



L.A. Care
HEALTH PLAN®

L.A. Care Medi-Cal™

2015-2016 English



A Helpful Guide to Your Health Care Benefits

Guía útil para sus beneficios de atención médica

دليل مفيد يوضح مزايا الرعاية الصحية الخاصة بك

Ձեր առողջական խնամքի նպաստների օգտակար ուղեցույց

您醫療保健福利的實用指南

یک راهنمای مفید برای مزایای مراقبت بهداشتی شما

ការណែនាំជាជំនួយ ចំពោះអត្ថប្រយោជន៍ណែនាំសុខភាពអ្នក

유용한 의료 혜택 가이드

Полезное руководство по льготам на медицинское страхование

Isang Kapaki-pakinabang na Gabay sa Iyong Mga Benepisyo sa Pangangalagang Pangkalusugan

Cẩm nang hữu ích về quyền lợi bảo hiểm sức khỏe



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

When you join, you get this package of important facts in the mail. It is about your health coverage. We need you to read and know it.

This Member Handbook has the Evidence of Coverage and Disclosure Form (EOC). It has the terms and conditions of your health care benefits, explains the L.A. Care policies and rules, and tells you how to get health care. The Member Handbook breaks down into these sections:

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The information below can be found in this Member Handbook and on our site at **lacare.org**:

Basic Information

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

Special Programs

L.A. Care has the following Special Programs:

- The Quality Improvement Programs tell us how to measure our progress so we can improve quality of care, safety and services for our members.
- Case Management Programs for members who have difficult medical problems.
- Programs to better manage diseases like diabetes and/or asthma.

How decisions are made about your care

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

Member Issues

- Your right and duty as a health plan member
- What to do when you are not happy
- What to do if you are removed from your plan
- How L.A. Care protects and uses your private health information
- How to get help if you speak a different language

You may view this Member Handbook before you enroll in the Medi-Cal plan. Be sure to visit our website **lacare.org**, or call us at **1.888.839.9909** if you would like paper copies.



Medi-Cal

Member Handbook

... a helpful guide to getting services

(Combined Evidence of Coverage and Disclosure Form)

Benefit Year 2015–2016

L.A. Care Health Plan

1055 West 7th Street

Los Angeles, CA 90017

Toll-free: 1-888-839-9909

TTY/TDD: 711 Fax: 1-213-623-8097

Office Hours: Monday through Friday, 8 a.m. to 5 p.m.

website address: **lacare.org**

Need this handbook in your language or format?

Call L.A. Care at **1-888-839-9909** if you would like your member handbook or other written materials in a language other than English. Member Services will assist you in your language over the phone.

Llame a L.A. Care si desea recibir su manual para miembros u otros materiales escritos en español. Servicios para los Miembros puede brindarle ayuda telefónica en español.

(Spanish)

يُرجى الاتصال بخطة L.A. Care إذا كنت ترغب في أن يكون الكتيب الخاص بك أو المواد المكتوبة الأخرى باللغة العربية. يمكن أن تساعدك خدمة الأعضاء عبر الهاتف باللغة العربية.

(Arabic)

L.A. Care գանգահարեք, եթե Ձեր Անդամի տեղեկագիրքը կամ ուրիշ գրավոր նյութեր ուզում եք ստանալ հայերենով: Անդամների սպասարկումը կարող է Ձեզ հայերենով օգնել հեռախոսի միջոցով:

(Armenian)

如果您希望獲得中文版本的會員手冊或其他書面資料，請致電與 L.A. Care 聯絡。會員服務部可透過電話使用中文為您提供協助。

(Chinese)

اگر مایلید که دفترچه اطلاعاتی اعضا یا سایر مطالب کتبی خود را به زبان فارسی دریافت کنید با L.A. Care تماس بگیرید. خدمات اعضا می تواند از طریق تلفن به زبان فارسی به شما کمک کند.

(Farsi)

សូមទូរស័ព្ទទៅ L.A. Care បើសិនអ្នកចង់បានសៀវភៅណែនាំសមាជិក ឬសមាជិកផ្សេងៗទៀត ដែលសរសេរជាភាសាខ្មែរ។ ផ្នែកសេវាសមាជិកអាចជួយអ្នកតាមទូរស័ព្ទ ជាភាសាខ្មែរ។

(Khmer)

한국어로 가입자 안내서 또는 기타 서면 자료를 받기 원하시면 L.A. Care로 전화해 주십시오. 가입자 서비스에서 한국어로 전화 통화 지원이 가능합니다.

(Korean)

Tumawag sa L.A. Care kung gusto mong nasa Tagalog ang iyong handbook ng miyembro o ang iba pang mga nakasulat na materyal. Maaari kang matulungan ng mga serbisyo para sa miyembro sa wikang Tagalog sa telepono.

(Tagalog)

Позвоните в L.A. Care, если вы хотите получить Руководство участника или другие письменные материалы на русском языке. Сотрудники Отдела обслуживания участников могут помочь вам, общаясь с вами по телефону на русском языке.

(Russian)

Vui lòng gọi cho L.A. Care nếu quý vị muốn có tập cẩm nang hội viên này hay những tài liệu, văn bản khác bằng tiếng Việt. Ban dịch vụ hội viên có thể giúp đỡ quý vị bằng tiếng Việt qua điện thoại.

(Vietnamese)

Call L.A. Care at **1-888-839-9909** if you would like this member handbook or other written materials in large print, audio, or another format.

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Welcome: Thank you for choosing L.A. Care Health Plan!

L.A. Care Health Plan is a government agency that was created over 15 years ago to help Los Angeles County Medi-Cal members get quality health care. L.A. Care Health Plan is also called the Local Initiative Health Authority for Los Angeles County. But you can call us “L.A. Care.”

L.A. Care is the largest public health plan in the nation. We are growing because we are a trusted source for health care and we respect our members. With the help of the health plans we work with, L.A. Care serves over one million members in Los Angeles County. We only serve people who live in Los Angeles County (called our “service area”).

When your care starts

To enroll in the Medi-Cal program, call or visit the Los Angeles County Department of Public Social Services office (DPSS) near you. Once DPSS finds you eligible, you can enroll in a health plan of your choice. Enrollment in a health plan can take up to 45 days.

While your enrollment in a health plan is being processed, you can access your Medi-Cal benefits using the Benefits Identification Card (BIC) sent to you by the Department of Health Care Services. The benefits you access during this time are covered by Medi-Cal.

Your care through L.A. Care starts when your enrollment in a health plan is complete. You can start using your Medi-Cal benefits through L.A. Care on your effective date of coverage. Your effective date of coverage is the 1st day of the month following completion of enrollment in a health plan. Check the L.A. Care member ID card mailed to you for the effective date of coverage.

Your health plan choices with L.A. Care

L.A. Care works with four (4) Health Plan Partners (L.A. Care is also considered a “Health Plan Partner”) to provide health care services to our members.

L.A. Care and the Health Plan Partners work with many doctors, hospitals, pharmacies and other health care providers to provide you with quality care. When a Medi-Cal member joins L.A. Care, the member can choose to receive services through any Health Plan Partner listed below as long as the plan choice is available:

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

L.A. Care and the Health Plan Partners are pre-paid health coverage programs called “health maintenance organizations,” or HMOs. L.A. Care and the Health Plan Partners are licensed with the State of California, who has given them permission to serve you. The State of California pays for your health care. **There is no cost to you when you get services covered by Medi-Cal.**

When you chose L.A. Care for your Medi-Cal, you also chose L.A. Care as your health plan. (If you did not choose a health plan, we chose one for you).

L.A. Care is responsible for almost all of your health care services. Some benefits, like dental, are not provided by your health plan. You can learn more about this in the “More benefits: What other services can I get?” section of this handbook.

How to change health plans

We believe you will like L.A. Care, but you can change your health plan for any reason by calling **L.A. Care at 1-888-839-9909**. If you call L.A. Care before the 20th of the month, the change will be effective on the 1st of the next month. If you call L.A. Care on or after the 20th of the month, the change will start on the 1st of the month following the next month. For example, if you call on June 15 to change health plans, the change will become effective on July 1. If you call on or after June 20 to change health plans, the change will become effective August 1. When you change health plans, you will get an ID card from your new health plan. Be sure to destroy your old health plan ID card.

Some health plans do not serve all of Los Angeles County. Call the health plan to ask about their service area and to make sure it can serve you before you request a change. You will not be able to get routine care like checkups outside of your health plan's service area. But don't worry: No matter which health plan you choose, you can get urgent or emergency care anywhere in the United States, Canada or Mexico when you need it. For more information, see the "Emergency and urgent care: How do I get care in an emergency?" section of this handbook.

How to change your Health Maintenance Organization (HMO)

You can also leave L.A. Care to enroll with another health maintenance organization (HMO) at any time for any reason. To change your HMO, call Health Care Options (HCO). You can find HCO's phone number in the "Important Phone Numbers" section. When you change your HMO, you will get a new ID card and Member Handbook from your new HMO. Be sure to destroy your old ID card.

Program Transitions to Medi-Cal

If you and/or your family members had Covered California, but now have Medi-Cal, your current provider(s) may not be part of the L.A. Care Health Plan Medi-Cal network. If you would like to know more about this transition, please call our Member Services Department at **1-888-839-9909 (TTY/TDD 711)**. They can tell you the name of your doctor or help you find a new doctor. They can also answer your questions about L.A. Care or Medi-Cal managed care. If you have been told you need to pay a monthly premium, you may go to your county office or call **1-800-880-5305** to find out more. If you have questions about your Medi-Cal coverage or about when you need to renew your Medi-Cal, please call your Medi-Cal case worker. You can also call the number listed below for more information:

Los Angeles Department of Public Social Services:
1-866-613-3777.

Continuity of Care

If you are a new L.A. Care Medi-Cal beneficiary, and were required to transition to Medi-Cal managed care, you have the right to request continuity of care. As an L.A. Care member, you may make a continuity of care request to continue receiving needed services for up to 12 months with an out-of-network doctor. Retroactive requests may be accepted and approved if all continuity of care requirements are met. For more details, see the Continuity of Care Policy in the "Our provider network: Who gives me health care?" section of this handbook.

To find out more about making a continuity of care request, please call **1-888-839-9909 (TTY/TDD 711)**.

This Member Handbook: Why is it important to me?

This Member Handbook has important information. Keep it where you can find it easily. This handbook contains information on:

- How and from whom to get care
- What types of care are and are not covered
- Who to contact if you have problems
- Your rights regarding Medi-Cal and how you are treated

In this handbook, we use “you” and “your” to mean “the Medi-Cal member.” Only the member can get the benefits mentioned in this handbook.

