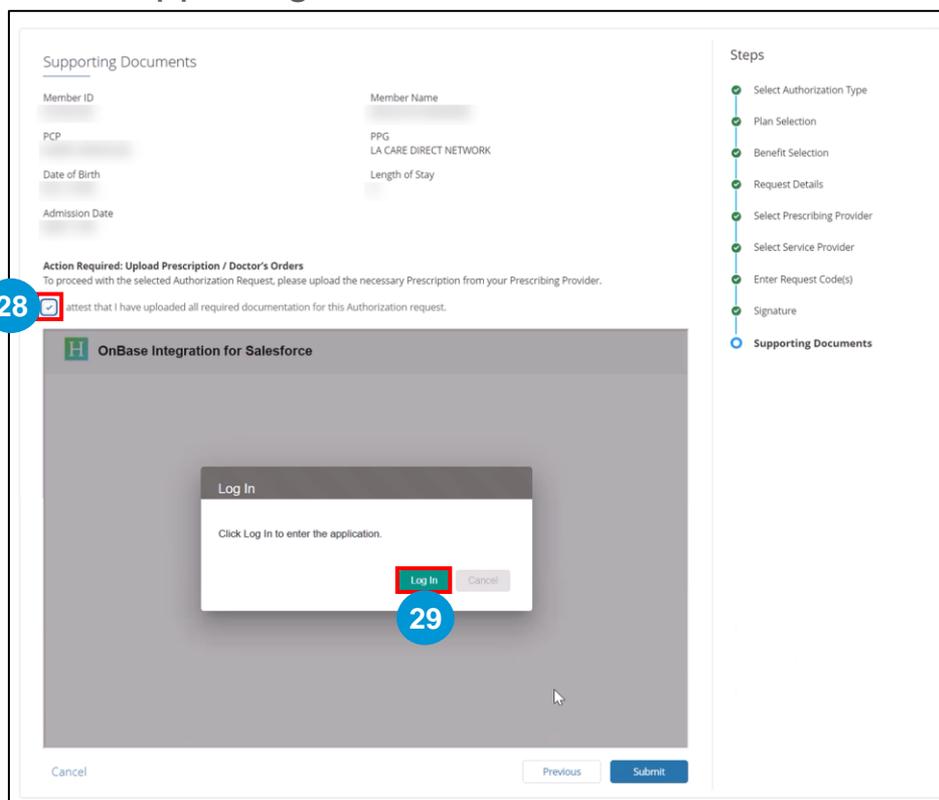
The screenshot displays the L.A. Care Health Plan Admin Provider Portal interface. At the top, a red error message box states: "Please select the checkbox before submitting". The main content area is titled "Signature" and includes a "Member Name" field, an unchecked checkbox for attestation, and a "Name" field with the value "Admin Provider Portal". The "Date / Time Submitted" is "10/22/2024 13:2". A "Next" button is visible at the bottom right. On the right side, a "Steps" list shows the current step as "Signature" (highlighted with a blue circle) and other steps like "Select Authorization Type", "Plan Selection", "Benefit Selection", "Select Prescribing Provider", "Enter Request Code(s)", "Request Details", and "Supporting Documents" (all with green checkmarks).

Note: You will get the above-mentioned error message for all the SARs if you try to proceed further without selecting the checkbox.

Emergent Admission (Internal Plan) (Cont'd)

The steps to submit an Emergent Admission SAR for an internal plan are outlined below:

28. The **Supporting Documents** page displays. Select the **I attest that I have uploaded all required documentation for this Authorization request** checkbox.
29. Next, click **Log In** to log into the OnBase Integration for Salesforce platform and upload the supporting document.



Supporting Documents

Member ID: [Redacted] Member Name: [Redacted]

PCP: [Redacted] PPG: LA CARE DIRECT NETWORK

Date of Birth: [Redacted] Length of Stay: [Redacted]

Admission Date: [Redacted]

Action Required: Upload Prescription / Doctor's Orders
To proceed with the selected Authorization Request, please upload the necessary Prescription from your Prescribing Provider.

I attest that I have uploaded all required documentation for this Authorization request.

OnBase Integration for Salesforce

Log In

Click Log In to enter the application.

Log In Cancel

Cancel Previous Submit

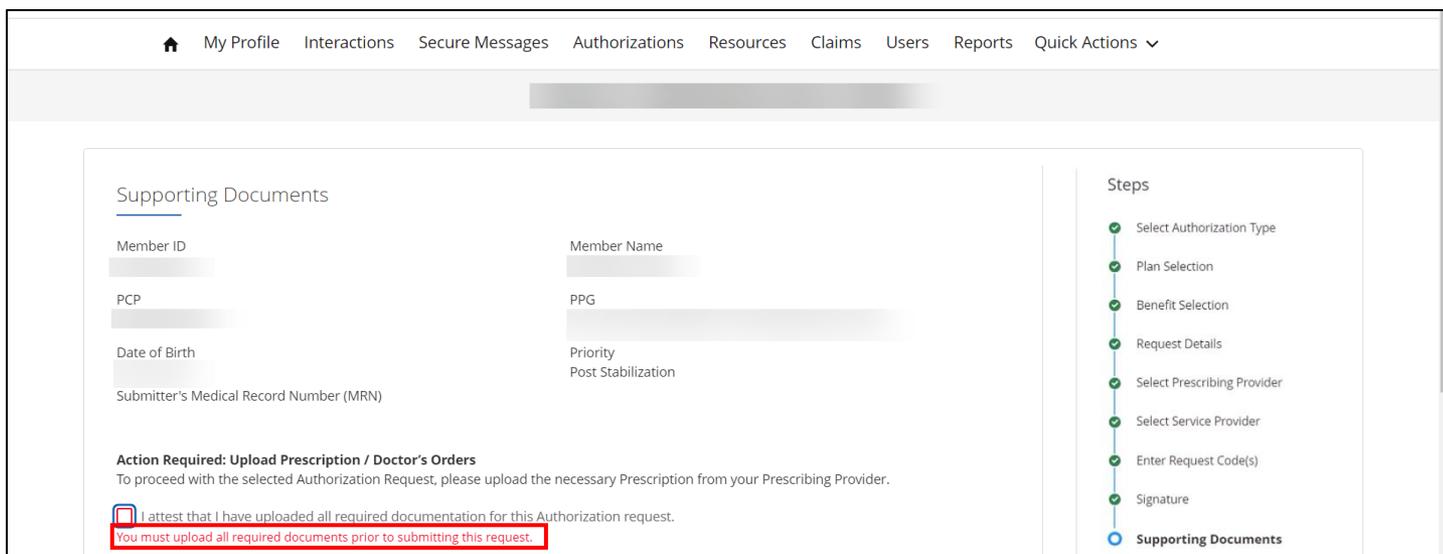
Steps

- Select Authorization Type
- Plan Selection
- Benefit Selection
- Request Details
- Select Prescribing Provider
- Select Service Provider
- Enter Request Code(s)
- Signature
- Supporting Documents



Supporting Documents – Error

On the **Supporting Documents** page, if you do not select the **I attest that I have uploaded all required documentation for this Authorization request** checkbox and click **Submit**, you will get the error: “**You must upload all required documents prior to submitting the request.**”



Note: You will get the above-mentioned error message for all the SARs if you try to proceed further without selecting the checkbox.

Emergent Admission (Internal Plan) (Cont'd)

The steps to submit an Emergent Admission SAR for an internal plan are outlined below:

30. Once you have successfully logged into the OnBase Integration for Salesforce platform, click **Import** to upload the supporting documents. A pop-up window will appear where you can select the supporting documents from your system that you want to upload.

Action Required: Upload Prescription / Doctor's Orders
 To proceed with the selected Authorization Request, please upload the necessary Prescription from your Prescribing Provider.

I attest that I have uploaded all required documentation for this Authorization request.

30

OnBase Integration for Salesforce

UM Inpatient ▼ Import ⚙

Search this list... ▼ ↻

UM Docu...	UM Memb...	UM Memb...	UM Req Pr...	UM Serv Pr...	External ID	PCP Si
Filter	Filter	Filter	Filter	Filter	Filter	Filter

Grid has no data.

- ✔ Select Service Provider
- ✔ Enter Request Code(s)
- ✔ Signature
- Supporting Documents

Cancel
Previous
Submit

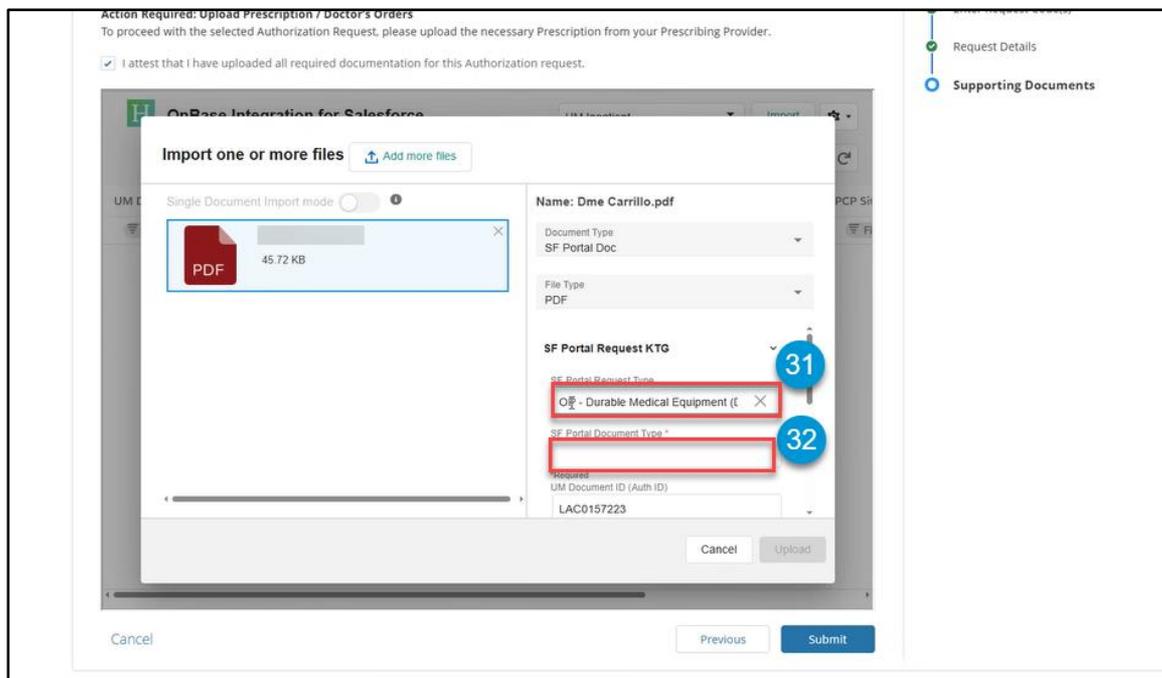
186



Emergent Admission (Internal Plan) (Cont'd)

The steps to submit an Emergent Admission SAR for an internal plan are outlined below:

31. Once you have selected the supporting documents from your system, the **Import one or more files** window appears. Next, **click your cursor in the SF Portal Request Type field**
32. Click **SF Portal Document Type** to populate the Expand Autofill Instances



Action Required: Upload Prescription / Doctor's Orders
To proceed with the selected Authorization Request, please upload the necessary Prescription from your Prescribing Provider.

I attest that I have uploaded all required documentation for this Authorization request.

Import one or more files [Add more files](#)

Single Document Import mode

Name: Dme Carrillo.pdf

Document Type
SF Portal Doc

File Type
PDF

SF Portal Request KTG

SF Portal Request Type
O - Durable Medical Equipment (E) **31**

SF Portal Document Type * **32**

Required
UM Document ID (Auth ID)
LAC0157223

Cancel Upload

Cancel Previous **Submit**

Note: You can add multiple files using the **Add more files** button.

Emergent Admission (Internal Plan) (Cont'd)

The steps to submit an Emergent Admission SAR for an internal plan are outlined below:

Use the check boxes to select your document type, then click **Expand Instances** to confirm your selection.

Expand Autofill Instances

SF Portal Request Type	SF Portal Document Type
<input type="checkbox"/> OP - Durable Medical Equipment (DME) - Incontinent & Medical Supplies	UM Prior Auth Form
<input type="checkbox"/> OP - Durable Medical Equipment (DME) - Incontinent & Medical Supplies	UM Prior Auth Supporting Docs

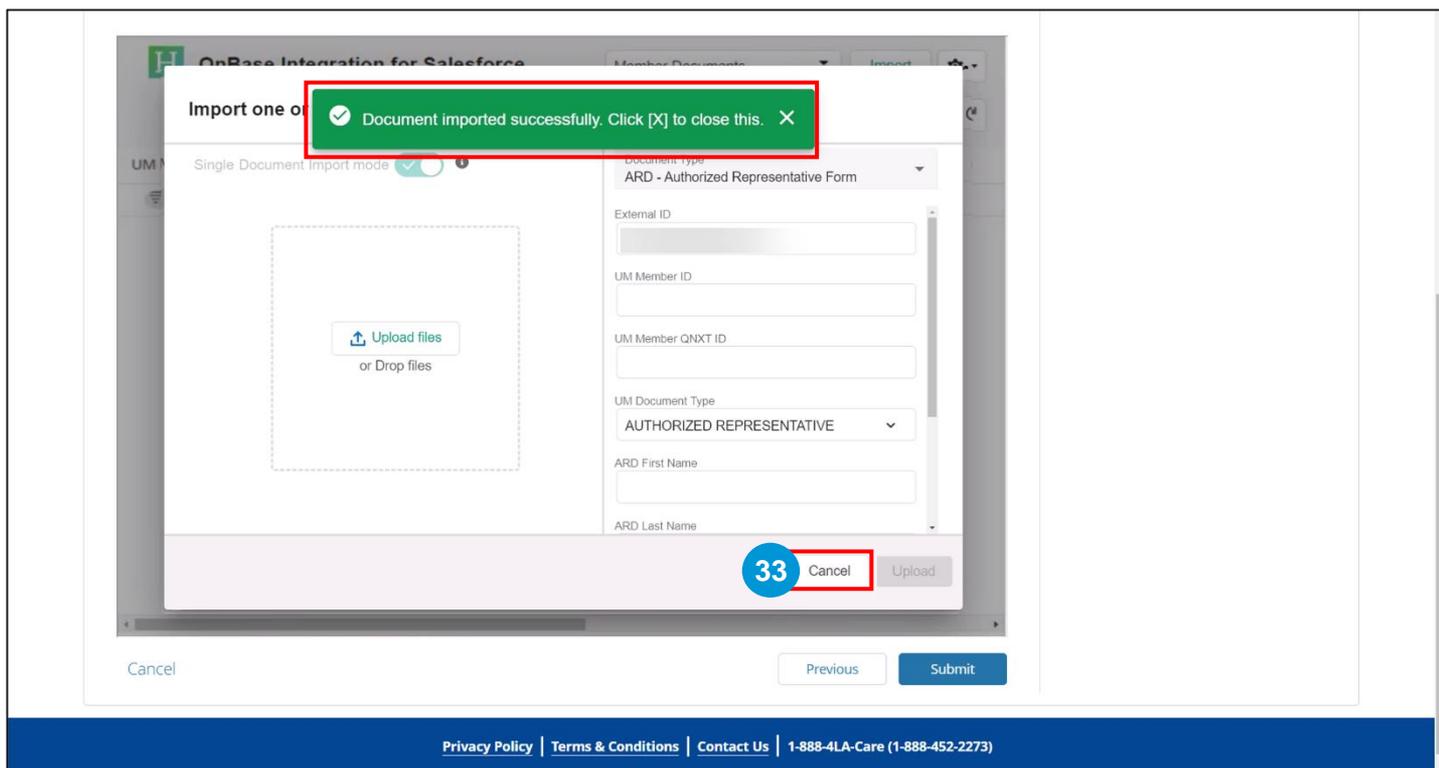
Cancel
Expand Instances

Note: You can add multiple files using the **Add more files** button.

Emergent Admission (Internal Plan) (Cont'd)

The steps to submit an Emergent Admission SAR for an internal plan are outlined below:

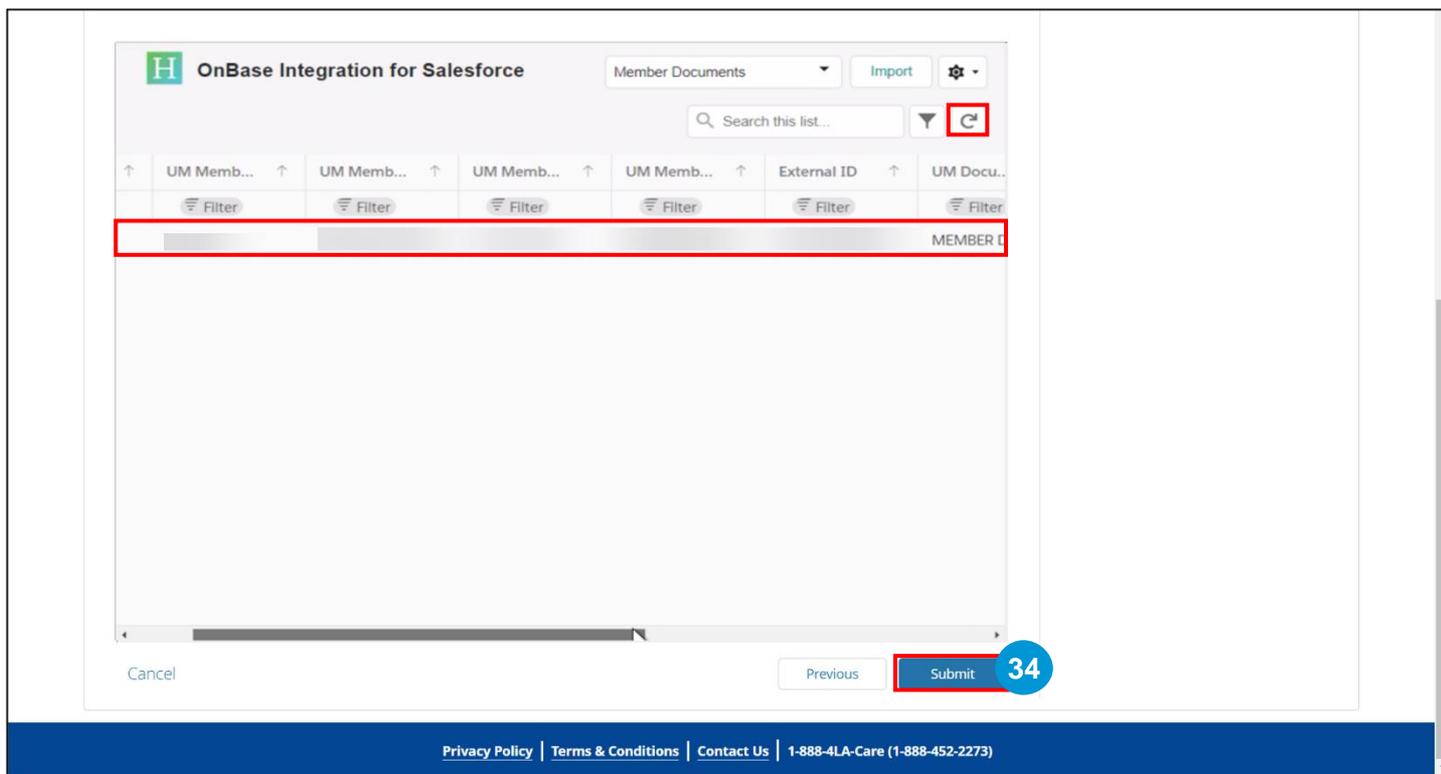
33. Once you have uploaded the document, a message appears confirming that the Document was imported successfully. Click the **Cancel** button to close the window.



Emergent Admission (Internal Plan) (Cont'd)

The steps to submit an Emergent Admission SAR for an internal plan are outlined below:

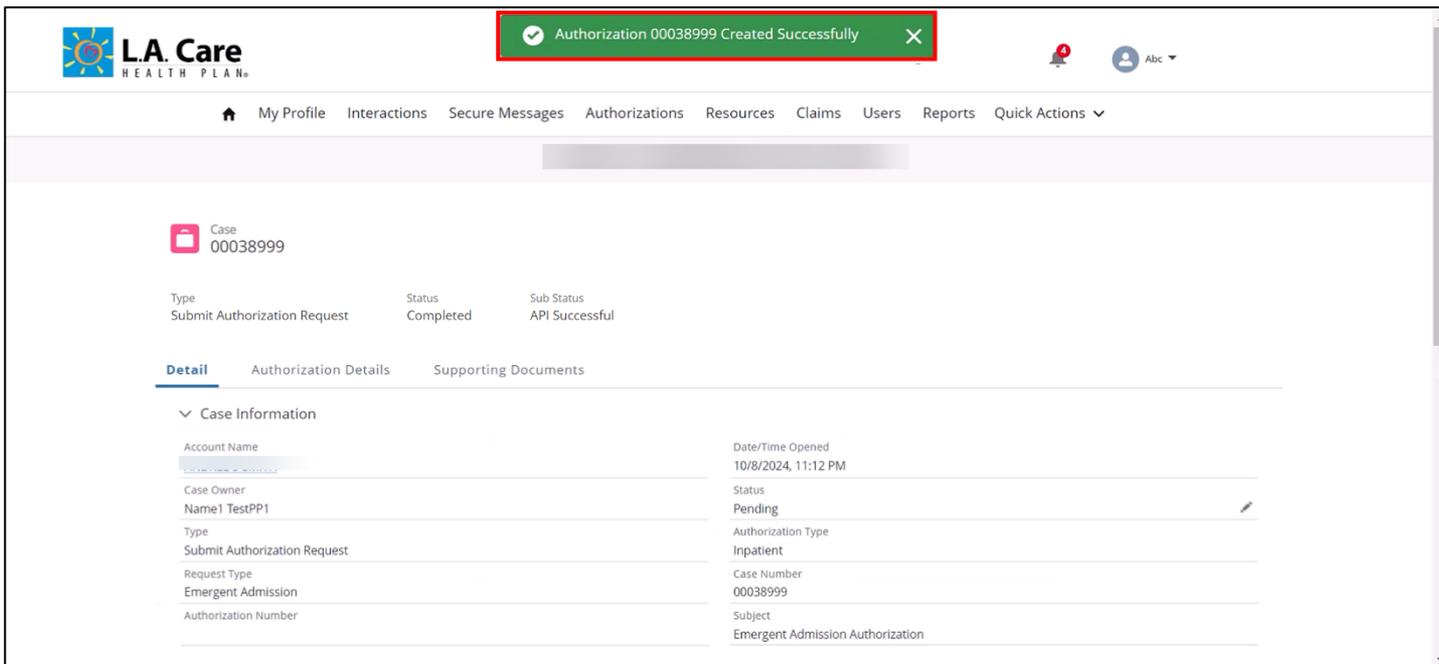
34. The recently uploaded file is now displayed under the **OnBase Integration for Salesforce** section. Next, click **Submit**.



Note: If the file does not appear in this section after a successful upload, you can click the Refresh icon.

Emergent Admission (Internal Plan) (Cont'd)

The **Case Details** page displays. A message appears confirming that the authorization request has been created successfully. On this page, you can review the case details.



L.A. Care HEALTH PLAN

Authorization 00038999 Created Successfully

My Profile Interactions Secure Messages Authorizations Resources Claims Users Reports Quick Actions

Case 00038999

Type	Status	Sub Status
Submit Authorization Request	Completed	API Successful

Detail Authorization Details Supporting Documents

Case Information

Account Name	Date/Time Opened
Case Owner	10/8/2024, 11:12 PM
Name1 TestPP1	Status
Type	Pending
Submit Authorization Request	Authorization Type
Request Type	Inpatient
Emergent Admission	Case Number
Authorization Number	00038999
	Subject
	Emergent Admission Authorization

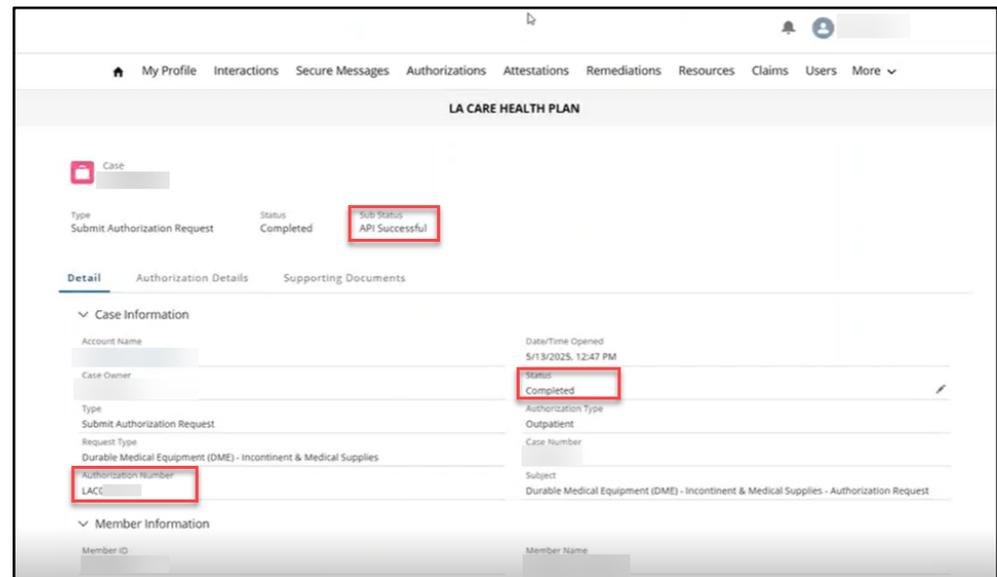
Next, let's review the details available on a SAR Case.

SAR – Case

In a SAR case, you can view the information entered in various fields during the different steps of submitting a SAR request. If any step was not included in the process flow, the corresponding field will be left blank.

The case information can be viewed under:

1. **Highlights Panel:** On Highlight Panels, you can view **Case Number, Type, Status,** and **Sub Status.**
2. **Detail Tab:** Under the **Detail** tab, the information is available under various section such as, **Case Information, Status, Authorization Number, Member Information, Internal Use Only, Diagnosis Codes, Revenue Codes,** and **Procedure Codes.**



The screenshot displays the L.A. Care Health Plan interface for a SAR case. The navigation bar includes: My Profile, Interactions, Secure Messages, Authorizations, Attestations, Remediations, Resources, Claims, Users, and More. The main header is 'LA CARE HEALTH PLAN'. Below this, a 'Case' card shows 'Type: Submit Authorization Request', 'Status: Completed', and 'Sub Status: API Successful' (highlighted in red). The 'Detail' tab is selected, showing the following information:

Case Information	
Account Name	Date/Time Opened: 5/13/2025, 12:47 PM
Case Owner	Status: Completed (highlighted in red)
Type: Submit Authorization Request	Authorization Type: Outpatient
Request Type: Durable Medical Equipment (DME) - Incontinent & Medical Supplies	Case Number
Authorization Number: LACC (highlighted in red)	Subject: Durable Medical Equipment (DME) - Incontinent & Medical Supplies - Authorization Request
Member Information	
Member ID	Member Name

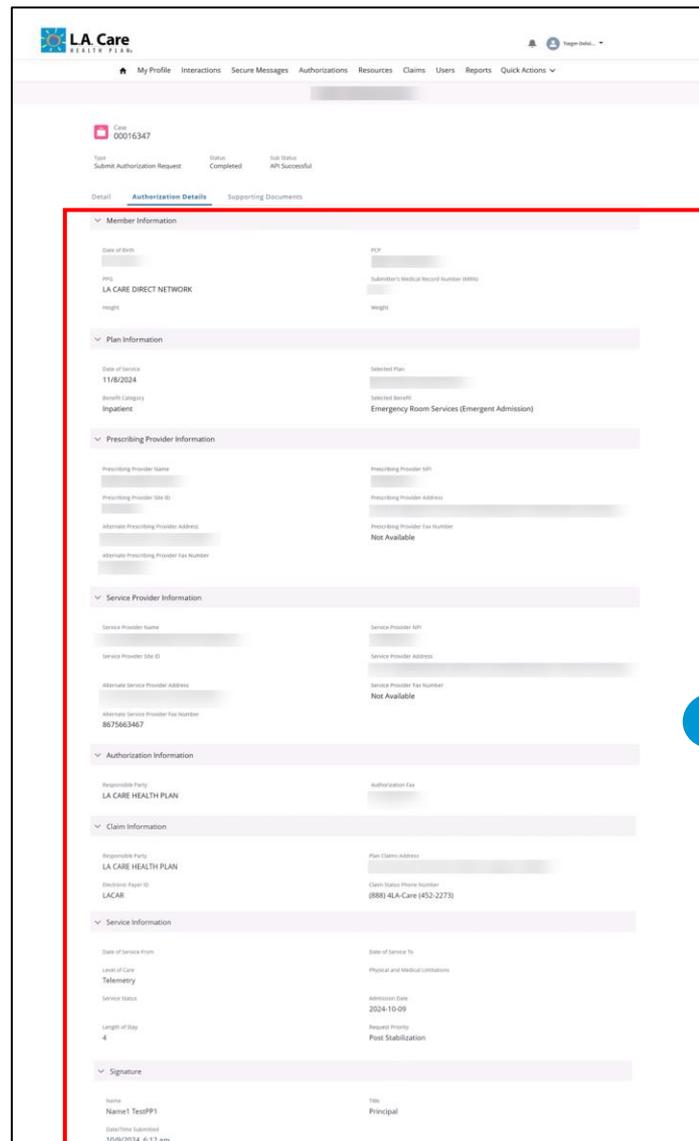


SAR – Case (Cont'd)

The case information can be viewed under:

3. **Authorization Details Tab:** Here, you can see the information is displayed under the following sections:

- **Member Information**
- **Plan Information**
- **Prescribing/Service Provider Information**
- **Authorization Information**
- **Claim Information**
- **Service Information**
- **Signature**



LA Care HEALTH PLAN

My Profile Interactions Secure Messages Authorizations Resources Claims Users Reports Quick Actions

Case: 00016347

Type: Submit Authorization Request Status: Completed Bill Status: APN Successful

Detail: **Authorization Details** Supporting Documents

Member Information

Date of Birth: [REDACTED] PCP: [REDACTED]
 HIC: [REDACTED] Subscriber's Medical Record Number: [REDACTED]
 LA CARE DIRECT NETWORK
 Height: [REDACTED] Weight: [REDACTED]

Plan Information

Date of Service: 11/8/2024 Selected Plan: [REDACTED]
 Benefit Category: Inpatient Selected Benefits: Emergency Room Services (Emergent Admission)

Prescribing Provider Information

Prescribing Provider Name: [REDACTED] Prescribing Provider NPI: [REDACTED]
 Prescribing Provider Site ID: [REDACTED] Prescribing Provider Address: [REDACTED]
 Alternate Prescribing Provider Address: [REDACTED] Prescribing Provider Fax Number: Not Available
 Alternate Prescribing Provider Fax Number: [REDACTED]

Service Provider Information

Service Provider Name: [REDACTED] Service Provider NPI: [REDACTED]
 Service Provider Site ID: [REDACTED] Service Provider Address: [REDACTED]
 Alternate Service Provider Address: [REDACTED] Service Provider Fax Number: Not Available
 Alternate Service Provider Fax Number: 8675663407

Authorization Information

Responsible Party: LA CARE HEALTH PLAN Authorization Fax: [REDACTED]

Claim Information

Responsible Party: LA CARE HEALTH PLAN Plan Claims Address: [REDACTED]
 Healthcare Provider ID: LACAR Claim Status/Process Number: (888) 4LA-Care (452-2278)

Service Information

Date of Service From: [REDACTED] Date of Service To: [REDACTED]
 Level of Care: Telemetry Physical and Medical Limitations: [REDACTED]
 Service Status: [REDACTED] Admission Date: 2024-10-09
 Length of Stay: 4 Discharge Priority: Post Stabilization

Signature

Name: Name1 TestPP1 Title: Principal
 Date/Time Submitted: 10/29/2024 4:13 PM

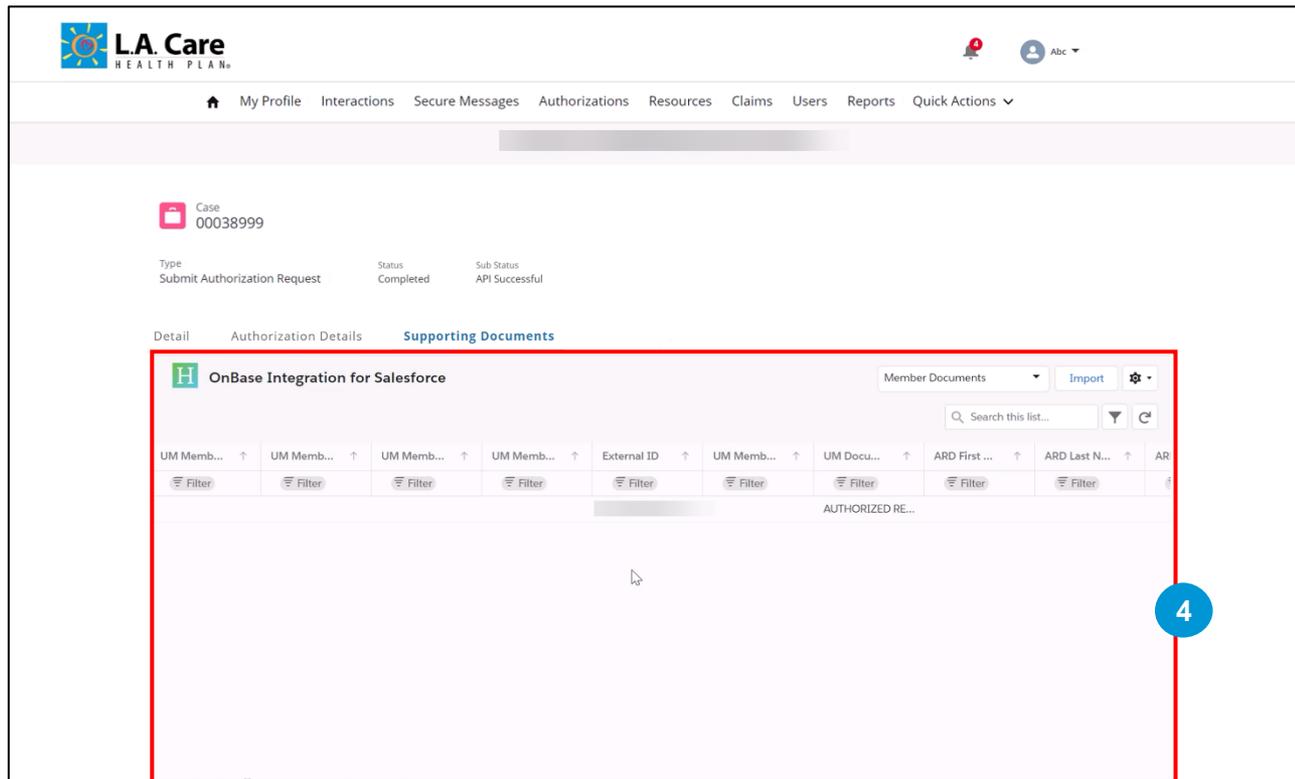
3



SAR – Case (Cont'd)

The case information can be viewed under:

- 4. Supporting Documents Tab:** Under this tab, you can upload supporting documents and view the already uploaded documents.



Next, let's explore the steps for submitting other types of Inpatient SARs. The process for submitting an Emergent Admission SAR differs slightly from other types of Inpatient SARs.

Inpatient (Cont'd)

Access the Select Authorization Type page from either Authorizations menu item or from the Member 360 page and perform the following steps to submit an Inpatient SAR:

1. On the **Select Authorization Type** page, select the **Inpatient** option from the picklist in the **Select an Authorization Type** field.
2. On selecting the **Inpatient** option for the **Select an Authorization Type** field, the **Select a Request Type** field appears. Select the appropriate option from the picklist.
3. Click **Next** to access the Plan Selection page.



The screenshot displays the L.A. Care Health Plans website interface for the 'Select Authorization Type' page. The page includes a navigation bar with options like 'My Profile', 'Interactions', 'Secure Messages', 'Authorizations', 'Resources', 'Claims', 'Users', 'Reports', and 'Quick Actions'. The main content area features a form with the following elements:

- Member Name:** A text field with a blurred value.
- *Select an Authorization Type:** A dropdown menu with 'Inpatient' selected. This field is highlighted with a red box and a blue circle containing the number '1'.
- *Select a Request Type:** A dropdown menu with 'Skilled Nursing' selected. This field is highlighted with a red box and a blue circle containing the number '2'.
- Cancel:** A text link below the request type dropdown.
- Next:** A blue button at the bottom right of the form, highlighted with a red box and a blue circle containing the number '3'.
- Steps:** A vertical sidebar on the right showing the progress of the process. The current step, 'Select Authorization Type', is indicated by a blue circle and a vertical line. Other steps include 'Plan Selection', 'Benefit Selection', 'Enter Request Code(s)', and 'Request Details'.

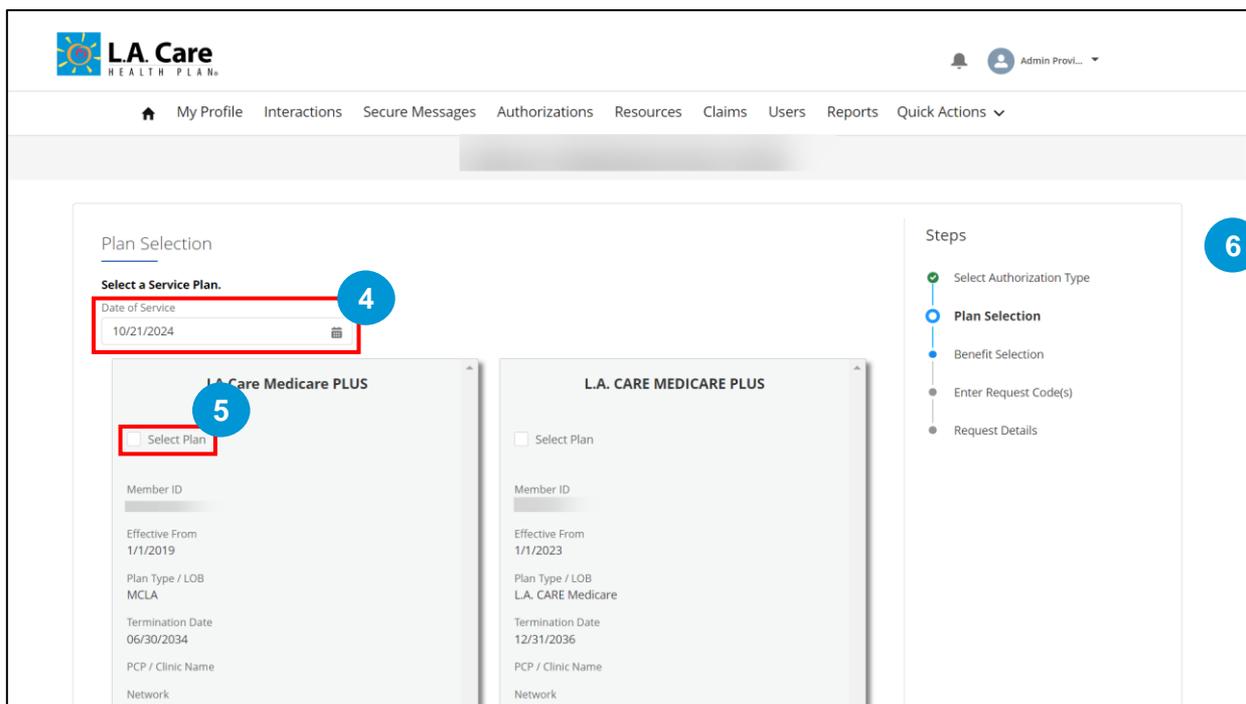
At the bottom of the page, there is a footer with links for 'Privacy Policy', 'Terms & Conditions', 'Contact Us', and the phone number '1-888-4LA-Care (1-888-452-2273)'.



