





Provider Portal Quick Reference Guide

The Provider Portal Reference Guide is a unique tool created to assist in the daily navigation of the frequently performed tasks on the Provider Portal, including checking member eligibility, claim(s) status, member reporting and other valuable information to help you serve the L.A. Care Community.

Table of Contents

Managing Your Provider Portal AccessRegistering a New User2ACD Workflow (Add, Change, Delete a New User)4

Common Provider Tasks

Check Member Eligibility	б
Claim(s) Search	7
Search by Physician/PPG	9

Provider Resources

Forms	10
Incentive Programs	11
Reporting	12

Click \triangleright to navigate to a specific page.



Getting Started

Registering a New User

A. All contracted Physicians and Specialists may self-register at http://www.lacare.org/providers/provider-sign-in/provider-registration.

All information marked with an asterisk is required for the request to be processed, see Figure 1.

Figure 1

•••				<u></u>	Provider Registration	ILA × +		
(i) www.lacare.org/	/providers/provider-sign-in/provider-registration				C Q, Search		合自 🛡 🕹	* ⊕ ≡
💽 Most Visited * 🛞 Get	tting Started 🛛 👌 L.A. Care Intranet 🛛 🔓 MKT FTP	🔃 Podio 🛛 Gimail 🔛 Yahoo	🛞 Free Fonts 🔞 LAC Ass	et Manag 🚹 Faceboo	🚸 🌸 Brands of World	🛱 Payentry 🕒 YouTu	ube 🔝 iStock 🍥 Prudenti	al 🚾 WF
	L.A. Care			& co		Doctor Language For	nt Size - + rovider Sign in	
	Search Q	ଜ	Health Plans -	For Members 👻	For Providers +	Healthy Living -	About Us 👻	
	Home / For Providers / Provider Sign In	Provider Registration						
	Provider Registratio	on						
	Registration Identity Verificati	on						
	Registration Identity Verificati * License No:	on						
		on						
	* License No:	on						
	* License No: * Last Name: * Date Of Birth: (mm/dd/yyy) * TIN/Tax ID:							
	* License No: * Last Name: * Date Of Birth: (mm\ddyyy)							

B. All other **Medical** and **Administrative** staff must submit a request for access to the Provider Portal via email at **Providerrelations@lacare.org** or by phone at 213.694.1250 x 4719. All of the required information that needs to be specified in the email is listed below.

- Name of organization as listed in the contract
- Tax ID
- Organization address
- Full name of person(s) that need access
- Job title
- Phone number
- Email address
- Purpose/reason why access is needed



- C. Please note all Provider Portal registration requests will be processed within 3-5 business days.
- D. Once access has been granted to the Provider Portal, an email notification will be sent to the new user. In this email, a confirmation link will be provided to confirm registration. The activation link is valid for 72 hours.

*If the new user does not confirm their access within the timeframe allowed, the registration process will have to be repeated. Please contact Provider Relations via email at **Providerrelations@lacare.org** or by phone at 213.694.1250 x 4719 to re-submit a request for Provider Portal Access.



Add, Change, or Delete a Provider (ACD Workflow)

*This function is only available to Participating Provider Groups. Please contact your Participating Provider Group for all PCP or Specialist change requests.

A. To add, change or delete a provider within your network, log on to the Provider Portal at http://www.lacare.org/ and select at the top of the page "Provider Sign-In."

B. Next, select **"ADD CHANGE DELETE"** from the tabbed options on the left side. A list of providers will be displayed. See Figure 2 and Figure 3.