Your Member Handbook is also called the Combined Evidence of Coverage and Disclosure Form. It gives only a summary of L.A. Care Health Plan policies and rules. You must look at the contract between L.A. Care and the California Department of Health Care Services (DHCS) to learn the exact terms and conditions of coverage. Call L.A. Care if you would like a copy of the contract.

Understanding Whom to call and When

You can call your **Primary Care Provider (PCP)** – when you:

- Need an appointment
- Need a checkup
- Are sick
- Need urgent care services in Los Angeles County
- Have a health question

Your doctor's name and telephone number are on your ID card.

You can call the **Nurse Advice Line** 24 hours a day, 7 days a week when:

- You, or a covered family member, aren't feeling well and you aren't sure if a doctor is needed
- You have a question about a medication
- You have a general question about you or a covered family member's health

The number is listed on the back of your L.A. Care ID Card.

You can call **L.A. Care** when you:

- Need a new ID card
- Want to change your PCP
- Have questions about services and how to get them
- Want to know what's covered or what is not covered
- Need help getting the care you need
- Need an interpreter for your medical appointment
- Need a document from L.A. Care read in your language
- Are pregnant
- Have a problem you can't resolve
- Get a bill from a doctor
- Want to change health plans from L.A. Care to a different health plan
- Are unsure who to call

L.A. Care's toll-free number is 1-888-839-9909.

You can visit one of **L.A. Care’s Family Resource Centers** to:

- Attend a new member orientation
- Change health plans
- Get information about your benefits
- Attend free health education classes

L.A. Care’s Family Resource Center number is **1-877-287-6290**.

Helpful information on the Internet at lacare.org

Do you use the Internet? Our website, **lacare.org** (available in English and Spanish), is a great resource for:

- Finding a doctor
- Learning about the Nurse Advice Line and how and when to use it
- Learning about your benefits
- Learning more about privacy rights
- Learning about health education services
- Finding out about your rights and responsibilities
- Learning about fraud, waste and abuse and how to report suspected fraud, waste and abuse
- Filing a complaint (called a “grievance”)

You can also check your eligibility for medical coverage or request to change your health plan. Since this information is private, you will need to log in. Go to **lacare.org** to find out what to do.

Be sure to have your ID card ready because we will ask for your member ID number.

Your Rights and Responsibilities

As an L.A. Care member, you have the right to...

Respectful and courteous treatment. You have the right to be treated with respect and courtesy by your health plan's providers and staff. You have the right to be free from consequences of any kind when making decisions about your care.

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

Choice and involvement in your care. You have the right to receive information about your health plan, its services, its doctors and other providers. You also have the right to get appointments within a reasonable amount of time. You have the right to talk to your doctor about all treatment options for your condition, regardless of the cost. You have the right to say "no" to treatment, and the right to a second opinion. You have a right to decide how you want to be cared for in case you get a life-threatening illness or injury.

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

Voice your concerns. You have the right to complain about L.A. Care, the health plans and providers we work with, or the care you get without fear of losing your benefits. L.A. Care will help you with the process. If you don't agree with a decision, you have the right to appeal, which is to ask for a review of the decision. You have the right to disenroll from your health plan whenever you want. As a Medi-Cal member, you have the right to request a State Hearing.

Service outside of your health plan's provider network. You have the right to receive emergency or urgent services as well as family planning and sexually transmitted disease services outside of your health

plan's network. You have the right to receive emergency treatment whenever and wherever you need it.

Service and information in your language. You have the right to request an interpreter at no charge to you. You have the right to get all member information in your language or in another format (such as audio or large print).

Know your rights. You have the right to receive information about your rights and responsibilities.

As an L.A. Care member, you have a responsibility to...

Act courteously and respectfully. You are responsible for treating your doctor, all providers and staff with courtesy and respect. You are responsible for being on time for your visits or calling your doctor's office at least 24 hours before your visit to cancel or reschedule.

Give up-to-date, accurate and complete information. You are responsible for giving correct information to all of your providers and to L.A. Care. You are responsible for getting regular checkups and telling your doctor about health problems before they become serious.

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

Use the Emergency Room only in an emergency. You are responsible for using the emergency room in cases of an emergency or as directed by your doctor.

Report wrong-doing. You are responsible for reporting health care fraud or wrongdoing to L.A. Care. You can do this without giving your name by calling the L.A. Care Compliance Helpline toll-free at **1-800-400-4889**, going to www.lacare.ethicspoint.com, or calling the California Department of Health Care Services (DHCS) Medi-Cal Fraud and Abuse Hotline toll-free at **1-800-822-6222**.

Let's get started:

How do I get health care?

In this handbook, we will call your primary care provider your “PCP.” Your PCP, also known as your primary care doctor, is responsible for making sure you get the medical care you need.

You were asked to choose a PCP and a Health Plan Partner when you filled out the Medi-Cal enrollment form. Each member has a PCP. *Some exceptions may apply. Please call L.A. Care at 1-888-839-9909 to learn more about these exceptions.*

You may choose one PCP for all members of your family in Medi-Cal. Or you may choose a different PCP for each member. Women may choose an Ob/Gyn or family planning clinic as their PCP.

But, sometimes we can't give you the PCP you choose. Some of the reasons are:

- The doctor is not taking new patients.
- The doctor does not work with the health plan you chose.
- The doctor only sees patients of a certain age or only women (Ob/Gyn).
- The doctor does not work with L.A. Care.

If you did not get the PCP or health plan you chose, call L.A. Care at **1-888-839-9909** to see if that PCP or health plan is available. You can change your PCP at any time for any reason. If you did not choose a PCP within 30 days of enrolling, a PCP was assigned to you.

Members with Medi-Cal and Medicare coverage

Members who receive both Medicare and Medi-Cal benefits **may** not need to choose or be assigned a PCP with L.A. Care. If you have both Medicare and Medi-Cal benefits, Medicare is your main coverage. You will still go to your Medicare doctors, specialists, hospitals and get most of your prescriptions from Medicare. L.A. Care will work with your **Medicare doctor** to determine what Medi-Cal services you may need. This handbook explains your **Medi-Cal** benefits through L.A. Care.

Your co-payments, medical services and supplies that are not covered by Medicare will be taken care of by Medi-Cal, but these services must be:

- Not covered by Medicare
- Covered by Medi-Cal and
- Medically needed

Your PCP

Your PCP gives you “primary” (or basic) medical care. Health care services you can get from your PCP include:

- Routine care
- Checkups (also called “well visits”). This is when you go to your PCP when you are not sick, like when you need immunization shots. It is important to see your PCP even when you are not sick.
- Sick care. These visits are when you see your PCP because you are not feeling well.

When you need a checkup or if you get sick, you need to go to your PCP. Call your PCP using the phone number on your member ID card.

Start getting care now!

Call your PCP for a checkup

Be sure to schedule a checkup soon after becoming an L.A. Care member. **Call your PCP today to make an appointment for a “new member checkup.” Be sure to schedule a checkup within the first four (4) months or 120 days of becoming a L.A. Care Member. This visit is also called a “well visit” or “initial health visit”.**

This first visit is important. Your PCP looks at your medical history, finds out what your health status is, and can begin any new treatment you might need. You and your PCP will also talk about preventive care. This is care that helps “prevent” you from getting sick or keeps certain conditions from getting worse. Remember, children also need to get a checkup every year, even when they are not sick, to make sure they are healthy and growing properly.

How to see your PCP

1. Call your PCP's office to schedule an appointment. You should get an appointment to see your PCP for non-urgent services within 10 business days from the date of your call. Your PCP's phone number is on your L.A. Care member ID card.
2. Be on time for your appointment. If you need directions, call the PCP's office.
3. If you can't go to your appointment, call the PCP's office right away. By canceling your appointment, you allow someone else to be seen by the doctor.
4. If you miss your appointment, call right away to make another appointment.
5. Show the PCP's office your member ID card when you are there.



Important! You can still get services without your member ID card. If you need to see your PCP, your PCP, hospital or pharmacy can call L.A. Care to verify your membership so you can get care.

How to get care when your PCP's office is closed

If you need non-emergency care when your PCP's office is closed (such as after normal business hours, on the weekends or holidays), call your PCP's office. You will get the office's answering service. Leave your name and telephone number and a doctor will call you back.

You can also call the Nurse Advice Line number that is on your member ID card. The Nurse Advice Line is available to you 24 hours a day, seven (7) days a week, to help answer your health care questions and have your health concerns and symptoms evaluated by a registered nurse. This service is free of charge and available to you in your language.

For urgent care (this is when a condition, illness or injury is not life-threatening, but needs medical care right away), call or go to your nearest urgent care center. Many of L.A. Care's doctors have urgent care hours in the evening, on weekends or during holidays. For emergency care, call 911 or go to the nearest emergency room.

If you get a bill

L.A. Care pays for all medical costs covered by Medi-Cal for emergency care. You should not get a bill for any services covered by L.A. Care. Please call L.A. Care right away if you receive a medical bill and we will make sure the doctor stops sending you a bill.

You may get a medical bill if you go to a doctor or hospital that does not work with L.A. Care or is located outside of L.A. County. If this happens, then you may be billed by the doctor or hospital and you may have to pay for services that are not covered by L.A. Care. If you pay the bill, keep a copy or record of your payment and send a copy of your payment to L.A. Care for review. If the bill is for covered or authorized services, you may receive a refund from L.A. Care.

You should not be billed for emergency care, urgent care, the care required to stabilize an emergency condition, family planning services, or for sexually transmitted disease testing at a clinic. You should not be billed for hospital care you get due to an emergency. If you receive a bill, do not pay it. Call L.A. Care right away to have us take care of the bill for you.

Do not pay medical bills you get from a collection company. If you get a bill for covered services and need help or if you want to file a complaint, call Member Services at L.A. Care. If your doctor sent your information to a collection company for covered services that you received when you were eligible for Medi-Cal and receives proof that you had Medi-Cal at the time of your visit, your doctor must let the collection company know you had Medi-Cal at that time. If you had Medi-Cal at the time of your doctor visit, you cannot be charged for covered medical services and your doctor must tell the collection company to stop trying to make you pay the bill.

What is a second opinion?

You have the right to ask for and get a second opinion at no cost to you. A second opinion is a visit with another doctor when:

- You question a diagnosis for a chronic condition or for a condition that endangers your life or body. (A diagnosis is when a doctor identifies a condition, illness or disease).
- You do not agree with your PCP or specialist's treatment plan (A treatment plan is what the doctor says is best for you, based upon the doctor's diagnosis.)
- You would like to make sure your treatment plan is right for you.

The second opinion must be from a qualified health care professional in the L.A. Care network (A qualified health care professional is a person who has the training and expertise to treat or review a specific medical condition.)

If there is no qualified health care professional within our network, then L.A. Care will authorize (or okay) a second opinion by a qualified health care professional outside L.A. Care's network.