Inpatient (Cont'd)

The steps to submit an Inpatient SAR on the Provider Portal are outlined below:

4. The **Plan Selection** page displays. Here, the **Date of Service** field is auto-populated with the current date. You can update the date as per your requirement in this field.
5. Select the **Select Plan** checkbox of the required plan from the available options.
6. Scroll down to access the **Next** button.



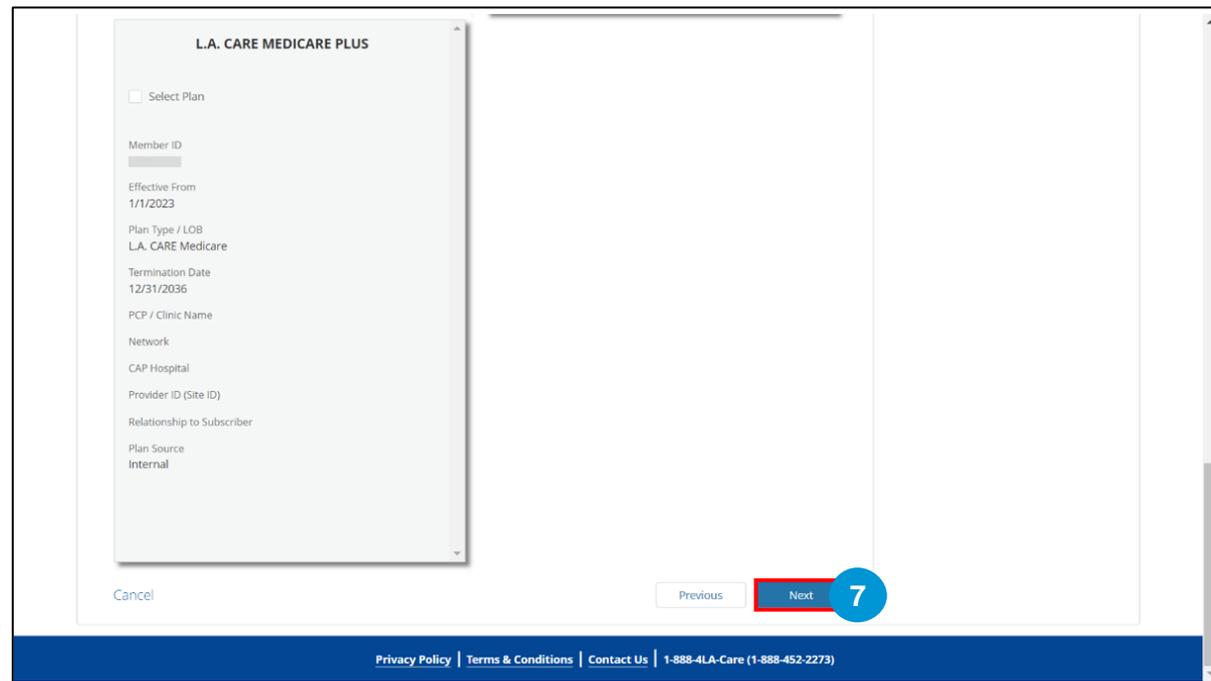
The screenshot displays the L.A. Care Health Plans Provider Portal. At the top, the L.A. Care logo and navigation menu are visible. The main content area is titled 'Plan Selection' and includes a 'Select a Service Plan.' section. A 'Date of Service' field is populated with '10/21/2024'. Below this, two plan cards are shown, each with a 'Select Plan' checkbox. The left card's checkbox is highlighted with a red box and a blue circle containing the number 5. The right card's checkbox is not selected. On the right side, a 'Steps' sidebar shows a progress indicator with 'Plan Selection' highlighted by a blue circle containing the number 6. A red vertical bar on the far right edge of the screenshot indicates the scroll bar.

Inpatient (Cont'd)

The steps to submit an Inpatient SAR on the Provider Portal are outlined below:

7. Click **Next** to proceed further.

If you have selected an internal plan, you will be directed to the Benefit Selection page. Whereas, if an external plan is selected, all the next steps are skipped, a case is directly created, and you will be directed to the Case Detail page.

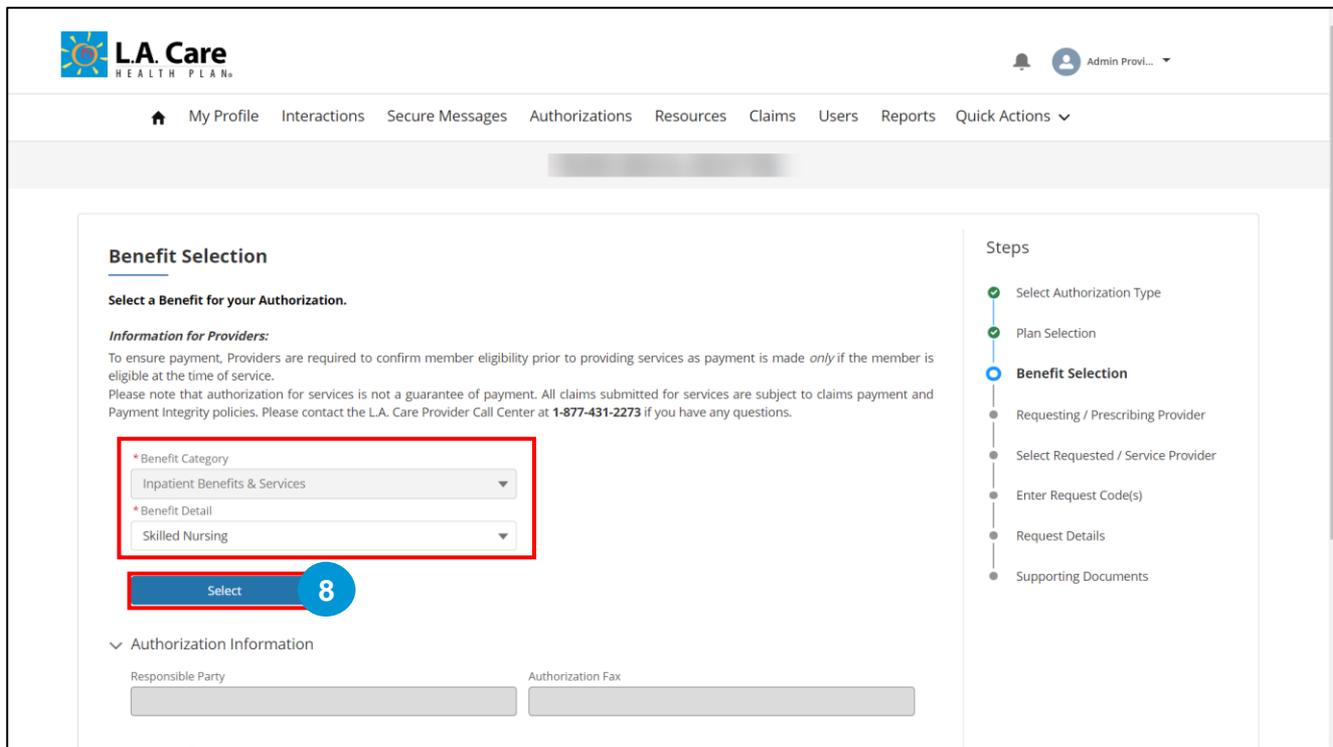


Next, let's review the steps for an internal plan.

Inpatient (Internal Plan)

The steps to submit an Inpatient SAR for an internal plan are outlined below:

8. The **Benefit Selection** page displays. Here, the **Benefit Category** and **Benefit Detail** field is auto-populated based on the authorization type and request type, respectively. Next, click **Select**.

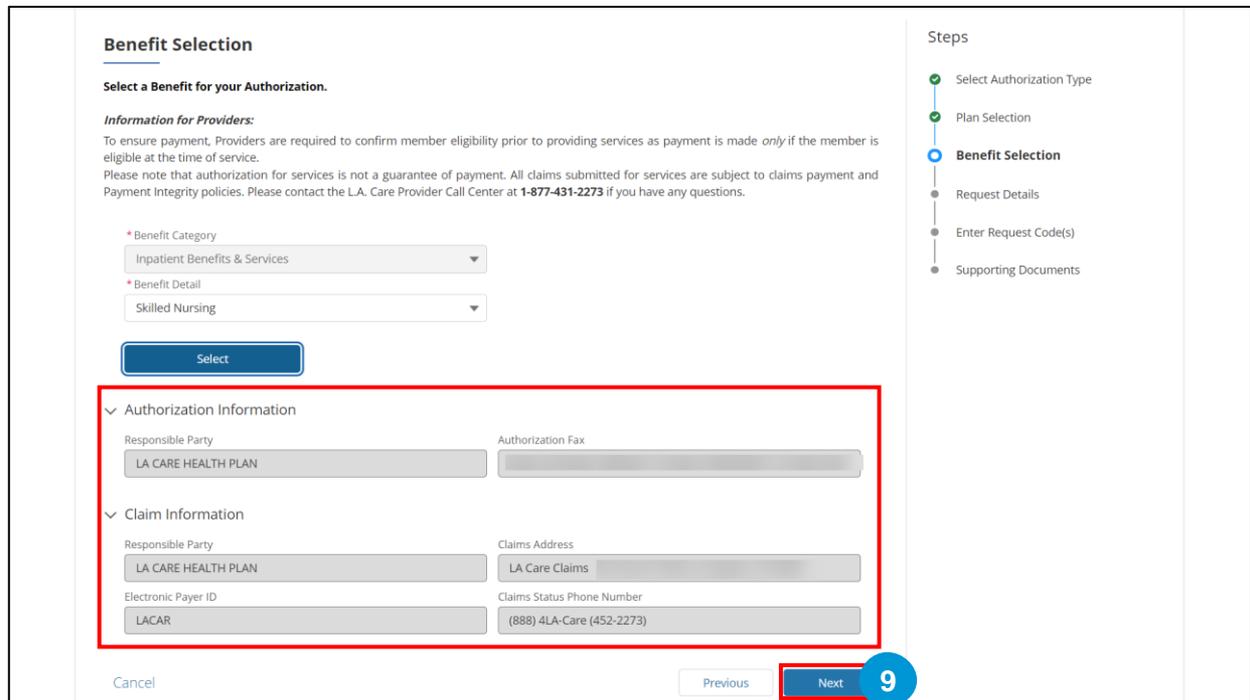


Note: If the **Benefit Category** field is auto-populated with **Other Coverage Benefits or Services**, it indicates that the planned benefit does not exist, and you cannot proceed further with submitting the authorization request.

Inpatient (Internal Plan) (Cont'd)

The steps to submit an Inpatient SAR for an internal plan are outlined below:

- The **Authorization information** and **Claim information** sections are auto-populated based on your selection in the **Benefit Detail** field. Click **Next** to proceed further.



Benefit Selection

Select a Benefit for your Authorization.

Information for Providers:
To ensure payment, Providers are required to confirm member eligibility prior to providing services as payment is made *only* if the member is eligible at the time of service. Please note that authorization for services is not a guarantee of payment. All claims submitted for services are subject to claims payment and Payment integrity policies. Please contact the L.A. Care Provider Call Center at **1-877-431-2273** if you have any questions.

* Benefit Category
Inpatient Benefits & Services

* Benefit Detail
Skilled Nursing

Select

Steps

- Select Authorization Type
- Plan Selection
- Benefit Selection**
- Request Details
- Enter Request Code(s)
- Supporting Documents

✓ Authorization Information

Responsible Party: LA CARE HEALTH PLAN
Authorization Fax: [Redacted]

✓ Claim Information

Responsible Party: LA CARE HEALTH PLAN
Claims Address: LA Care Claims
Electronic Payer ID: LACAR
Claims Status Phone Number: (888) 4LA-Care (452-2273)

Cancel Previous **Next** 9

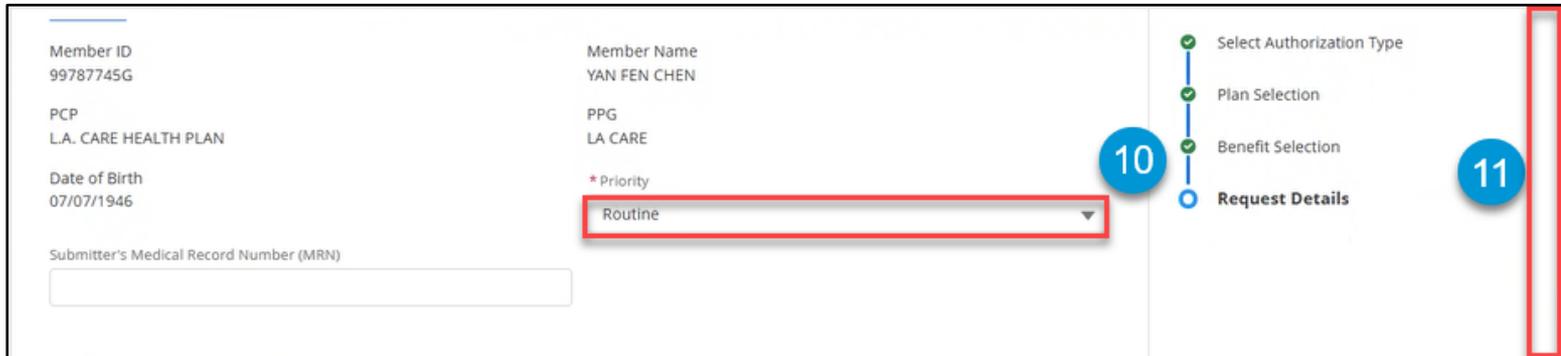
Note: If the Responsible Party under the **Authorization Information** section is not LA Care, the next steps will be skipped, and the case will be directly created.

Next, let's review the steps where L.A. Care is the responsible party.

Inpatient (Internal Plan) (Cont'd)

The steps to submit an Inpatient SAR for an internal plan are outlined below:

10. On the **Select Prescribing Provider** page, select the appropriate option from the picklist in the **Priority** field.
11. Scroll down to access the **Practitioner Search** or **Provider Search** section.

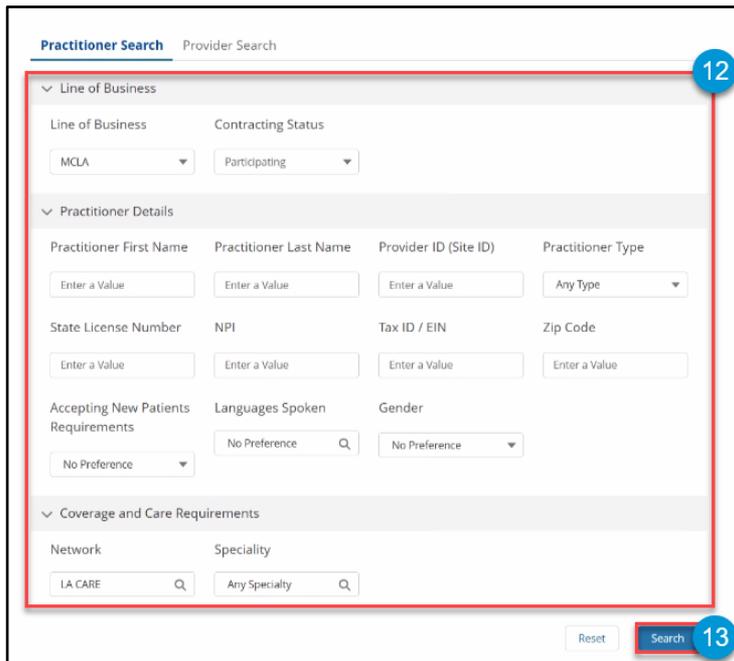
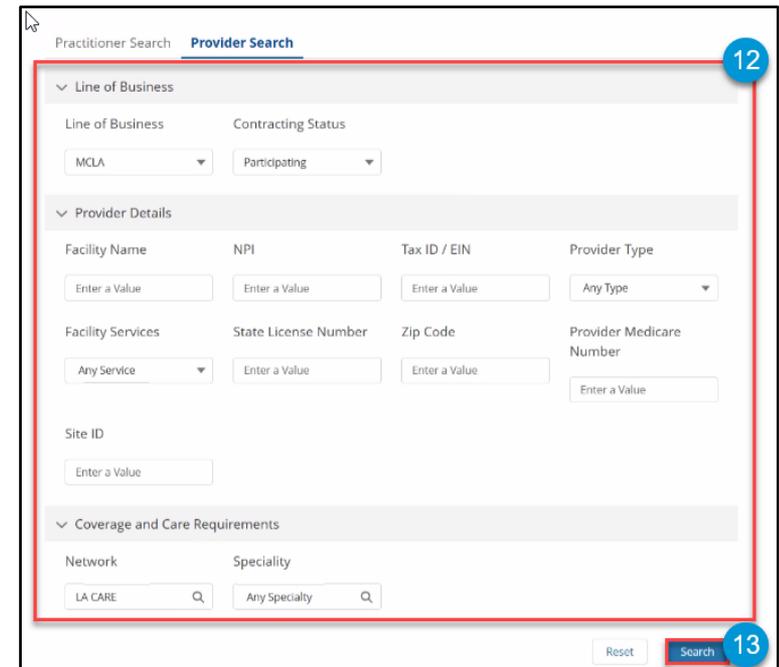


The screenshot displays a form for submitting an Inpatient SAR. On the left, member information is listed: Member ID (99787745G), PCP (L.A. CARE HEALTH PLAN), Date of Birth (07/07/1946), and a field for Submitter's Medical Record Number (MRN). On the right, member details are shown: Member Name (YAN FEN CHEN), PPG (LA CARE), and a Priority dropdown menu currently set to 'Routine'. A red box highlights the Priority dropdown. To the right of the form is a vertical progress indicator with four steps: 'Select Authorization Type', 'Plan Selection', 'Benefit Selection', and 'Request Details'. The first three steps are marked with green checkmarks, and the fourth step, 'Request Details', is marked with a blue circle containing the number 11. A blue circle containing the number 10 is positioned next to the Priority dropdown menu.

Inpatient (Internal Plan) (Cont'd)

The steps to submit an Inpatient SAR for an internal plan are outlined below:

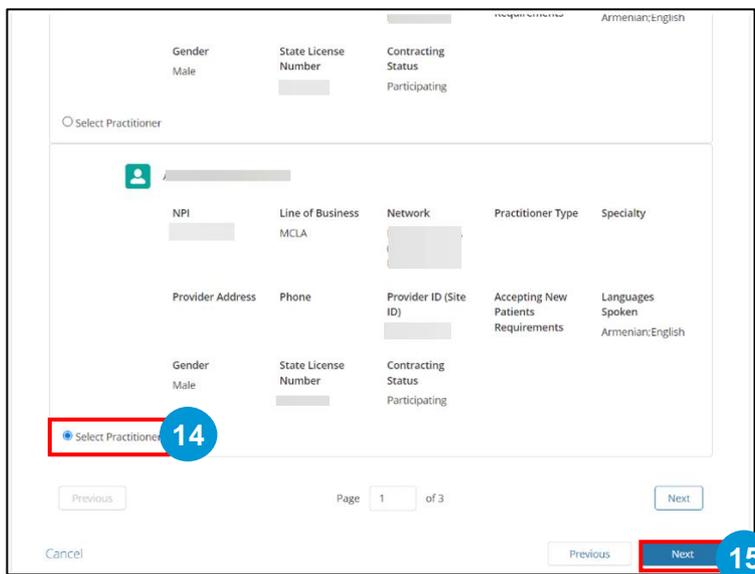
12. On the **Select Prescribing Provider** page, search for and select the appropriate Prescribing Provider or Practitioner by entering the preferred provider's demographic information into the corresponding fields
13. Click **Search** to view the search results.


Inpatient (Internal Plan) (Cont'd)

The steps to submit an Inpatient SAR for an internal plan are outlined below:

14. Scroll down to access the **Practitioner** or **Provider Result** section. In this section, select the **Select Practitioner** or **Select Provider** radio button for the required Practitioner or Provider, respectively.
15. Click **Next** to proceed further.



Gender: Male
 State License Number: [Redacted]
 Contracting Status: Participating

Select Practitioner

NPI: [Redacted] Line of Business: MCLA Network: [Redacted] Practitioner Type: [Redacted] Specialty: [Redacted]

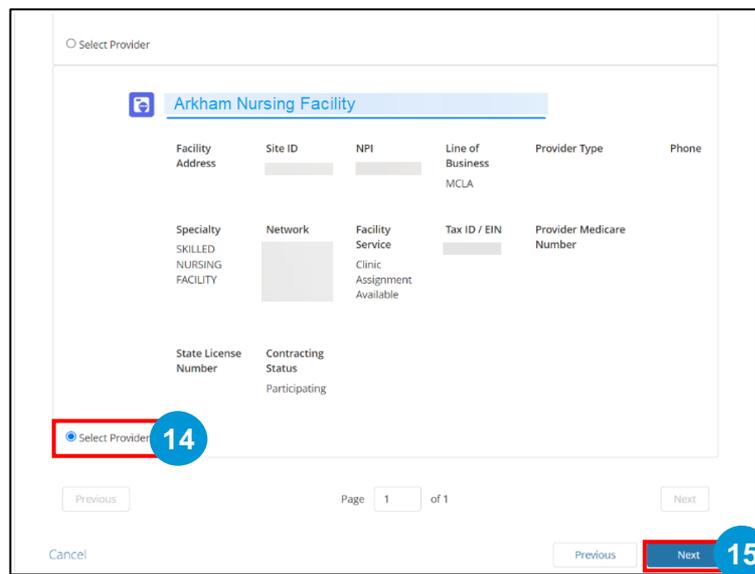
Provider Address: [Redacted] Phone: [Redacted] Provider ID (Site ID): [Redacted] Accepting New Patients Requirements: [Redacted] Languages Spoken: Armenian;English

Gender: Male
 State License Number: [Redacted]
 Contracting Status: Participating

Select Practitioner **14**

Page 1 of 3

Previous Next **Next 15**



Select Provider

Arkham Nursing Facility

Facility Address	Site ID	NPI	Line of Business	Provider Type	Phone
[Redacted]	[Redacted]	[Redacted]	MCLA	[Redacted]	[Redacted]

Specialty	Network	Facility Service	Tax ID / EIN	Provider Medicare Number
SKILLED NURSING FACILITY	[Redacted]	Clinic Assignment Available	[Redacted]	[Redacted]

State License Number: [Redacted] Contracting Status: Participating

Select Provider **14**

Page 1 of 1

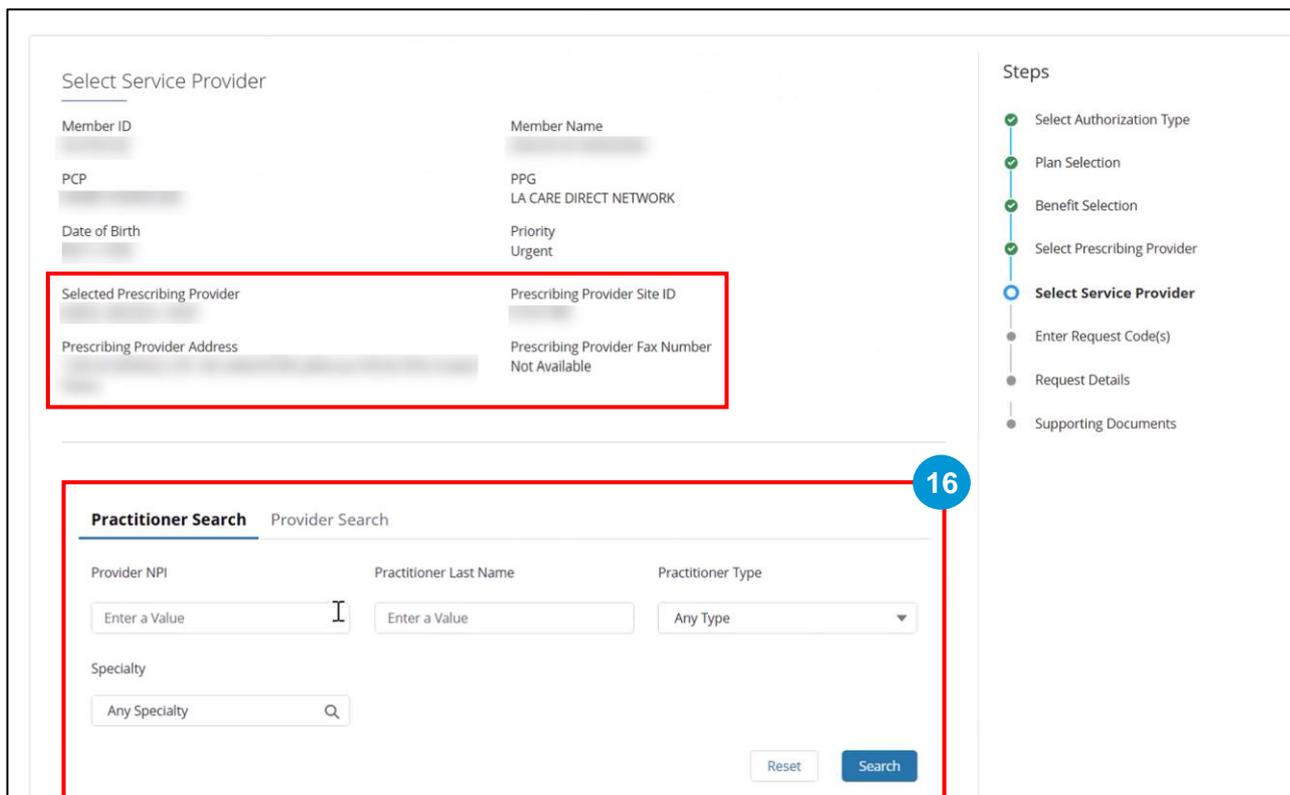
Previous Next **Next 15**



Inpatient (Internal Plan) (Cont'd)

The steps to submit an Inpatient SAR for an internal plan are outlined below:

- The **Select Service Provider** page displays. On this page, you can view the details of the Selected Prescribing Provider, such as Name, Site ID, Address, and Fax Number. Next, you need to search for and select the required Service Provider/Practitioner using the Practitioner Search or Provider Search.



The screenshot shows the 'Select Service Provider' page. A red box highlights the 'Practitioner Search' section, which includes the following fields:

- Member ID
- Member Name
- PCP
- PPG
- Date of Birth
- Priority
- Urgent
- Selected Prescribing Provider
- Prescribing Provider Site ID
- Prescribing Provider Address
- Prescribing Provider Fax Number
- Not Available

The 'Practitioner Search' section is highlighted with a red box and labeled with a blue circle containing the number 16. It includes the following fields:

- Provider NPI (text input: Enter a Value)
- Practitioner Last Name (text input: Enter a Value)
- Practitioner Type (dropdown menu: Any Type)
- Specialty (text input: Any Specialty)
- Reset button
- Search button

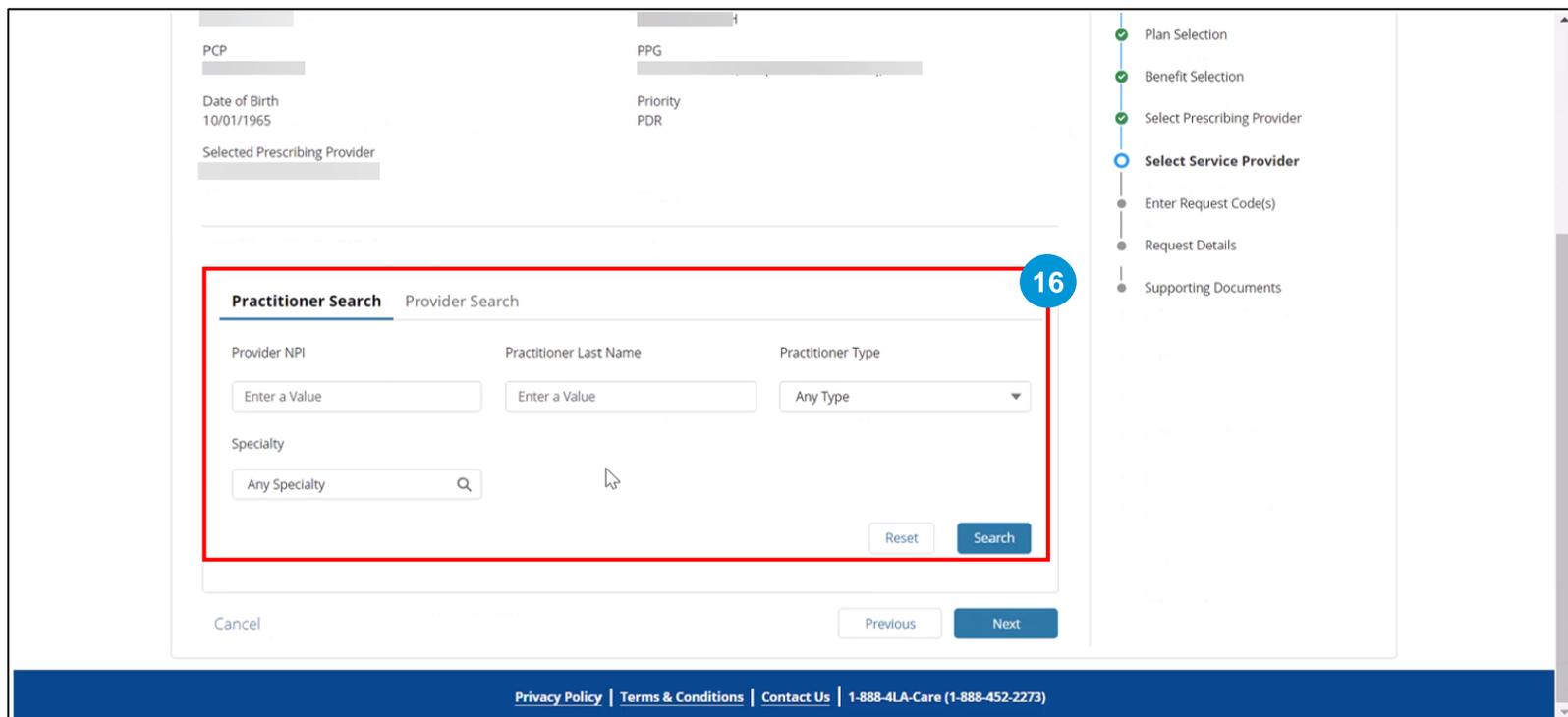
The 'Steps' sidebar on the right indicates the current step is 'Select Service Provider'.



Inpatient (Internal Plan) (Cont'd)

The steps to submit an Inpatient SAR for an internal plan are outlined below:

16. Similarly, on the **Select Service Provider** page, search the required Service Provider/Practitioner using the Practitioner Search or Provider Search.



The screenshot displays a web application interface for selecting a service provider. On the right side, a vertical progress bar indicates the current step: **Select Service Provider**, which is highlighted with a blue circle and the number 16. Other steps in the progress bar include Plan Selection, Benefit Selection, Select Prescribing Provider, Enter Request Code(s), Request Details, and Supporting Documents.

The main form area is divided into two tabs: **Practitioner Search** (active) and **Provider Search**. The **Practitioner Search** form includes the following fields:

- Provider NPI:** A text input field with the placeholder "Enter a Value".
- Practitioner Last Name:** A text input field with the placeholder "Enter a Value".
- Practitioner Type:** A dropdown menu currently set to "Any Type".
- Specialty:** A text input field with the placeholder "Any Specialty" and a search icon.

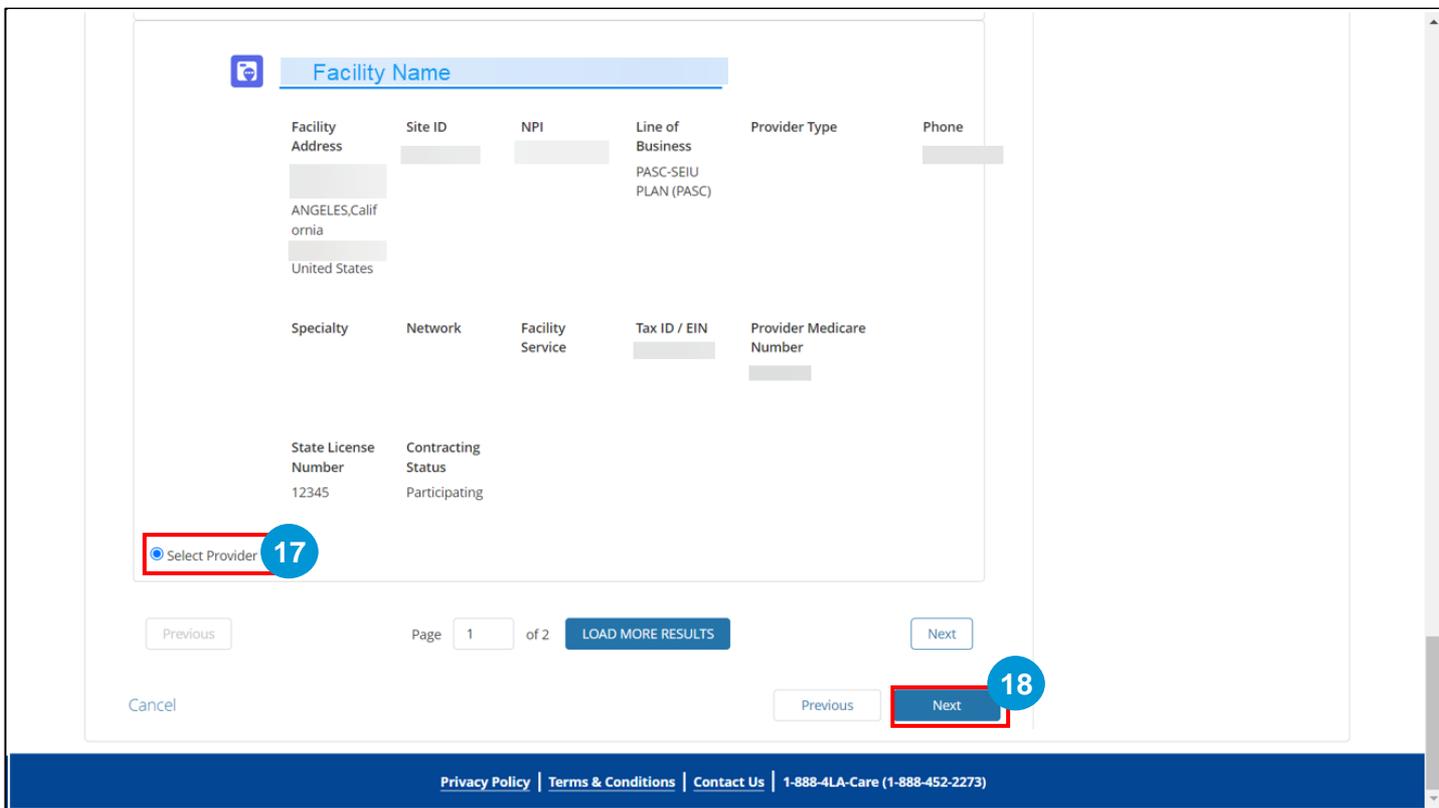
At the bottom of the form are **Reset** and **Search** buttons. Below the form are **Cancel**, **Previous**, and **Next** navigation buttons. The footer of the page contains links for [Privacy Policy](#), [Terms & Conditions](#), [Contact Us](#), and the phone number **1-888-4LA-Care (1-888-452-2273)**.



Inpatient (Internal Plan) (Cont'd)

The steps to submit an Inpatient SAR for an internal plan are outlined below:

17. Scroll down to access the **Practitioner Result/Provider Result** section and select the **Select Practitioner/Select Provider** radio button for the required Service Provider.
18. Click **Next** to proceed further.



Facility Name

Facility Address	Site ID	NPI	Line of Business	Provider Type	Phone
ANGELES, California United States			PASC-SEIU PLAN (PASC)		

Specialty	Network	Facility Service	Tax ID / EIN	Provider Medicare Number

State License Number	Contracting Status
12345	Participating

Select Provider **17**

Previous Page 1 of 2 LOAD MORE RESULTS Next

Cancel Previous **Next** **18**

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Inpatient (Internal Plan) (Cont'd)

The steps to submit an Inpatient SAR for an internal plan are outlined below:

19. The **Enter Request Code(s)** page displays. On this page, enter the **ICD10 Diagnosis Code**. The **ICD10 Diagnosis Code Description** field will be auto-populated as per the entered **ICD10 Diagnosis Code**.

Enter Request Code(s)

Member ID	Member Name
PCP	PPG LA CARE DIRECT NETWORK
Date of Birth	Priority Urgent
Submitter's Medical Record Number (MRN)	
Selected Prescribing Provider	Prescribing Provider Site ID
Prescribing Provider Address	Prescribing Provider Fax Number Not Available
Selected Service Provider	Service Provider Site ID
Service Provider Address	Service Provider Fax Number Not Available

Please enter ICD10 Code(s) below

Add

*ICD10 Diagnosis Code ⓘ

✎

ICD10 Diagnosis Code Description

19

Steps

- ✔ Select Authorization Type
- ✔ Plan Selection
- ✔ Benefit Selection
- ✔ Select Prescribing Provider
- ✔ Select Service Provider
- **Enter Request Code(s)**
- Request Details
- Supporting Documents

Note: You can click **Add** if you want to add multiple ICD10 codes.

Inpatient (Internal Plan) (Cont'd)

The steps to submit an Inpatient SAR for an internal plan are outlined below:

20. Scroll down and enter **Revenue Code**. The **Revenue Code Description** field will be auto-populated as per the entered **Procedure Code**. This step is optional.
21. Click **Next** to proceed further.