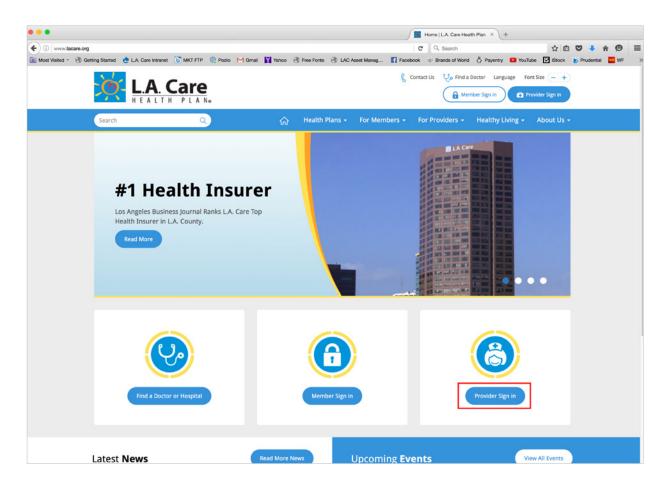




Figure 3

	ł							111	A	4	1.9	1	1
Back to Internal	ADD CH	IANGE DEL	LETE WOR	KFLOW (-								
Browse Affiliation										lequest *	Task L	st Q	Search
Search Physician													
Search Location	Tasks S	Summary											
Member Summary	N/A - Not	Applicable Previous		2 3	4 5		124 Next	Lest			Goto Reo	ords: 1 - 10	
Member Eligibity Verification										_	Shr	wing 1 to 1	0 of 123
Search All Claims	Task No *	Created Date	Libense (First 0	Last 0 Name	Action Type	Provider () Type ()		PPG 0	rsR ()	Crecentaing ()	Provider Cata	Task Status
Search a Claim	16019	2015-04-30	-	one	546	A00	MOLEVEL	101110-001	THE REPORT OF	-		- h	Pending
SPD Care Plan	16002	2015-04-30	-		-	ADD	SPECIALIST	-	-				Pending
Add Change Delete Workflow	15965	2015-04-05	17360	-	10000	A00	SPECIALIST	-	-				Pending
Incentive Programs	15950	2015-04-07	monarta.	-	0.440	A00	MOLEVEL	100110703	1.001				Pending
Forms	15949	2015-04-07	-	-0.00716	11403-088	DELETE	SPECIALIST	1007-0001	10000				Pending
Reports	15945	2015-04-27	171488	1.00	10000.0	DELETE	POP-WITH-MEMBERS	100110-0001	1.000100		Approved		Pending
Registration	19942	2015-04-07	-	Ballion.	04,000	DELETE	PCP-WTH-MEMBERS	1001000	1.000		Approved		Pending
	15000	2015-04-25	-	-		A00	POP	-	1.000				Pending
Provider Resources	15908	2015-04-05	-	-	-	ADD	PCP	-	1.000			1	Pending
Formulary Search	15804	225-04-25	maxim.	100	-	A00	MOLEVEL	-	-				Pending

C. Select **"Request"** at the top of the page and choose the desired option to Add, Delete, or Change a provider. Each selection will have submenus to help with navigating through the rest of the process. For a detailed overview of this process, please contact your Account Specialist to receive a full detail copy of the instructions for this function on the Provider Portal. See Figure 4.

Figure 4

(in the second	STREET STREET	an, and p		1000	6	Request	Task	List Q	Search
					ADD ADD				
							-		
3	4 5	83	2 Next	Last			Goto Re	cords: 1 - 1	10 💌
¢	Last Name 0	Action Type	Provider Type		PPG Name	FSR \$	S Credentialing ()	Provider Data	Task Status
NN.	- 10000	ADD	SPECIALIST	100011-00	No. of Concession, Name of Concession, Name of Street, Name of Street, Name of Street, Name of Street, Name of S	N/A	Approved	Approved	Completed
ТА		ADD	PCP	-	No Romanna Consta	Approved	Approved	Approved	Completed



Checking Member Eligibility

A. Log on to the Provider Portal and select "Member Eligibility Verification."

B. Please fill out all required fields marked with an asterisk and add any additional information that is available. Select submit when finished. See Figure 5.