How to get a second opinion

To get a second opinion:

1. Talk to your PCP, specialist or L.A. Care and let them know you would like to see another PCP and the reason why.
2. Your PCP, specialist or L.A. Care will refer you to a qualified health care professional. If you are requesting a second opinion about a diagnosis that your PCP made, the second opinion shall be from a PCP of your choice from the same physician organization as your PCP's. If you are requesting a second opinion about a diagnosis that your specialist made, a second opinion must come from any independent physician association (IPA) or medical group within the network for the same specialty. If there is no qualified health care professional within your plan's network, L.A. Care will authorize (or okay) a second opinion by a qualified provider outside the network.

3. Call the second opinion doctor to make an appointment.

4. Show the doctor's office your member ID card.

You may file a complaint if your health plan denies your request for a second opinion or if you do not agree with the second opinion. This is called "filing a grievance." You can learn more about this in the "Complaints: What should I do if I am not happy?" section of this handbook.

Are you pregnant?

Call L.A. Care at 1-888-839-9909

We want you and your baby to be healthy. Please call your health plan right away if you are pregnant or become pregnant. Then, call your PCP or Ob/Gyn to make an appointment. You should get an appointment to see your PCP or Ob/Gyn within ten (10) calendar days from the date of your call. When you are pregnant, it is important to get care right away, throughout your pregnancy, and after you give birth.

How to get health care that your PCP can't give you

Sometimes you need care your PCP can't give you. You may need care from a specialist or a hospital. To see a specialist, or for treatment at a hospital, your PCP must authorize (or okay) the care, and give you a "referral." (A referral is a request from your PCP to another doctor or to the hospital for health care services or treatment you may need). Your PCP will start the referral process but you **MUST** get a referral **BEFORE** you get specialized health care services or treatment.

Routine referrals take up to five (5) business days to process (business days are Monday through Friday), but may take longer if more information is needed from your PCP. In some cases, your PCP may ask to "rush" your referral. Expedited (rush) referrals may not take more than three (3) calendar days. Please call L.A. Care if you do not get a response by these times.

But, if you need to see an Ob/Gyn or need to receive emergency or urgent care, you do not need a referral. Emergency or urgently needed services are covered 24 hours a day, seven (7) days a week in L.A. County and also anywhere in the United States, Canada, and Mexico. Referrals are never needed for emergency or urgently needed services or OB/GYN care.

If a referral is not approved, you will receive a letter from your PCP or L.A. Care explaining why the referral was denied. If you do not agree with the explanation given, you may file a complaint. For information on how to file a complaint, turn to the “Complaints: What should I do if I am not happy?” section of this handbook.

How to get a standing referral with a specialist

You may need to see a specialist (or another qualified health care professional) for a long time if you have a chronic disease (such as diabetes or asthma), a life-threatening condition (such as HIV/AIDS) or a disability.

This is called a “standing referral.” (A standing referral is made to a specialist who is in L.A. Care’s network or who is with a contracted specialty care center.) If L.A. Care does not have a qualified specialist, we will send you to a specialist outside of our network.

A standing referral needs an approval by L.A. Care. You can ask your PCP for a standing referral, or your PCP can ask L.A. Care for a standing referral.

L.A. Care must decide on your request for a standing referral within three (3) business days. Once you have a standing referral, you will not need permission for each visit with the specialist.

Your specialist will develop a treatment plan for you that will show how often you need to go to the doctor. Once the treatment plan is approved, the specialist will coordinate the care you get. This specialist will be authorized to provide health care services the same way your PCP would.

ID cards: How do I use them?

What to do with your L.A. Care Member I.D. Card

Along with this handbook you received an L.A. Care member ID card for every family member covered by Medi-Cal. If you did not receive a member ID card for a family member who is covered by Medi-Cal, call L.A. Care right away.

You will need to show your L.A. Care member ID card to access Medi-Cal services.

If you have both Medicare and Medi-Cal benefits, **Medicare is your main coverage**. This means that you will not be assigned a Medi-Cal PCP and you should see your Medicare doctor for your primary care needs, such as:

- Doctor visits
- Hospital stays
- Prescriptions
- Lab work

Use your L.A. Care Medi-Cal ID card for services that **Medicare does not cover**, such as:

- Long term stays in nursing homes,
- Non-emergency medical transportation,
- Some co-payments
- Other costs that Medicare may not cover.

Here's what to do with your member ID card:

- Check to make sure the information on your member ID card is correct. Is your name spelled right? If anything on your member ID card is incorrect, call L.A. Care at **1-888-839-9909** right away. L.A. Care will connect you to the California Department of Public Social Services (DPSS), toll-free at **1-866-613-3777**, to get it fixed.
- Keep your member ID card in a safe place. If you lose or damage your member ID card, call L.A. Care at **1-888-839-9909**.
- Call L.A. Care or visit L.A. Care's website at **lacare.org** if you need to request or reorder a member ID card.

What to do with your Medi-Cal card (also known as BIC card)

The State of California sent you an ID card called the Medi-Cal Benefits Identification Card (BIC card). You need to show your Medi-Cal card whenever you get services you don't get from L.A. Care. You can learn more about these services in the "More benefits: What other services can I get?" section of this handbook. Call the California Department of Public Social Services (DPSS), toll-free at **1-866-613-3777** if you need a new Medi-Cal card.



Never let anyone use your health plan member ID card or Medi-Cal card. This is called fraud. You can lose your Medi-Cal benefits if someone else uses your member ID cards to get care. If you lose your Medi-Cal benefits, L.A. Care will not be able to give you care.

Our provider network: Who gives me health care?

Please read the following information so you will know from whom or what group of providers you can get health care.

L.A. Care works with a large group of doctors, specialists, pharmacies, hospitals and other health care providers. This group is called a “network.” You can get a copy of L.A. Care’s network by calling **1-888-839-9909** and asking for a provider directory.

In most cases, you need to get care within L.A. Care’s network. That is not the case if you need emergency or urgent care in Mexico, Canada or outside of Los Angeles County. You can learn more about this in the “Emergency and urgent care: How do I get care in an emergency?” section of this handbook.

Your PCP gives you most of your care

If you have both Medicare and Medi-Cal benefits, Medicare is your main coverage. This means that you will not be assigned a Medi-Cal PCP and you should see your Medicare PCP for your primary care needs.

If Medi-Cal is your main coverage, your Medi-Cal PCP is responsible for making sure you get the health care benefits you need and should receive from Medi-Cal.

How to change your PCP

If you didn’t choose a PCP when you enrolled in Medi-Cal, a PCP was chosen for you by L.A. Care. Your PCP was chosen for you based on:

- The language you speak
- Your age and gender
- How close you live to the PCP’s office

It is best to stay with the same PCP because they are familiar with your health history and health needs. If you choose not to stay with the same PCP, you can choose a new one from the L.A. Care network. You can find another PCP by using the provider directory mailed to you along with this handbook, or by visiting L.A. Care’s website at **lacare.org**. Call L.A. Care if you need help with choosing another PCP.

You can change your PCP for any reason if you are not happy. Choosing the right PCP for you and your family members is important. To change your PCP, call L.A. Care.

Things to remember if you choose a new PCP:

- Some PCPs work within a group of doctors with certain specialists, hospitals and other health care providers. If you need a specialist, your PCP may send you to these providers. If you are going to a specialist already or want to use a specific hospital, talk with the PCP you are choosing.
- A PCP is a doctor or even a clinic. You can pick one PCP for all members of your family in Medi-Cal or you can pick a different PCP for each member of your family in Medi-Cal. Women may choose an Ob/Gyn or family planning clinic as their PCP.
- Ask about office access if you or a family member has a disability.

In some cases, your PCP may not agree to treat you and may ask L.A. Care to make a change. This can happen if:

- You are disruptive or disrespectful to your doctor or your doctor’s office staff.
- You do not follow your doctor’s treatment plan.
- The service or care you need is not within the doctor’s scope of care (like a high-risk pregnancy).

Kinds of PCPs

You can choose your PCP from the L.A. Care provider directory that came with this handbook, or by visiting L.A. Care's website at **lacare.org**. The kinds of physicians that can be PCPs are:

- Family Practitioners
- General Practitioners
- Internal Medicine Practitioners
- Pediatricians
- Ob/Gyns (for female members only)

Some hospitals and other providers may have a moral objection to provide some services. To ensure you can get the health care services you need, be sure to call L.A. Care at **1-888-839-9909** to get more information about the hospital or provider before you choose them. If a hospital or provider has religious or ethical objections to performing a procedure or otherwise support, L.A. Care shall arrange for the timely referral and coordination of covered services to another hospital or provider that will perform the procedure or otherwise support.

Please note that some hospitals and other providers do not provide one or more of the following services even if it is covered by your health plan or may be needed:

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

If a hospital or other provider tells you that it has a moral objection to providing you with these services, you should call L.A. Care's Member Services to ensure you can get the health care services you need.

Certified Nurse Midwives

Certified Nurse Midwife services may be available outside of L.A. Care's network with prior authorization. (A Certified Nurse Midwife is a registered nurse who has experience in labor and delivery.) To find out more, ask your PCP or call L.A. Care.

Choosing a Federally Qualified Health Center (FQHC) as your PCP

A Federally Qualified Health Center (FQHC) is a health clinic. FQHCs get money from the federal government because they are located in areas without a lot of health care services. An FQHC can be your PCP. To get the names and addresses of the FQHCs that work with L.A. Care, call L.A. Care, or visit L.A. Care's website at **lacare.org**.

How to get care from a specialist

Your PCP is the doctor who makes sure you get the care you need when you need it. Sometimes your PCP will send you to a specialist. (A "specialist" is a doctor who is an expert in a certain kind of health care). These specialists work with your PCP and are part of L.A. Care's network. If you need care from a specialist, your PCP must approve these services before you receive them. Routine referrals to a specialist may take up to five (5) business days, but may take longer if more information is needed from your PCP. In some cases, your PCP may ask to "rush" your referral. Expedited (rush) referrals (for when you need medical care right away or have an urgent condition) may not take more than three (3) calendar days.

Female members who need Ob/Gyn care don't need their PCP's approval to go to an Ob/Gyn or family planning doctor with L.A. Care.

Our doctors' professional qualifications

We are proud of our doctors and their professional training. If you have questions about the professional qualifications of our network doctors and specialists in our provider directory, call L.A. Care.

Certified Nurse Practitioners

Some PCPs who work with L.A. Care have Certified Nurse Practitioners on staff to see patients. (A Certified Nurse Practitioner is a registered nurse who has completed an advanced training program in a medical specialty.) Members may see a Certified Nurse Practitioner. To see a Certified Nurse Practitioner, or for more information, ask your PCP or call L.A. Care.