Please enter ICD10 Code(s) below

[Add](#)

* ICD10 Diagnosis Code ⓘ

M00.00

ICD10 Diagnosis Code Description

STAPHYLOCOCCAL ARTHRITIS, UNSPECIFIED JOINT

Please enter Revenue Code(s) below

[Add](#)

Revenue Code

Revenue Code Description

20

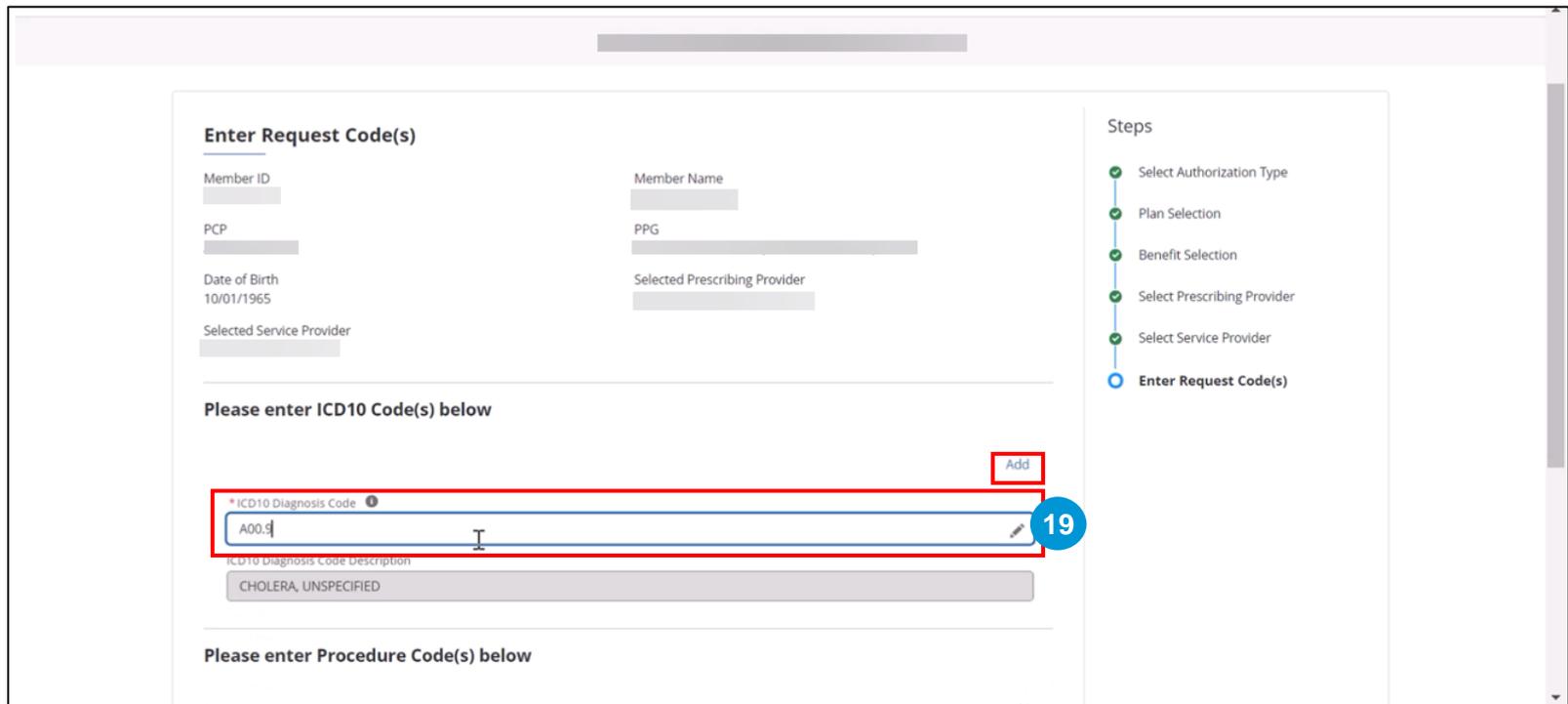
Cancel Previous Next 21

Note: You can click **Add** if you want to add multiple revenue code.

Inpatient (Internal Plan) (Cont'd)

The steps to submit an Inpatient SAR for an internal plan are outlined below:

19. The **Enter Request Code(s)** page displays. On this page, enter the **ICD10 Diagnosis Code**. The **ICD10 Diagnosis Code Description** field will be auto-populated as per the entered **ICD10 Diagnosis Code**.



Enter Request Code(s)

Member ID
Member Name

PCP
PPG

Date of Birth
10/01/1965
Selected Prescribing Provider

Selected Service Provider

Please enter ICD10 Code(s) below

* ICD10 Diagnosis Code

ICD10 Diagnosis Code Description
CHOLERA, UNSPECIFIED

Please enter Procedure Code(s) below

Steps

- ✓ Select Authorization Type
- ✓ Plan Selection
- ✓ Benefit Selection
- ✓ Select Prescribing Provider
- ✓ Select Service Provider
- Enter Request Code(s)

Inpatient (Internal Plan) (Cont'd)

The steps to submit an Inpatient SAR for an internal plan are outlined below:

22. On the **Request Details** page, select the **I have verified the below Provider Information for accuracy** checkbox.
23. Click the **Enter Alternate Prescribing Provider Information** accordion and enter the prescribing provider information in the **Street 1, Street 2, City, State, Zip,** and **Alternate Service Provider Fax** fields.

Request Details

Please review all Prescribing and Service Provider Information, and utilize the accordions to enter Alternative Information as necessary. The entered alternative provider information will persist on this authorization request.

I have verified the below Provider Information for accuracy.

Member ID	Member Name
PCP	PPG LA CARE DIRECT NETWORK
Date of Birth	Priority Urgent
Selected Prescribing Provider	Prescribing Provider Site ID
Prescribing Provider Address	Prescribing Provider Fax Number Not Available

Enter Alternate Prescribing Provider Information

Street 1	Street 2
City	State
Zip	Alternate Prescribing Provider Fax

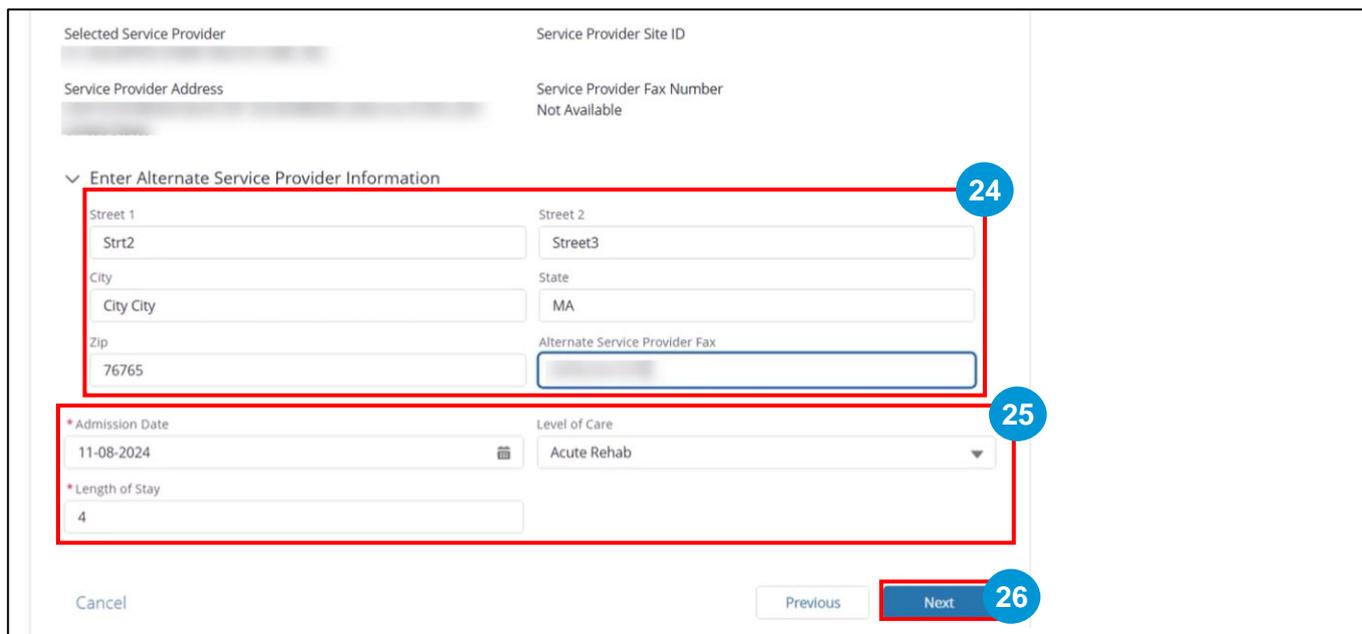
Steps

- Select Authorization Type
- Plan Selection
- Benefit Selection
- Select Prescribing Provider
- Select Service Provider
- Enter Request Code(s)
- Request Details**
- Supporting Documents

Inpatient (Internal Plan) (Cont'd)

The steps to submit an Inpatient SAR for an internal plan are outlined below:

24. Similarly, click the **Enter Alternate Service Provider Information** accordion and enter the service provider information in the **Street 1**, **Street 2**, **City**, **State**, **Zip**, and **Alternate Service Provider Fax** fields.
25. Enter the required details in the **Admission Date**, **Length of Stay**, and **Level of Care** fields.
26. Click **Next** to proceed further.



The screenshot shows a web form for submitting an Inpatient SAR. The form is divided into several sections:

- Selected Service Provider** and **Service Provider Site ID** (blurred).
- Service Provider Address** (blurred) and **Service Provider Fax Number** (Not Available).
- Enter Alternate Service Provider Information** (expanded accordion):
 - Street 1**: Strt2
 - Street 2**: Street3
 - City**: City City
 - State**: MA
 - Zip**: 76765
 - Alternate Service Provider Fax**: (blurred)
- * Admission Date**: 11-08-2024
- Level of Care**: Acute Rehab
- * Length of Stay**: 4

At the bottom of the form, there are three buttons: **Cancel**, **Previous**, and **Next**. The **Next** button is highlighted with a red box and a blue callout '26'.

Inpatient (Internal Plan) (Cont'd)

The steps to submit an Inpatient SAR for an internal plan are outlined below:

27. The **Supporting Documents** page displays. Select the **I attest that I have uploaded all required documentation for this Authorization request** checkbox. You won't be able to proceed further without selecting the checkbox.

Supporting Documents

Member ID [REDACTED]	Member Name [REDACTED]
PCP [REDACTED]	PPG LA CARE DIRECT NETWORK
Date of Birth [REDACTED]	Length of Stay 4
Admission Date [REDACTED]	

Action Required: Upload Prescription / Doctor's Orders
To proceed with the selected Authorization Request, please upload the necessary Prescription from your Prescribing Provider.

27 I attest that I have uploaded all required documentation for this Authorization request.

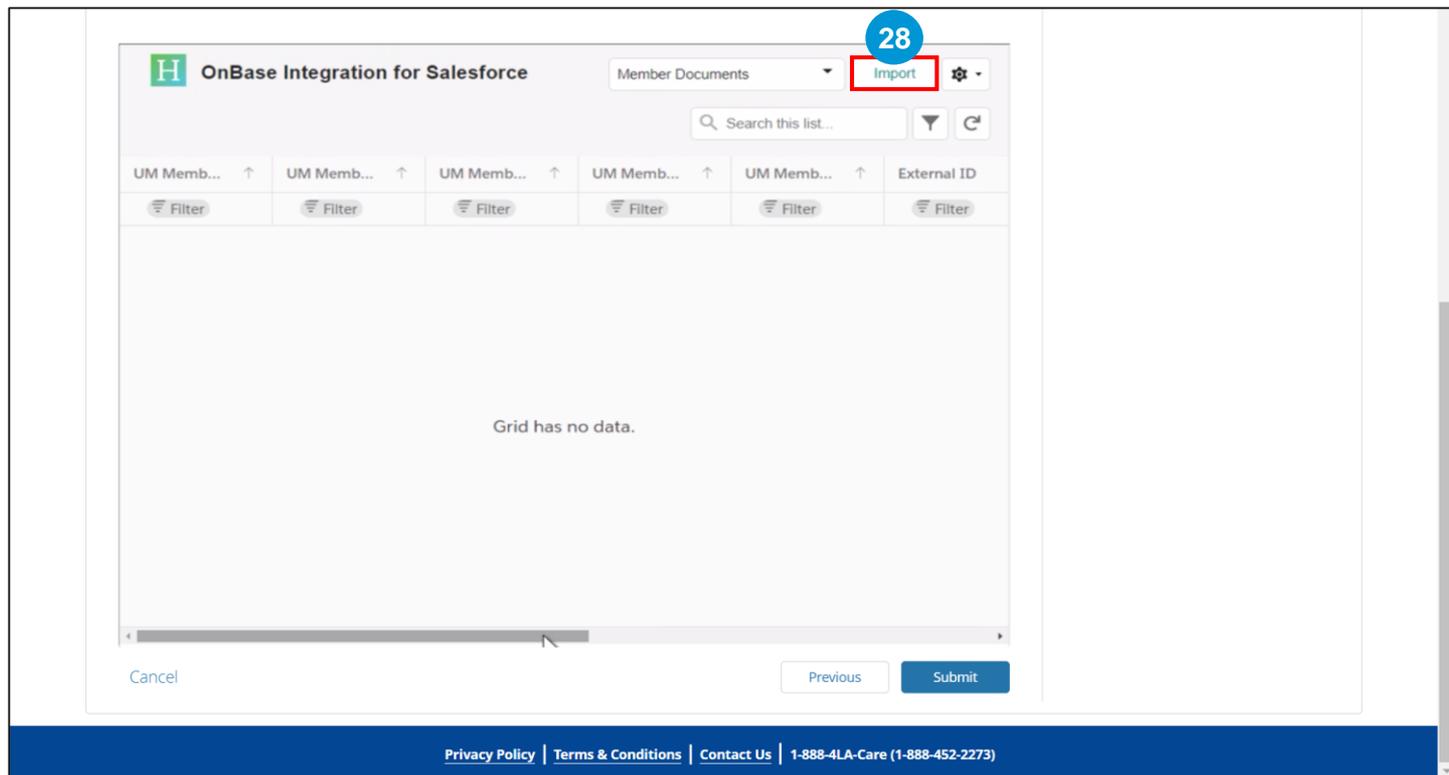
Steps

- Select Authorization Type
- Plan Selection
- Benefit Selection
- Select Prescribing Provider
- Select Service Provider
- Enter Request Code(s)
- Request Details
- Supporting Documents**

Inpatient (Internal Plan) (Cont'd)

The steps to submit an Inpatient SAR for an internal plan are outlined below:

28. Navigate to the **OnBase Integration for Salesforce** section and click **Import** to upload the supporting documents. A pop-up window will appear where you can select the supporting documents from your system that you want to upload.

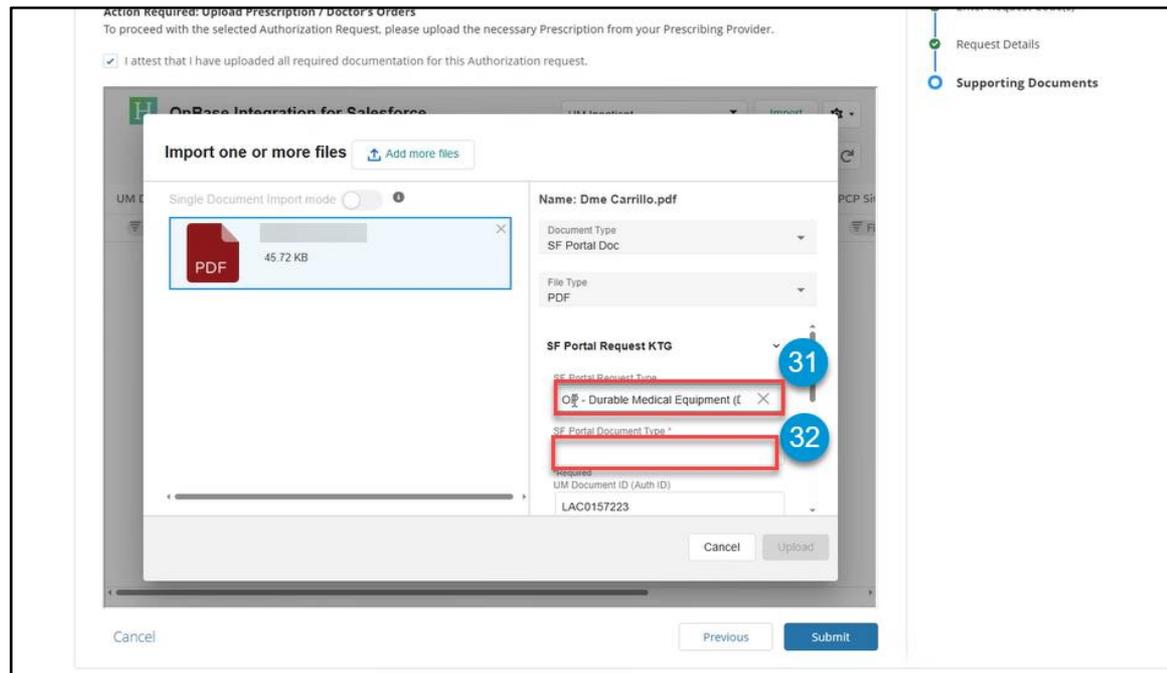


Note: If you are not already logged in, you will need to log into the OnBase Integration for Salesforce.

Inpatient (Internal Plan) (Cont'd)

The steps to submit an Inpatient SAR for an internal plan are outlined below:

31. Once you have selected the supporting documents from your system, the **Import one or more files** window appears. Next, **click your cursor in the SF Portal Request Type field**
32. Click **SF Portal Document Type** to populate the Expand Autofill Instances



Action Required: Upload Prescription / Doctor's Orders
To proceed with the selected Authorization Request, please upload the necessary Prescription from your Prescribing Provider.

I attest that I have uploaded all required documentation for this Authorization request.

Import one or more files [Add more files](#)

Single Document Import mode

Name: Dme Carrillo.pdf

Document Type: SF Portal Doc

File Type: PDF

SF Portal Request KTG

SF Portal Request Type: O - Durable Medical Equipment (E) **31**

SF Portal Document Type: **32**

Required UM Document ID (Auth ID): LAC0157223

Note: You can add multiple files using the **Add more files** button.

Inpatient (Internal Plan) (Cont'd)

The steps to submit an Inpatient SAR for an internal plan are outlined below:

Use the check boxes to select your document type, then click **Expand Instances** to confirm your selection.

Expand Autofill Instances

SF Portal Request Type	SF Portal Document Type
<input type="checkbox"/> OP - Durable Medical Equipment (DME) - Incontinent & Medical Supplies	UM Prior Auth Form
<input type="checkbox"/> OP - Durable Medical Equipment (DME) - Incontinent & Medical Supplies	UM Prior Auth Supporting Docs

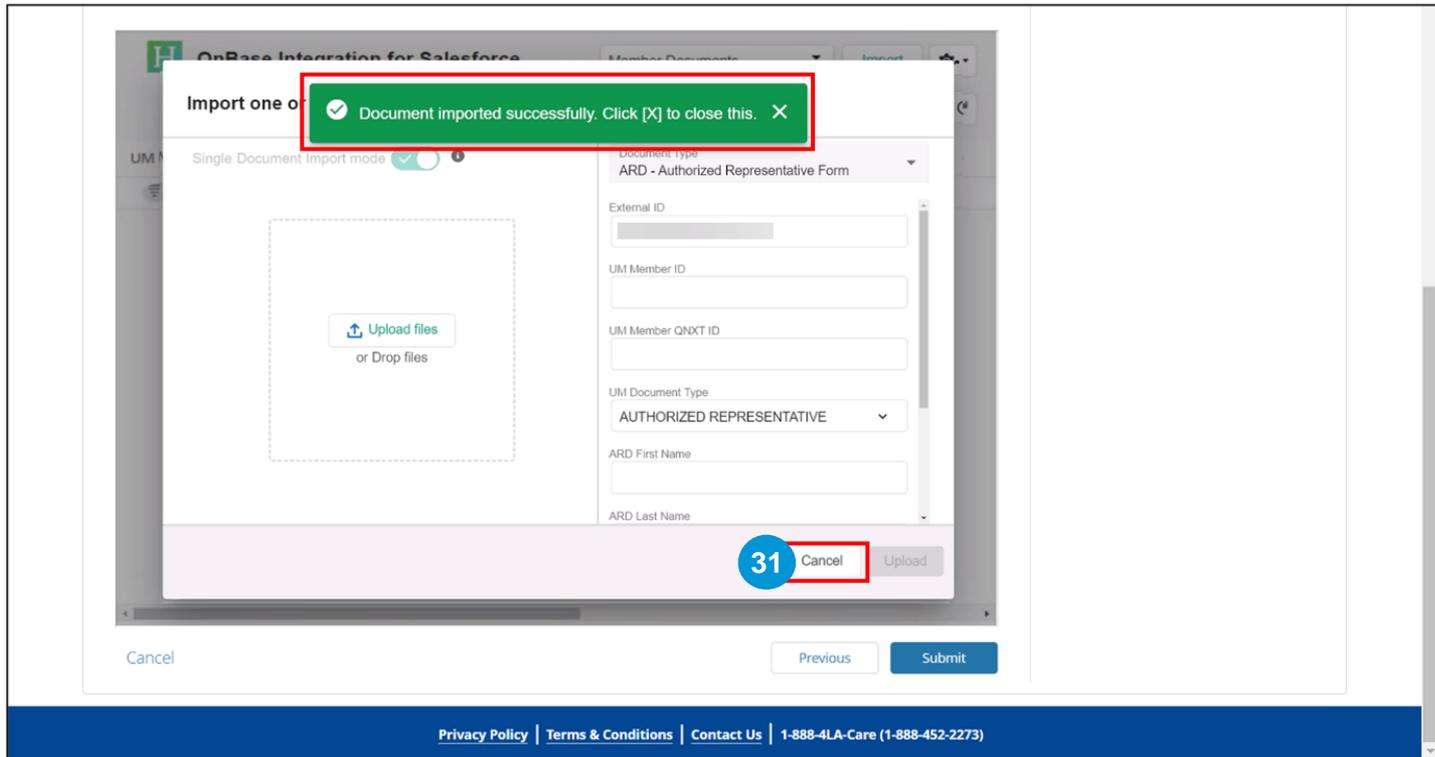
Cancel Expand Instances

Note: You can add multiple files using the **Add more files** button.

Inpatient (Internal Plan) (Cont'd)

The steps to submit an Inpatient SAR for an internal plan are outlined below:

30. Once you have uploaded the document, a message appears confirming that the Document was imported successfully. Click the **Cancel** button to close the window.

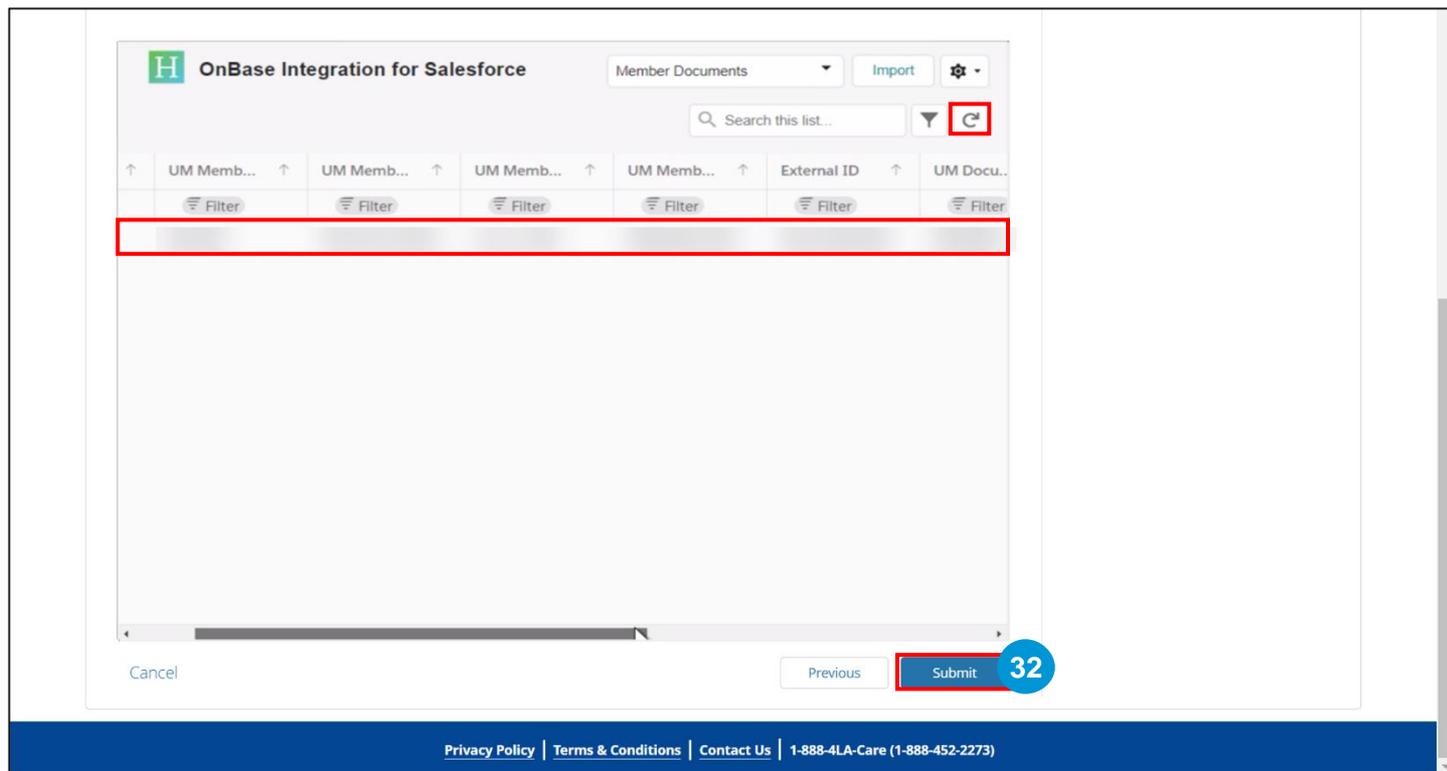


The screenshot displays a web interface for document import. A modal window is open, showing a confirmation message: "Document imported successfully. Click [X] to close this." Below the message is a form for "ARD - Authorized Representative Form" with fields for External ID, UIM Member ID, UIM Member QNXT ID, UIM Document Type (set to AUTHORIZED REPRESENTATIVE), ARD First Name, and ARD Last Name. At the bottom of the form, there are "Cancel" and "Upload" buttons. A blue circle with the number "31" highlights the "Cancel" button. The background shows a "Single Document Import mode" interface with an "Upload files or Drop files" button.

Inpatient (Internal Plan) (Cont'd)

The steps to submit an Inpatient SAR for an internal plan are outlined below:

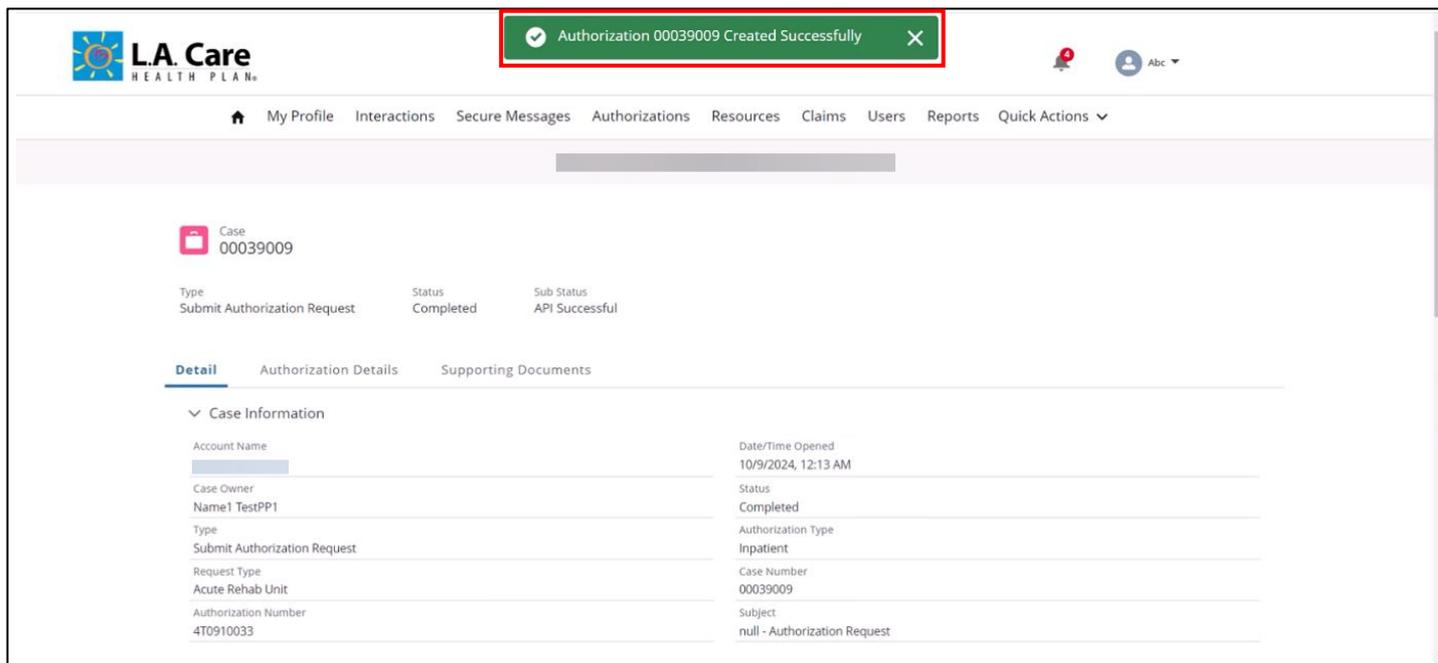
32. The recently uploaded file is now displayed under the **OnBase Integration for Salesforce** section. Next, click **Submit**.



Note: If the file does not appear in this section after a successful upload, you can click the Refresh icon.

Inpatient (Internal Plan) (Cont'd)

The **Case Details** page displays. A message appears confirming that the case has been created successfully. On this page, you can review the case details.



L.A. Care
HEALTH PLAN

Authorization 00039009 Created Successfully

My Profile Interactions Secure Messages Authorizations Resources Claims Users Reports Quick Actions

Case 00039009

Type: Submit Authorization Request Status: Completed Sub Status: API Successful

Detail Authorization Details Supporting Documents

Case Information

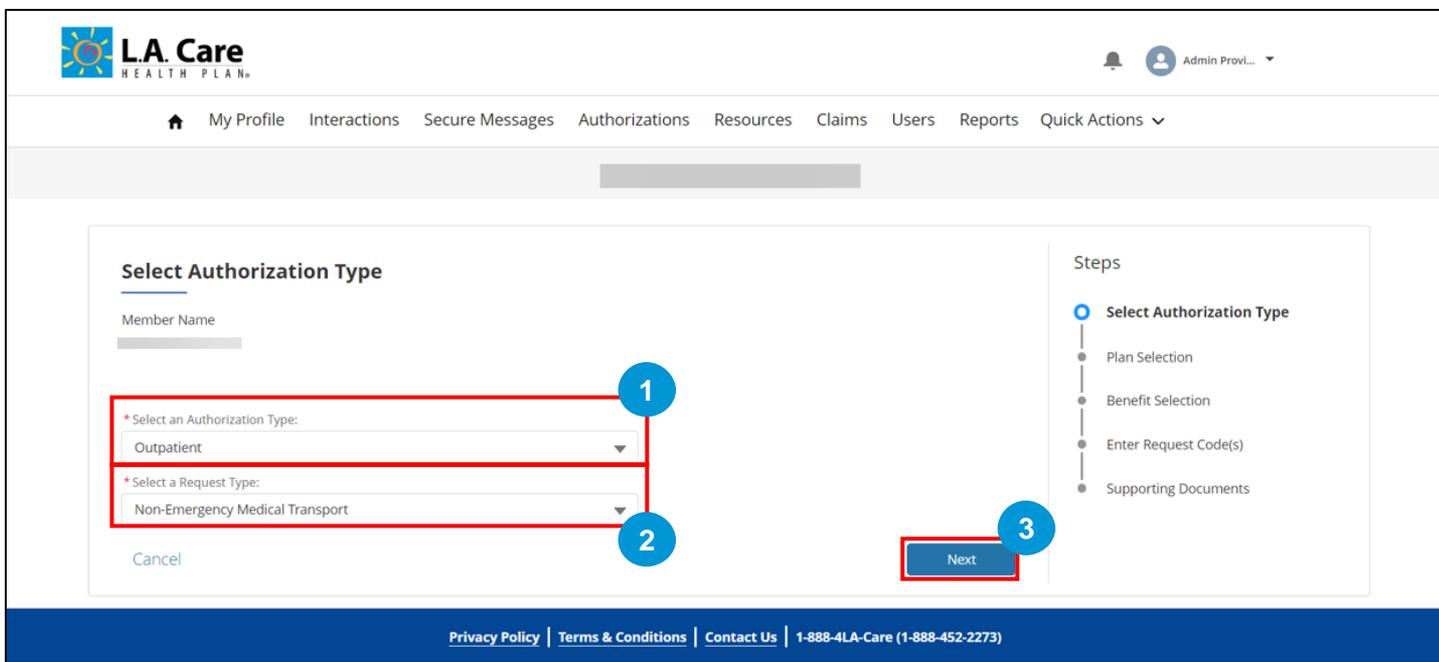
Account Name	Date/Time Opened
[Redacted]	10/9/2024, 12:13 AM
Case Owner	Status
Name1 TestPP1	Completed
Type	Authorization Type
Submit Authorization Request	Inpatient
Request Type	Case Number
Acute Rehab Unit	00039009
Authorization Number	Subject
4T0910033	null - Authorization Request

Next, let's see how you can submit a Non-emergency Medical Transportation (NEMT) SAR.

NEMT

Access the Select Authorization Type page from either Authorizations menu item or from the Member 360 page and perform the following steps to submit an NEMT SAR:

1. On the **Select Authorization Type** page, select the **Outpatient** option from the picklist in the **Select an Authorization Type** field.
2. On selecting the **Outpatient** option for the **Select an Authorization Type** field, the **Select a Request Type** field appears. Select the **Non-Emergency Medical Transport** option from the picklist.
3. Click **Next** to access the Plan Selection page.



L.A. Care
HEALTH PLAN

Admin Provl...

My Profile Interactions Secure Messages Authorizations Resources Claims Users Reports Quick Actions

Select Authorization Type

Member Name

* Select an Authorization Type:
Outpatient

* Select a Request Type:
Non-Emergency Medical Transport

Cancel

Next

Steps

- Select Authorization Type
- Plan Selection
- Benefit Selection
- Enter Request Code(s)
- Supporting Documents

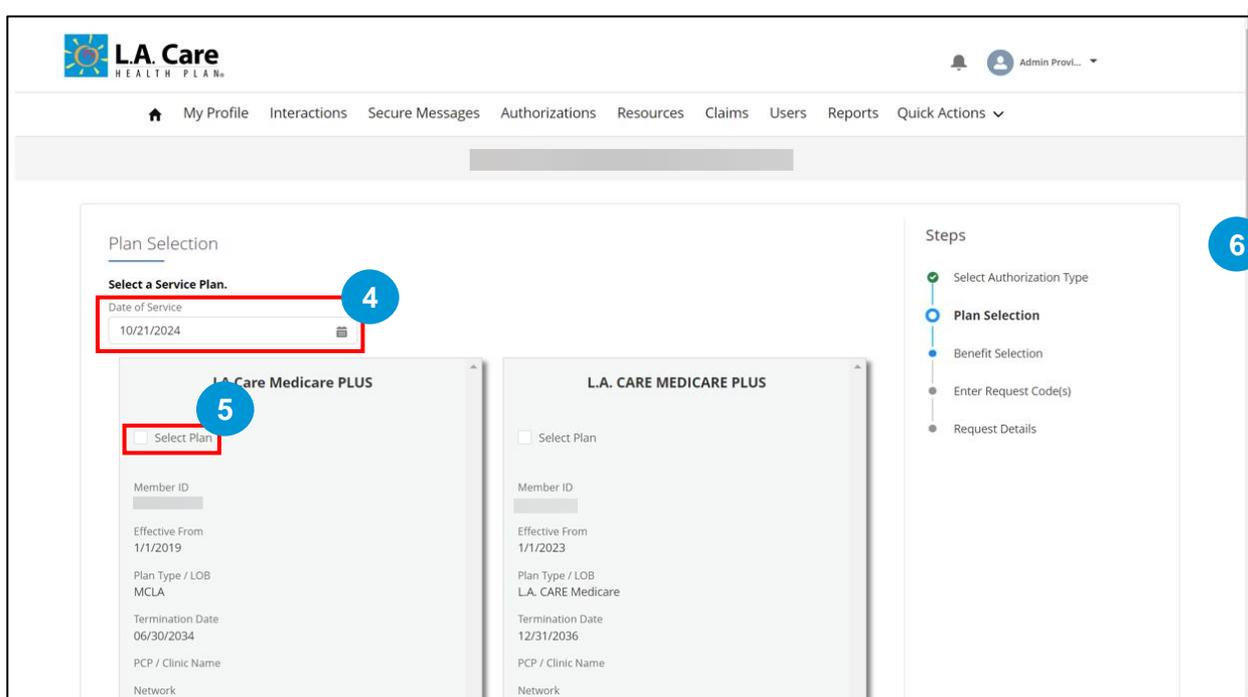
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NEMT (Cont'd)

The steps to submit an NEMT SAR on the Provider Portal are outlined below:

4. The **Plan Selection** page displays. Here, the **Date of Service** field is auto-populated with the current date. You can update the date as per your requirement in this field.
5. Select the **Select Plan** checkbox of the required plan from the available options.
6. Scroll down to access the **Next** button.



The screenshot displays the L.A. Care Health Plans Provider Portal. The page title is "Plan Selection". The "Date of Service" field is populated with "10/21/2024". Below this, there are two plan options for "L.A. Care Medicare PLUS". The first plan has a "Select Plan" checkbox highlighted with a red box and a blue circle containing the number 5. The second plan also has a "Select Plan" checkbox. On the right side, there is a "Steps" section with a vertical progress indicator. The current step, "Plan Selection", is highlighted with a blue circle containing the number 6. A red vertical bar on the right side of the page is also highlighted with a blue circle containing the number 6, indicating the scroll action.