Figure 5

	Home Potential Members	I Am A Member Providers About L.A. Care Sign Out
LA Care		
Back to Internal		
Browse Affiliation	Search for a Specific Member Eligibility Verific	ation:
Search Physician	Member ID :	Enter Member ID as it appears on Member ID card
Search Location	or Social Security Number :	
Member Summary	Last Name :	Required if no CIN or SSN
Member Eligibity Verification	First Name :	Complete first name required if no CIN or SSN
Search All Claims	and *Date of Birth :	MM/DD/YYYY
Search a Claim	*Date of Service : 08/07/2014	
HRAs and Care Plans	* Required	MM/DD/YYYY
FSR Scheduling		Submit Reset
FSR SDHS		use member's Social Security Number or the combination of the To speak to a member service representative about dis-enrolling a
Incentive Programs	member, please call 1(866) LACARE-6, 1(866) 522-2	
Forms		
Reports		

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Claim(s) Search

A. Log on to the Provider Portal and look for tabbed options on the left identified as "Search a Claim" or "Search All Claims." With a single claim number and patient account number, details of claim can be viewed under the "search a claim" tab. If the claim number is not known, select the option to "search all claims" to locate a list of claims. See Figure 6 and Figure 7.

Figure 6 - If you have the claim number available

	Home Potential Members I Am A Member Providers About L.A. Care Sign Out
LA Care	
Back to Internal	Search for a Specific Claim:
Browse Affiliation	Patient Account Number:
Search Physician	Claim Number:
Search Location	Submit Reset Search All Claims
Member Summary	
Member Eligibity Verification	
Search All Claims	
Search a Claim	
HRAs and Care Plans	
FSR Scheduling	
FSR SDHS	
Incentive Programs	
Forms	
Reports	



Figure 7- If you do not have a claim number available

		Home Potential	Members I A	m A Member Providers About	L.A. Care Sign Out
LA Care					
Back to Internal	Claim Search: C)rganization:		Federal 1	ax ID/TIN:
Browse Affiliation	Please enter the s	earch criteria. You	may select a mo	onth or a day within the last 12 mon	ths
Search Physician	Product Line: *	Medi-Cal mm/dd/yyyy	-	Member ID Rendering Provider License #	
Search Location	or			Kendering Fronder License #	
Member Summary	Month * Claim Status *	mm/yyyy ALL -			
Member Eligibity Verification	*required		Submit	Reset	
Search All Claims					
Search a Claim					
HRAs and Care Plans					
FSR Scheduling					
FSR SDHS					
Incentive Programs					
Forms					



Searching for a Physician

*This function is only available to Participating Provider Groups. Please contact your Participating Provider Group for inquiries related to physicians registered to your medical group.

Step 1: Log on to the Provider Portal and select **"Search Physician"** from the tabbed options on the left. Complete the form displayed below. See Figure 8.

If you are having difficulties and are unable to locate a Physician, please contact Provider Relations via email at **Providerrelations@lacare.org** or by phone at 213.694.1250 x 4719.

LA Care	
The life in the state	
Browse Affiliation	Search for a Specific Physician:
Search Physician	License Number:
Search Location	Physician's Site ID:
Member Summary	Physician's Last Name: Please Choose a Product Line: (optional) All
Member Eligibity Verification	Submit Reset
Search All Claims	
Search a Claim	



Forms

To view the various forms available for Providers, log on to the Provider Portal and select the left tabbed option **"FORMS.**" See Figure 9.

Each form listed is available for immediate download and viewing. If you have any questions or are unable to find a specifc form, please contact Provider Relations via email at **Providerrelations@lacare.org** or by phone at 213.694.1250 x4719.