Choosing a non-physician provider as your PCP.

Members are able to choose certain non-physician providers as their PCP. If a certified nurse midwife, certified nurse practitioner or physician assistant is in the L.A. Care network and you would like them to be your PCP, you have 30 calendar days from enrollment to select one of these individuals to be your PCP.

What care can you get from a provider who is not your PCP?

There are some kinds of care that you can get from someone other than your PCP:

- Emergency care. In an emergency, dial 911. Emergency services do not need a referral, or an okay, from your PCP or L.A. Care before you get them.
- Urgent care when you are not in Los Angeles County and can't come back to Los Angeles County to get care. Call your PCP if you are not sure how to get urgent care when you are not in Los Angeles County.
- Family planning services and sexually transmitted disease testing. You may get these services from any health care provider licensed to provide these services. You do not need your PCP's okay to get these services.
- Specialist care. Your PCP will send you to a specialist if you need one. In most cases, you can't see a specialist without your PCP's approval.
- Members may see an in-network Ob/Gyn for Ob/Gyn services without the PCP's okay.

How to keep seeing your doctor if your doctor leaves your health plan

Sometimes L.A. Care stops working with a doctor, medical group, or hospital. If this happens, we will let you know as soon as we can. You can ask to keep seeing your doctor (including specialists and hospitals) if that doctor agrees. Call us if:

- You have an acute condition (a condition that comes on quickly and lasts for a short time).
- You have a serious chronic condition (a long-term, ongoing condition).
- You have an illness which will end in death.
- You have been scheduled and/or approved for surgery or a medical procedure.*
- You are going to have a baby.
- You have a child up to 3 years old (36 months).

Some examples of when you can keep seeing your previous doctor:

- You are seeing or have been approved to see a specialist.
- You are waiting to see a specialist.
- You think you need to see a specialist, but you do not have an approval.
- You need special medical equipment.

** Must be a surgery or other procedure authorized by L.A. Care as part of a documented course of treatment. This treatment must have been set to occur within 180 calendar days of the time the doctor or hospital stops working with L.A. Care, or within 180 calendar days of the time you began coverage with L.A. Care.*

How to keep seeing your doctor if you are a new member

Members who have just joined L.A. Care may ask to keep seeing their doctor or hospital if they are in the middle of treatment or have scheduled treatments or procedures. This is called a "continuity of care" benefit.

You will not be eligible for the continuity of care benefit if:

- You had the option to continue care from your previous provider but still chose to change health plans.

PCPs not contracted with L.A. Care may be required to agree to the same terms and conditions as contracted providers. If the PCP does not agree, L.A. Care is not required to provide continuity of care through that doctor.

Continuity of Care Policy

As a member, you, your authorized representative, or provider may make a direct request for continuity of care. Once the request is made, L.A. Care will begin to process the request within five (5) business days after the receipt of the request, or (3) calendar days if there is a “risk of harm”. The continuity of care process begins when L.A. Care determines there is a pre-existing relationship and has entered into an agreement with the provider, and if granted, will be approved retroactively.

Continuity of care with an out-of-network provider must be granted when the following are met:

1. L.A. Care is able to determine that you have an existing relationship with your out-of-network provider. (An existing relationship means that you have seen the out-of-network PCP or specialist at least once during the 12 months prior to the date of your initial enrollment with L.A. Care for a non-emergency visit).
2. The provider is willing to accept the higher of L.A. Care’s contract rates or Medi-Cal FFS rates; and
3. The provider meets L.A. Care’s applicable professional standards and has no disqualifying quality-of-care issues.

L.A. Care is not required to provide continuity of care for services not covered by Medi-Cal. Also, if your provider won’t work with L.A. Care, you will need to find a new provider.

You can get a copy of L.A. Care’s “continuity of care” policy by calling **1-888-839-9909**.

Care outside of L.A. Care’s network

As a member of L.A. Care, your service area is Los Angeles County. For routine (regular) care, all health care services are provided in Los Angeles County. Routine care outside of L.A. County is not covered.

In most cases, you need to get care within L.A. Care’s network and within Los Angeles County. However, you can always get emergency or urgent care in Mexico, Canada or anywhere in the United States when you are outside of Los Angeles County.

If you get care from a non-contracted provider (a doctor or other provider that is not a part of L.A. Care’s network) or outside of Los Angeles County, you may be billed by the provider and you may have to pay. You will not have to pay if you receive emergency care, urgent care, HIV testing and counseling, family planning and for sexually transmitted disease (STD) testing services outside of the L.A. Care network. You can learn more about this in the “Emergency and urgent care: How do I get care in an emergency?” section of this handbook.

What is covered: What kinds of health care can I get from L.A. Care?

In order for you to get any health care service through L.A. Care, the service must be both:

- A covered benefit in Medi-Cal and
- Medically necessary

A “covered benefit” means that you can get this service through Medi-Cal and L.A. Care. “Medically necessary” means that you need the service to get healthy or stay healthy.

All health care services are reviewed, changed, approved or denied according to medical necessity. If you would like a copy of the policies and procedures L.A. Care uses to decide if a service is medically necessary, call L.A. Care. No doctor has to give you services that he/she doesn’t believe you need. Services are subject to all terms, conditions, limits and exclusions. You can learn more about this in the “Non-covered services: What does Medi-Cal not cover?” section of this handbook.

All services require prior authorization unless the benefit says that prior authorization is not needed. “Prior authorization” means that your PCP and L.A. Care agree that both services and care are necessary. You must have a prior authorization before you get most services or care, such as services from a specialist.

Services that do not require prior authorization are:

- PCP visits
- Emergency services
- Urgently needed services when outside of Los Angeles County
- Family planning services
- Preventive Services
- Sexually transmitted disease (STD) services
- HIV testing
- Basic prenatal care from a doctor who works with L.A. Care
- In-network Certified Nurse Midwife/Ob-Gyn services

Call L.A. Care at 1-888-839-9909 if you have questions about:

- Your benefits
- How or where to get benefits
- What is covered or not covered

All covered benefits are free. *Some exceptions may apply. Please call L.A. Care at 1-888-839-9909 to learn more about these exceptions.*

Covered benefits include:

Alcohol Misuse

L.A. Care covers alcohol misuse screening services for all members 18 and older. Services include:

- Behavioral counseling intervention
- Health education services
- Screening, brief intervention and referral to treatment

Not Covered:

- Treatment for alcohol use disorders. If found to meet criteria for alcohol use disorder, the member will be referred to the alcohol and drug program in the county in which he/she lives for further evaluation and treatment.

Asthma Services

- Nebulizers (including face mask and tubing), inhaler spacers and peak flow meters for management and treatment of asthma
- Member education on proper use of asthma equipment
- Member education for self-management and group education classes (offered at Family Resource Centers).

Behavioral Health Treatment for Autism Spectrum Disorder

L.A. Care Health Plan covers behavioral health treatment (BHT) for autism spectrum disorder (ASD). This treatment includes applied behavior analysis and other evidence-based services. This means the services have been reviewed and have been shown to work. The services should develop or restore, as much as possible, the daily functioning of a member with ASD.

BHT services must be:

- Medically necessary; and
- Prescribed by a licensed doctor or a licensed psychologist; and
- Approved by the Plan; and
- Given in a way that follows the member's plan-approved treatment plan

You may qualify for BHT services if:

- You are under 21 years of age; and
- Have a diagnosis of ASD; and
- Have behaviors that interfere with home or community life. Some examples include anger, violence, self-injury, running away, or difficulty with living skills, play and/or communication skills.

You do not qualify for BHT services if you:

- Are not medically stable; or
- Need 24-hour medical or nursing services; or
- Have an intellectual disability (ICF/ID) and need procedures done in a hospital or an intermediate care facility.

If you are currently receiving BHT services through a regional center, the regional center will continue to provide these services until a transition plan is developed. Further information will be available at that time.

You can call L.A. Care Health Plan if you have any questions or ask your Primary Care Provider for screening, diagnosis and treatment of ASD.

Cancer Screening

- All generally medically accepted cancer screening tests, including coverage for screening and diagnosis of prostate cancer
- Colon cancer screening and diagnosis with options of at home screening kits (Fecal Occult Blood Test), flexible sigmoidoscopy, and/or colonoscopy exam
- Mammography for screening/diagnostic purposes
- Cervical cancer screening test and prevention, including:
 - Papanicolaou (Pap) test
 - Human Papilloma Virus (HPV) screening
- HPV vaccinations
- Cancer clinical trials.

If you have cancer, you may be able to be part of a cancer clinical trial. A cancer clinical trial is a research study with cancer patients to find out if a new cancer treatment or drug is safe and treats a member's type of cancer. The cancer clinical trial must meet certain requirements, when referred by your L.A. Care doctor or treating provider. It must have a meaningful potential to benefit you and must be approved by one of the following: the National Institute of Health (NIH), the Food and Drug Administration (FDA), the U.S. Department of Defense or the U.S. Veteran's Administration. If you are part of an approved cancer clinical trial, L.A. Care will provide coverage for all routine patient care costs related to the clinical trial.

If you have a life-threatening condition, or were eligible but denied coverage for a cancer clinical trial, you have the right to request an Independent Medical Review (IMR) on the denial. You can learn more about this in the "Complaints: What should I do if I am not happy?" section of this handbook.

Diabetic Services

These services are covered for diabetic patients when medically necessary:

- Medical equipment
- Prescription drugs on L.A. Care's formulary

- Diabetes-related supplies:
 - Blood glucose monitors and testing strips
 - Blood glucose monitors designed to assist the visually impaired for insulin dependent, non-insulin dependent and gestational diabetes
 - Insulin pumps and all related necessary supplies
 - Ketone urine testing strips
 - Lancets and lancet puncture devices
 - Pen delivery systems for the administration of insulin
 - Podiatric devices of the feet (such as special footwear or shoe inserts) to prevent or treat diabetes-related complications

Doctor's Office Visits

- All routine visits, exams, treatments, required immunization shots, and Child Health Disability Prevention Program (CHDP) visits are provided by your doctor
- Services received from a specialist
- Any CHDP services from school-based programs or the Los Angeles County Department of Health Services. There is more information about CHDP services under the "More benefits: What other services can I get?" section of this handbook. You can also call CHDP at **1-800-993-2437**.

Drugs/Medications

- Prescription drugs and over-the-counter drugs on the L.A. Care formulary are covered. You can learn more about this in the "Pharmacy benefits: How do I get prescription drugs?" section of this handbook.