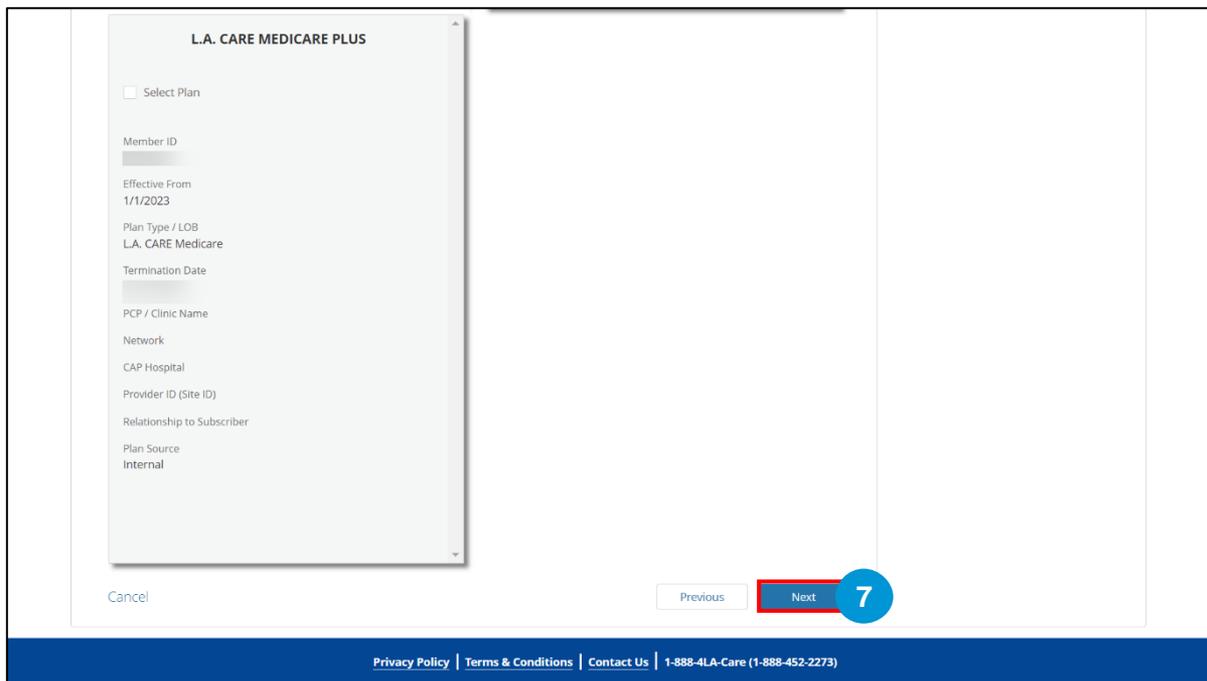
Plan Name	Member ID	Effective From	Plan Type / LOB	Termination Date	PCP / Clinic Name	Network
L.A. Care Medicare PLUS	[Redacted]	1/1/2019	MCLA	06/30/2034		
L.A. CARE MEDICARE PLUS	[Redacted]	1/1/2023	L.A. CARE Medicare	12/31/2036		

NEMT (Cont'd)

The steps to submit an NEMT SAR on the Provider Portal are outlined below:

7. Click **Next** to proceed further.

If you have selected an internal plan, you will be directed to the Benefit Selection page. Whereas, if an external plan is selected, all the next steps are skipped, a case is directly created, and you will be directed to the Case Detail page.



L.A. CARE MEDICARE PLUS

Select Plan

Member ID
[Redacted]

Effective From
1/1/2023

Plan Type / LOB
L.A. CARE Medicare

Termination Date
[Redacted]

PCP / Clinic Name

Network

CAP Hospital

Provider ID (Site ID)

Relationship to Subscriber

Plan Source
Internal

Cancel Previous **Next** 7

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Next, let's review the steps for an internal plan.

NEMT (Internal Plan)

The steps to submit an NEMT SAR for an internal plan on the Provider Portal are outlined below:

8. The **Benefit Selection** page displays. Here, the **Benefit Category** and **Benefit Detail** field is auto-populated based on the authorization type and request type. Next, click **Select**.

Benefit Selection

Select a Benefit for your Authorization.

Information for Providers:
To ensure payment, Providers are required to confirm member eligibility prior to providing services as payment is made *only* if the member is eligible at the time of service.
Please note that authorization for services is not a guarantee of payment. All claims submitted for services are subject to claims payment and Payment Integrity policies. Please contact the L.A. Care Provider Call Center at **1-877-431-2273** if you have any questions.

* Benefit Category
Outpatient

* Benefit Detail
Transportation Benefits (NEMT) PCS Form Required

Select 8

∨ Authorization Information

Responsible Party

Authorization Fax

Steps

- ✔ Select Authorization Type
- ✔ Plan Selection
- **Benefit Selection**
- Select Prescribing Provider
- Enter Request Code(s)
- Signature
- Supporting Documents

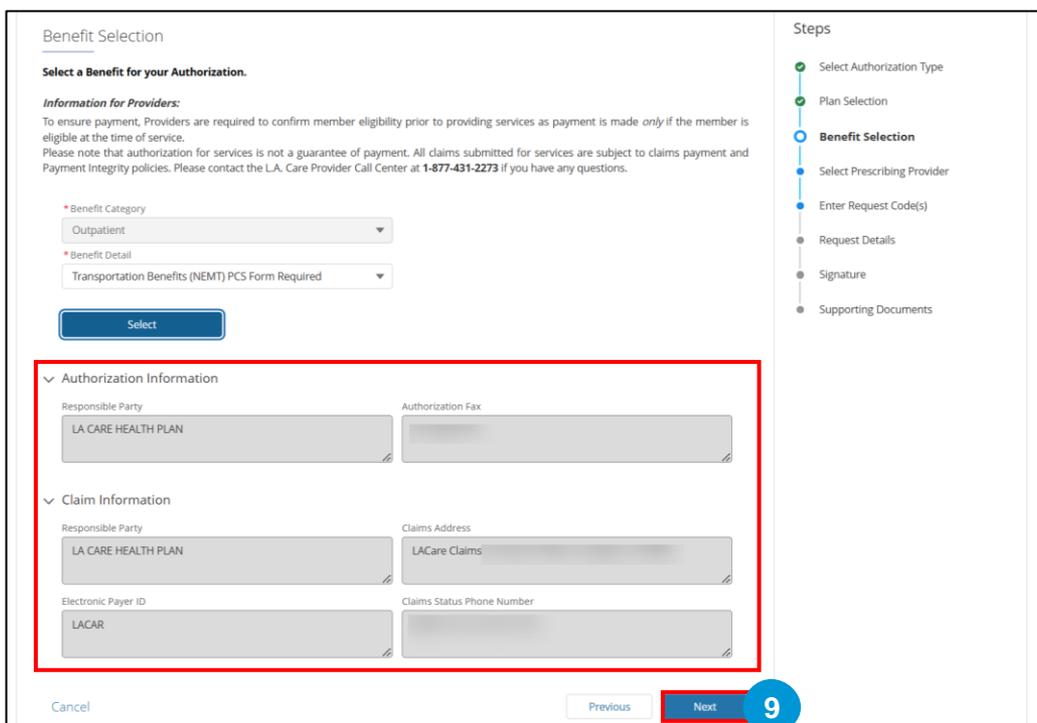
Note: If the **Benefit Category** field is auto-populated with **Other Coverage Benefits or Services**, it indicates that the planned benefit does not exist, and you cannot proceed further with submitting the authorization request.

221 

NEMT (Internal Plan) (Cont'd)

The steps to submit an NEMT SAR for an internal plan on the Provider Portal are outlined below:

- The **Authorization information** and **Claim information** sections are auto-populated based on the selection in the **Benefit Detail** field. Click **Next** to proceed further.



The screenshot shows a web form titled "Benefit Selection" with a "Steps" sidebar on the right. The sidebar lists the following steps: "Select Authorization Type", "Plan Selection", "Benefit Selection" (highlighted in blue), "Select Prescribing Provider", "Enter Request Code(s)", "Request Details", "Signature", and "Supporting Documents".

The main form area contains the following sections:

- Benefit Selection:** Includes a "Select a Benefit for your Authorization." instruction, "Information for Providers" (noting that authorization is required for payment), and two dropdown menus: "Benefit Category" (set to "Outpatient") and "Benefit Detail" (set to "Transportation Benefits (NEMT) PCS Form Required"). A "Select" button is below these.
- Authorization Information:** A red box highlights this section, which contains two input fields: "Responsible Party" (pre-filled with "LA CARE HEALTH PLAN") and "Authorization Fax" (empty).
- Claim Information:** Also highlighted in the red box, it contains four input fields: "Responsible Party" (pre-filled with "LA CARE HEALTH PLAN"), "Claims Address" (pre-filled with "LACare Claims"), "Electronic Payer ID" (pre-filled with "LACAR"), and "Claims Status Phone Number" (empty).

At the bottom of the form, there are "Cancel", "Previous", and "Next" buttons. The "Next" button is highlighted in blue and has a blue circle with the number "9" next to it.

Note: If the Responsible Party under the Authorization Information section is not LA Care, the next steps will be skipped, and the case will be directly created.

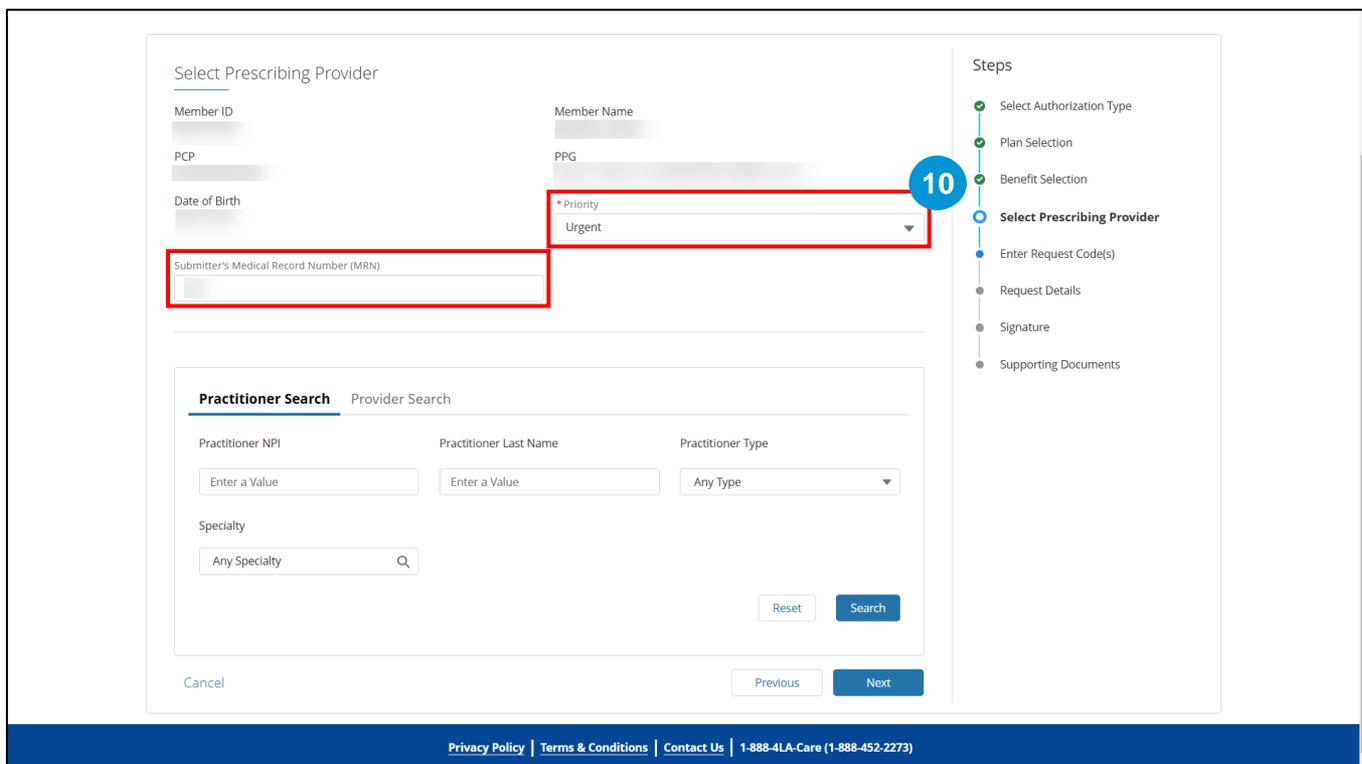
Next, let's review the steps where L.A. Care is the responsible party.

NEMT (Internal Plan) (Cont'd)

The steps to submit an NEMT SAR for an internal plan on the Provider Portal are outlined below:

10. On the **Select Prescribing Provider** page, enter **Priority**. You can also enter MRN in the **Submitter's Medical Record Number (MRN)** field.

The **Priority** field is a mandatory field whereas **Submitter's Medical Record Number (MRN)** is an optional field.



Select Prescribing Provider

Member ID: [Redacted] Member Name: [Redacted]
 PCP: [Redacted] PPG: [Redacted]
 Date of Birth: [Redacted] * Priority: **Priority** (dropdown menu)
 Submitter's Medical Record Number (MRN): [Redacted]

Practitioner Search | Provider Search

Practitioner NPI: [Enter a Value] Practitioner Last Name: [Enter a Value] Practitioner Type: [Any Type] (dropdown menu)
 Specialty: [Any Specialty] (search box)
 [Reset] [Search]

[Cancel] [Previous] [Next]

Steps

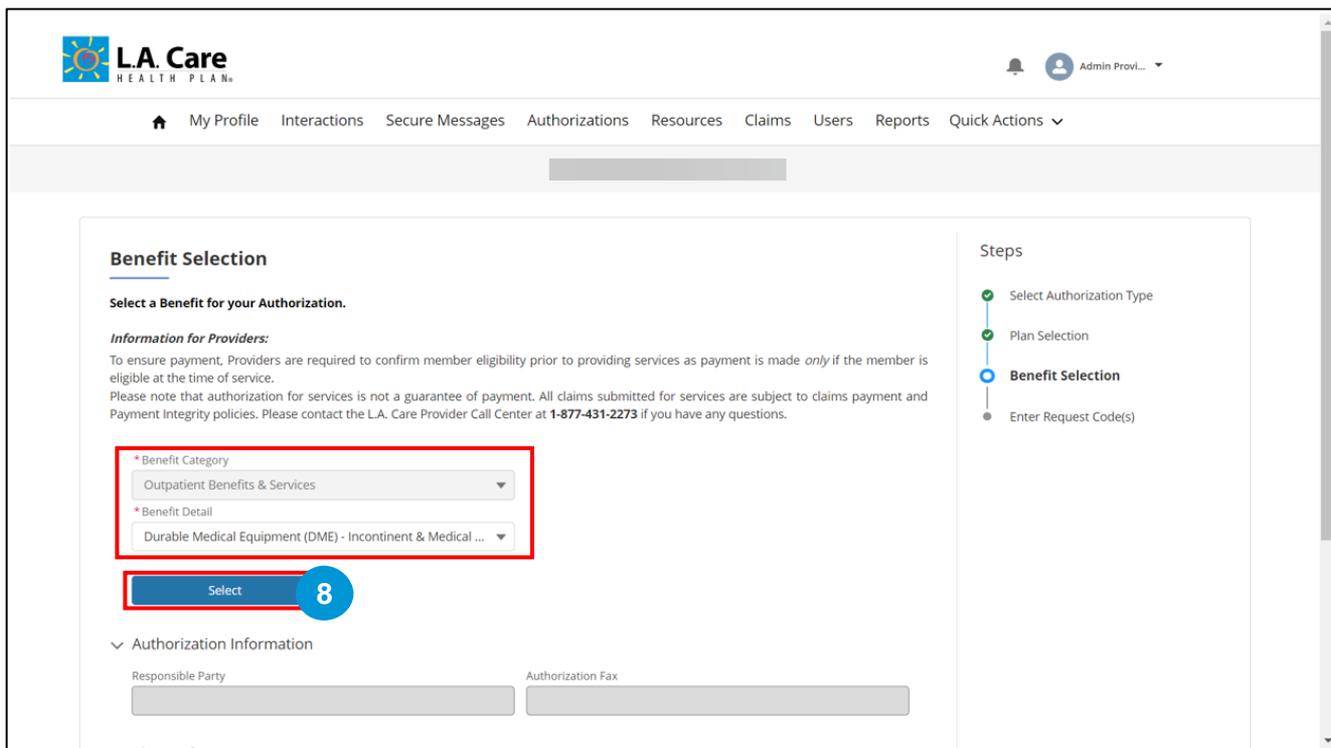
- ✓ Select Authorization Type
- ✓ Plan Selection
- ✓ Benefit Selection
- **Select Prescribing Provider**
- Enter Request Code(s)
- Request Details
- Signature
- Supporting Documents

Privacy Policy | Terms & Conditions | Contact Us | 1-888-4LA-Care (1-888-452-2273)

NEMT (Internal Plan)

The steps to submit an NEMT SAR for an internal plan on the Provider Portal are outlined below:

8. The **Benefit Selection** page displays. Here, the **Benefit Category** and **Benefit Detail** field is auto-populated based on the authorization type and request type. Next, click **Select**.



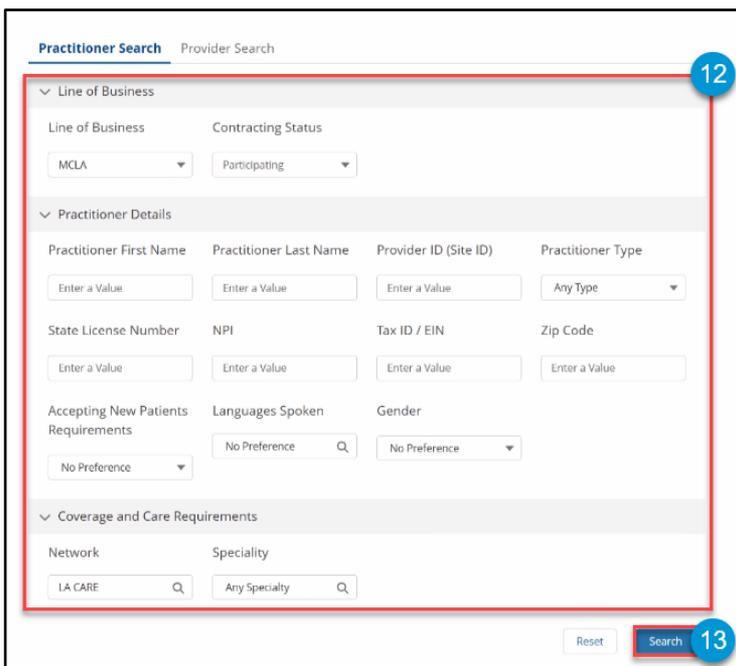
Note: If the **Benefit Category** field is auto-populated with **Other Coverage Benefits or Services**, it indicates that the planned benefit does not exist, and you cannot proceed further with submitting the authorization request.



NEMT (Internal Plan) (Cont'd)

The steps to submit an NEMT SAR for an internal plan on the Provider Portal are outlined below:

12. On the **Select Prescribing Provider** page, search for and select the appropriate Prescribing Provider or Practitioner by entering the preferred provider's demographic information into the corresponding fields
13. Click **Search** to view the search results.



Practitioner Search Provider Search

Line of Business Contracting Status

MCLA Participating

Practitioner Details

Practitioner First Name Practitioner Last Name Provider ID (Site ID) Practitioner Type

Enter a Value Enter a Value Enter a Value Any Type

State License Number NPI Tax ID / EIN Zip Code

Enter a Value Enter a Value Enter a Value Enter a Value

Accepting New Patients Requirements Languages Spoken Gender

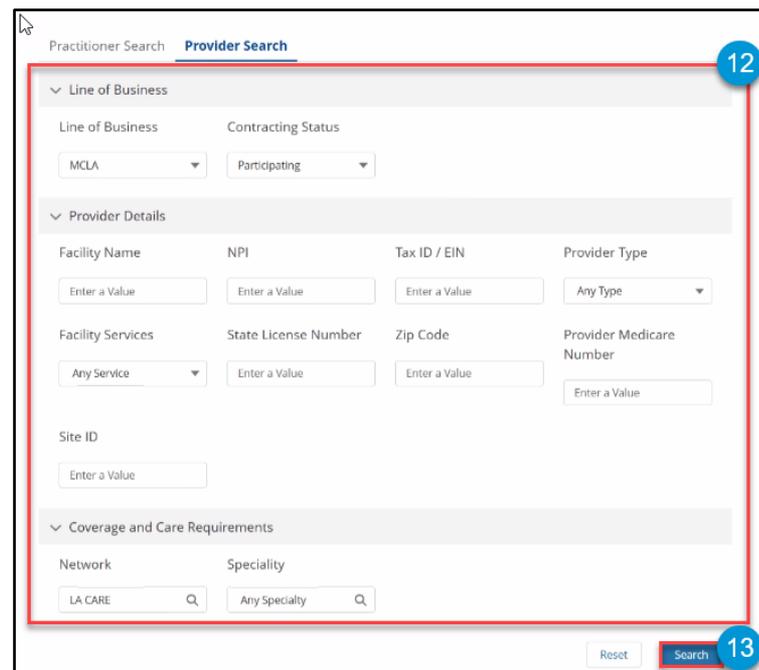
No Preference No Preference No Preference

Coverage and Care Requirements

Network Speciality

LA CARE Any Specialty

Reset Search



Practitioner Search **Provider Search**

Line of Business Contracting Status

MCLA Participating

Provider Details

Facility Name NPI Tax ID / EIN Provider Type

Enter a Value Enter a Value Enter a Value Any Type

Facility Services State License Number Zip Code Provider Medicare Number

Any Service Enter a Value Enter a Value Enter a Value

Site ID

Enter a Value

Coverage and Care Requirements

Network Speciality

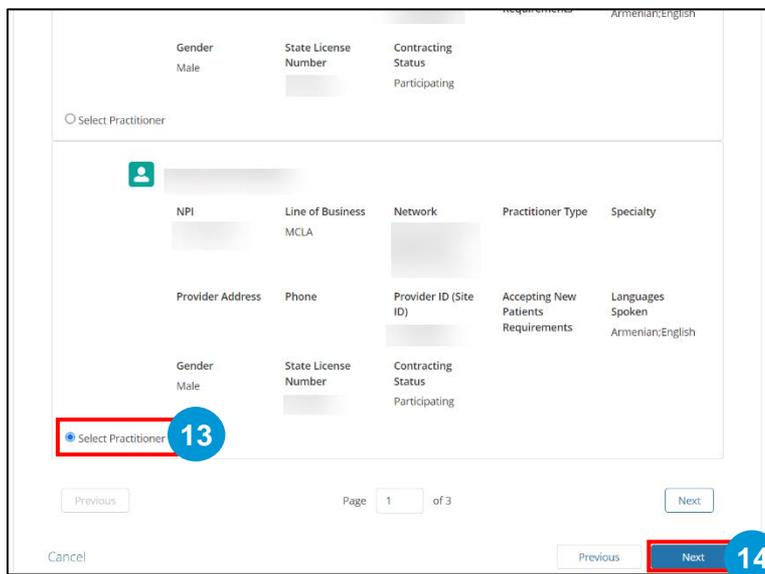
LA CARE Any Specialty

Reset Search

NEMT (Internal Plan) (Cont'd)

The steps to submit an NEMT SAR for an internal plan on the Provider Portal are outlined below:

13. Scroll down to access the **Practitioner** or **Provider Result** section. In this section, select the **Select Practitioner** or **Select Provider** radio button for the required Practitioner or Provider, respectively.
14. Click **Next** to proceed further.



Gender: Male
State License Number: [Redacted]
Contracting Status: Participating

Select Practitioner

Select Practitioner

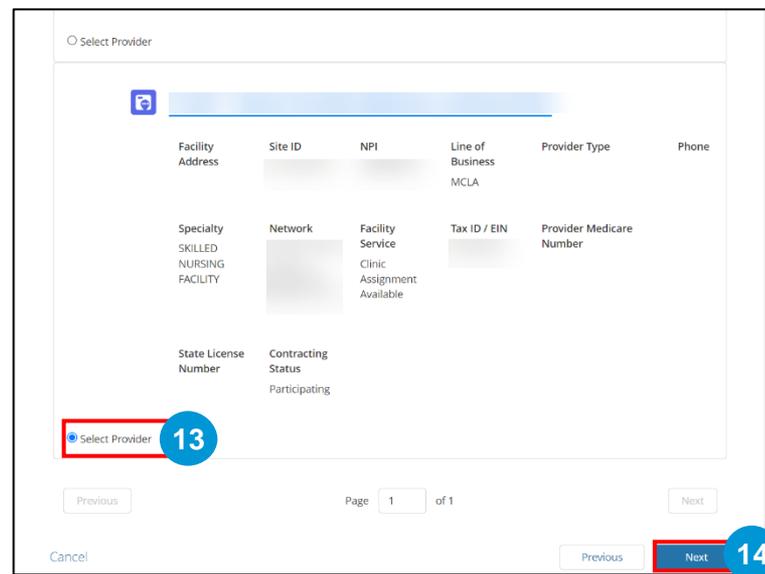
NPI: [Redacted] Line of Business: MCLA Network: [Redacted] Practitioner Type: [Redacted] Specialty: [Redacted]

Provider Address: [Redacted] Phone: [Redacted] Provider ID (Site ID): [Redacted] Accepting New Patients Requirements: [Redacted] Languages Spoken: Armenian;English

Gender: Male
State License Number: [Redacted]
Contracting Status: Participating

Page 1 of 3

Next



Select Provider

Select Provider

Facility Address	Site ID	NPI	Line of Business	Provider Type	Phone
[Redacted]	[Redacted]	[Redacted]	MCLA	[Redacted]	[Redacted]

Specialty	Network	Facility Service	Tax ID / EIN	Provider Medicare Number
SKILLED NURSING FACILITY	[Redacted]	Clinic Assignment Available	[Redacted]	[Redacted]

State License Number: [Redacted] Contracting Status: Participating

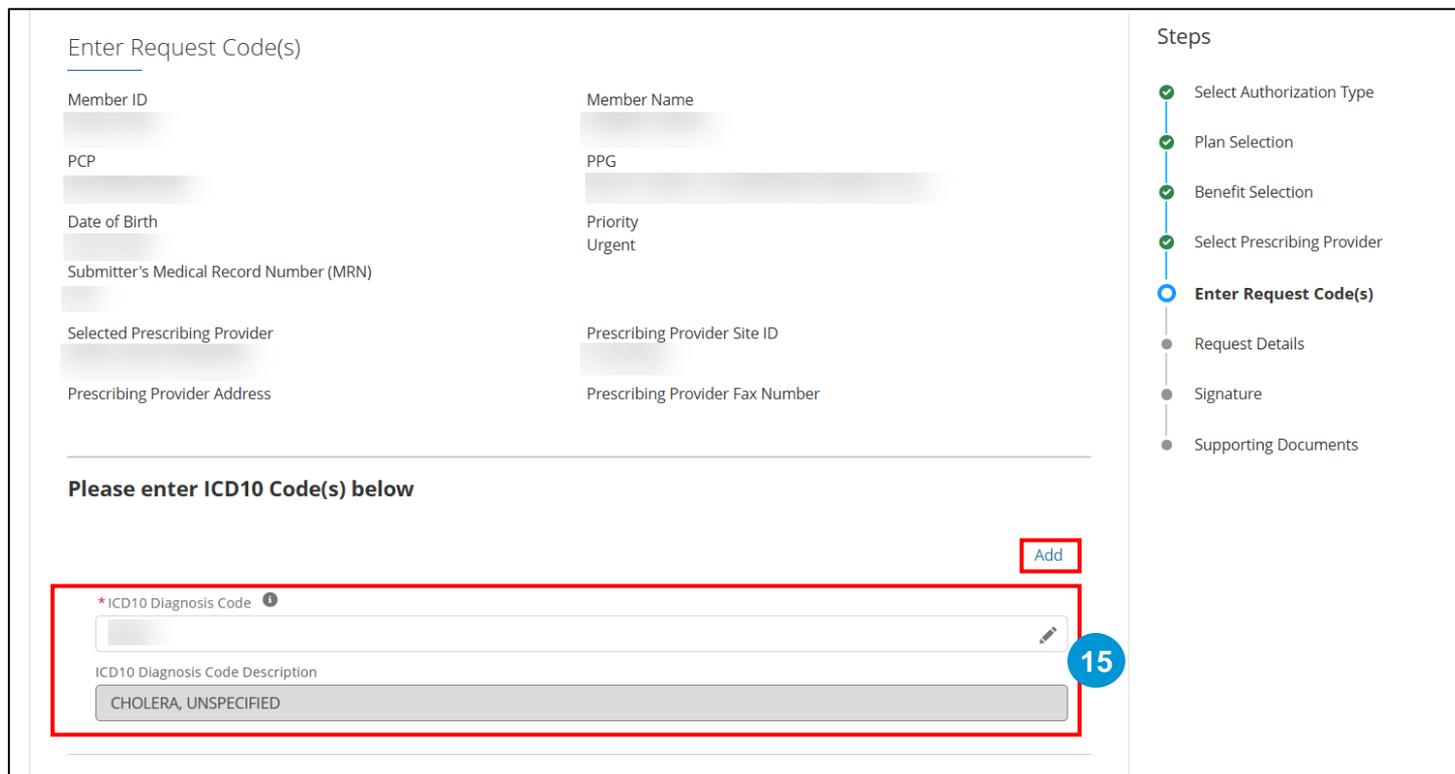
Page 1 of 1

Next

NEMT (Internal Plan) (Cont'd)

The steps to submit an NEMT SAR for an internal plan on the Provider Portal are outlined below:

15. The **Enter Request Code(s)** page displays. On this page, enter the **ICD10 Diagnosis Code**. The **ICD10 Diagnosis Code Description** field will be auto-populated as per the entered **ICD10 Diagnosis Code**.



Enter Request Code(s)

Member ID
Member Name

PCP
PPG

Date of Birth
Priority
Urgent

Submitter's Medical Record Number (MRN)

Selected Prescribing Provider
Prescribing Provider Site ID

Prescribing Provider Address
Prescribing Provider Fax Number

Please enter ICD10 Code(s) below

* ICD10 Diagnosis Code ⓘ

ICD10 Diagnosis Code Description

CHOLERA, UNSPECIFIED

15

Steps

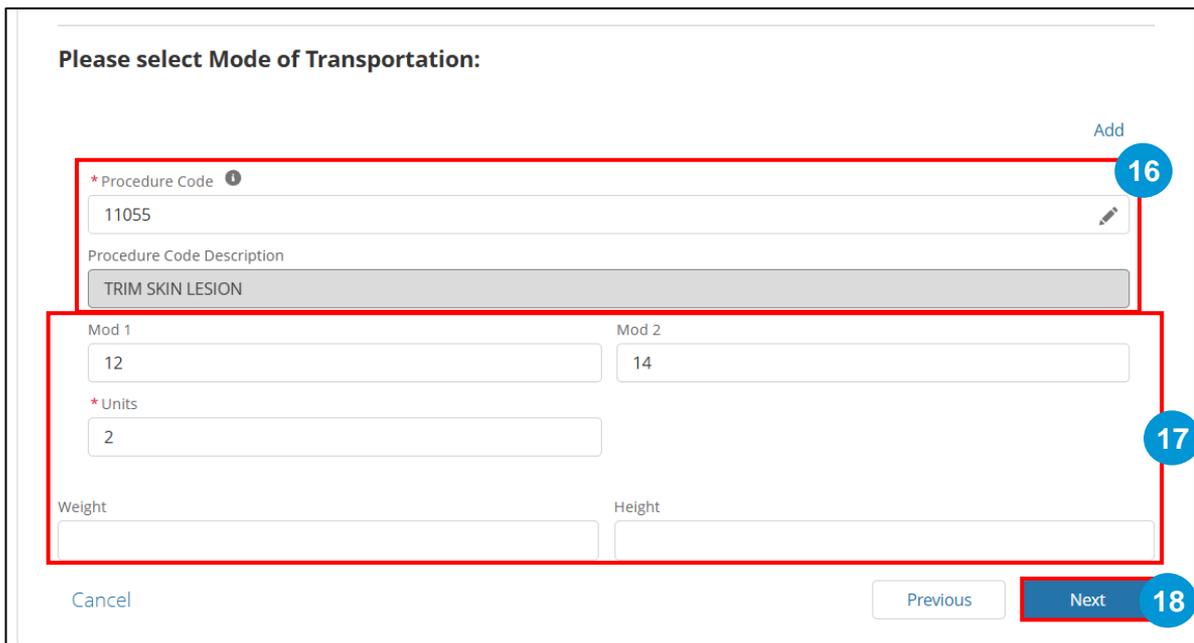
- ✓ Select Authorization Type
- ✓ Plan Selection
- ✓ Benefit Selection
- ✓ Select Prescribing Provider
- **Enter Request Code(s)**
- Request Details
- Signature
- Supporting Documents

Note: You can click **Add** if you want to add multiple ICD10 codes.

NEMT (Internal Plan) (Cont'd)

The steps to submit an NEMT SAR for an internal plan on the Provider Portal are outlined below:

16. Scroll down and enter **Procedure Code**. The **Procedure Code Description** field will be auto-populated as per the entered **Procedure Code**.
17. Enter the required units in the **Units** (mandatory) field. You can also enter information in the optional fields such as, **Mod1**, **Mod2**, **Units**, **Weight**, and **Height**.
18. Click **Next** to proceed further.



Please select Mode of Transportation:

Add

* Procedure Code ⓘ
11055

Procedure Code Description
TRIM SKIN LESION

Mod 1
12

Mod 2
14

* Units
2

Weight

Height

Cancel Previous Next

16

17

18

Note: If all the Procedure Code(s) do not require prior authorization, the next step will be skipped, and a case will be directly created.



Procedure Code No Prior Authorization

On the **Enter Request Code(s)** page, if any of the selected procedure codes do not require prior authorization, then you will get a message displayed under the **Units** field as highlighted below.

Also, the **Units** field will be auto-populated with zero and won't be editable.

Please enter ICD10 Code(s) below

Add

* ICD10 Diagnosis Code ⓘ

A00.0

ICD10 Diagnosis Code Description

CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR CHOLERAE

Please enter Procedure Code(s) below

Add

* Procedure Code ⓘ

0001A

Procedure Code Description

Immunization administration by intramuscular injection of se

Mod 1 Mod 2

Units

0

The selected procedure code does not require prior authorization. It will be stored on the Case Details of this Authorization Request for record keeping, but will not be sent as part of the official request.

Cancel Previous



NEMT (Internal Plan) (Cont'd)

The steps to submit an NEMT SAR for an internal plan on the Provider Portal are outlined below:

19. The **Request Details** page displays. Under the **Services Requested** section, enter the details in the **Date of Service From** and **Date of Service To** fields.
20. Under the **Physical and Medical Limitation** section, select all the checkboxes which are applicable to the member.
21. Click **Next** to proceed further.

Request Details

Member ID	Member Name
PCP	PPG
Date of Birth	Priority Urgent
Submitter's Medical Record Number (MRN)	
Selected Prescribing Provider	Prescribing Provider Site ID
Prescribing Provider Address	Prescribing Provider Fax Number

▼ Services Requested

Status
New

Subject
NEMT - Authorization Request

▼ Physical and Medical Limitations

<input type="checkbox"/> Behavioral Issues	<input type="checkbox"/> Blind
<input type="checkbox"/> Dementia	<input type="checkbox"/> Extensive medical support required (e.g., ventilator, IV)
<input type="checkbox"/> Hemiplegic	<input type="checkbox"/> Hemodialysis
<input type="checkbox"/> High fall risk	<input checked="" type="checkbox"/> Oxygen required
<input type="checkbox"/> Paraplegic	<input type="checkbox"/> Poor exercise tolerance
<input type="checkbox"/> Other (attach supporting documents)	

Steps

- Select Authorization Type
- Plan Selection
- Benefit Selection
- Select Prescribing Provider
- Enter Request Code(s)
- Request Details**
- Signature
- Supporting Documents

Cancel

Previous
Next



NEMT (Internal Plan) (Cont'd)

The steps to submit an NEMT SAR for an internal plan on the Provider Portal are outlined below:

22. The **Signature** page displays. On this page, select the **I have verified the below Provider Information for accuracy** checkbox.
23. Click the **If Applicable to this Request Only – Enter (One-Time) Alternative Fax / Address for Prescriber** accordion and enter the prescribing provider information in the **Street 1, Street 2, City, State, Zip,** and **Alternate Service Provider Fax** fields.

Signature

Please review all Prescribing and Service Provider Information, and utilize the accordions to enter Alternative Information as necessary. The entered alternative provider information will persist on this authorization request.

22
 I have verified the below Provider Information for accuracy.

Member Name

Selected Prescribing Provider

Prescribing Provider Address

Prescribing Provider Site ID

Prescribing Provider Fax Number

23
 If Applicable to this Request Only - Enter (One-Time) Alternative Fax / Address for Prescriber

Street 1

Strt1

Street 2

Strt2

City

Test

State

CE

Zip

66564

Alternate Service Provider Fax

Steps

- Select Authorization Type
- Plan Selection
- Benefit Selection
- Select Prescribing Provider
- Enter Request Code(s)
- Request Details
- Signature**
- Supporting Documents

NEMT (Internal Plan) (Cont'd)

The steps to submit an NEMT SAR for an internal plan on the Provider Portal are outlined below:

24. Select the attestation checkbox as highlighted below.

25. Click **Next** to proceed further.

✓ If Applicable to this Request Only - Enter (One-Time) Alternative Fax / Address for Prescriber

Street 1 Strt1	Street 2 Strt2
City Test	State CE
Zip 66564	Alternate Service Provider Fax

24 "I attest I have used all reasonable diligence in preparing the response, I have reviewed this entry, and all attached documents, where applicable, and to the best of my knowledge the information contained herein is true and complete."

Name
Admin Provider Portal

Title
Principal

Date / Time Submitted
11/14/2024 18:6

By continuing to the next section, a case will be created.

Cancel **Next** 25

NEMT (Internal Plan) (Cont'd)

The steps to submit an NEMT SAR for an internal plan on the Provider Portal are outlined below:

26. The **Supporting Documents** page displays. Select the **I attest that I have uploaded all required documentation for this Authorization request** checkbox. You won't be able to proceed further without selecting the checkbox.

Supporting Documents

<p>Member ID [Redacted]</p> <p>PCP [Redacted]</p> <p>Date of Birth [Redacted]</p> <p>Submitter's Medical Record Number (MRN) [Redacted]</p>	<p>Member Name [Redacted]</p> <p>PPG [Redacted]</p> <p>Priority Urgent</p>
---	--

Action Required: Upload Prescription / Doctor's Orders
To proceed with the selected Authorization Request, please upload the necessary Prescription from your Prescribing Provider.

I attest that I have uploaded all required documentation for this Authorization request.