Figure 9

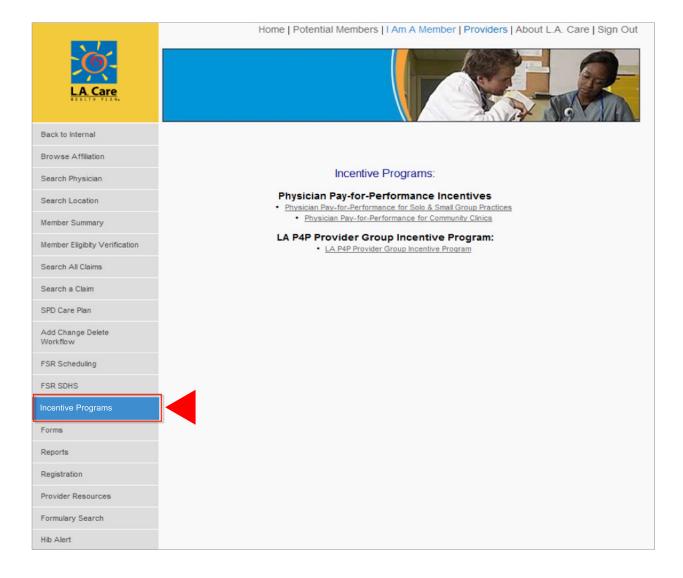
	Home Potential Members I Am A Member Providers About L.A. Care Sign Out
LA Care	
Back to Internal	
Browse Affiliation	
Search Physician	Forms
Search Location	Provider Dispute & Resolution Form
Member Summary	Pre Authorization Request Form
Member Eligibity Verification	Medication Request Form
Search All Claims	Synagis Request Form
Search a Claim	
SPD Care Plan	SNP Health Assessment Incentive Claim Form
Add Change Delete Workflow	Weight Watchers incentive for adult MCLA/SPD members
FSR Scheduling	Ancillary Provider Grid
FSR SDHS	Hospital Provider Grid
Incentive Programs	PPG, County, and Specialty Vendor Grid
Forms	LTC Referral Request Form
Reports	Social Worker Referral Form
Registration	LAC SNF-LTC Billing Quick Reference Guide
Provider Resources	
Formulary Search	Provider Authorization and Billing Reference Guide
Hib Alert	SNF Authorization and Billing Guidance
View Profile	MLTSS Referral Form
Switch User	Additional Forms



Incentive Programs

L.A. Care offers various incentive programs for Providers. Figure 10 is a snapshot of a few of the programs offered by L.A. Care. Be sure to check with your Account Specialist for the most current programs offered.

To view these programs, log on the Provider Portal and select "Incentive Programs." A list of programs will be displayed. If no programs display, please contact Provider Relations via email at **Providerrelations@lacare.org** or by phone at 213.694.1250 x 4719.





Reporting

Various types of reporting are available for download and review on the Provider Portal. Depending on the type of user access granted, the new user role will determine the type of reporting available to view.

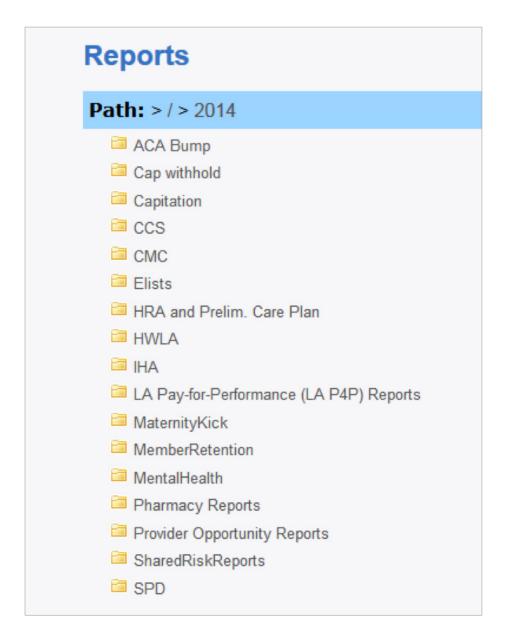
Figures 11, 12, and 13 are examples of what reports are available for Participating Provider Groups to view. If a report is not listed under your account log in, please contact your site Administrator for further assistance.