Durable Medical Equipment (DME)

DME is medical equipment used repeatedly (over and over again) by a person who is ill or injured. These items are ordered by your doctor. Examples include:

- Apnea monitors
- Blood glucose monitors, including monitors for the

visually impaired for insulin dependent, non-insulin dependent and gestational diabetes

- Insulin pumps and all related supplies
- Nebulizer machines
- Orthotics (shoe inserts)
- Ostomy bags
- Insulin syringes
- Visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin
- Health education for self-management and group education classes (offered at the Family Resource Centers)
- Family education about the diabetic disease process and daily management
- Oxygen and oxygen equipment
- Prosthesis
- Pulmo-Aides and related supplies
- Spacer devices for metered-dose inhalers
- Tubing and related supplies
- Urinary catheters and related supplies

To find out what other items are on the approved DME list, please call **L.A. Care at 1-888-839-9909**. You may get other items not on the list if they are covered and are medically necessary.

Emergency Services

Emergency services are covered 24 hours a day, seven (7) days a week. No services are covered outside of the United States, except for emergency services in Canada and Mexico. Emergency care is a service that a member reasonably believes is necessary to stop or relieve:

- Severe pain
- Sudden serious illnesses or symptoms
- Injuries or conditions requiring immediate diagnosis and treatment, including emergency labor and delivery.

Emergency services and care include ambulance, medical screening, examination, and evaluation.

Emergency services include services for both physical and psychiatric emergency conditions, active labor, and, in the case of pregnant women, services for conditions that would place her or her unborn child in serious jeopardy. You can learn more about these in the “Emergency and urgent care: How do I get care in an emergency?” section of this handbook.

Family Planning

Family planning services are provided to members to help delay or prevent pregnancy. These services include all methods of birth control approved by the Food and Drug Administration (FDA). You may receive family planning services and FDA-approved contraceptives from any health care provider licensed to provide these services.

Examples of family planning providers include:

- Your PCP
- Clinics
- Certified Nurse Midwives and Certified Nurse Practitioners
- Ob/Gyn specialists (doctors who specialize in female reproductive health care)
- Planned Parenthood clinics

Family planning services also include pregnancy tests, counseling and surgical procedures for the termination of pregnancy (called an abortion). Please call L.A. Care to find out more.

Many of our doctors who provide family planning services are also Ob/Gyn specialists. Women may choose a PCP from a list of family planning clinics located near them. Call L.A. Care for a copy of this list.

Women have the right to family planning services given by a family planning provider who is not in L.A. Care’s network. You do not need an okay from your PCP to do this. L.A. Care will pay that PCP or clinic for the family planning services you get.

The California Department of Public Health Office of Family Planning, can also answer questions or give you a referral for family planning services. You can reach them at **1-800-942-1054**.

Health Education Services

L.A. Care’s Health Education Services program is called Health In Motion™. Health In Motion™ services include many wellness classes and group appointments to help you stay healthy and manage your chronic conditions. Health education is offered in English and Spanish at places and times convenient for you. Free interpreters can be there for other languages.

If you cannot make it to a class or appointment, an L.A. Care Certified Health Coach and/or Registered Dietician will call you and talk to you over the phone. Health topics include asthma, diabetes, heart health, chronic condition support, nutrition and exercise, among others.

Health education resources include written materials, community referrals, online information, CDs/DVDs or videos, and L.A. Care’s Nurse Advice Line. Resources are available in multiple languages for many health topics.

All health education services and resources are provided at no charge to you. Call L.A. Care for more information at **1-888-839-9909** or go to **lacare.org**.

You can also access health information and resources through L.A. Care’s website. Visit <http://www.lacare.org/healthy-living/health-resources/health-library> to view information on many health topics. To find out about upcoming health workshops in your area, visit <http://www.lacare.org/healthy-living/health-resources/health-education>.

Hearing Aids

Hearing aids are covered when ordered by your doctor.

HIV/AIDS Testing

You can get confidential HIV testing from any health care provider licensed to provide these services and that accepts Medi-Cal. You do not need a referral or okay from your PCP or health plan. Examples of where you can get confidential HIV testing include:

- Your PCP
- Los Angeles County Department of Health Services

- Family planning services providers
- Prenatal clinics

Please call L.A. Care to request a list of testing sites.

If you need treatment for HIV/AIDS, you must see a doctor that is in the L.A. Care network.

Home Health Care

Home health care services are provided in the home if the following are met:

- You are housebound
- You require help from a nurse, physical, occupational or speech therapist
- Services can be provided and monitored in a safe way in your home

Home health services ordered by your doctor are provided by home health personnel such as:

- Registered Nurses
- Licensed Vocational Nurses
- Home Health Aides
- Medical Social Services

If a service can be provided in more than one location, L.A. Care will work with the provider to choose the location.

Hospice Care

Hospice care is limited to members who have been certified as terminally ill and are expected to live six (6) months or less. If you decide to receive hospice benefits, you are waiving all rights to all other benefits for the terminal illness for the duration of the hospice election. You can change your choice to receive hospice care at any time. The hospice election may be made of up to two (2) periods of 90 days each and an unlimited number of subsequent periods of 60 days each during the individual's lifetime.

If you are under the age of 21, L.A. Care will offer and pay for covered services related to your terminal illness even if you choose to receive hospice care.

Hospital Care

Includes, but is not limited to:

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

Incontinent Creams and Washes

These are provided at no cost when there is a medical need.

Laboratory and Imaging Services

Outpatient laboratory services are covered, such as:

- Blood work
- Urine tests
- Throat cultures

Imaging services to help your PCP diagnose and treat your condition include:

- X-rays
- MRIs
- CT scans
- PET scans

Some advanced imaging services are covered based on medical necessity.

Services must be obtained at a network provider:

- Doctor's office
- Hospital
- Laboratory

Managed Long Term Services and Supports (MLTSS)

Some MLTSS benefits are covered for members who qualify.

Covered Services include:

- Community Based Adult Services (CBAS) is a program you may qualify for if you have health problems that make it hard for you to take care of

yourself. If you qualify, L.A. Care will help you find a CBAS center that best meets your needs. If there is no center available in your area, L.A. Care will make sure you get the services you need from other providers.

At the CBAS center you can get different services. They include:

- Skilled nursing care including medication management
- Social services
- Meals (Nutritious breakfast, lunch, and afternoon snacks including dietary consultation)
- Physical therapy
- Speech therapy
- Occupational therapy
- Transportation

CBAS centers also offer training and support to your family and/or caregiver.

You may qualify for CBAS if:

- You used to get these services from an Adult Day Health Care (ADHC) center
- Your primary care doctor refers you to L.A. Care for CBAS
- You are referred for CBAS by a hospital, skilled nursing facility, community agency, and or a social worker/case manager

Multi-Purpose Senior Services Program (MSSP) – You may qualify for MSSP services if you are 65 years or older, have a disability, and are eligible for nursing facility placement but wish to remain at home. If approved, an MSSP provider will help you access services to help you remain safely at home. Services provided by MSSP may include:

- Adult day care/ support center
- Housing assistance
- Chore and personal care assistance
- Protective supervision

- Care management
- Respite
- Transportation
- Meal services
- Communication services.

In-Home Supportive Services (IHSS) – If you have a disability, are blind, or are over 65 years of age and unable to live at home without help, you may qualify for IHSS benefits. IHSS allows you to hire a caregiver to help you with your daily needs so you can remain safely in your own home. IHSS benefits may include the following services:

- Meal preparation and clean up
- Laundry
- Personal care services (such as bowel and bladder care, bathing, grooming and paramedical services)
- Grocery shopping and errands
- Transportation to medical appointments
- Household and yard cleaning
- Protective supervision.
- Accompaniment to medical appointments

Mastectomy

Mastectomy is a surgery to remove all or part of a breast, due to cancer. Partial removal of a breast, includes, but is not limited to, lumpectomy, which includes surgical removal of the tumor with clear margins. A mastectomy may include, the following to restore or achieve symmetry after a mastectomy:

- Prosthesis (replacing a missing body part with an artificial one)
- Reconstructive surgery (see “Reconstructive Surgery” in this section for more information)

If you have your surgery in a hospital, you and your doctor will decide how long you need to stay in the hospital after the surgery based on medical necessity.

Maternity and Prenatal Care

Maternity and Prenatal care includes:

- Regular PCP visits during your pregnancy (called prenatal visits)
- Prenatal supplements
- Diagnostic and genetic testing
- Nutrition counseling
- Labor and delivery care
- Health care six (6) weeks after delivery (called postpartum care)
- Inpatient hospital care for at least 48 hours after normal vaginal deliveries or for at least 96 hours after a cesarean section. Coverage for inpatient hospital care may be less than 48 hours or 96 hours if:
 - The decision is made by the mother and treating physician, and
 - A post-discharge follow-up visit for the mother and newborn is made within 48 hours of discharge.

After giving birth, you will receive breastfeeding education and special equipment if needed. Ask your doctor, or call L.A. Care if you have any questions.

If you are pregnant, call L.A. Care at 1-888-839-9909 right away. We want to make sure you get the care you need. L.A. Care will help you find a maternity care doctor in your network. Ask your PCP to find out more.

Go to “Women, Infants and Children Program (WIC)” under the “More benefits: What other services can I get?” section of this handbook for information about nutrition and food stamps.

Minor Consent Services

There are some services adolescent members (12 to 21 years of age) can get without a parent’s okay. Minors can decide to get these services through their PCP or from other qualified providers not with L.A. Care’s network.

The following services are covered:

- Counseling and surgical procedures to end pregnancy (abortion)

- Drug and alcohol abuse services for members 12 years of age or older
- Family planning
- Pregnancy related services
- Sexual assault treatment (including rape)
- Sexually transmitted disease (STD) services for members 12 years of age or older including consenting to medical care to prevent a sexually transmitted disease.
- Outpatient mental health treatment and counseling for minors (12 to 21 years of age) who are mature enough to participate, and if:
 - There is a danger of serious physical or mental harm to themselves or to others; or
 - They are a victim of incest or child abuse.

Newborn Care

Your newborn baby will be covered by L.A. Care for the month of birth and the following month. **When you have a baby, it is important to do three (3) things:**

1. Please call L.A. Care at **1-888-839-9909**. We want to make sure you and your baby get the care you need right away.
2. Contact your eligibility worker at DPSS toll-free at 1-866-613-3777 to enroll your baby in Medi-Cal. **This is important so that your baby can continue to get Medi-Cal benefits!**
3. **Take your baby to the doctor within three (3) days of getting home from the hospital after delivery. An L.A. Care doctor in your network should see your newborn baby within a few days of the birth. Call L.A. Care for more information on getting an appointment.**

Newborn baby screenings for certain treatable genetic disorders are covered. These genetic disorders include, but are not limited to:

- Phenylketonuria (PKU)*
- Galactosemia
- Hypothyroidism

- Hemoglobinopathies
- Sickle cell disease
- Thalassemia
- Amino acid disorders
- Organic acid oxidation disorders
- Fatty acid oxidation disorders
- Congenital adrenal hyperplasia (CAH)
- Related blood disorders

Babies with these conditions will be referred to California Children's Services (CCS) for treatment or to L.A. Care if the treatment is not covered by CCS.