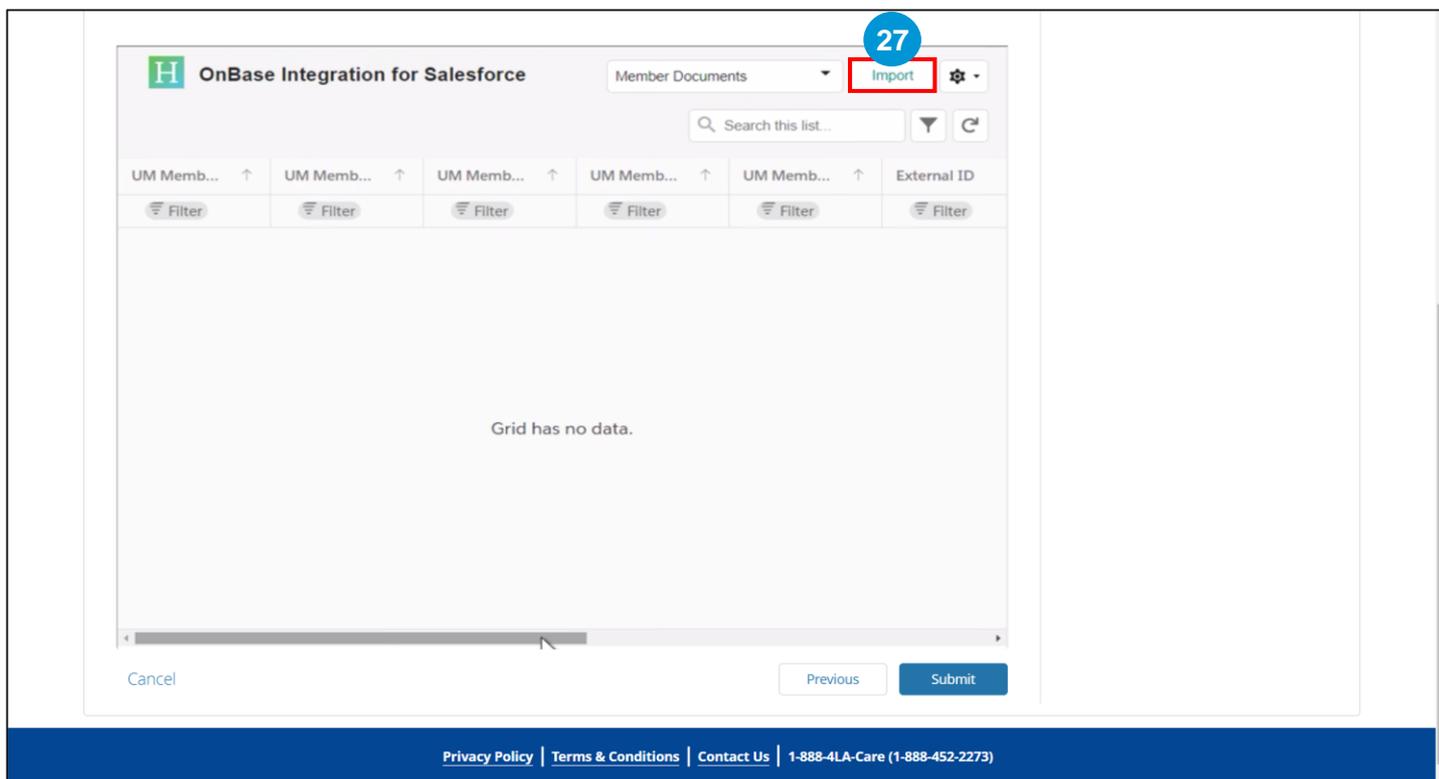
Steps

- Select Authorization Type
- Plan Selection
- Benefit Selection
- Select Prescribing Provider
- Enter Request Code(s)
- Request Details
- Signature
- Supporting Documents**

NEMT (Internal Plan) (Cont'd)

The steps to submit an NEMT SAR for an internal plan on the Provider Portal are outlined below:

- Next, navigate to the **OnBase Integration for Salesforce** section and click **Import** to upload the supporting documents. A pop-up window will appear where you can select the supporting documents from your system that you want to upload.

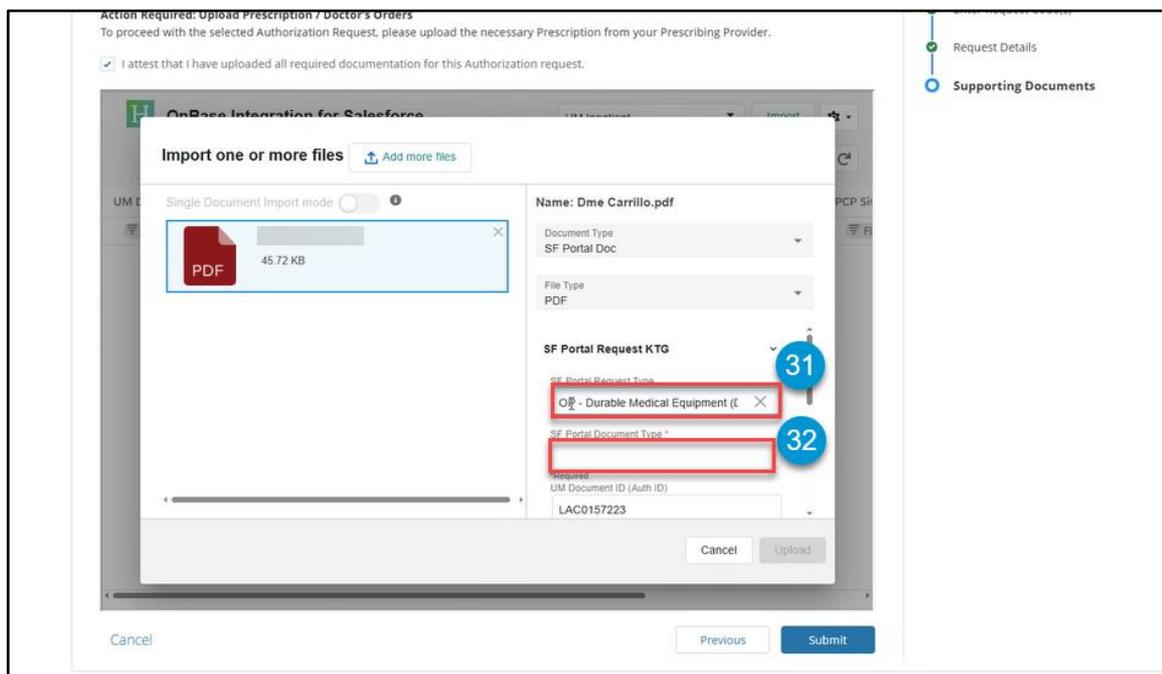


Note: If you are not already logged in, you will need to log into the OnBase Integration for Salesforce.

NEMT (Internal Plan) (Cont'd)

The steps to submit an NEMT SAR for an internal plan are outlined below:

31. Once you have selected the supporting documents from your system, the **Import one or more files** window appears. Next, **click your cursor in the SF Portal Request Type field**
32. Click **SF Portal Document Type** to populate the Expand Autofill Instances



Action Required: Upload Prescription / Doctor's Orders
To proceed with the selected Authorization Request, please upload the necessary Prescription from your Prescribing Provider.

I attest that I have uploaded all required documentation for this Authorization request.

Import one or more files [Add more files](#)

Single Document Import mode

PDF 45.72 KB

Name: Dme Carrillo.pdf

Document Type: SF Portal Doc

File Type: PDF

SF Portal Request KTG

SF Portal Request Type: **Durable Medical Equipment**

SF Portal Document Type *

Required

UM Document ID (Auth ID): LAC0157223

Cancel Upload

Cancel Previous **Submit**

Note: You can add multiple files using the **Add more files** button.

NEMT (Internal Plan) (Cont'd)

The steps to submit an NEMT SAR for an internal plan are outlined below:

Use the check boxes to select your document type, then click **Expand Instances** to confirm your selection.

Expand Autofill Instances

SF Portal Request Type	SF Portal Document Type
<input type="checkbox"/> OP - Durable Medical Equipment (DME) - Incontinent & Medical Supplies	UM Prior Auth Form
<input type="checkbox"/> OP - Durable Medical Equipment (DME) - Incontinent & Medical Supplies	UM Prior Auth Supporting Docs

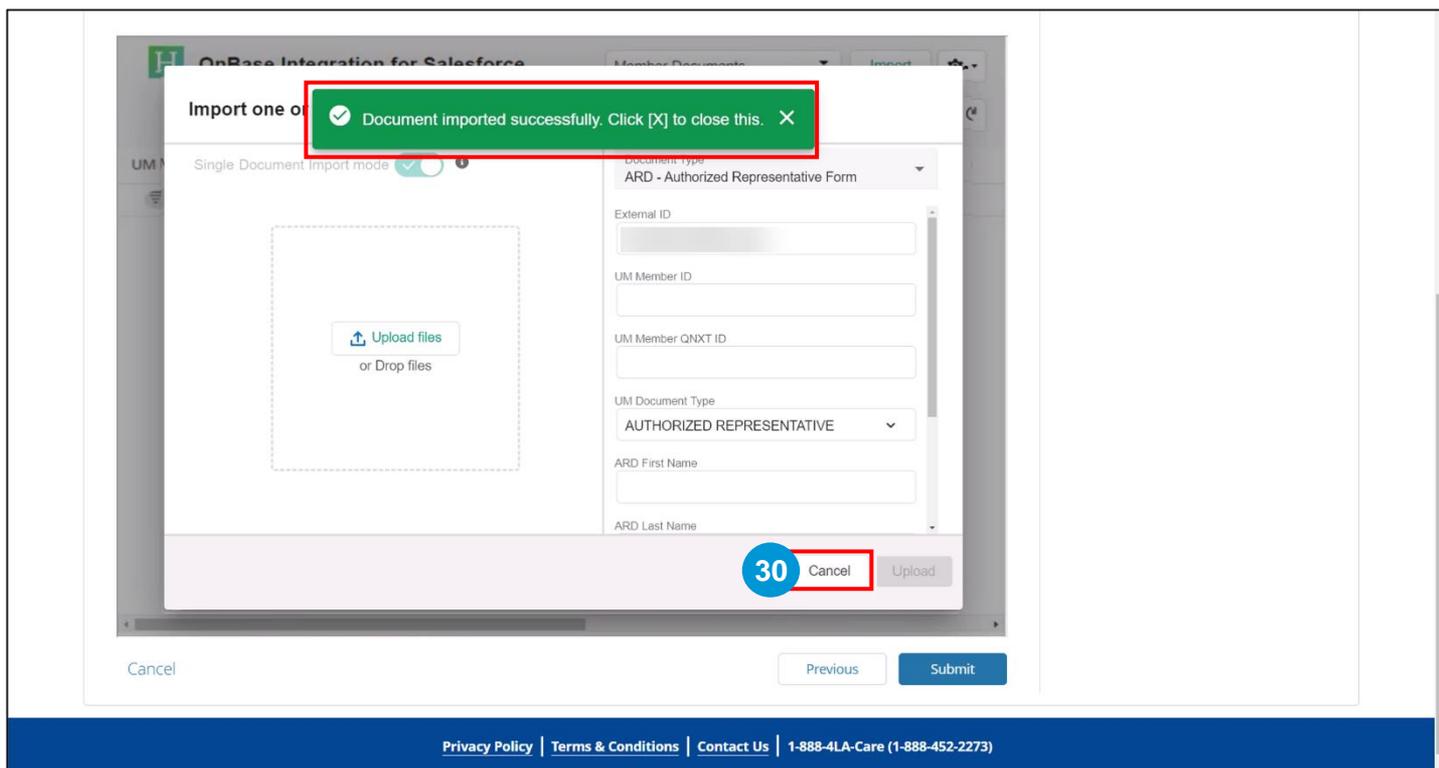
Cancel Expand Instances

Note: You can add multiple files using the **Add more files** button.

NEMT (Internal Plan) (Cont'd)

The steps to submit an NEMT SAR for an internal plan on the Provider Portal are outlined below:

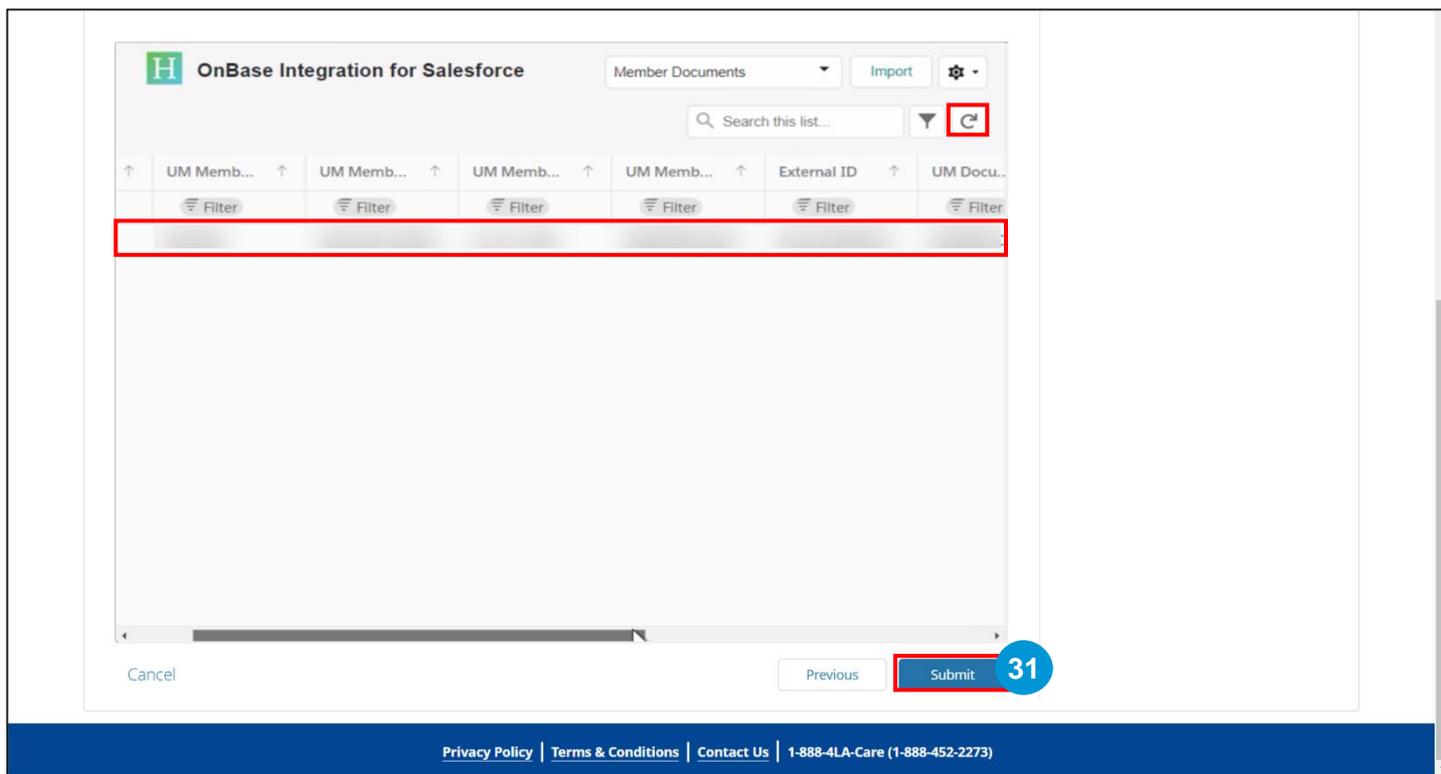
30. Once you have uploaded the document, a message appears confirming that the Document was imported successfully. Click the **Cancel** button to close the window.



NEMT (Internal Plan) (Cont'd)

The steps to submit an NEMT SAR for an internal plan on the Provider Portal are outlined below:

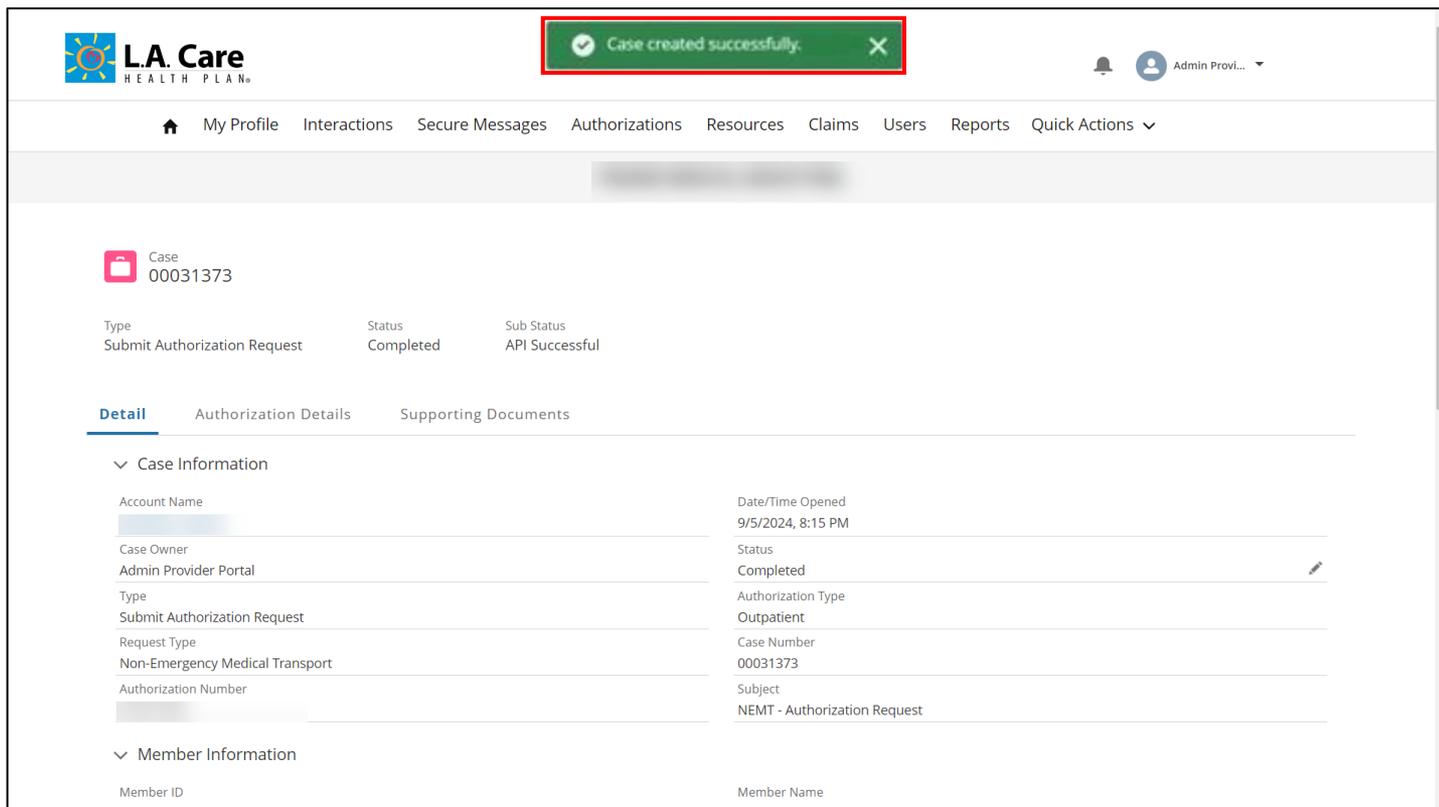
31. The recently uploaded file is now displayed under the **OnBase Integration for Salesforce** section. Next, click **Submit**.



Note: If the file does not appear in this section after a successful upload, you can click the Refresh icon.

NEMT (Internal Plan) (Cont'd)

The **Case Details** page displays. A message appears confirming that the case has been created successfully. On this page, you can review the case details.



L.A. Care
HEALTH PLANS

Case created successfully.

Admin Provi...

My Profile Interactions Secure Messages Authorizations Resources Claims Users Reports Quick Actions

Case
00031373

Type	Status	Sub Status
Submit Authorization Request	Completed	API Successful

Detail Authorization Details Supporting Documents

Case Information

Account Name	Date/Time Opened
Case Owner	9/5/2024, 8:15 PM
Admin Provider Portal	Status
Type	Completed
Submit Authorization Request	Authorization Type
Request Type	Outpatient
Non-Emergency Medical Transport	Case Number
Authorization Number	00031373
	Subject
	NEMT - Authorization Request

Member Information

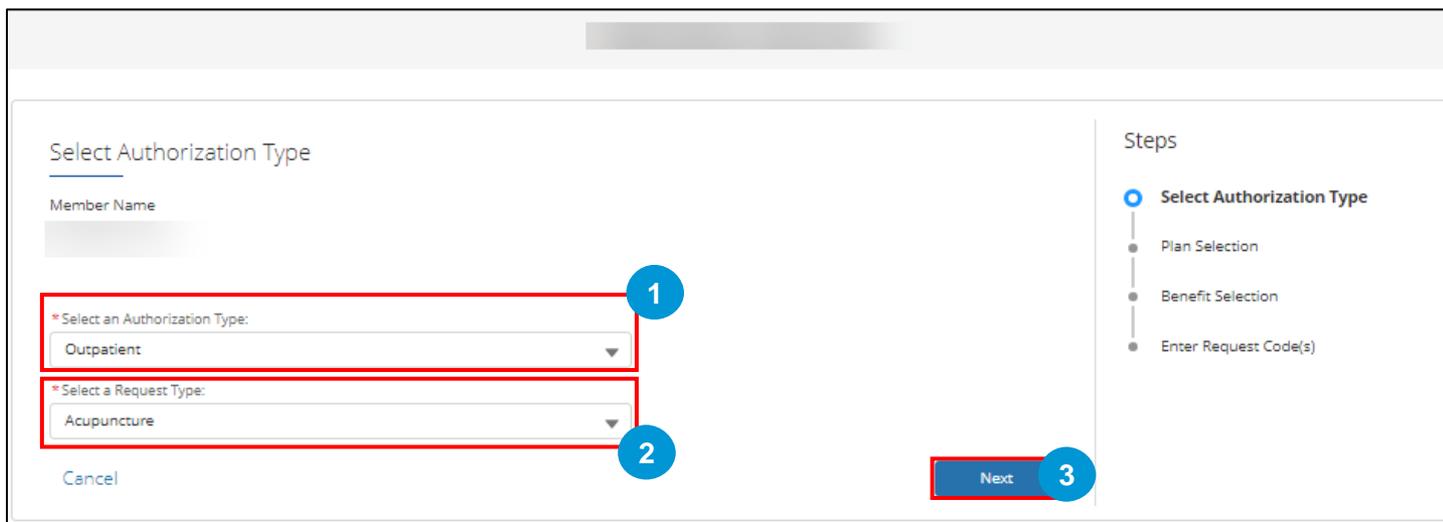
Member ID	Member Name

Next, let's see how you can submit General SARs.

General/Outpatient

Access the Select Authorization Type page from either Authorizations menu item or from the Member 360 page and perform the following steps to submit a General SAR:

1. On the **Select Authorization Type** page, select the **Outpatient** option from the picklist in the **Select an Authorization Type** field.
2. On selecting the **Outpatient** option for the **Select an Authorization Type** field, the **Select a Request Type** field appears. Select the appropriate option from the picklist.
3. Click **Next** to access the Plan Selection page.



Select Authorization Type

Member Name

* Select an Authorization Type:

Outpatient

* Select a Request Type:

Acupuncture

Cancel

Next

Steps

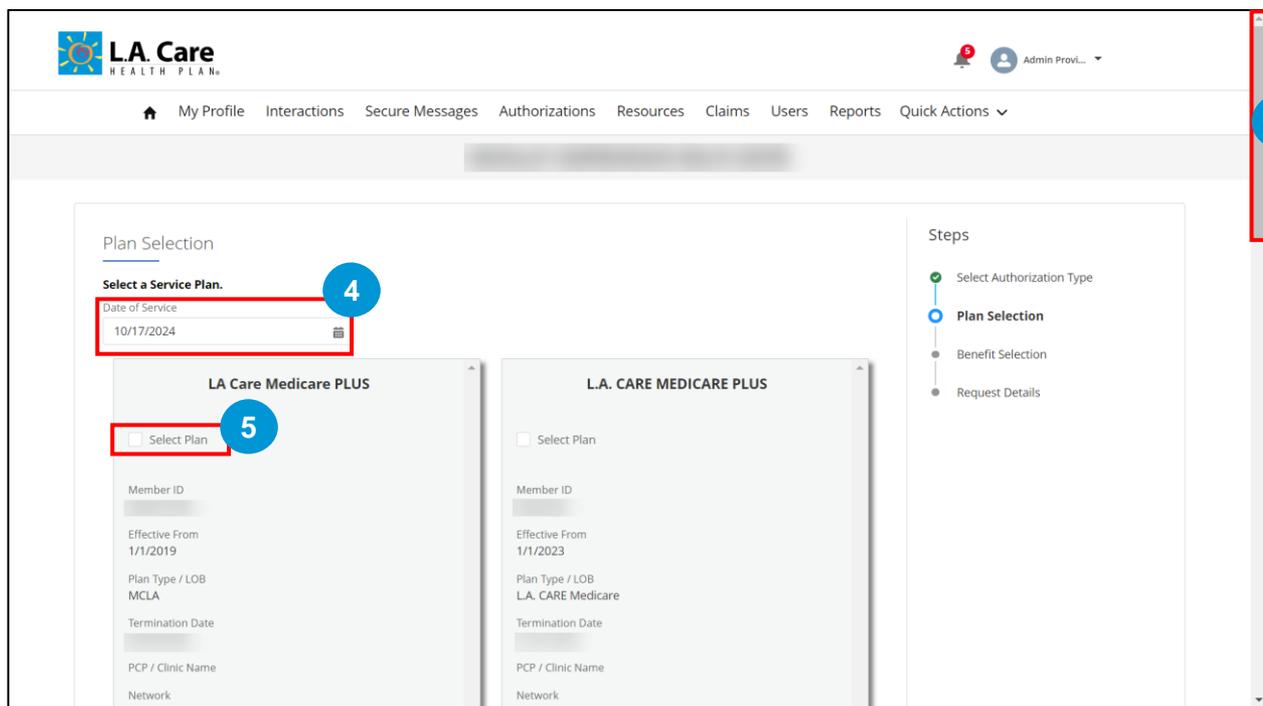
- Select Authorization Type
- Plan Selection
- Benefit Selection
- Enter Request Code(s)



General/Outpatient (Cont'd)

The steps to submit a General SAR on the Provider Portal are outlined below:

4. The **Plan Selection** page displays. Here, the **Date of Service** field is auto-populated with the current date. You can update the date as per your requirement in this field.
5. Select the **Select Plan** checkbox of the required plan from the available options.
6. Scroll down to access the **Next** button.



The screenshot displays the L.A. Care Health Plans Provider Portal. At the top, the L.A. Care logo and navigation menu are visible. The main content area is titled 'Plan Selection'. A red box highlights the 'Date of Service' field, which contains '10/17/2024', with a blue callout '4'. Below this, two plan cards for 'LA Care Medicare PLUS' are shown. The left card has a 'Select Plan' checkbox highlighted with a red box and a blue callout '5'. The right card also has a 'Select Plan' checkbox. On the right side, a 'Steps' sidebar shows the current step as 'Plan Selection'. A red vertical bar on the right edge of the page is labeled with a blue circle containing the number '6', indicating the scroll action.

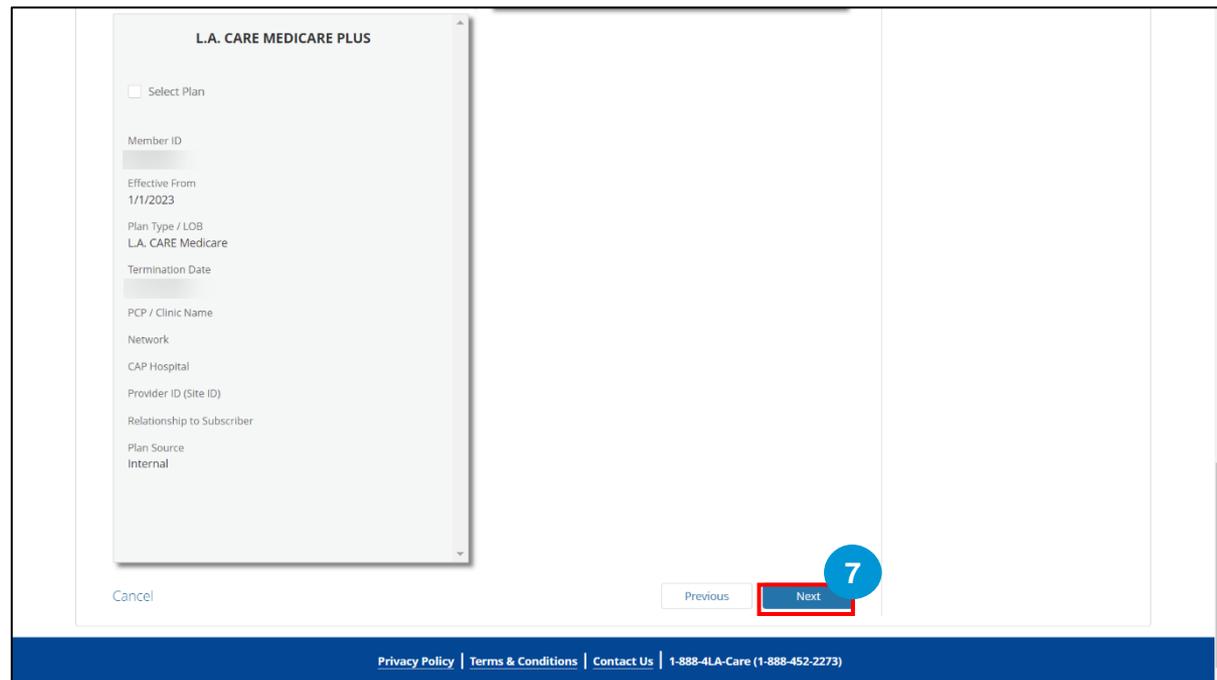


General/Outpatient (Cont'd)

The steps to submit a General SAR on the Provider Portal are outlined below:

7. Click **Next** to proceed further.

If you have selected an internal plan, you will be directed to the Benefit Selection page. Whereas, if an external plan is selected, a case is directly created, and you will be directed to the Case Detail page.



The screenshot shows a form titled "L.A. CARE MEDICARE PLUS" with the following fields:

- Select Plan
- Member ID
- Effective From: 1/1/2023
- Plan Type / LOB: L.A. CARE Medicare
- Termination Date
- PCP / Clinic Name
- Network
- CAP Hospital
- Provider ID (Site ID)
- Relationship to Subscriber
- Plan Source: Internal

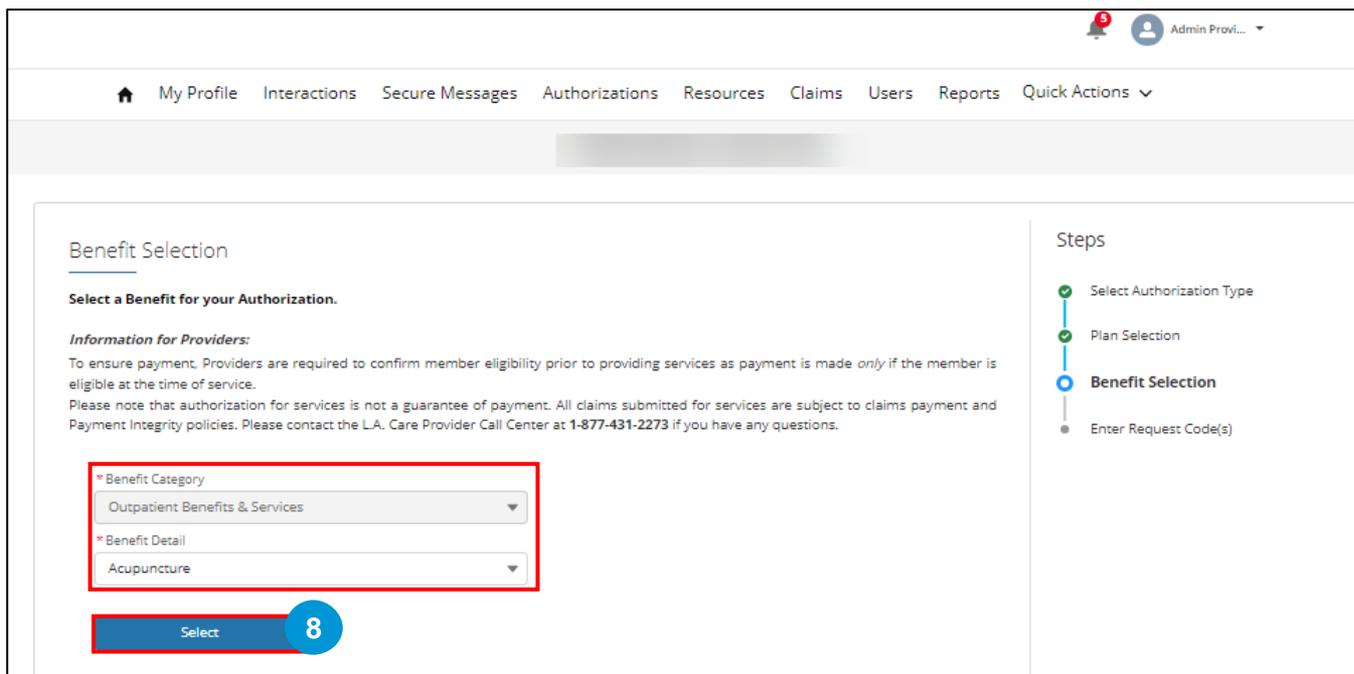
At the bottom of the form, there are three buttons: "Cancel", "Previous", and "Next". The "Next" button is highlighted with a red box, and a blue circle with the number "7" is overlaid on it. The footer of the page contains the text: "Privacy Policy | Terms & Conditions | Contact Us | 1-888-4LA-Care (1-888-452-2273)".

Note: If any correction is required, you can click **Previous** to go back to the previous step.

General/Outpatient (Internal Plan) (Cont'd)

The steps to submit a General SAR for the internal plan on the Provider Portal are outlined below:

8. The **Benefit Selection** page displays. Here, the **Benefit Category** and **Benefit Detail** field is auto-populated based on the authorization type and request type. Next, click **Select**.



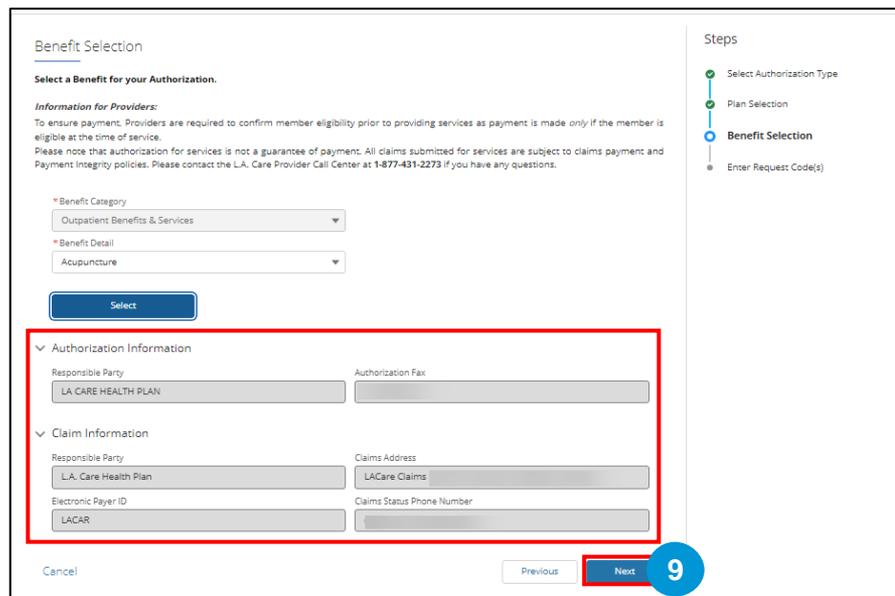
Note: If the **Benefit Category** field is auto-populated with **Other Coverage Benefits or Services**, it indicates that the planned benefit does not exist, and you cannot proceed further with submitting the authorization request.



General/Outpatient (Internal Plan) (Cont'd)

The steps to submit a General SAR for the internal plan on the Provider Portal are outlined below:

- The **Authorization information** and **Claim information** sections are auto-populated based on your selection in the **Benefit Detail** field. Click **Next** to proceed further.



Benefit Selection

Select a Benefit for your Authorization.

Information for Providers:
To ensure payment, Providers are required to confirm member eligibility prior to providing services as payment is made only if the member is eligible at the time of service. Please note that authorization for services is not a guarantee of payment. All claims submitted for services are subject to claims payment and Payment Integrity policies. Please contact the L.A. Care Provider Call Center at 1-877-431-2273 if you have any questions.

*Benefit Category
Outpatient Benefits & Services

*Benefit Detail
Acupuncture

Select

Steps

- Select Authorization Type
- Plan Selection
- Benefit Selection**
- Enter Request Code(s)

Authorization Information

Responsible Party: LA CARE HEALTH PLAN

Authorization Fax:

Claim Information

Responsible Party: L.A. Care Health Plan

Claims Address: LACare Claims

Electronic Payer ID: LACAR

Claims Status Phone Number:

Cancel Previous **Next** 9

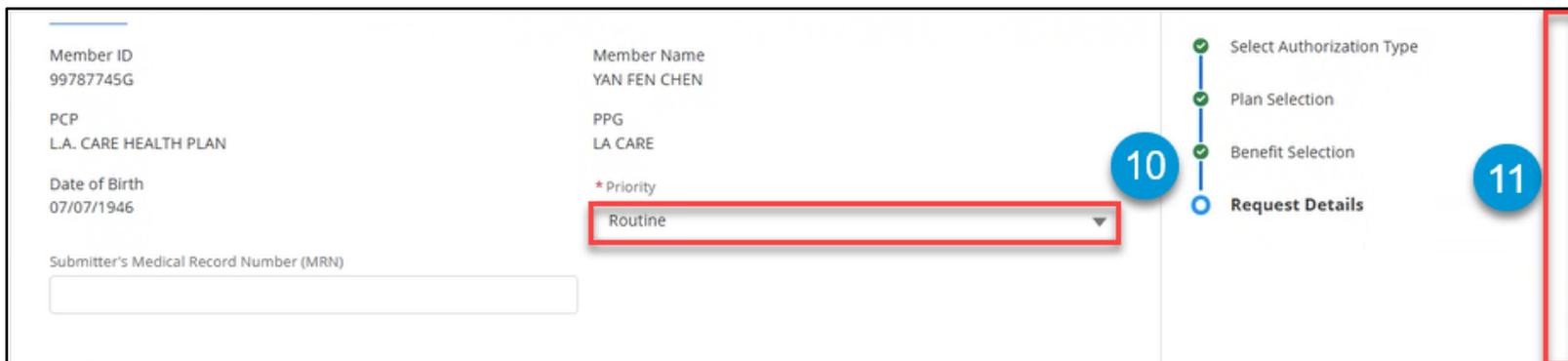
Note: If the Responsible Party under the Authorization Information section is not L.A. Care, the next steps will be skipped, and the case will be directly created.

Next, let's review the steps where L.A. Care is the responsible party.

General/Outpatient (Internal Plan) (Cont'd)

The steps to submit a General SAR for the internal plan on the Provider Portal are outlined below:

10. The **Select Prescribing Provider** page displays. On this page, select **Priority** from the picklist. You can also enter **Submitter's Medical Record Number (MRN)**, if you choose. This is an optional field.
11. Navigate down to access the **Practitioner Search** or **Provider Search** section.