A. To view reporting, simply log on to the Provider Portal. Once logged on, select the tabbed options on the left labeled **"Reports.**"

LA Care	Home Potential Members I Am A Member Providers About L.A. Care Sign Out
Back to Internal	
Browse Affiliation	
Search Physician	Reports
Search Location	Path: > /
Member Summary	2007 2008
Member Eligibity Verification	2009
Search All Claims	2010 2011
Search a Claim	2012 2013
HRAs and Care Plans	ia 2014
FSR Scheduling	
FSR SDHS	
Incentive Programs	
Forms	
Reports	



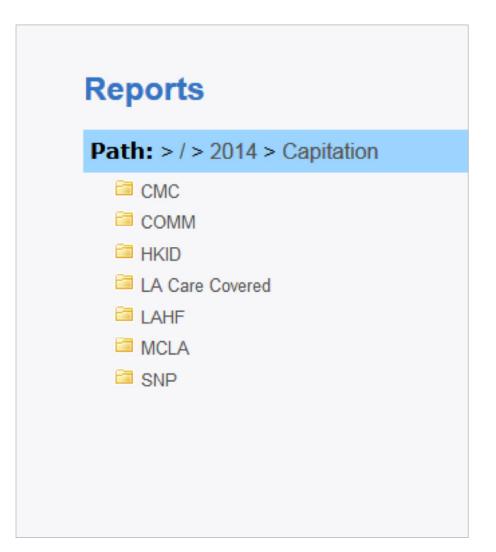
- B. Next, select the reporting year related to your inquiry.
- C. A list of reports will be displayed. Select the report you would like to view.





D. Once the desired report is identified, select the line of business that is related to your search, for example Cal-Medi Connect (CMC) or Healthy Kids (HKID). See Figure 13.

If the user is having problems downloading or viewing reports, please contact Provider Relations via email at **Providerrelations@lacare.org** or by phone at 213.694.1250 x4719.





We hope that you find this reference guide to be useful and informative to perform the most common activities performed on the L.A. Care Provider Portal. Additional helpful contact information regarding L.A. Care Services is listed below.

RESOURCE		CON	TACT INFO	ORMATION			
Provider Line	Phone: 866.522.2736						
Member Services Line	Phone: 888.839.9909						
Utilization Management	http://www.lacare.org/sites/default	Provider Authorization Referral Form: http://www.lacare.org/sites/default/files/PL0022c_Updated_Auth_Req_Form_10%2001%202015_FINAL.pdf Phone: 877.431.2273 Fax: 213.438.5085					
Case Management	Provider Referral Form: http://www.lacare.org/sites/default/files/LA1348_061215.pdf Phone: 844.200.0104 Fax: 213.438.5077						
	Logisticare Transportation English: 866.529.2141 Spanish: 866.529.2142	Phone	n Service Plai e: 800.877.71 DD: 800.428.	95	Navitus Pharmacy Phone: 844.268.9786		
Specialty Services	Managed Long Term Services & Supports E-mail: MLTSS@lacare.org Phone: 855.427.1223 Fax: 213.438.4877	Nurse Advice Line (24/7) Phone: 800.249-3619 TTY: 866.735.2929 Speech to Speech: 800.854.7754			Denti-Cal Phone: 800.322.6384		
Behavioral Health	Non-Specialty Services Beacon Health Options Phone: 877.344.2858 L.A. Care Behavioral Health Services Phone: 844.858.9940 Email: behavioralhealth@lacare.org			Specialty Mental Health Services Department of Mental Health Phone: 855.854.7771 Specialty Substance Use Disorder Department of Public Health Phone: 800.564.6600			
Member Programs	Disease Management Asthma: 888.200.3094 Diabetes: 877.796.5878 Heart: 855.707.7852		Health Educ Phone: 888.8 Phone: 213.6 ext. 4408	339.9909	Interpreting Services In-Person: 888.839.9909 Telephonic: 888.930.3031 California Relay Svcs: 711		
Claims Department	Claims Forms: http://www.laca • Fee-For-Service PCP and Sp • CHDP Services – PM160 Fo • Provider Disputes Resolution Electronic Claims Submission Electronic Payment: https://pa Claims Submission Mailing Address: L.A. Care Claims Department PO Box 811580 Los Angeles, CA 90081	- ;/universal/office_ally_pm160.pdf					