**Treatment of PKU includes medically prescribed formulas and special food products. PKU cases are followed by a health care professional who consults with a doctor specializing in PKU-related diseases.*

Obstetrical/Gynecological (Ob/Gyn) Care

Pregnant members do not need a referral or okay from their PCP or L.A. Care to see an Ob/Gyn who works in their network. Please call L.A. Care if you have any questions.

Outpatient Mental Health Service

Outpatient mental health services are a benefit covered by L.A. Care Health Plan. You can call L.A. Care Health Plan or ask your PCP for the name of a mental health provider. These services are for the treatment of mild to moderate mental health conditions, which include:

- Individual and group mental health testing and treatment (psychotherapy)
- Psychological testing to evaluate a mental health condition
- Outpatient services that include lab work, drugs, and supplies
- Outpatient services to monitor drug therapy
- Psychiatric consultation
- Screening, brief intervention and referral to treatment

For mental health services, please call L.A. Care. No-cost interpreting services, including American Sign Language, are available. You can still get specialty mental health services for severe mental health conditions from the Los Angeles County mental health plan.

Not Covered:

- Mental health services for relational problems are not covered. This includes counseling for couples or families for conditions listed as relational problems*.

** As defined by the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition, Text revision (DSM IV)*

Podiatry Care (services for the feet)

Podiatry services are limited and require prior authorization except when received on an emergency basis.

Medically necessary podiatric services when provided by Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) or as a Medi-Cal additional benefit are now covered by L.A. Care

Reconstructive Surgery

L.A. Care covers reconstructive surgery to correct or repair problems with parts of the body that are caused by birth defects, abnormal development, trauma, infection, tumors or disease. These services are covered if your doctor finds that they will help your body work better, or give you a more normal look.

Sexually Transmitted Disease (STD) Services

STD services include:

- Preventive care
- Screening
- Testing
- Diagnosis
- Counseling
- Treatment
- Follow-up

You can get confidential STD services from any doctor or clinic that accepts Medi-Cal. You do not need a referral from your doctor. L.A. Care will pay for the covered services you get.

Skilled Nursing Facility Services

Skilled Nursing Facilities (SNF) services may be available to you if you are physically disabled and require a high level of care. SNF Services must be prescribed by your doctor or certified nurse practitioner and provided in a licensed SNF. Covered services include:

- Skilled nursing care on a 24 hour per day basis
- Bed and board (daily meals)
- Case management
- X-ray and laboratory procedures
- Physical, speech, and occupation therapy
- Prescribed drugs and medications
- Medical supplies
- Durable medical equipment if generally furnished by the SNF.

Substance Use Disorder Preventive Services

Alcohol misuse screening services are now a benefit covered by L.A. Care Health Plan for all members ages 18 and older. These services for alcohol misuse cover:

- One expanded screening for risky alcohol use per year
- Three 15-minute brief intervention sessions to address risky alcohol use per year.

L.A. Care Health Plan does not cover services for major alcohol problems, but you may be referred to the Los Angeles County Department of Public Health/ Substance Abuse and Control (LACDPH/SAPC) with or without a referral from your PCP. LACDPH/SAPC can be reached toll-free at **1-888-742-7900**.

Temporomandibular Joint (TMJ) Disease

TMJ disease is covered only for medically necessary surgery or treatment to realign the jaw, and not for a dental disorder.

Therapy – Occupational, Physical and Speech

- Occupational therapy is used to improve and maintain a patient's daily living skills after a disability or injury.
- Physical therapy uses exercise to improve and maintain a patient's ability to function after an illness or injury.
- Speech therapy is used to treat speech problems.

Topical Fluoride Varnish

Topical Fluoride varnish helps prevent and control tooth decay. Topical application of fluoride is a Medi-Cal benefit for children younger than six years of age, up to three times in a 12-month period.

Transgender Services

These services are provided when medically necessary and may include:

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

Transportation

- **Emergency transportation** for a member that believes it is necessary to stop or relieve sudden serious illnesses, symptoms, injury or conditions requiring immediate diagnosis and treatment. Emergency transportation or ambulance transport services provided through the "911" emergency response system will be covered in a medical emergency when a member believes it was medically necessary.

- **Non-emergency medical transportation** to medical facilities is covered when your medical and physical condition does not allow you to take regular means of public or private transportation (car, bus, etc.) and you have a written approval from your doctor. Examples of non-emergency medical transportation include, but are not limited to, litter/gurney vans, wheelchair vans, and ambulance. Also includes non-emergency transportation for the transfer of a member from a hospital to another hospital or facility, or facility to home.

Non-emergency medical transportation is provided when the transportation is:

- Medically necessary, and
- Requested by the PCP, and
- Authorized in advance by L.A. Care.

In addition, L.A. Care may provide members with non-medical transportation. Non-medical transportation is the transport of members to services and appointments by passenger car or taxi cabs.

If you need non-emergency medical transportation or non-medical transportation, please call your doctor, or L.A. Care. You must have approval to get these services before the services are given. No-cost interpreting services, including American Sign Language, are available to assist you with your transportation benefit.

Exclusion: Coverage for non-emergency transportation by public transportation including transportation by airplane, passenger car, taxi, or other forms of public conveyance are excluded. Transportation is not covered if the care or services to be obtained are not a Medi-Cal benefit.

Vision Care

Eye exams are covered by L.A. Care for members of all ages. Members who are under 21 years of age, pregnant or living in a nursing home are covered for one pair of eyeglasses every two (2) years unless the prescription changes. This includes lenses and covered frames for eyeglasses when authorized.

To find out more about eye exams or vision care coverage call Vision Service Plan at **1-800-877-7195** (TTY/TDD **1-800-428-4833**). No-cost interpreting services, including American Sign Language, are available.

More benefits: What other services can I get?

Medi-Cal members are entitled to other health care benefits and services that are not provided by L.A. Care.

California Children's Services (CCS)

CCS is for people under the age of 21 with a disability. If your child has a chronic (long-term) medical illness, your child may be eligible for services under CCS.

L.A. Care will identify children with CCS eligible conditions, arrange for a referral to the local CCS office, and continue to provide case management until eligibility is established with the CCS program. Primary care services will continue to be provided by L.A. Care.

Please call L.A. Care if your child is getting CCS services. L.A. Care can arrange for your child to continue getting services as a member of L.A. Care. You can call the Los Angeles County CCS office toll-free at **1-800-288-4584** to find out more.

Child Health and Disability Prevention (CHDP)

Your child may get CHDP preventive services through his or her local school. These services help keep children from getting sick and include regular checkups, immunizations (shots), education and counseling, and vision and hearing tests.

You may call CHDP at **1-800-993-CHDP (1-800-993-2437)** if you have any questions.

Women, Infants and Children Program (WIC)

The Women, Infants and Children Supplemental Nutrition Program (WIC) gives pregnant women and new mothers nutrition information and coupons to buy healthy foods. Ask your doctor or maternity nurse to find out more about WIC. You may call WIC directly at **1-888-942-9675**.

Special services for American Indians

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

Medi-Cal Additional Benefits

The state does not cover some benefits in the Medi-Cal program for some adults age 21 and older who are on Medi-Cal.

However, L.A. Care provides five (5) benefits that the state does not cover to all of our members, including those 21 and older on Medi-Cal, when there is a medical need.

As an L.A. Care Medi-Cal member, you will keep getting:

- Speech therapy services
- Podiatry (foot) services
- Audiology (hearing) services
- Incontinence creams and washes
- Annual optometry (eye) exam for diabetic members

Services you can get outside of your health plan

Some services are not covered by L.A. Care but are still benefits. They are available through Medi-Cal or another state program. Please call L.A. Care if you have any questions about getting the services below:

- Acupuncture
- Alcohol and drug treatment services (outpatient), except for Screening, Brief Intervention and Referral to Treatment for alcohol misuse, as described in the “What is Covered” section of this handbook.
- Childhood lead poisoning (through the Los Angeles County Department of Health Services)
- Chiropractic services
- Direct Observed Therapy for the treatment of tuberculosis (through the Los Angeles County Department of Health Services)
- Dental Services (Limited – please see the “Medi-Cal benefit changes” section) that are normally done by a dentist, orthodontist or oral surgeon, and dental appliances. You must get **Dental Services through Denti-Cal. Call toll-free at 1-800-322-6384** to learn more. L.A. Care covers dental screenings under the first health checkup and will refer members to Medi-Cal dental providers. L.A. Care covers the following when medically necessary: prescription drugs, lab services, outpatient surgical services, and inpatient services. General anesthesia for dental work is covered for members under seven (7) years of age, the developmentally disabled or when medically necessary.
- Early Start/Early Intervention. Early Start/Early Intervention is for children ages 0 to 3. If your PCP tells you that your child is at risk for developmental delays, your child may be eligible for the Early Start program. Developmental delays include difficulties in communicating, adjusting to different situations, following directions or relating to others. For more information about Early Start/Early Intervention or a referral to the Regional Center for Early Start/Early Intervention, talk to your doctor or to L.A. Care.
- Local Education Agency (LEA) assessment services are provided to students who qualify through the school system.
- Major organ transplants, except for renal or corneal transplants.
- Members with developmental disabilities. Developmental disabilities include difficulty learning and difficulty with motor skills. If your PCP tells you that you have a developmental disability, you may be eligible for services from the Regional Centers. For more information or for a referral to a Regional Center, talk to your PCP or call L.A. Care.
- Prayer or spiritual healing
- State laboratory services under the state Serum Alpha-fetoprotein Testing Program
- Home and Community Based Services Waiver Program provides services beyond those that are covered by Medi-Cal. These services allow individuals to remain in a community setting rather than be admitted to a long-term care facility.

Specialty mental health services for severe mental illness may be needed for services beyond your PCP’s training and practice and the outpatient mental health services covered by L.A. Care. These services are provided through the Los Angeles County Department of Mental Health (LACDMH). You can receive services from LACDMH with or without a referral from your doctor. LACDMH can be reached toll-free at **1-800-854-7771**. No cost interpreting services, including American Sign Language, are available to assist you with your mental health services.

L.A. Care will coordinate and cover laboratory, radiological and radioisotope services needed for the diagnosis, treatment and monitoring of a mental health condition. L.A. Care or regular (fee-for-service) Medi-Cal cover mental health drugs listed on the formulary and prescribed by your PCP or by a licensed mental health provider authorized to prescribe drugs. If medically necessary, you can also get a mental health drug not listed on the formulary. Go to a network pharmacy to fill your prescription. You can learn more about this in the “Pharmacy benefits: How do I get prescription drugs?” section of this handbook.