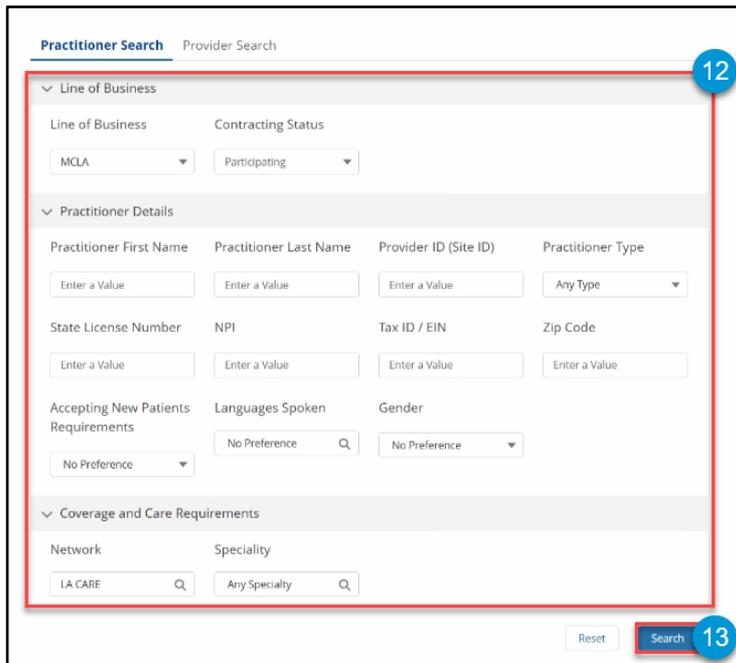
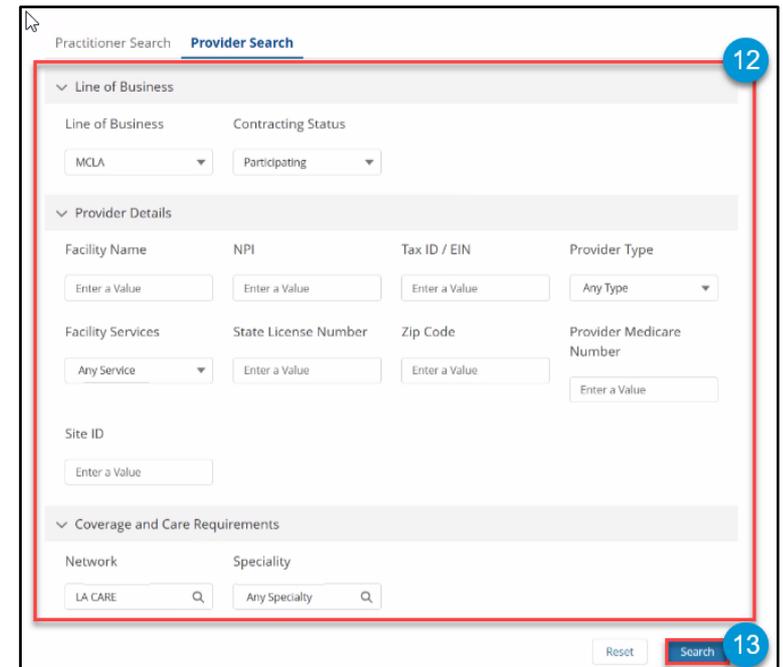
Member ID 99787745G	Member Name YAN FEN CHEN	<ul style="list-style-type: none"> ✓ Select Authorization Type ✓ Plan Selection ✓ Benefit Selection ○ Request Details
PCP L.A. CARE HEALTH PLAN	PPG LA CARE	
Date of Birth 07/07/1946	* Priority Routine	
Submitter's Medical Record Number (MRN) <input type="text"/>		



General/Outpatient (Internal Plan) (Cont'd)

The steps to submit a General SAR for the internal plan on the Provider Portal are outlined below:

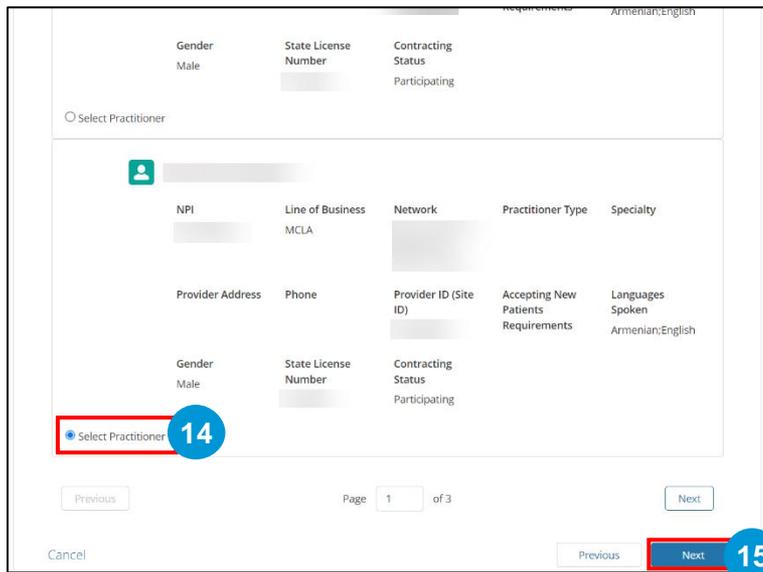
12. On the **Select Prescribing Provider** page, search for and select the appropriate Prescribing Provider or Practitioner by entering the preferred provider's demographic information into the corresponding fields
13. Click **Search** to view the search results.

General/Outpatient (Internal Plan) (Cont'd)

The steps to submit a General SAR for the internal plan on the Provider Portal are outlined below:

14. Scroll down to access the **Practitioner** or **Provider Result** section. In this section, select the **Select Practitioner** or **Select Provider** radio button for the required Practitioner or Provider, respectively.
15. Click **Next** to proceed further.



Gender: Male, State License Number: [Redacted], Contracting Status: Participating

Select Practitioner

NPI: [Redacted], Line of Business: MCLA, Network: [Redacted], Practitioner Type: [Redacted], Specialty: [Redacted]

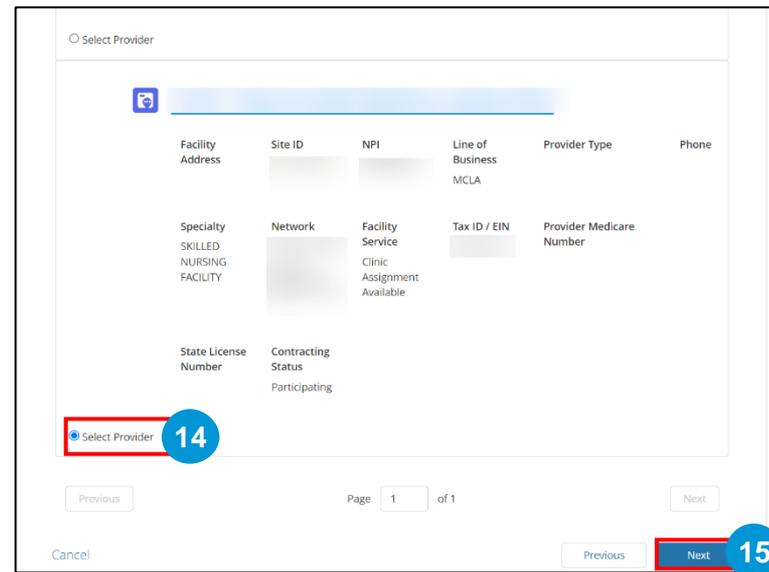
Provider Address: [Redacted], Phone: [Redacted], Provider ID (Site ID): [Redacted], Accepting New Patients Requirements: [Redacted], Languages Spoken: Armenian;English

Gender: Male, State License Number: [Redacted], Contracting Status: Participating

Select Practitioner **14**

Page 1 of 3

Cancel Previous **Next** **15**



Select Provider

Facility Address: [Redacted], Site ID: [Redacted], NPI: [Redacted], Line of Business: MCLA, Provider Type: [Redacted], Phone: [Redacted]

Specialty: SKILLED NURSING FACILITY, Network: [Redacted], Facility Service: Clinic Assignment Available, Tax ID / EIN: [Redacted], Provider Medicare Number: [Redacted]

State License Number: [Redacted], Contracting Status: Participating

Select Provider **14**

Page 1 of 1

Cancel Previous **Next** **15**



General/Outpatient (Internal Plan) (Cont'd)

The steps to submit a General SAR for the internal plan on the Provider Portal are outlined below:

- Similarly, on the **Select Service Provider** page, search the required Service Provider/Practitioner using the Practitioner Search or Provider Search.

Select Service Provider

Member ID [Redacted]	Member Name [Redacted]
PCP [Redacted]	PPG [Redacted]
Date of Birth 10/01/1965	Priority Urgent
Submitter's Medical Record Number (MRN) 123456	
Selected Prescribing Provider [Redacted]	Prescribing Provider Site ID [Redacted]
Prescribing Provider Address	Prescribing Provider Fax Number

Steps

- Select Authorization Type
- Plan Selection
- Benefit Selection
- Select Prescribing Provider
- Select Service Provider**
- Enter Request Code(s)
- Supporting Documents

Practitioner Search

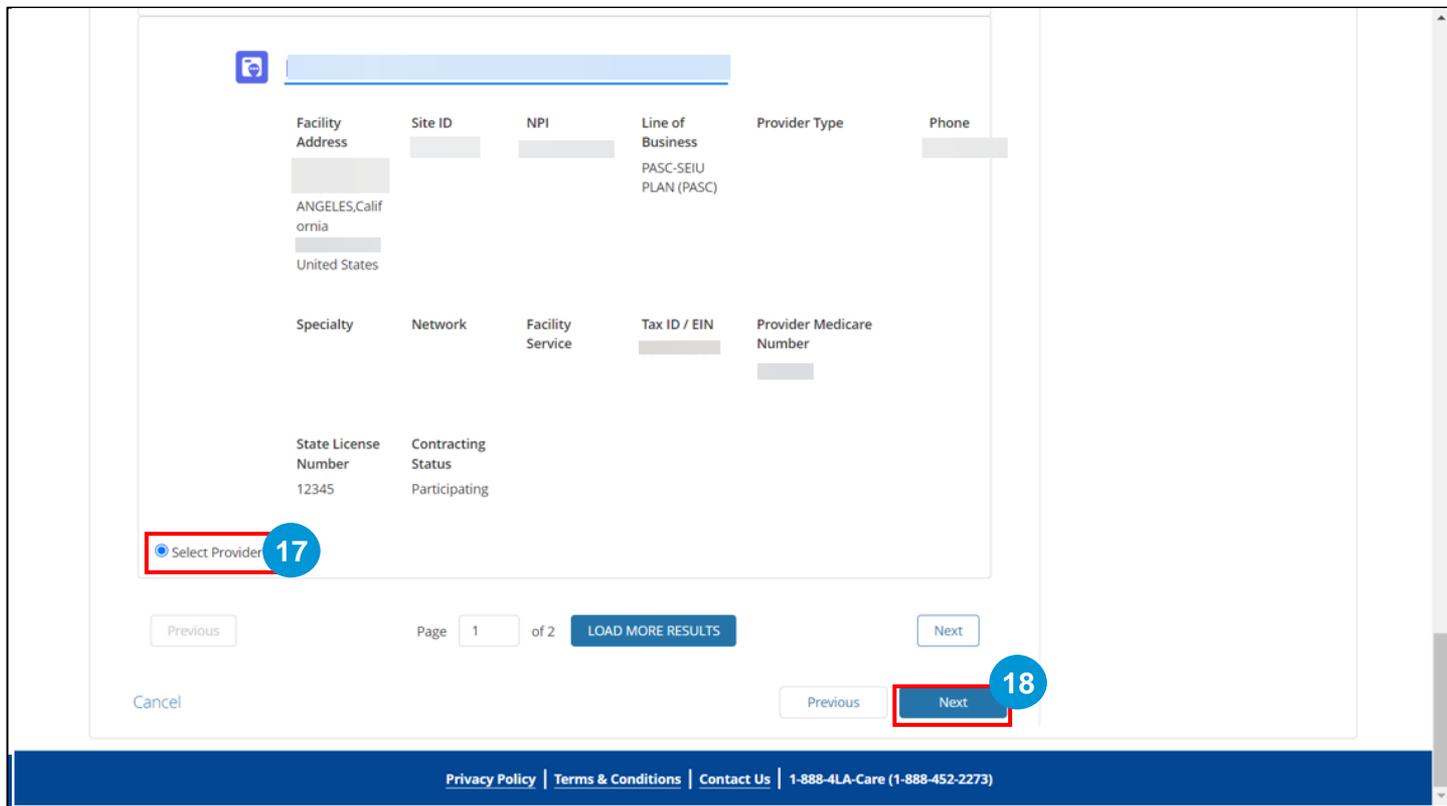
16

Practitioner NPI [Enter a Value]	Practitioner Last Name [Enter a Value]	Practitioner Type Any Type
Specialty Any Specialty		

General/Outpatient (Internal Plan) (Cont'd)

The steps to submit a General SAR for the internal plan on the Provider Portal are outlined below:

17. Scroll down to access the **Practitioner Result/Provider Result** section and select the **Select Practitioner/Select Provider** radio button for the required Service Provider.
18. Click **Next** to proceed further.



Facility Address	Site ID	NPI	Line of Business	Provider Type	Phone
<p>██████████</p> <p>ANGELES, Calif</p> <p>ornia</p> <p>██████████</p> <p>United States</p>	██████████	██████████	PASC-SEIU PLAN (PASC)		██████████
Specialty	Network	Facility Service	Tax ID / EIN	Provider Medicare Number	
State License Number	Contracting Status				
12345	Participating				

Select Provider **17**

Previous Page 1 of 2 **LOAD MORE RESULTS** Next

Cancel Previous **Next** **18**

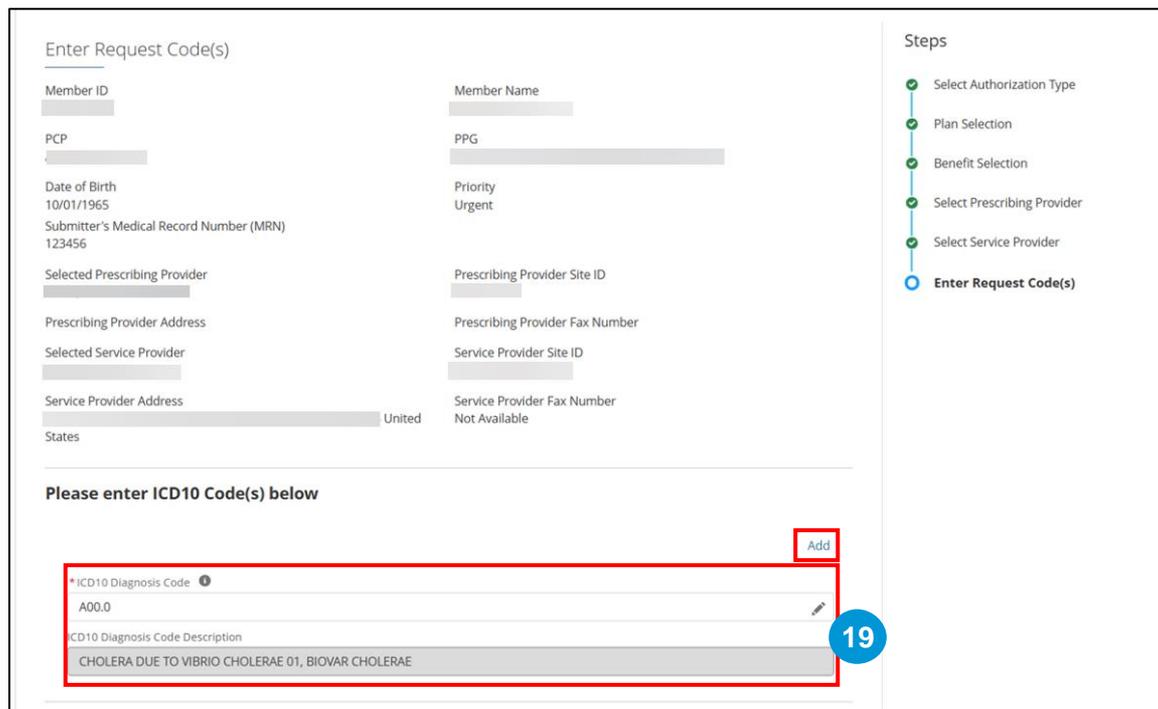
[Privacy Policy](#) | [Terms & Conditions](#) | [Contact Us](#) | 1-888-4LA-Care (1-888-452-2273)



General/Outpatient (Internal Plan) (Cont'd)

The steps to submit a General SAR for the internal plan on the Provider Portal are outlined below:

- The **Enter Request Code(s)** page displays. On this page, enter the **ICD10 Diagnosis Code**. The **ICD10 Diagnosis Code Description** field will be auto-populated as per the entered **ICD10 Diagnosis Code**.



Enter Request Code(s)

Member ID: [Redacted] Member Name: [Redacted]

PCP: [Redacted] PPG: [Redacted]

Date of Birth: 10/01/1965 Priority: Urgent

Submitter's Medical Record Number (MRN): 123456

Selected Prescribing Provider: [Redacted] Prescribing Provider Site ID: [Redacted]

Prescribing Provider Address: [Redacted] Prescribing Provider Fax Number: [Redacted]

Selected Service Provider: [Redacted] Service Provider Site ID: [Redacted]

Service Provider Address: [Redacted] United Service Provider Fax Number: Not Available

States: [Redacted]

Please enter ICD10 Code(s) below

*ICD10 Diagnosis Code Add

ICD10 Diagnosis Code Description: CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR CHOLERAE

19

Steps

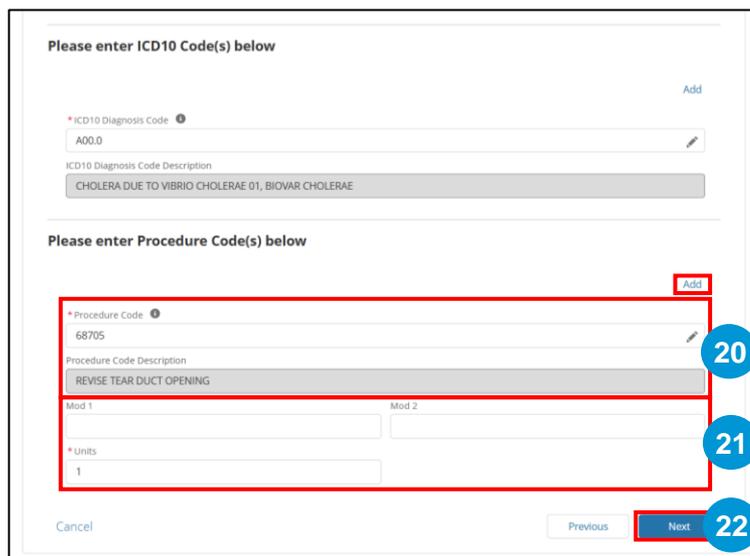
- Select Authorization Type
- Plan Selection
- Benefit Selection
- Select Prescribing Provider
- Select Service Provider
- Enter Request Code(s)**

Note: You can click **Add** if you want to add multiple ICD10 diagnosis code.

General/Outpatient (Internal Plan) (Cont'd)

The steps to submit a General SAR for the internal plan on the Provider Portal are outlined below:

20. Scroll down and enter **Procedure Code**. The **Procedure Code Description** field will be auto-populated.
21. Enter the required units in the **Units field** (mandatory). You can also enter Mod1 and Mod2, if you choose. These two fields are optional.
22. Click **Next** to proceed further.



The screenshot shows a form with two main sections. The first section is titled "Please enter ICD10 Code(s) below" and contains a field for "ICD10 Diagnosis Code" with the value "A00.0" and a description "CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR CHOLERAE". The second section is titled "Please enter Procedure Code(s) below" and contains a field for "Procedure Code" with the value "68705" and a description "REVISE TEAR DUCT OPENING". Below this are fields for "Mod 1", "Mod 2", and "Units" with the value "1". A red box highlights the "Procedure Code" field (callout 20), the "Units" field (callout 21), and the "Next" button (callout 22). There are also "Add", "Cancel", and "Previous" buttons.

Note: You can click **Add** if you want to add multiple Procedure codes.

If all the selected Procedure Code(s) don't require prior authorization, the next step will be skipped, and a case will be directly created on clicking Next.

General/Outpatient (Internal Plan) (Cont'd)

The steps to submit a General SAR for the internal plan on the Provider Portal are outlined below:

23. The **Request Details** page displays. On this page, select the **I have verified the below Provider Information for accuracy** checkbox.
24. Click the **If Applicable to this Request Only – Enter (One-Time) Alternative Fax / Address for Prescriber** accordion and enter the prescribing provider information in the **Street 1, Street 2, City, State, Zip, and Alternate Service Provider Fax** fields.

Request Details

Please review all Prescribing and Service Provider Information, and utilize the accordions to enter Alternative Information as necessary. The entered alternative provider information will persist on this authorization request.

23 I have verified the below Provider Information for accuracy.

Member ID	Member Name
PCP	PPG
Date of Birth 10/01/1965	Priority Urgent
Submitter's Medical Record Number (MRN) 123456	Prescribing Provider Site ID
Selected Prescribing Provider	Prescribing Provider Fax Number

If Applicable to this Request Only - Enter (One-Time) Alternative Fax / Address for Prescriber

Street 1 Maple Street	Street 2 Strt2
City City	State CE
Zip 66635	Alternate Prescribing Provider Fax (987) 654-3210

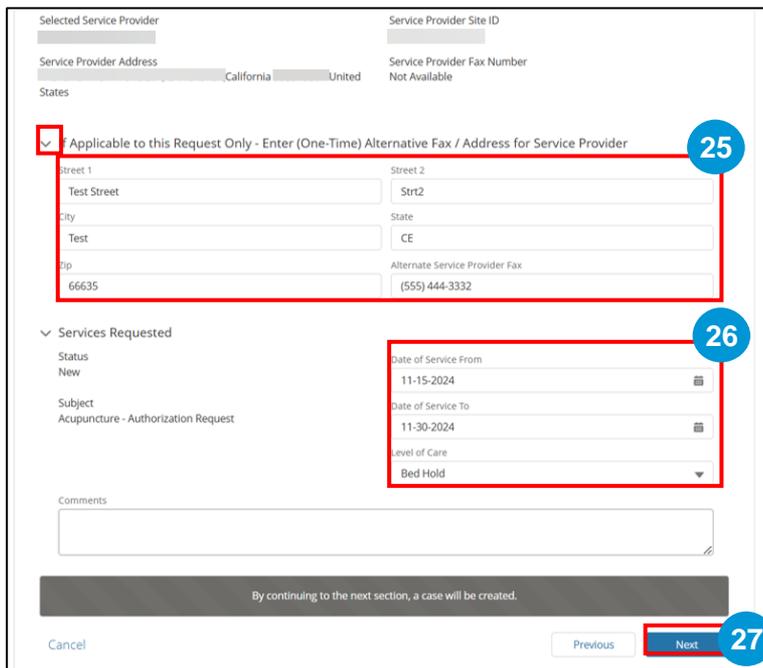
Steps

- Select Authorization Type
- Plan Selection
- Benefit Selection
- Select Prescribing Provider
- Select Service Provider
- Enter Request Code(s)
- Request Details**
- Supporting Documents

General/Outpatient (Internal Plan) (Cont'd)

The steps to submit a General SAR for the internal plan on the Provider Portal are outlined below:

25. Similarly, click the **If Applicable to this Request Only – Enter (One-Time) Alternative Fax / Address for Service Provider** accordion and enter the service provider information in the **Street 1, Street 2, City, State, Zip,** and **Alternate Service Provider Fax** fields.
26. Enter the details in the **Date of Service From, Date of Service To,** and **Level of Care** fields. All these fields are mandatory and can't be skipped.
27. Click **Next** to proceed further.



The screenshot shows a web form for submitting a General SAR. It includes the following sections and fields:

- Selected Service Provider** and **Service Provider Site ID** (both empty)
- Service Provider Address** (California, United States) and **Service Provider Fax Number** (Not Available)
- 25**: A red box highlights the accordion **✓ If Applicable to this Request Only - Enter (One-Time) Alternative Fax / Address for Service Provider**. Inside, fields include:
 - Street 1**: Test Street
 - Street 2**: Strt2
 - City**: Test
 - State**: CE
 - Zip**: 66635
 - Alternate Service Provider Fax**: (555) 444-3332
- 26**: A red box highlights the **Services Requested** section, which includes:
 - Status**: New
 - Subject**: Acupuncture - Authorization Request
 - Date of Service From**: 11-15-2024
 - Date of Service To**: 11-30-2024
 - Level of Care**: Bed Hold
- 27**: A red box highlights the **Next** button at the bottom right of the form.

At the bottom of the form, there is a grey bar with the text: "By continuing to the next section, a case will be created." Below this bar are buttons for "Cancel", "Previous", and "Next".

General/Outpatient (Internal Plan) (Cont'd)

The steps to submit a General SAR for the internal plan on the Provider Portal are outlined below:

28. The **Supporting Documents** page displays. Select the **I attest that I have uploaded all required documentation for this Authorization request** checkbox.

Supporting Documents

Member ID [Redacted]	Member Name [Redacted]
PCP [Redacted]	PPG [Redacted]
Date of Birth 10/01/1965	Priority
Submitter's Medical Record Number (MRN) 1234	

Action Required: Upload Prescription / Doctor's Orders
To proceed with the selected Authorization Request, please upload the necessary Prescription from your Prescribing Provider.

28 I attest that I have uploaded all required documentation for this Authorization request.

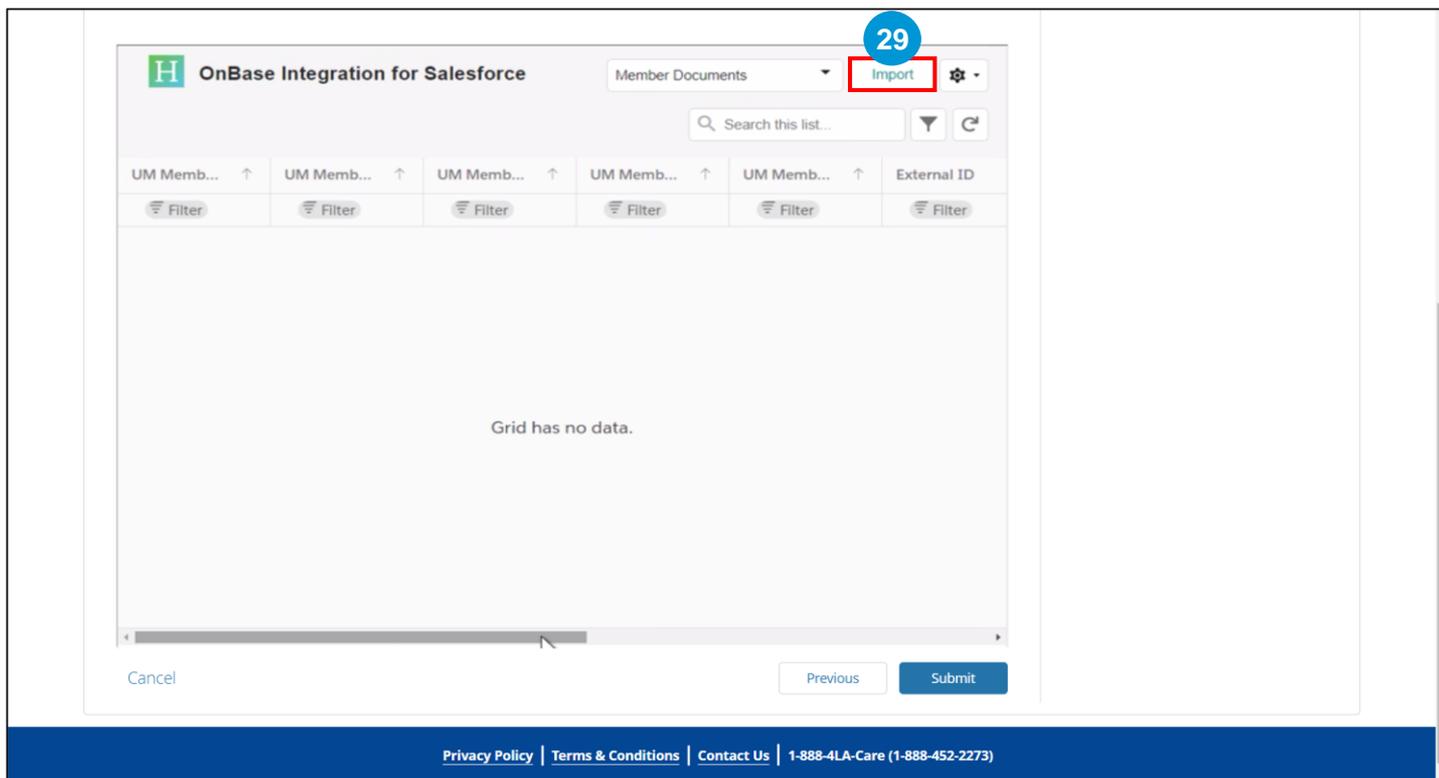
Steps

- Select Authorization Type
- Plan Selection
- Benefit Selection
- Select Prescribing Provider
- Select Service Provider
- Enter Request Code(s)
- Request Details
- Supporting Documents**

General/Outpatient (Internal Plan) (Cont'd)

The steps to submit a General SAR for the internal plan on the Provider Portal are outlined below:

29. Navigate to the **OnBase Integration for Salesforce** section and click **Import** to upload the supporting documents. A pop-up window will appear where you can select the supporting documents from your system that you want to upload.

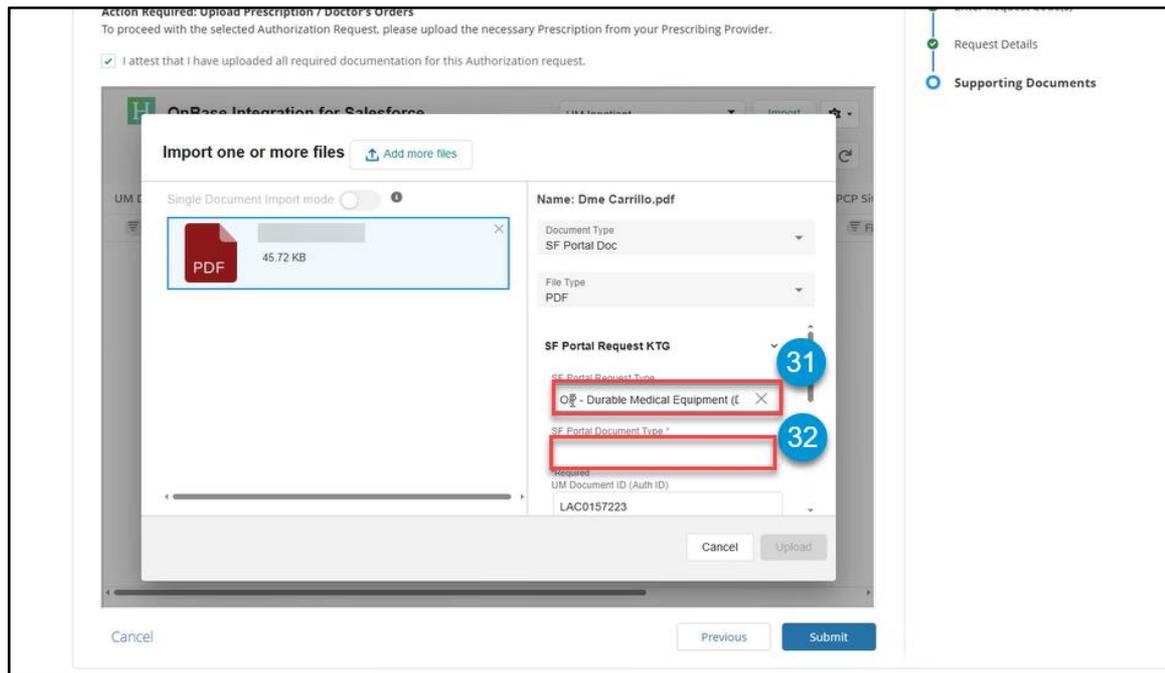


Note: If you are not already logged in, you will need to log into the OnBase Integration for Salesforce.

General/Outpatient (Internal Plan) (Cont'd)

The steps to submit a General/Outpatient SAR for an internal plan are outlined below:

31. Once you have selected the supporting documents from your system, the **Import one or more files** window appears. Next, **click your cursor in the SF Portal Request Type field**
32. Click **SF Portal Document Type** to populate the Expand Autofill Instances



Note: You can add multiple files using the **Add more files** button.

General/Outpatient (Internal Plan) (Cont'd)

The steps to submit a General/Outpatient SAR for an internal plan are outlined below:

Use the check boxes to select your document type, then click **Expand Instances** to confirm your selection.

Expand Autofill Instances

SF Portal Request Type	SF Portal Document Type
<input type="checkbox"/> OP - Durable Medical Equipment (DME) - Incontinent & Medical Supplies	UM Prior Auth Form
<input type="checkbox"/> OP - Durable Medical Equipment (DME) - Incontinent & Medical Supplies	UM Prior Auth Supporting Docs

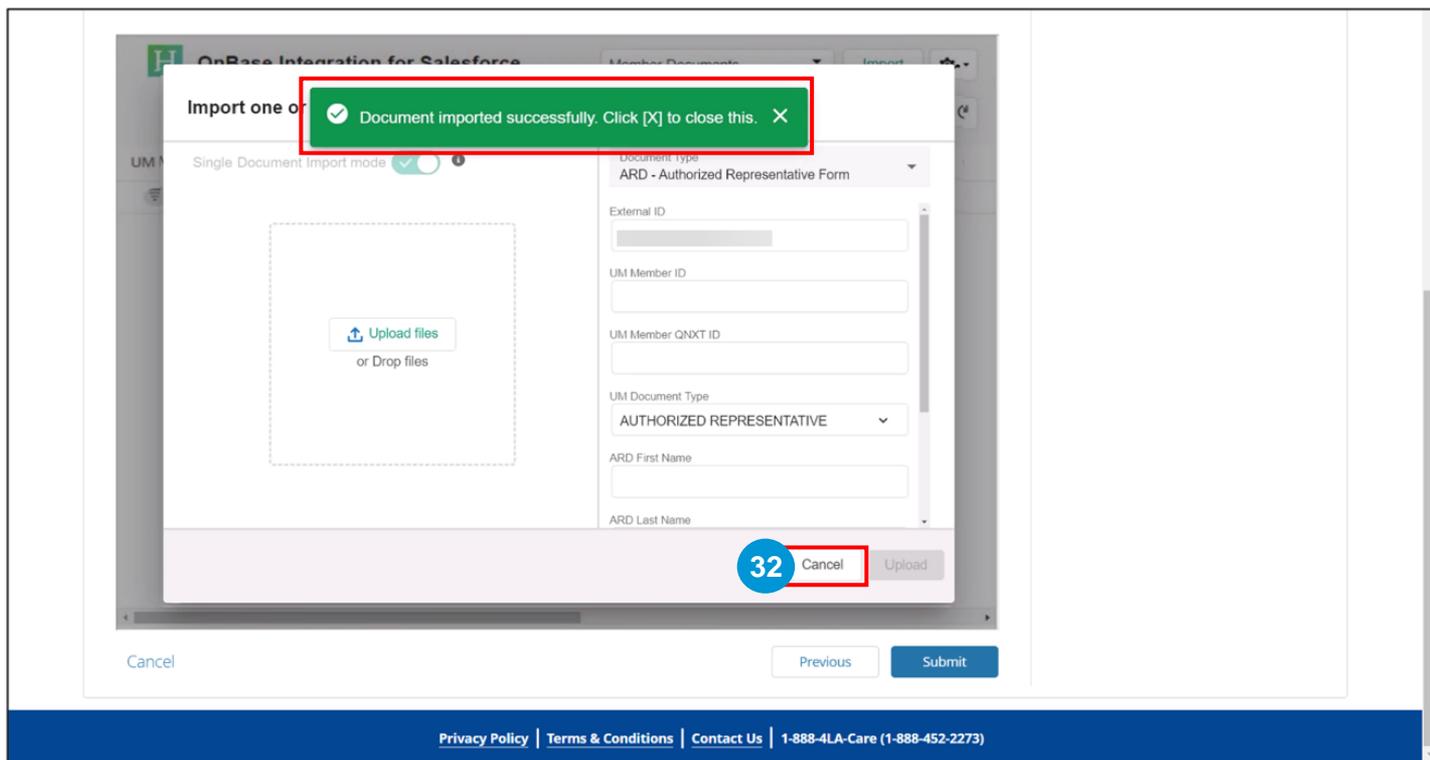
Cancel Expand Instances

Note: You can add multiple files using the **Add more files** button.

General/Outpatient (Internal Plan) (Cont'd)

The steps to submit a General SAR for the internal plan on the Provider Portal are outlined below:

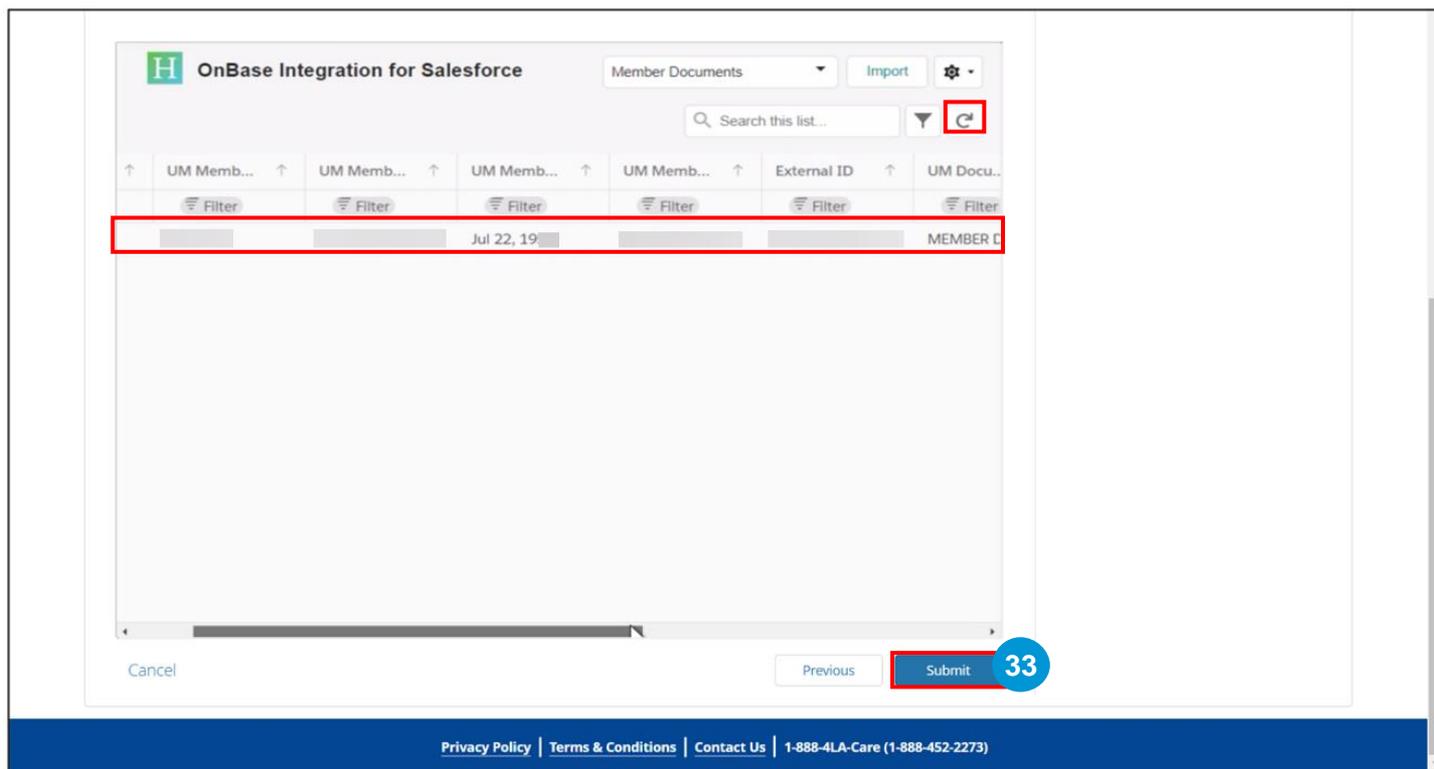
32. Once you have uploaded the document, a message appears confirming that the Document was imported successfully. Click the **Cancel** button to close the window.