Non-covered services:

What does Medi-Cal not cover?

The following is a list of services not covered by L.A. Care or by the regular (fee-for-service) Medi-Cal program:

- Services not allowed by state and/or federal law
- Routine circumcision, unless medically necessary
- Cosmetic surgery (surgery performed to alter or reshape normal structures of the body in order to improve your appearance,)
- Custodial care. Some custodial care may be covered under regular (fee-for-service) Medi-Cal. For more information about custodial care covered under regular Medi-Cal, call DPSS. You can find DPSS' phone number under the "Important Phone Numbers" section of this handbook.
- Experimental and investigational services. You can learn more about this in "IMRs for Experimental and Investigational Therapies (IMR-EIT)" under the "Complaints: What should I do if I am not happy?" section of this handbook.
- Infertility (diagnosis and treatment)
- Immunizations (shots) for sports, work or travel
- Non-medical equipment
- Personal comfort items such as phones, television and guest tray when in the hospital

The following is a list of services not covered for some L.A. Care Medi-Cal members over the age of 21 (please see the "Medi-Cal benefit changes" section):

- Dental
- Chiropractic
- Acupuncture
- Eyeglasses

If you have questions about what is covered or not covered, please call **L.A. Care**.

Pharmacy benefits:

How do I get prescription drugs?

What is a pharmacy?

A pharmacy is a store where you get your prescription medications filled.

L.A. Care works with pharmacies in many neighborhoods. You must get your prescription medications (drugs) from a pharmacy in L.A. Care's network. A pharmacy list is in the provider directory provided to you with this handbook. Or you can call L.A. Care at **1-888-839-9909** for pharmacies in your neighborhood. You can also call the Nurse Advice Line at **1-800-249-3619** for answers to questions about medication.

How to get a prescription filled

1. Choose a pharmacy that works with L.A. Care.
2. Bring your prescription to the pharmacy.
3. Show the pharmacy your current L.A. Care ID card.
4. Make sure you give the pharmacy your current address and phone number.
5. Make sure your pharmacy knows about all medications you are taking and/or any allergies you have to any medicine.
6. If you have any questions about your prescription(s), make sure you ask the pharmacist.

You should not be asked to pay for covered prescription drugs. Call L.A. Care if a pharmacy asks you to pay.

Prescription refills

If you are refilling a prescription, go to a pharmacy listed in L.A. Care's provider directory. You can also find pharmacies within L.A. Care's network by visiting the pharmacy section of the L.A. Care website at **lacare.org**.

You may be able to receive a 90-day supply of a maintenance medication excluding controlled

substances. Maintenance medications are drugs that you need to take for a long time to treat a chronic medical condition, such as pills for high blood pressure or diabetes. Please ask your doctor to write a 30-day prescription supply, as well as a 90-day prescription supply for maintenance medication(s).

What is a formulary?

L.A. Care uses a list of approved drugs called a "formulary." A committee of doctors and pharmacists reviews drugs to add or remove from the formulary every three (3) months.

Drugs can be added to the formulary when they are all of the following:

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

Your PCP usually prescribes drugs from the L.A. Care formulary. Your PCP will only prescribe a drug based on your health status, and if a medication is needed to improve your health.

You may call L.A. Care to ask for a copy of the formulary in your language, large print, audio, or alternate format. You may also call L.A. Care for a list that compares all health plan partner formularies.

Brand Name / Generic Drugs

A generic drug has the same active ingredient as the brand name version of the drug. Generic drugs are approved by the Food and Drug Administration (FDA) and are usually more cost effective than brand name drugs.

Generic medications are dispensed, unless a documented medical reason prohibits the use of the generic version or a generic drug for a brand name drug does not exist. Your doctor must contact L.A. Care to get an okay to dispense a brand name drug if a generic is available.

Drugs not on the formulary

Sometimes, your doctor may need to prescribe a drug that is not on the formulary. Your doctor must contact L.A. Care and request prior authorization to get an okay.

To decide if this drug will be covered, L.A. Care may ask your provider for more information. Within 24 hours after getting the prior authorization request, L.A. Care will tell your provider and pharmacy if the drug is authorized. L.A. Care and/or your provider or pharmacy will then let you know if your drug is covered or not.

If the drug is approved, you can get the drug at a pharmacy that works with L.A. Care. If the drug is not approved, you have the right to appeal the decision or file a grievance. An “appeal” is when you want a decision to be reviewed. You can learn more about this in the “Complaints: What should I do if I am not happy?” section of this handbook.

What drugs are covered?

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

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

What drugs are not covered?

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

Emergency contraception (“Plan B”)

You may get emergency contraceptive drugs from:

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

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

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

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

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

Medicare administers a federal prescription drug program called Medicare Part D. If you are a Medi-Cal beneficiary with Medicare, you will get most of your prescription drugs from Medicare. There are some prescription drugs that are not covered by Medicare, but are covered by Medi-Cal, that you can get through Medi-Cal.

However, if you have Medi-Cal with L.A. Care and Medicare Part D coverage with another health plan, your pharmacy will not be able to fill your Medicare Part D prescriptions with your L.A. Care Medi-Cal coverage. Please contact your Medicare Part D Plan.

Please call L.A. Care for more information. To find out more about Medicare Part D and to choose a Medicare Prescription Drug Plan, call Medicare at **1-800-633-4227** or go online to **medicare.gov**.

Emergency and urgent care: How do I get care in an emergency?

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

How to get urgent care

1. Call your PCP. You may speak to an operator who answers calls for your PCP's office when closed.
2. Ask to speak to your PCP or the doctor on call. Another doctor may answer your call if your PCP is not available. A doctor is available by phone 24 hours a day, (seven) 7 days a week, and also on weekends and holidays.
3. Tell them about your condition and follow their instructions.
4. You may also call the Nurse Advice Line at **1-800-249-3619**, 2 hours a day, seven (7) days a week.

You may receive same-day urgent care services. It should not take longer than 48 hours from the time you call to request an appointment to get urgent care services from your PCP. If you are outside of Los Angeles County, you do not need to call your PCP or get prior authorization before getting urgent care services. But, be sure to let your PCP know about the care you received because you may need follow-up care.

What is emergency care?

Emergency services are covered anywhere in the United States, Mexico, and Canada, 24 hours a day, seven (7) days a week. Emergency care is a service a member reasonably believes is necessary to stop or relieve:

- Serious illnesses or symptoms
- Injuries or conditions requiring immediate diagnosis and treatment

Emergency services and care include ambulance, medical screening, examination and evaluation by a doctor or other medical personnel. Emergency services include services for both physical and psychiatric emergency conditions, and in the case of a pregnant woman, services for conditions that would place her or her unborn child in serious jeopardy, as well as active labor.

Examples of emergencies include but are not limited to:

- Having trouble breathing
- Seizures (convulsions)
- Lots of bleeding
- Unconsciousness/blackouts (when you can't wake up)
- Lots of pain (including chest pain)
- Swallowing of poison or medicine overdose
- Active labor
- Broken bones
- Head injury
- Eye injury
- Having thoughts of suicide or homicide

Examples of psychiatric emergency medical conditions include but are not limited to:

- Thoughts or actions about hurting yourself or someone else
- Unable to care for yourself, such as being unable to feed, shelter or dress yourself due to a mental disorder

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

What to do in an emergency

Call 911 or go to the nearest emergency room if you have an emergency. Emergency care is covered at all times anywhere in the United States, Mexico and Canada.

Outside of Los Angeles County?

If you have an emergency when you are not in Los Angeles County, you can get emergency services at the nearest emergency facility. Emergency services do not require a referral or okay from your PCP.

If you are admitted to a hospital not in L.A. Care's network or to a hospital your PCP or other provider does not work at, L.A. Care has the right to move you to a network hospital as soon as it is medically safe.

You may need hospital care after an emergency to stabilize your condition. This is called post-stabilization care. If you do, the hospital will call L.A. Care to ask for an okay. The hospital may ask you for your health plan's name and phone number. Show the hospital your L.A. Care ID card. If you don't have your ID card, tell them to call L.A. Care.

Your PCP must provide follow-up care when you leave the hospital.

What to do after an emergency

1. Call L.A. Care within 24 hours of receiving emergency care or as soon as you can.
2. Follow the instructions of the emergency room doctor.
3. Call your PCP to make an appointment for follow-up care.
4. In cases of psychiatric emergencies, follow up with a psychiatric provider to make an appointment for follow up care.

How to get emergency transportation

Call 911 if you have an emergency. Ambulances for emergencies are paid for by L.A. Care as long as you had a reasonable belief that an emergency condition existed at the time of the service.

Not sure you have an emergency?

If you are not sure, call your PCP, or Nurse Advice Line, and do what they tell you to do. Non-emergency problems may include, but are not limited to the following: sore throats, fever, and minor lacerations.

Do not call 911 for non-emergency problems. Call your PCP if you believe you or someone may be experiencing a non-life threatening psychiatric emergency. You can also call LA County's Psychiatric Mobile Response Teams (PMRT) – **1-800-854-7771**.

Not sure what kind of care you need?

Sometimes it's difficult to know what kind of care you need, so we have licensed health care professionals available to assist you by phone 24 hours a day, seven days a week. Here are some of the ways they can help you:

- They can answer questions about a health concern and instruct you on self-care at home if appropriate.
- They can advise you about whether you should get medical care and how and where to get care. For example, if you are not sure whether your condition is an emergency medical condition, they can help you decide whether you need emergency care or urgent care, and how and where to get that care.
- They can tell you what to do if you need care and your PCPs office is closed.

You can reach one of these licensed health care professionals by calling L.A. Care's Nurse Advice Line at **1-800-249-3619**. When you call, a trained support person may ask you questions to help determine how to direct your call.

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

Written Information in your language and format

You have the right to receive written member communication from L.A. Care in any of the following languages: Spanish, Arabic, Armenian, Chinese, Farsi, Khmer, Korean, Tagalog, Russian, Vietnamese and English. You can also request to receive written member communication in large print, audio or another format.

No-cost interpreting services

You have the right to no-cost interpreting services when getting health care services.

L.A. Care offers no-cost interpreting services in your language, including American Sign Language. These services are available 24 hours a day, seven (7) days a week.

It is important to use a professional interpreter at your doctor's appointments to help you communicate with your doctor so that you can understand your health and how to take care of yourself. The professional interpreter is trained and knows medical words and will interpret everything that is said between you and your doctor, correctly and completely. The interpreter keeps your conversation with your doctor confidential and private. You should not use friends or family, especially children to interpret for you.