General/Outpatient (Internal Plan) (Cont'd)

The steps to submit a General SAR for the internal plan on the Provider Portal are outlined below:

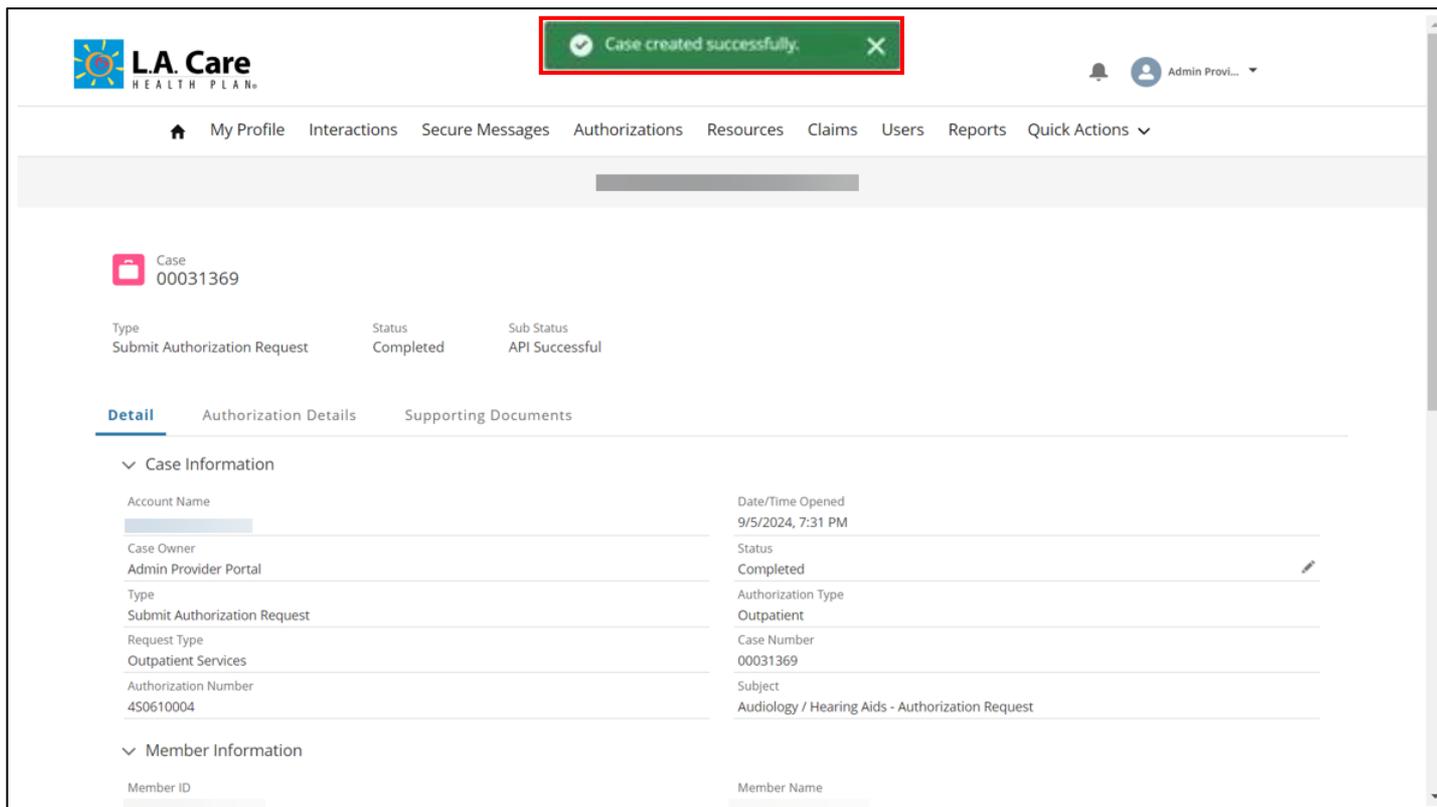
33. The recently uploaded file is now displayed under the **OnBase Integration for Salesforce** section. Next, click **Submit**.



Note: If the file does not appear in this section after a successful upload, you can click the Refresh icon.

General/Outpatient (Internal Plan) (Cont'd)

The **Case Details** page displays. A message appears confirming that the case has been created successfully. On this page, you can review the case details.



L.A. Care HEALTH PLAN

Case created successfully.

Admin Provi...

My Profile Interactions Secure Messages Authorizations Resources Claims Users Reports Quick Actions

Case 00031369

Type	Status	Sub Status
Submit Authorization Request	Completed	API Successful

Detail Authorization Details Supporting Documents

Case Information

Account Name	Date/Time Opened
Case Owner	9/5/2024, 7:31 PM
Admin Provider Portal	Status
Type	Completed
Submit Authorization Request	Authorization Type
Request Type	Outpatient
Outpatient Services	Case Number
Authorization Number	00031369
450610004	Subject
	Audiology / Hearing Aids - Authorization Request

Member Information

Member ID	Member Name
-----------	-------------

Next, let's see how you can locate and review a Claim within the Provider Portal.



L.A. Care
HEALTH PLAN[®]

For All of L.A.

Claims

Claims Overview

The claims feature on the provider portal is essential for managing the financial aspects of healthcare services rendered. It ensures that providers can efficiently track and manage claims, leading to timely reimbursements and better financial health for your organization.

In this module, we will cover how you can view Claim details from:

- Provider Portal Homepage using the Claims menu item
- Member 360

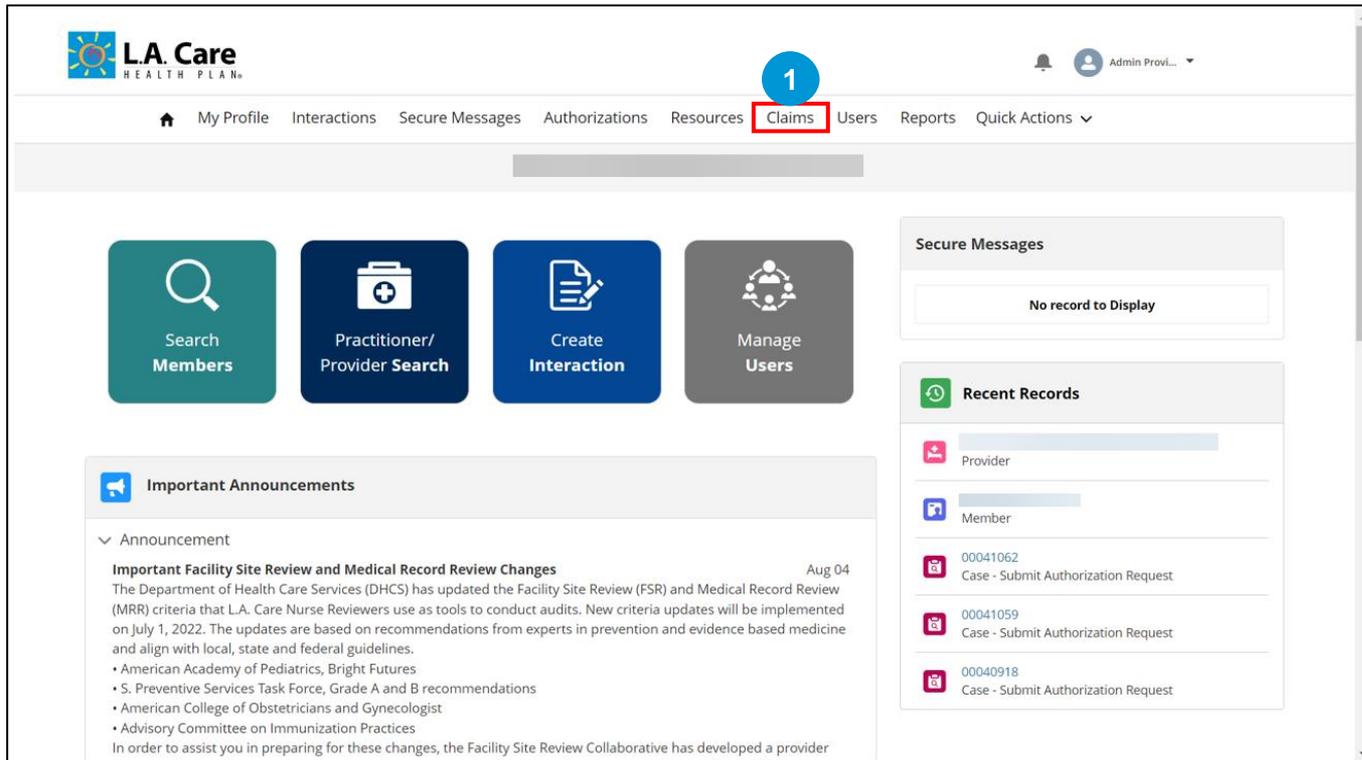
Let's first see the steps of how you can view claim details from the Claims menu item.

View Claim Details – Menu Item

Login to Provider Portal using your login credentials. On the Provider Portal Homepage, perform the following steps to view the Claim details:

The steps to view claim details on the portal are outlined below:

1. Click the **Claims** menu item on the Provider Portal Homepage to access the **Claims Search** page.

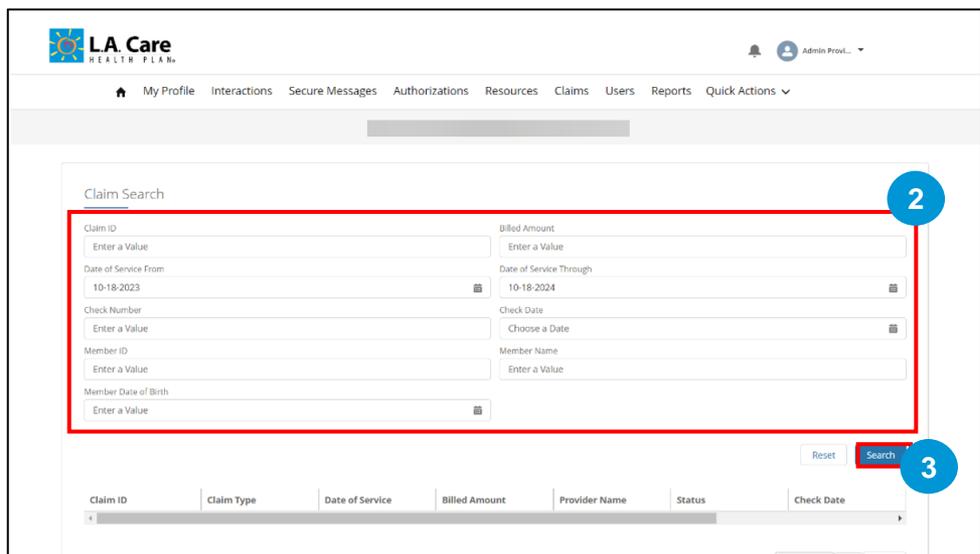


The screenshot displays the L.A. Care Health Plan Provider Portal homepage. The navigation bar includes links for My Profile, Interactions, Secure Messages, Authorizations, Resources, **Claims** (highlighted with a red box and a circled '1'), Users, Reports, and Quick Actions. Below the navigation bar, there are four main action buttons: Search Members, Practitioner/Provider Search, Create Interaction, and Manage Users. On the right side, there are sections for Secure Messages (No record to Display) and Recent Records (listing Provider, Member, and Case - Submit Authorization Request records). At the bottom left, there is an Important Announcements section with a detailed announcement about Facility Site Review and Medical Record Review Changes dated Aug 04.

View Claim Details – Menu Item

The steps to view claim details on the portal are outlined below:

2. The **Claim Search** page displays. Here, you can enter search criteria in the **Claim ID, Billed Amount, Date of Service From, Date of Service Through, Check Number, Check Date, Member ID, Member Name, and Member Date of Birth** fields.
3. Click **Search** to view the search results.



The screenshot shows the L.A. Care portal interface. At the top, there is a navigation bar with the L.A. Care logo and a user profile dropdown. Below the navigation bar, there is a main menu with options like My Profile, Interactions, Secure Messages, Authorizations, Resources, Claims, Users, Reports, and Quick Actions. The main content area is titled "Claim Search" and contains a search form. The form has two columns of input fields. The left column includes fields for Claim ID, Date of Service From (with a calendar icon), Check Number, Member ID, and Member Date of Birth (with a calendar icon). The right column includes fields for Billed Amount, Date of Service Through (with a calendar icon), Check Date (with a "Choose a Date" dropdown and a calendar icon), and Member Name. Below the form are "Reset" and "Search" buttons. A red rectangular box highlights the entire search form area, and a blue circle with the number "2" is positioned to the right of the box. Another blue circle with the number "3" is positioned to the right of the "Search" button.

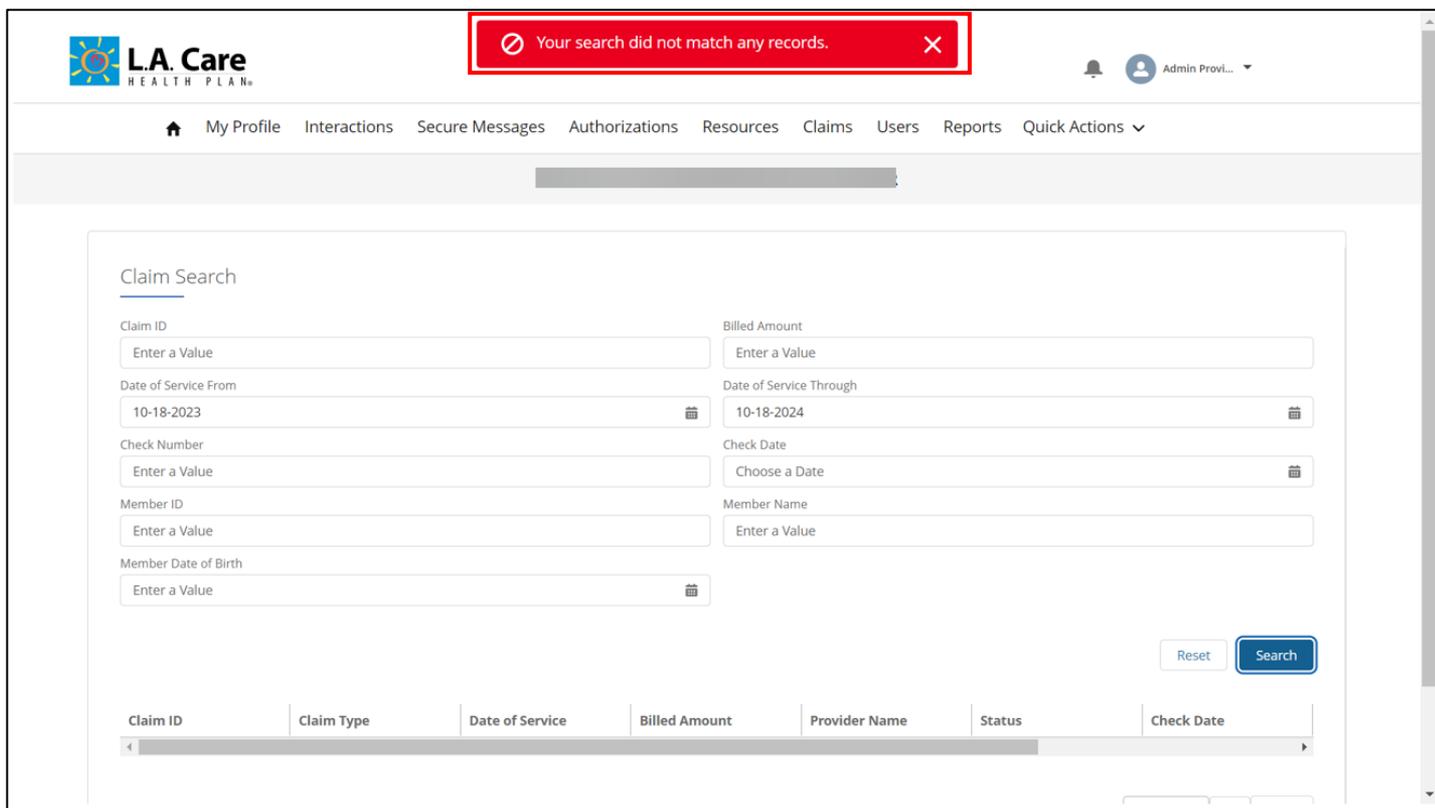
Note:

- The **Date of Service From** and **Date of Service Through** fields are mandatory.
- Use **Reset** button to reset all the fields on this page.

Search Claims – Error

When entering the search criteria, it is crucial to ensure that you input accurate and complete data. Failure to do so will result in the following errors:

1. If the search criteria doesn't match with any record in the system.



The screenshot displays the L.A. Care Health Plan Claims Search interface. At the top, a red error message box states: "Your search did not match any records." The interface includes a navigation menu with options like My Profile, Interactions, Secure Messages, Authorizations, Resources, Claims, Users, Reports, and Quick Actions. The main search area is titled "Claim Search" and contains several input fields for search criteria:

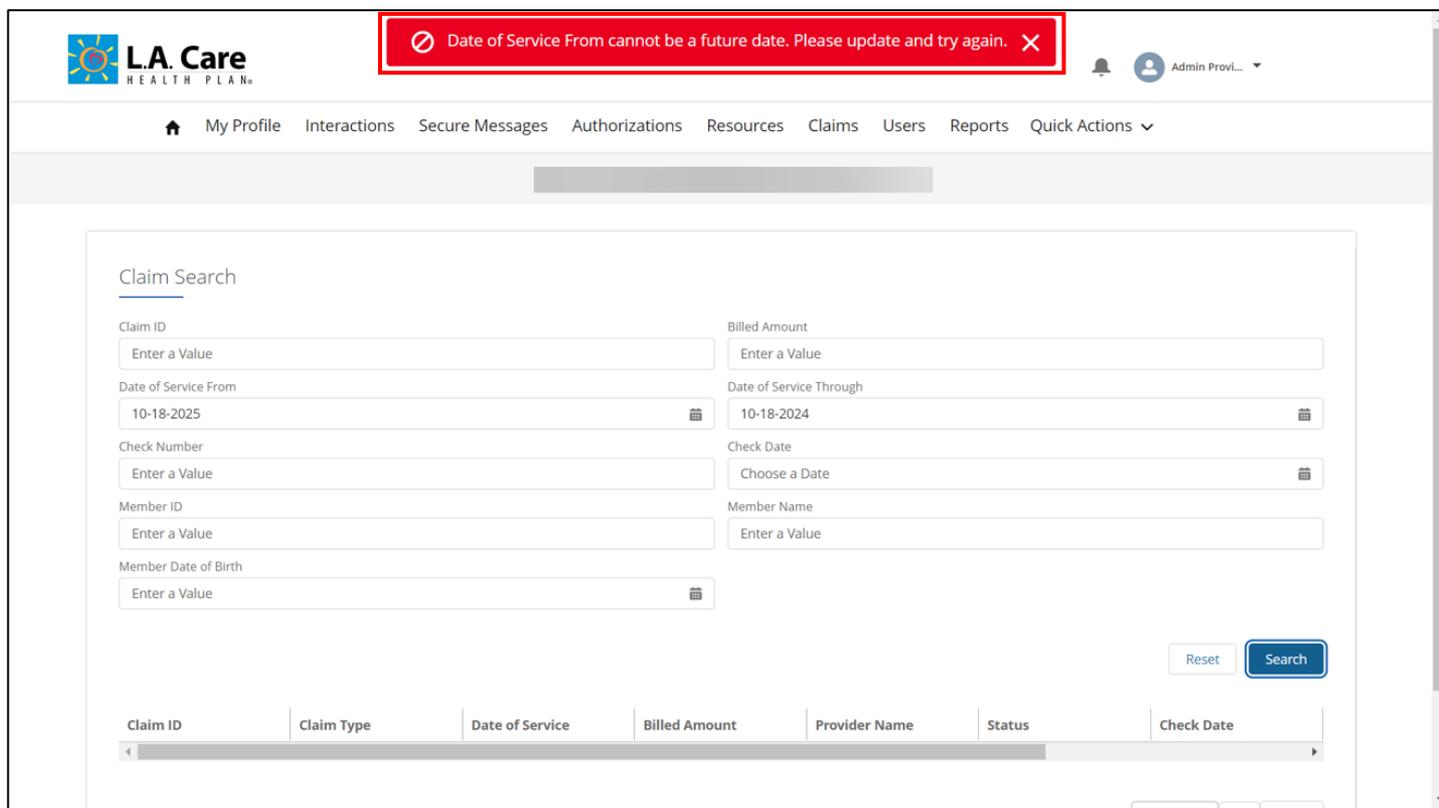
- Claim ID: Enter a Value
- Billed Amount: Enter a Value
- Date of Service From: 10-18-2023
- Date of Service Through: 10-18-2024
- Check Number: Enter a Value
- Check Date: Choose a Date
- Member ID: Enter a Value
- Member Name: Enter a Value
- Member Date of Birth: Enter a Value

At the bottom right of the search area, there are "Reset" and "Search" buttons. Below the search area, a table header is visible with columns: Claim ID, Claim Type, Date of Service, Billed Amount, Provider Name, Status, and Check Date.

Search Claims – Error (Cont'd)

When entering the search criteria, it is crucial to ensure that you input accurate and complete data. Failure to do so will result in the following errors:

2. The date entered in the **Date of Service From** field should not be a future date.



The screenshot displays the L.A. Care Health Plans web application. At the top, a red error message box states: "Date of Service From cannot be a future date. Please update and try again." The main content area is titled "Claim Search" and contains several input fields for search criteria:

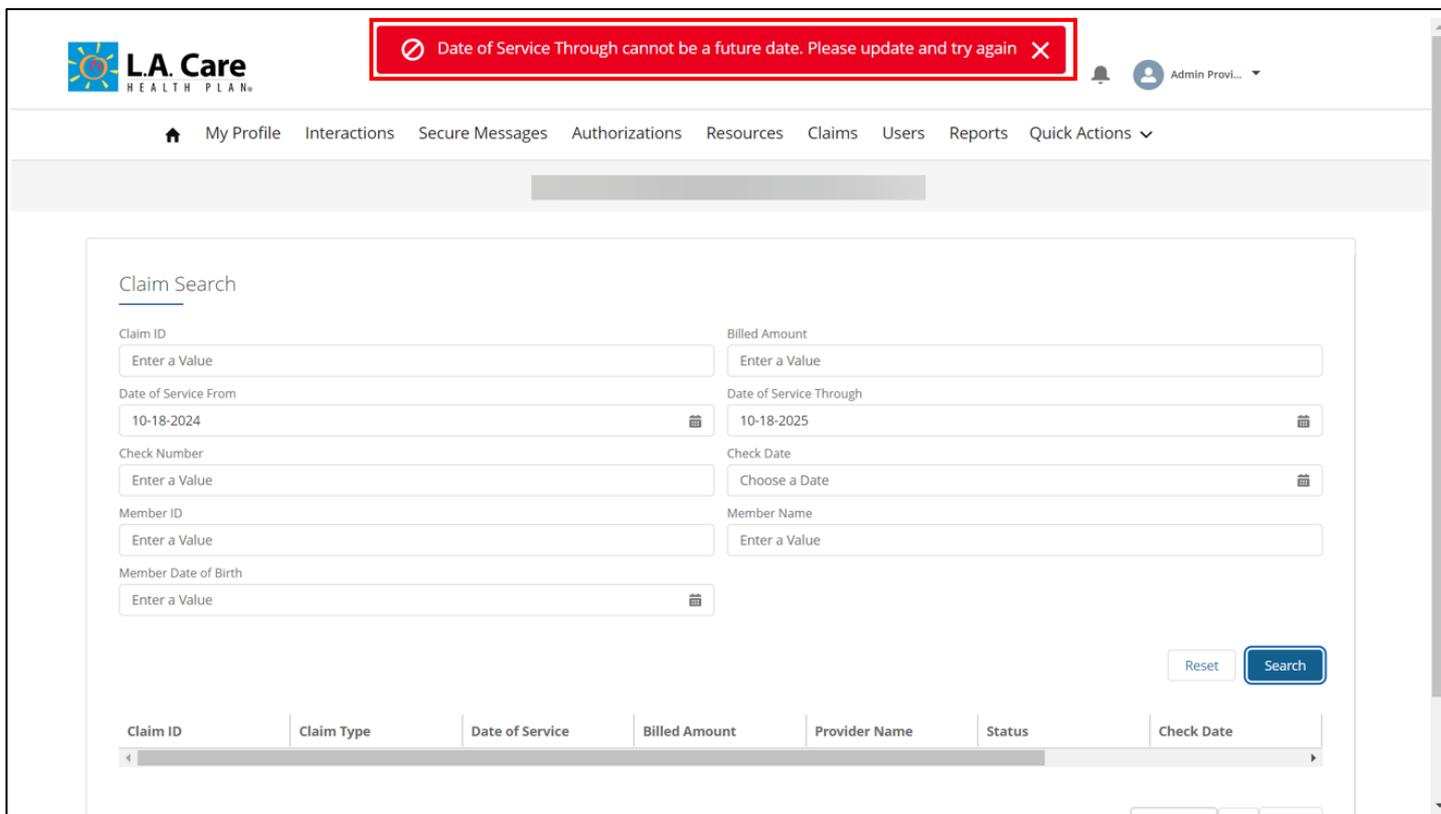
- Claim ID: Enter a Value
- Billed Amount: Enter a Value
- Date of Service From: 10-18-2025 (with a calendar icon)
- Date of Service Through: 10-18-2024 (with a calendar icon)
- Check Number: Enter a Value
- Check Date: Choose a Date (with a calendar icon)
- Member ID: Enter a Value
- Member Name: Enter a Value
- Member Date of Birth: Enter a Value (with a calendar icon)

At the bottom right of the form, there are "Reset" and "Search" buttons. Below the form is a table header with the following columns: Claim ID, Claim Type, Date of Service, Billed Amount, Provider Name, Status, and Check Date.

Search Claims – Error (Cont'd)

When entering the search criteria, it is crucial to ensure that you input accurate and complete data. Failure to do so will result in the following errors:

3. The date entered in the **Date of Service Through** field should not be a future date.

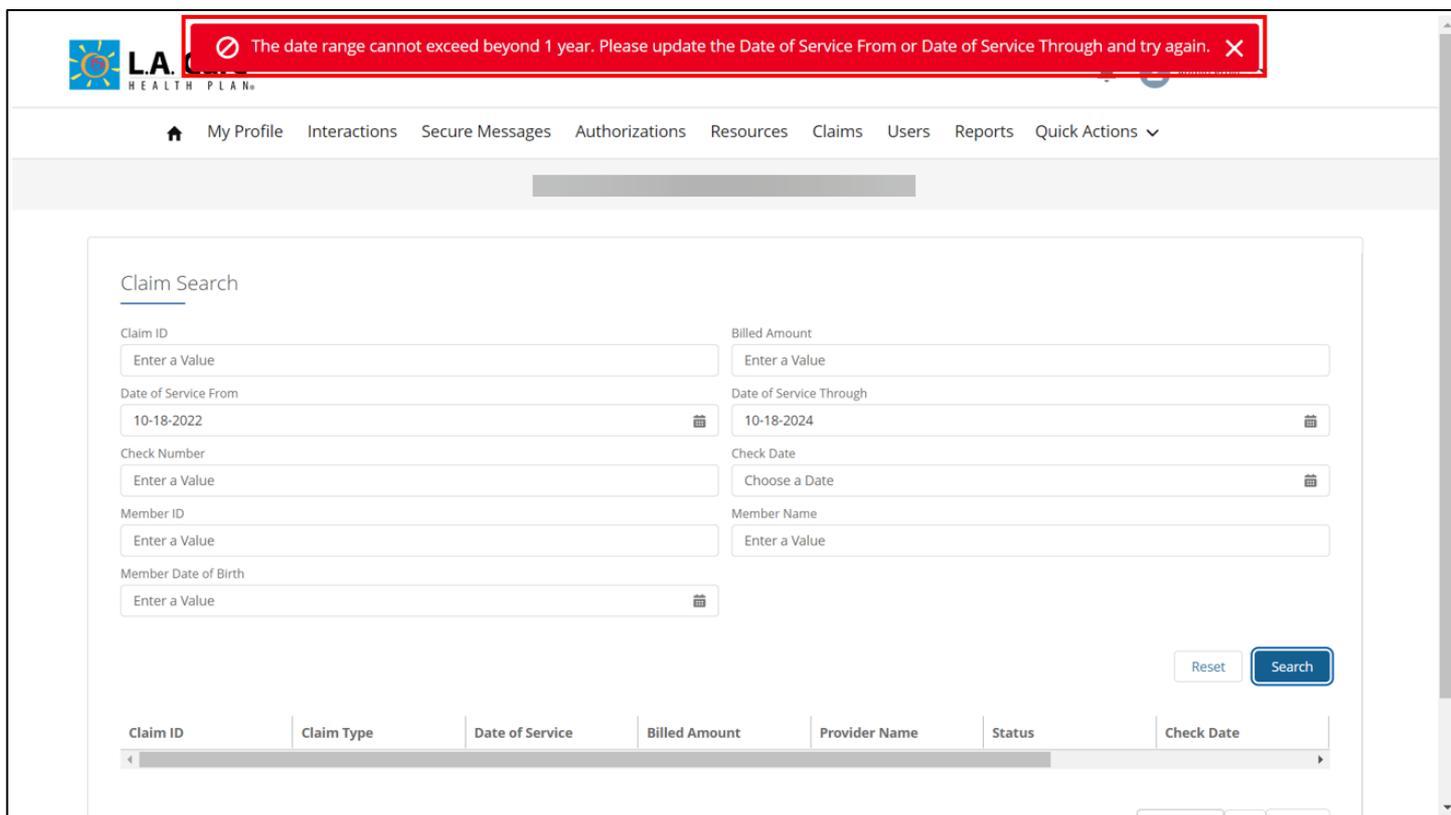


The screenshot displays the L.A. Care Health Plan web portal. At the top, the L.A. Care logo is visible on the left, and a red error message box is centered, stating: "Date of Service Through cannot be a future date. Please update and try again". Below the error message, the navigation menu includes "My Profile", "Interactions", "Secure Messages", "Authorizations", "Resources", "Claims", "Users", "Reports", and "Quick Actions". The main content area is titled "Claim Search" and contains several input fields: "Claim ID" (placeholder: Enter a Value), "Billed Amount" (placeholder: Enter a Value), "Date of Service From" (value: 10-18-2024), "Date of Service Through" (value: 10-18-2025), "Check Number" (placeholder: Enter a Value), "Check Date" (placeholder: Choose a Date), "Member ID" (placeholder: Enter a Value), "Member Name" (placeholder: Enter a Value), and "Member Date of Birth" (placeholder: Enter a Value). At the bottom right of the form are "Reset" and "Search" buttons. Below the form is a table header with columns: "Claim ID", "Claim Type", "Date of Service", "Billed Amount", "Provider Name", "Status", and "Check Date".

Search Claims – Error (Cont'd)

When entering the search criteria, it is crucial to ensure that you input accurate and complete data. Failure to do so will result in the following errors:

4. The date range entered in the **Date of Service From** and **Date of Service Through** fields should not exceed one year.

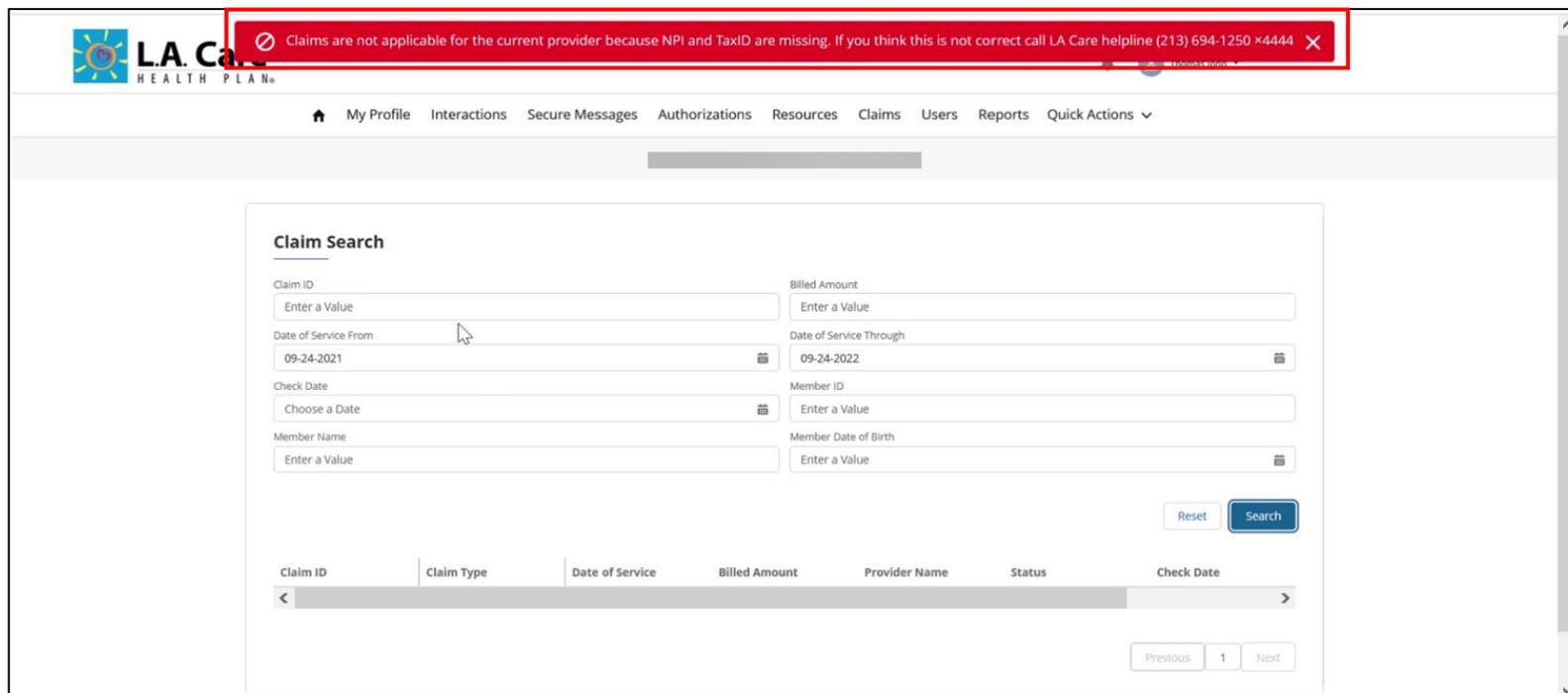


The screenshot displays the L.A. Care Health Plan website's Claim Search interface. A red error message box at the top reads: "The date range cannot exceed beyond 1 year. Please update the Date of Service From or Date of Service Through and try again. X". The search form includes fields for Claim ID, Billed Amount, Date of Service From (10-18-2022), Date of Service Through (10-18-2024), Check Number, Check Date, Member ID, Member Name, and Member Date of Birth. A table below the form shows columns for Claim ID, Claim Type, Date of Service, Billed Amount, Provider Name, Status, and Check Date.

Claim ID	Claim Type	Date of Service	Billed Amount	Provider Name	Status	Check Date
[Empty table body]						

Search Claims – Error (Cont'd)

- When a user logs into the Provider Portal and the selected account has either a TAX ID or NPI, the user will be able to search for claims. However, if the account lacks both an NPI and a TAX ID, the user will encounter the highlighted error message as shown below.



The screenshot shows the L.A. Care Health Plan Provider Portal. At the top, a red-bordered error message reads: "Claims are not applicable for the current provider because NPI and TaxID are missing. If you think this is not correct call LA Care helpline (213) 694-1250 x4444". Below the error message is a navigation menu with options: My Profile, Interactions, Secure Messages, Authorizations, Resources, Claims, Users, Reports, and Quick Actions. The main content area features a "Claim Search" form with the following fields:

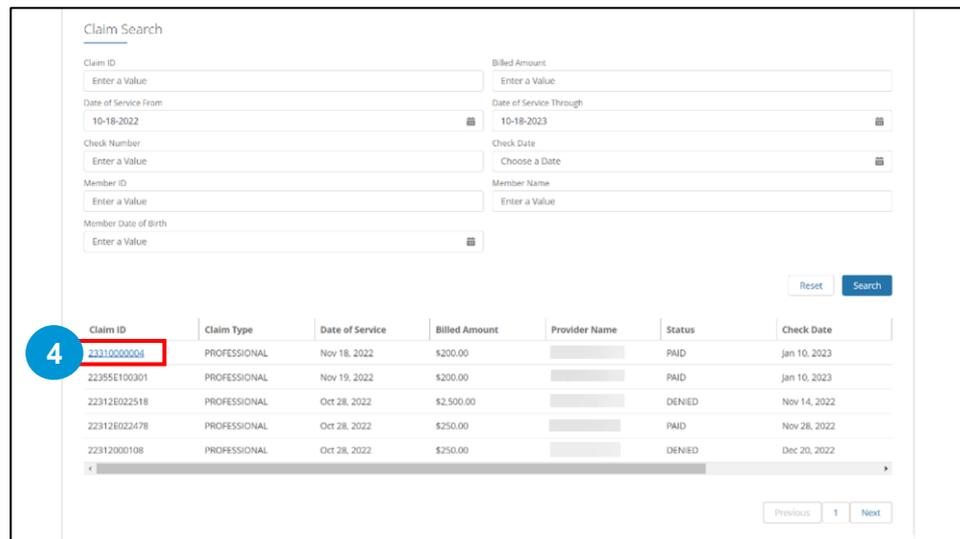
- Claim ID: Enter a Value
- Billed Amount: Enter a Value
- Date of Service From: 09-24-2021
- Date of Service Through: 09-24-2022
- Check Date: Choose a Date
- Member ID: Enter a Value
- Member Name: Enter a Value
- Member Date of Birth: Enter a Value

Buttons for "Reset" and "Search" are located at the bottom right of the form. Below the form is a table header with columns: Claim ID, Claim Type, Date of Service, Billed Amount, Provider Name, Status, and Check Date. The table content is currently empty, and pagination controls for "Previous", "1", and "Next" are visible at the bottom right.

View Claim Details – Menu Item (Cont'd)

Please note that you will have access to the claim details for the Claim IDs where the logged in user account is listed as the Pay to Provider. For all other claims, the links to access the claim details will be disabled.

- Based on the search criteria entered, the search results appear under the Search Criteria fields. Click the **Claim ID** from the search result to access the **Claim Details** page and view the claim details.



Claim Search

Claim ID: Enter a Value | Billed Amount: Enter a Value

Date of Service From: 10-18-2022 | Date of Service Through: 10-18-2023

Check Number: Enter a Value | Check Date: Choose a Date

Member ID: Enter a Value | Member Name: Enter a Value

Member Date of Birth: Enter a Value

Reset Search

Claim ID	Claim Type	Date of Service	Billed Amount	Provider Name	Status	Check Date
22310000006	PROFESSIONAL	Nov 18, 2022	\$200.00		PAID	Jan 10, 2023
22355E100301	PROFESSIONAL	Nov 19, 2022	\$200.00		PAID	Jan 10, 2023
22312E022518	PROFESSIONAL	Oct 28, 2022	\$2,500.00		DENIED	Nov 14, 2022
22312E022478	PROFESSIONAL	Oct 28, 2022	\$250.00		PAID	Nov 28, 2022
22312000108	PROFESSIONAL	Oct 28, 2022	\$250.00		DENIED	Dec 20, 2022

Previous 1 Next

Note:

- All records that match the search criteria are displayed across multiple search result pages, with each page displaying up to 10 records.
- You can use the **Previous** and **Next** button to move to the previous search result page and the next search result page, respectively.
- The number between the **Previous** and **Next** button indicates the current search result page number.



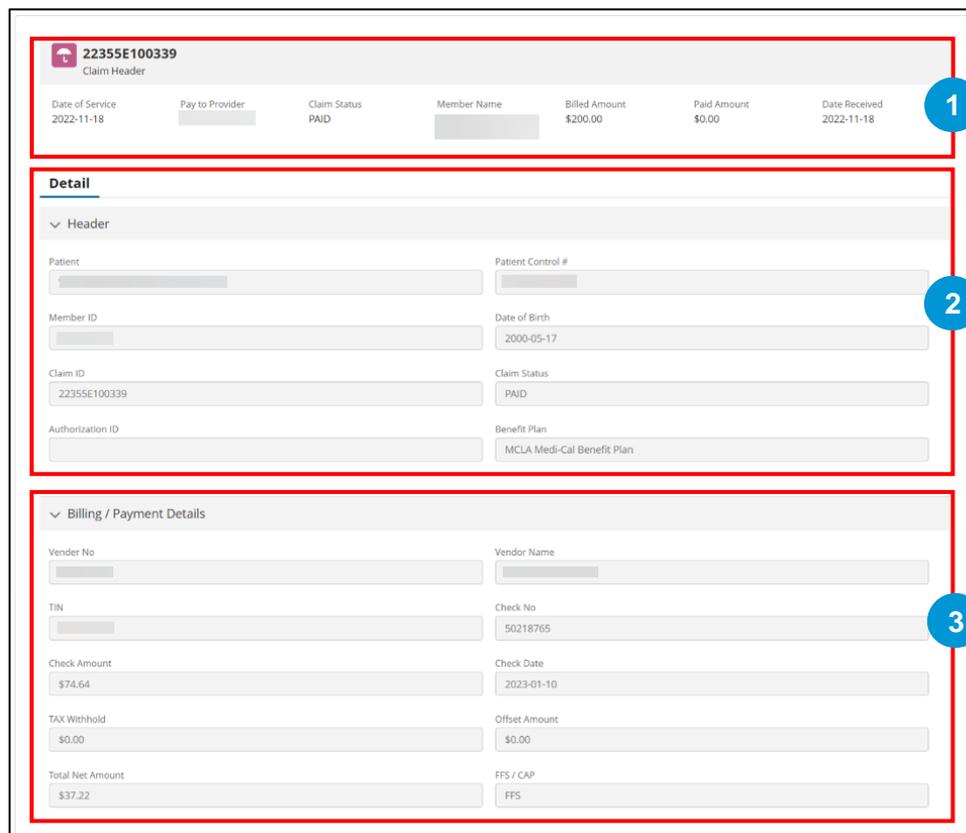
View Claim Details – Menu Item (Cont'd)

The **Claim Details** page displays. You can view details of claim in the following sections:

1. Highlights Panel: You can view **Claim Header, Date of Service, Pay to Provider, Claim Status, Member Name, Billed Amount, Paid Amount, and Date Received.**

2. Header: You can view **Patient, Patient Control #, Member ID, Date of Birth, Claim ID, Authorization ID, and Member Plan.**

3. Billing and Payment Details: You can view **Vendor No, Vendor Name, TIN, Check No, Check Amount, Check Date, Tax Withhold, Offset Amount, Total Net Amount, and FFS/CAP.**



22355E100339
Claim Header

Date of Service 2022-11-18	Pay to Provider [Redacted]	Claim Status PAID	Member Name [Redacted]	Billed Amount \$200.00	Paid Amount \$0.00	Date Received 2022-11-18
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Detail

Header

Patient [Redacted]	Patient Control # [Redacted]
Member ID [Redacted]	Date of Birth 2000-05-17
Claim ID 22355E100339	Claim Status PAID
Authorization ID [Redacted]	Benefit Plan MCLA Medi-Cal Benefit Plan

Billing / Payment Details

Vendor No [Redacted]	Vendor Name [Redacted]
TIN [Redacted]	Check No 50218765
Check Amount \$74.64	Check Date 2023-01-10
TAX Withhold \$0.00	Offset Amount \$0.00
Total Net Amount \$37.22	FFS / CAP FFS



View Claim Details – Menu Item (Cont'd)

The **Claim Details** page displays. You can view details of claim in different sections:

4. Claim Payment Details: You can view **Provider, Member Responsibility, Vendor No, Total Net Billed Amount, Total Net Affordable Amount, Total Net Deductible, Total Net Co-Ins, Total Net Co-Pay, Total Net Interest / Other Adjustments, Total Net Amount, Procedure Code, Procedure description** and other claim payment related details.

5. Payment Offset Amount Details : You can view **Member ID, Patient Name, Claim ID, Requested Amount, Offset Amount, Collected To Date, Offset Amount, and Outstanding Amount.**

4

Claim Payment Details

Provider: [Redacted] Member Responsibility: \$0.00

Amount	Adj Reason Code	Claim Adj Group Code	Units		
Page Size: 5 < First < Previous Showing 1 of 1 Page(s) Next > Last > Total Records: 0					
Vendor No: [Redacted]					
Line #	DOS From DT	DOS Thru DT	Serv Code	Mod Code	Rev Code
1	2022-11-18	2022-11-18	99238		
Page Size: 5 < First < Previous Showing 1 of 1 Page(s) Next > Last > Total Records: 1					
Total Net Billed Amount	\$200.00	Total Net Allowable Amount	\$37.22		
Total COB Amount	\$0.00	Total Net Deductible	\$0.00		
Total Net Co-Ins	\$0.00	Total Net Co-Pay	\$0.00		
Total Net Interest / Other Adjustments	\$0.00	Total Net Amount	\$37.22		

5

Payment Offset Amount Details

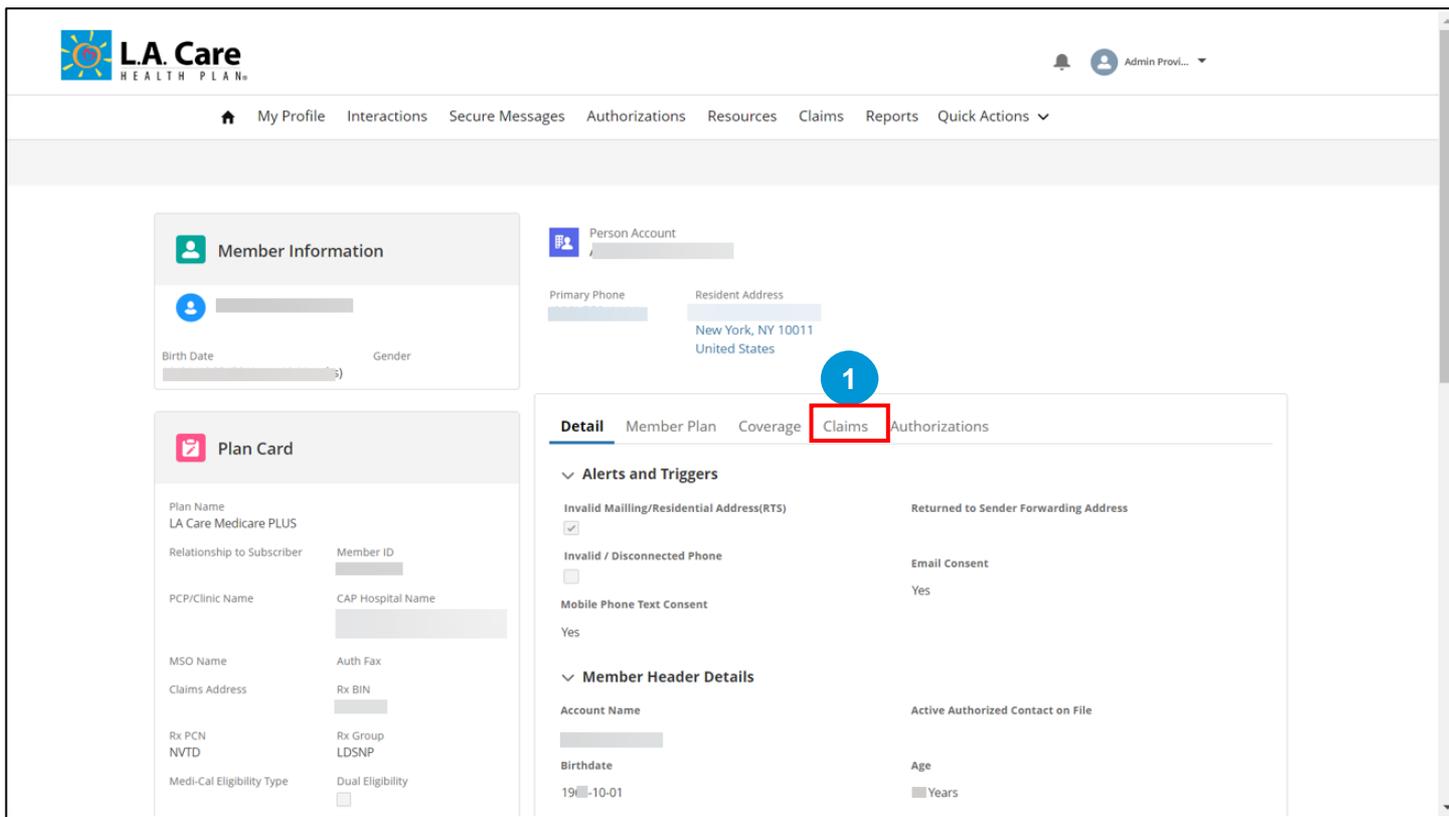
Member ID	Patient Control #	Patient Name	Claim ID	Requested Amount	Offset Amount
[Redacted]	[Redacted]	[Redacted]	[Redacted]	\$200.00	\$0.00
Page Size: 5 < First < Previous Showing 1 of 1 Page(s) Next > Last > Total Records: 1					



View Claim Details – Member 360

Access the Member 360 page of the Member for which you want to view claim details on the Provider Portal and perform the following steps to view the Claim details:

1. Click the **Claims** tab to access the **Claims Search** page.



The screenshot displays the L.A. Care Member 360 portal interface. At the top, the L.A. Care logo is on the left, and a user profile icon labeled 'Admin Provi...' is on the right. Below the logo is a navigation menu with items: My Profile, Interactions, Secure Messages, Authorizations, Resources, Claims, Reports, and Quick Actions. The main content area is divided into several sections:

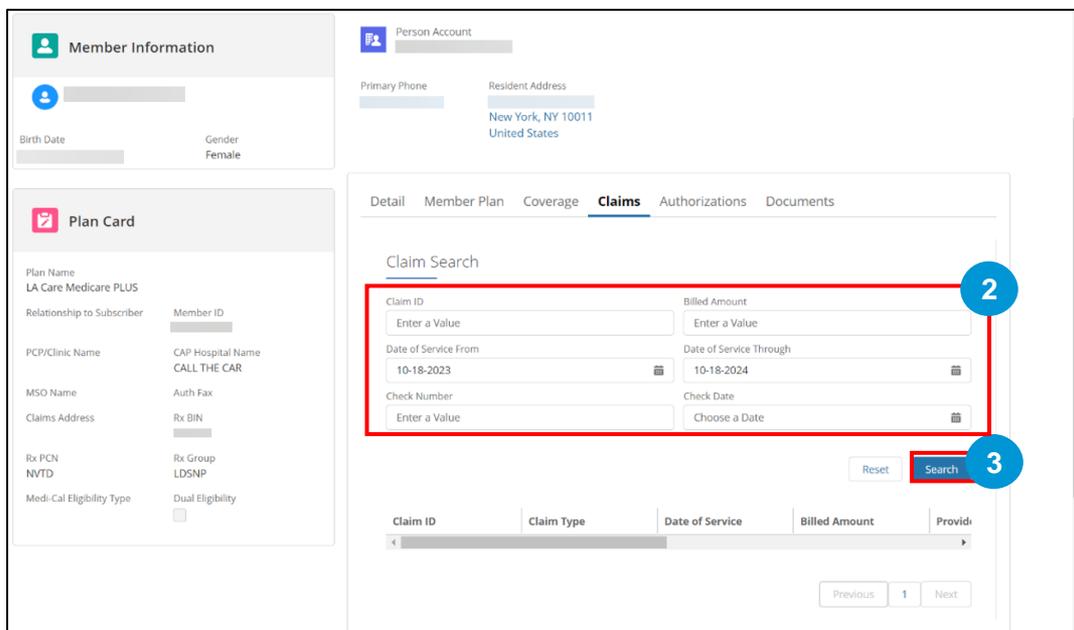
- Member Information:** Includes fields for Birth Date and Gender.
- Person Account:** Includes fields for Primary Phone and Resident Address (New York, NY 10011 United States).
- Plan Card:** Lists various identifiers and eligibility types such as Plan Name (LA Care Medicare PLUS), Member ID, PCP/Clinic Name, CAP Hospital Name, MSO Name, Auth Fax, Claims Address, Rx BIN, Rx PCN, NVTD, Rx Group, LDSNP, and Medi-Cal Eligibility Type.
- Detail Tab:** A horizontal tab bar with 'Detail', 'Member Plan', 'Coverage', 'Claims', and 'Authorizations'. The 'Claims' tab is highlighted with a red box and a blue circle containing the number '1'.
- Alerts and Triggers:** A section with expandable options like 'Invalid Mailing/Residential Address(RTS)', 'Returned to Sender Forwarding Address', 'Invalid / Disconnected Phone', 'Email Consent', and 'Mobile Phone Text Consent'.
- Member Header Details:** A section with fields for Account Name, Active Authorized Contact on File, Birthdate (19--10-01), and Age (Years).



View Claim Details – Member 360 (Cont'd)

Perform the following steps to view the Claim details from the Member 360 page:

- Under the **Claims** tab, the **Claim Search** page displays. Here, you can enter search criteria in the **Claim ID**, **Billed Amount**, **Date of Service From**, **Date of Service Through**, **Check Number**, and **Check Date** fields.
- Click **Search** to view the search results.



The screenshot shows the 'Claims' tab selected in the Member 360 interface. The 'Claim Search' section contains the following fields:

- Claim ID: Enter a Value
- Billed Amount: Enter a Value
- Date of Service From: 10-18-2023
- Date of Service Through: 10-18-2024
- Check Number: Enter a Value
- Check Date: Choose a Date

Buttons for 'Reset' and 'Search' are located below the search form. The 'Search' button is highlighted with a blue circle containing the number 3. A red box surrounds the search form, and a blue circle containing the number 2 is positioned to its right.

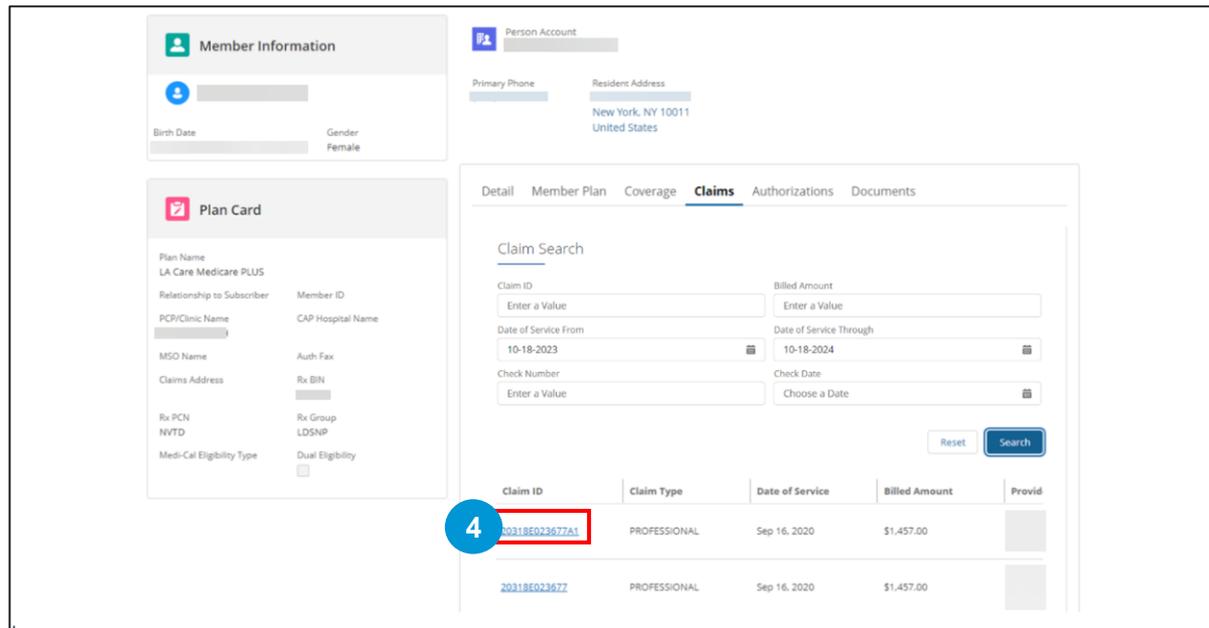
Note: When you view Claims from the Member 360 page, all the Claims displayed are specific to that Member.

View Claim Details – Member 360

(Cont'd)

Perform the following steps to view the Claim details from the Member 360 page:

- Based on the search criteria entered, the search results appear under the Search Criteria fields. Click the **Claim ID** from the search result to access the **Claim Details** page and view the claim details.



The screenshot displays the Member 360 interface. On the left, there are sections for Member Information and Plan Card. The Member Information section includes fields for Birth Date, Gender (Female), Primary Phone, and Resident Address (New York, NY 10011, United States). The Plan Card section lists Plan Name (LA Care Medicare PLUS), Relationship to Subscriber, Member ID, PCP/Clinic Name, CAP Hospital Name, MSO Name, Auth Fax, Claims Address, Rx BIN, Rx PCN, NVTD, Medi-Cal Eligibility Type, Rx Group, LOSNP, and Dual Eligibility.

The main area shows the Claims tab selected. Below the navigation tabs (Detail, Member Plan, Coverage, Claims, Authorizations, Documents), there is a Claim Search form with fields for Claim ID, Billed Amount, Date of Service From (10-18-2023), Date of Service Through (10-18-2024), Check Number, and Check Date. A Search button is visible.

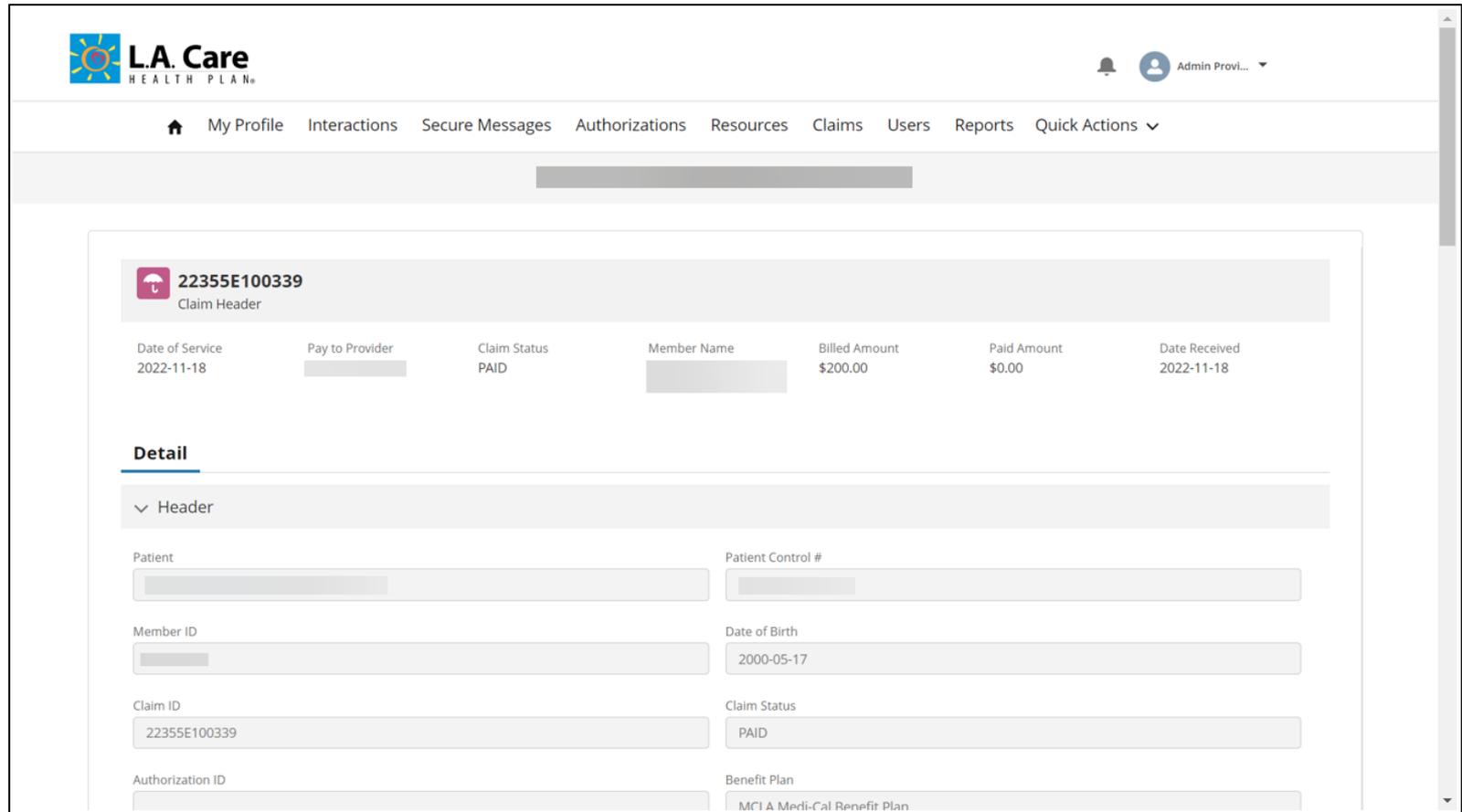
Below the search form is a table of search results:

Claim ID	Claim Type	Date of Service	Billed Amount	Provid
20318E023677A1	PROFESSIONAL	Sep 16, 2020	\$1,457.00	
20318E023677	PROFESSIONAL	Sep 16, 2020	\$1,457.00	

View Claim Details – Member 360

(Cont'd)

The **Claim Details** page displays. Here, you can view the Claim details.



L.A. Care
HEALTH PLAN

Admin Provi...

My Profile Interactions Secure Messages Authorizations Resources Claims Users Reports Quick Actions

22355E100339
Claim Header

Date of Service	Pay to Provider	Claim Status	Member Name	Billed Amount	Paid Amount	Date Received
2022-11-18		PAID		\$200.00	\$0.00	2022-11-18

Detail

Header

Patient: [Redacted] Patient Control #: [Redacted]

Member ID: [Redacted] Date of Birth: 2000-05-17

Claim ID: 22355E100339 Claim Status: PAID

Authorization ID: [Redacted] Benefit Plan: MCI A Medi-Cal Benefit Plan





L.A. Care
HEALTH PLAN[®]

For All of L.A.

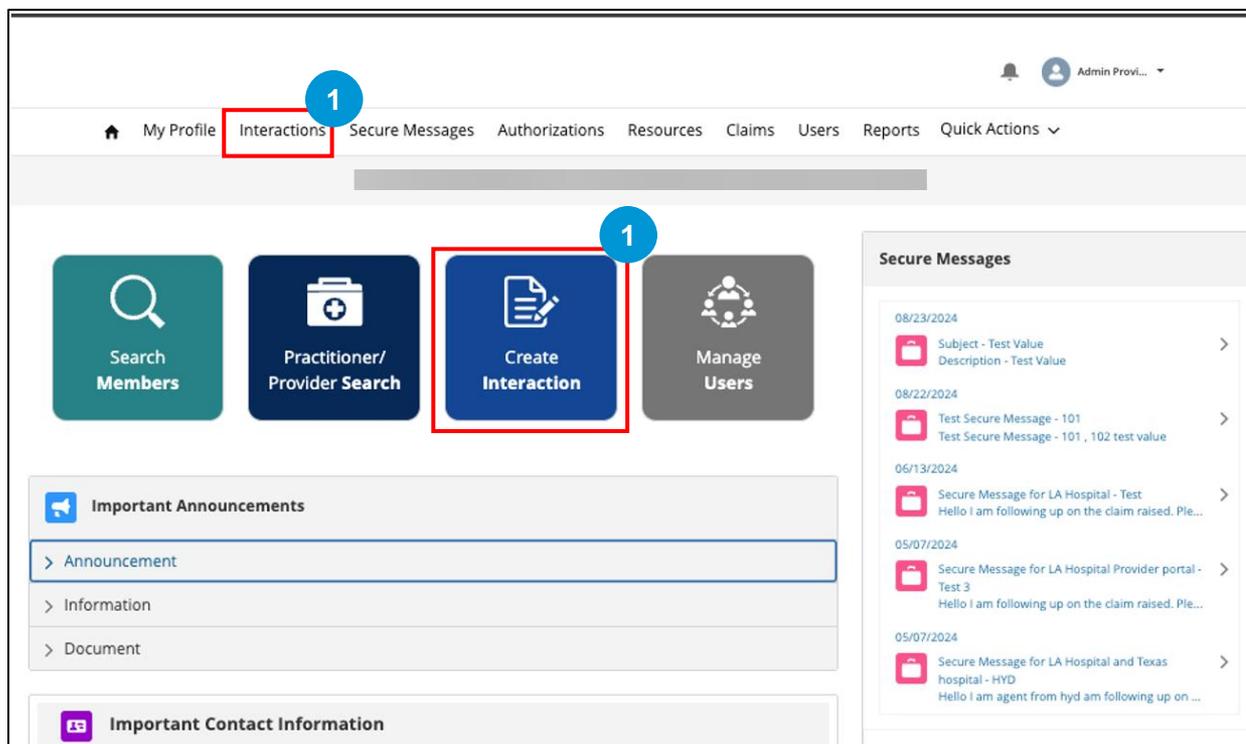
Interactions

Interactions

Providers use the Interaction functionality to create new Interactions, to communicate with Users, or to follow-up on an Interaction that has been assigned to them by an Users.

The steps to create an interaction in the provider portal are outlined below:

1. To access Interactions, navigate to the **Interactions** Menu Item **OR** click the **Create Interaction** button on the Provider Portal Homepage as highlighted below to navigate to the Cases list view. This is accessible to provider General Users along with the Admins.

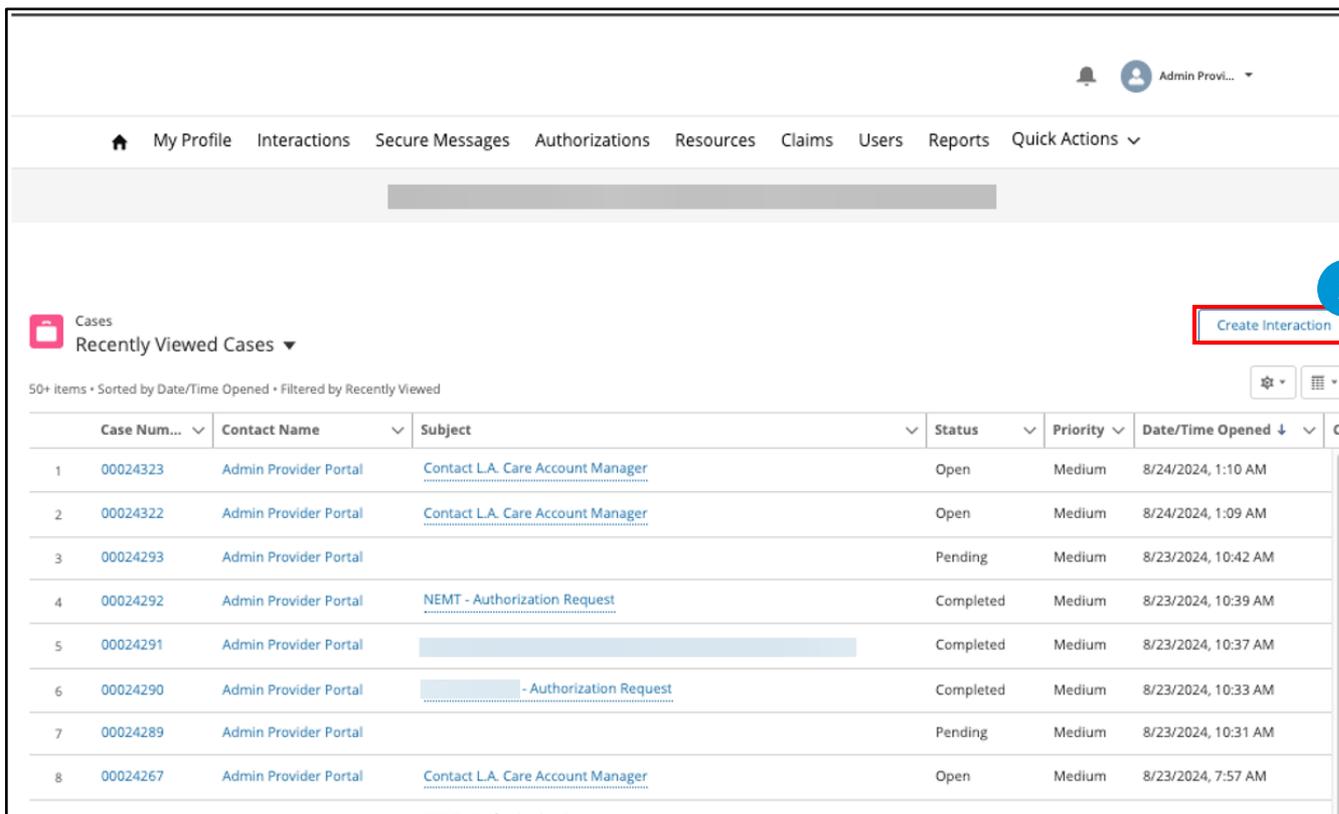


Interactions (Cont'd)

Providers use the Interaction functionality to create new Interactions, to communicate with Users, or to follow-up on an Interaction that has been assigned to them by an L.A. Care.

The steps to create an interaction in the provider portal are outlined below:

- On the Case list view page, click the **Create Interactions** button to navigate to the **Interaction Selection Page**.



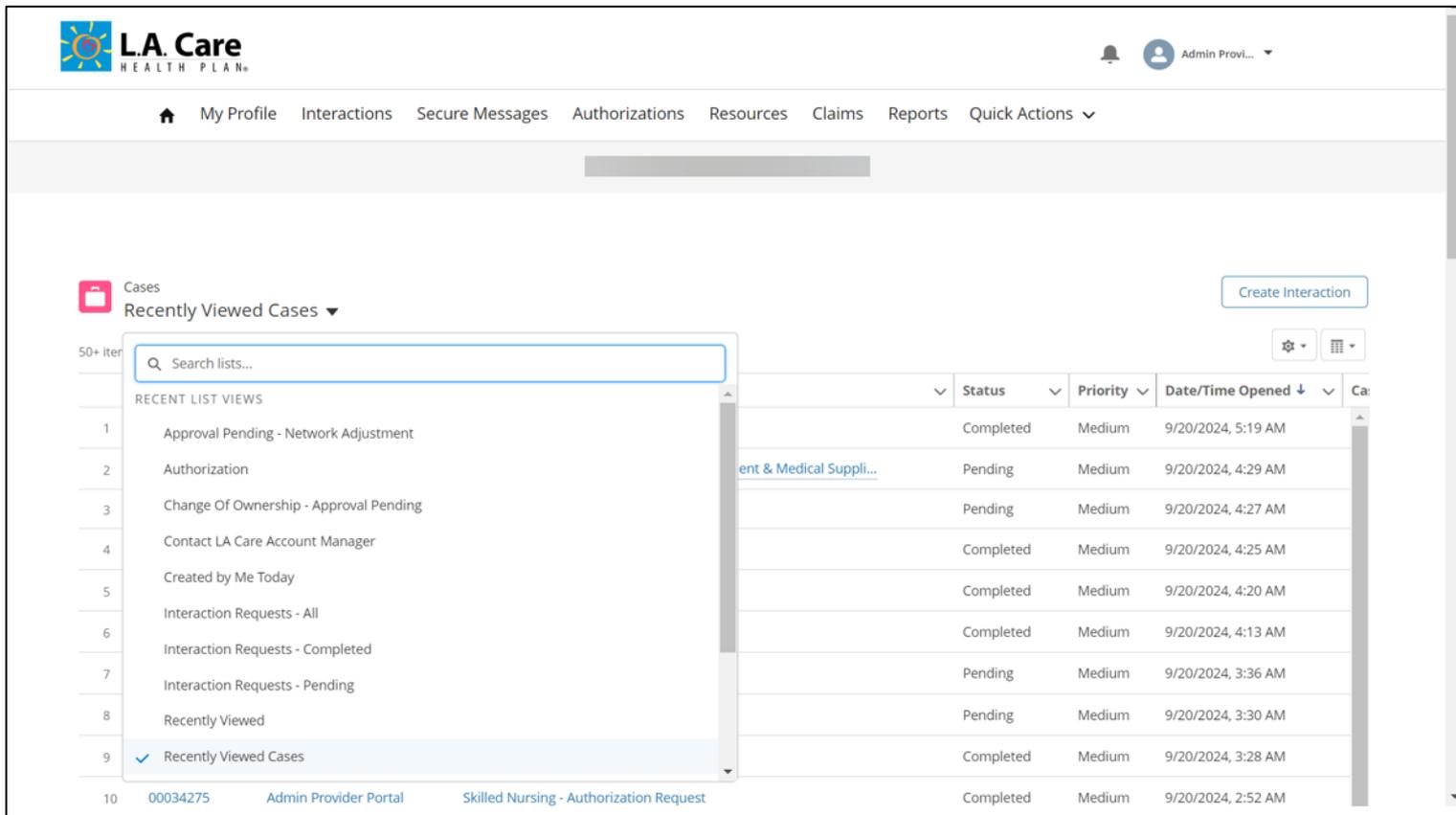
The screenshot displays the 'Cases' section of the provider portal. At the top right, there is a notification bell and a user profile icon labeled 'Admin Provi...'. Below this is a navigation bar with links: My Profile, Interactions, Secure Messages, Authorizations, Resources, Claims, Users, Reports, and Quick Actions. The main content area is titled 'Cases' and 'Recently Viewed Cases'. A red box highlights the 'Create Interaction' button, which is also circled in blue with the number '2'. Below the button, there is a table of cases with the following data:

Case Num...	Contact Name	Subject	Status	Priority	Date/Time Opened	Ca
1	00024323	Admin Provider Portal	Contact L.A. Care Account Manager	Open	Medium	8/24/2024, 1:10 AM
2	00024322	Admin Provider Portal	Contact L.A. Care Account Manager	Open	Medium	8/24/2024, 1:09 AM
3	00024293	Admin Provider Portal		Pending	Medium	8/23/2024, 10:42 AM
4	00024292	Admin Provider Portal	NEMT - Authorization Request	Completed	Medium	8/23/2024, 10:39 AM
5	00024291	Admin Provider Portal		Completed	Medium	8/23/2024, 10:37 AM
6	00024290	Admin Provider Portal	- Authorization Request	Completed	Medium	8/23/2024, 10:33 AM
7	00024289	Admin Provider Portal		Pending	Medium	8/23/2024, 10:31 AM
8	00024267	Admin Provider Portal	Contact L.A. Care Account Manager	Open	Medium	8/23/2024, 7:57 AM



Interactions – Case List View (General User)

A General User can view only its own cases in the system. The list views are accessible by the General user are also to view own cases.



L.A. Care HEALTH PLAN

Admin Provi...

My Profile Interactions Secure Messages Authorizations Resources Claims Reports Quick Actions

Cases Create Interaction

Recently Viewed Cases

50+ Items

RECENT LIST VIEWS

- 1 Approval Pending - Network Adjustment
- 2 Authorization
- 3 Change Of Ownership - Approval Pending
- 4 Contact LA Care Account Manager
- 5 Created by Me Today
- 6 Interaction Requests - All
- 7 Interaction Requests - Completed
- 8 Interaction Requests - Pending
- 9 **Recently Viewed**
- 10 **Recently Viewed Cases**

	Status	Priority	Date/Time Opened	Ca:
1	Completed	Medium	9/20/2024, 5:19 AM	
2	Pending	Medium	9/20/2024, 4:29 AM	ent & Medical Suppli...
3	Pending	Medium	9/20/2024, 4:27 AM	
4	Completed	Medium	9/20/2024, 4:25 AM	
5	Completed	Medium	9/20/2024, 4:20 AM	
6	Completed	Medium	9/20/2024, 4:13 AM	
7	Pending	Medium	9/20/2024, 3:36 AM	
8	Pending	Medium	9/20/2024, 3:30 AM	
9	Completed	Medium	9/20/2024, 3:28 AM	
10	Completed	Medium	9/20/2024, 2:52 AM	

00034275 Admin Provider Portal Skilled Nursing - Authorization Request



Course Summary

Now that you have completed the course, here is the summary of what you have learnt, how to:

- Perform the activities on Provider Portal such as Login and Logout.
- Initiate registration for Provider Portal Users.
- Search for and access the Practitioner/Provider information.
- Search for and access the Member information, including Member 360, Member Plan, and Coverage Benefits and Quotes.
- Search and view Authorization.
- Submit Online SARs.
- View Claims and Interactions.



Resources and Support

Use the below links to access the materials and contact details.



[Click here: Provider Portal Announcement Page](#)



Any Questions?



**Thank you for
attending the General
Provider Portal
Training course.**