Call L.A. Care's Member Services Department if you need interpreting services. We can assist you in your language over the phone and make sure that you have an interpreter for your next appointment. To request for an interpreter:

Step 1 Make your appointment with your doctor

Step 2 Call L.A. Care at **1-888-839-9909** at least ten business days before your appointment with the following information:

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

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

TTY/TDD services

Deaf and hard of hearing members can call L.A. Care Member Services at **711** using a TTY/TDD device. This number will put you in contact with the California Relay Service (CRS). Trained operators at CRS will help you communicate with L.A. Care or your doctor. For access to voice services, call 1-888-877-5379 (Sprint) or 1-800-735-2922 (MCI).

Access information for people with disabilities

Many doctors' offices and clinics have accommodations that make medical visits easier for people with disabilities such as accessible parking spaces, ramps, large exam rooms, and wheelchair friendly scales. You can find doctors with such accommodations in the Provider Directory. L.A. Care Member Services can also help you locate a doctor who can meet your special needs.

A doctor's office, clinic or hospital cannot deny you services because you have disabilities. Call L.A. Care right away if you cannot get the services you need or if services you need are difficult to get.

Remember: Tell your doctor's office if you may require additional time during your visit, because you need extra help.

Complaints

You can file a complaint if:

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

You can learn more about how to file a complaint in the "Complaints: What should I do if I am not happy?" section of this handbook.

Complaints:

What should I do if I am unhappy?

If you are unhappy or have questions or problems with your service or care, you have the option of letting your PCP know. Your PCP will be able to help you or answer your questions.

At any time, you or your Member Representative can file a grievance (complaint, concern or expression of dissatisfaction) with L.A. Care. A Member Representative is a person or persons appointed by the member, either on the phone, or by written statement. A written statement is a statement to represent you in the State of California as a health care proxy, trustee named in a durable power of attorney or court appointed guardian. This is also known as a Personal Representative. A Member's Representative can be a spouse, relative, friend, advocate, doctor, practitioner or someone designated as a representative by the member. There are several ways a person can be named a Member's Representative. Examples include Durable Power of Attorney, an Executor/Administrator of Estate or a legal/court-appointed guardian.

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

What is a grievance?

A grievance is an expression of dissatisfaction, or a complaint, by a member. The grievance can be in writing or made verbally. You have the right to file a grievance.

You must file your grievance within 180 calendar days from the day you became unhappy with the service or care given to you by your PCP, specialist, medical group, hospital, pharmacy or L.A. Care.

How to file a grievance

If you wish to file a grievance or an appeal:

- Write, visit or call L.A. Care.

**L.A. Care Health Plan
Member Services Department
1055 West 7th Street
Los Angeles, CA 90017
1-888-839-9909
1-213-438-5748 (fax)**

If you wish to file a grievance in writing, our Member Services department will be glad to provide you a grievance form.

- You can also file a grievance online through L.A. Care's website at lacare.org.
- You can ask your physician's office for the information on how to file a grievance.

L.A. Care can help you fill out the grievance form over the phone or in person. If you need interpreter services to help you file your grievance, we will work with you to make sure we can communicate with you in a language you understand.

Call L.A. Care to get a grievance form in your language or another format.

For members with hearing or speech loss, you may call L.A. Care's TTY/TDD telephone number for Member Services at 711. You may also call the TTY/TDD Statewide access number at 1-888-877-5379 (Sprint) or 1-800-735-2922 voice (MCI).

Grievances for Medi-Cal eligibility are not processed by L.A. Care. To file a grievance about Medi-Cal eligibility, call the Department of Public Social Services (DPSS). You can find DPSS' phone number under the "Important Phone Numbers" section of this handbook. If you need assistance, Member Services will be able to help you locate the number.

Confirmation and Resolution of Your Grievance

Within five (5) calendar days of getting your grievance, L.A. Care will send you a letter to let you know that we have your grievance and are working on it. Then, within 30 calendar days of getting your grievance, L.A. Care will send you a letter explaining how the grievance was resolved. The Grievance Department may contact you during the time of the investigation.. You may also file a grievance with the Department of Managed Health Care (DMHC) if you do not hear from L.A. Care within 30 calendar days from the date you filed your grievance or if you are unhappy with the resolution of your grievance. See the section below on Contacting the Department of Managed Health Care.

Please note: You have the right to file an expedited grievance with the Department of Managed Health Care (DMHC) without filing an appeal with L.A. Care. For information on how to file an expedited grievance with the DMHC, go to the “Contacting the California Department of Managed Health Care (DMHC)” section.

How to file a Member Appeal

If you have been denied services by your doctor, and disagree with the decision, you can file an appeal. When you have been denied services, you will receive a written notice of the denial. This is known as a Notice of Action. The Notice of Action may be a modification, or an adjustment of the request for services.

What is a Notice of Action?

A Notice of Action is a formal letter from L.A. Care, your medical group or your PCP telling you that a medical service has been denied. When you have been denied services, you will receive a written Notice of Action telling you why the service was denied and your appeal rights.

What is an Appeal?

If you think we have made a mistake in denying your medical service or you don't agree with the decision, you can ask for an appeal. If you ask for an appeal, it means you are asking us to change the decision we made. An Appeal is a formal request by a member, the member's representative or the member's doctor to review a denial of medical services.

You have 90 calendar days from the date on the Notice of Action to file an appeal with L.A. Care.

An Appeal is Different from A Grievance

The main difference(s) between an appeal and a grievance are:

With an Appeal:

- You have been denied a medical service and you are unhappy with the decision.
- You received a letter called a Notice of Action letting you know that your services have been denied.
- You received a Notice of Action letter from L.A. Care or a medical group. You have 90 calendar days from the date on the letter to file an appeal with L.A. Care.

With a Grievance:

- You are unhappy or dissatisfied with the service or care given to you by your doctor, specialist, medical group, hospital, pharmacy or L.A. Care.
- You did not get a Notice of Action letter because there has not been a denial of medical services
- You have up to 180 calendar days from the day you became unhappy to file a grievance with L.A. Care.

If you receive a Notice of Action (NOA) from L.A. Care, you have three (3) options on how to file an appeal if you are unhappy with the decision:

- You have 90 calendar days from the date on the Notice of Action to file an appeal with L.A. Care. You may file the appeal in person, in writing, online, by fax, or via telephone, as listed above. We will send you a letter within five (5) calendar days to let you know that we have received your appeal. Then within thirty (30) days from the day your appeal was received, we will let you know how your appeal was resolved.
- You may request a State Hearing regarding your Notice of Action from the Department of Social Services (DSS) within ninety (90) calendar days from the date on the Notice of Action. Please refer to the “State Hearing” section.
- You may request an Independent Medical Review (IMR) regarding your Notice of Action from the Department of Managed Health Care (DMHC). Please refer to the “Independent Medical Review” section for help in requesting an IMR.

You can also file a grievance regarding the medical services related to the Notice of Action.

Please note that you may ask for a State Hearing at the same time you are filing your appeal to a Notice of Action. Filing a grievance, or appeal, or requesting a State Hearing does not affect your medical benefits. If you file a grievance, or appeal, or request a Fair Hearing, you can continue a medical service while the grievance and/or appeal is being resolved. To find out more about continuing a medical service, call L.A. Care.

Expedited Review for Urgent Cases

If you receive a Notice of Action (NOA) and your case is urgent, you can request an “expedited” (or quick) review of your case. Examples of urgent cases include:

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

L.A. Care physicians will review the case to determine the urgency of the matter. If the matter is expedited (urgent), then the matter will be resolved within three days. In urgent cases, you may file your appeal to L.A. Care either orally (via telephone or in person) or in writing. You can present evidence to support your appeal; however, the time available to present this evidence is limited to less than three (3) days. A decision will be made by L.A. Care within three (3) calendar days from the day your appeal was received.

You also have the right to request an expedited State Hearing, along with filing an appeal with L.A. Care. For more information about State Hearings, go to the “State Hearing” section.

You have the right to file an expedited grievance with the Department of Managed Health Care (DMHC) without filing an appeal with L.A. Care. For information on how to file an expedited grievance with the DMHC, go to the “Contacting the California Department of Managed Health Care (DMHC)” section.

If you do not agree with L.A. Care’s decision on the appeal:

If you do not agree with the decision made on your appeal, if you prefer, you can request a State Hearing and file a grievance with the California Department of Managed Health Care (DMHC). You may also file a grievance with the DMHC if you do not hear from L.A. Care within 3 calendar days from the date you filed your urgent appeal. You may also request an Independent Medical Review (IMR) with the DMHC. For more information about State Hearings, go to the “State Hearing” section. For information on how to file a grievance with the DMHC, go to the “Contacting the California Department of Managed Health Care (DMHC)” section. For information on how to request an IMR, go to the “Independent Medical Review” section of this handbook.

Independent Medical Review

You can request an Independent Medical Review (IMR) from DMHC. You have up to six (6) months from the date you get a Notice of Action from L.A. Care to file an IMR. A Notice of Action lets you know about an action by L.A. Care to delay, deny, modify or terminate a health care service or benefit. You will receive information on how to file an IMR with your notice. You may reach DMHC toll-free at **1-888-HMO-2219** or **1-888-466-2219**.

You can still request a State Hearing if you request an IMR. However, you will not be able to use the IMR process if you have requested a State Hearing. Go to the “State Hearing” section to find out how to file a grievance.

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

When to file an Independent Medical Review (IMR)

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

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

- You must first go through the L.A. Care grievance process, before applying for an IMR. In special cases, the DMHC cannot require you to follow the L.A. Care grievance process before filing an IMR. In urgent circumstances or cases of emergency, you are not required to participate in the L.A. Care expedited grievance process for more than three (3) days before filing an IMR.

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

Non-urgent IMR Cases

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

Urgent IMR Cases

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

For urgent cases, the IMR decision must be made within three (3) calendar days from the time your information is received.

IMRs for Experimental and Investigational Therapies (IMR-EIT)

You can request an IMR-EIT through the DMHC when a medical service, drug or equipment is denied because it is experimental or investigational in nature.

L.A. Care will notify you in writing that you can request an IMR-EIT within five (5) days of the decision to deny coverage. You have up to six (6) months from the date of denial to file an IMR-EIT. You can give information to the IMR-EIT panel. The IMR-EIT panel will give you a written decision within 30 calendar days from when your request was received. If your doctor thinks that the proposed therapy will be less effective if delayed, the decision will be made within seven (7) days of the request for an expedited (or quick) review. In urgent cases the IMR-EIT panel will give you a decision within three (3) business days from the time your information is received.

You can file an IMR-EIT if you meet the following requirements:

- You have a very serious condition that is life-threatening or debilitating (for example, terminal cancer).
- Your PCP must certify that:
 - The standard treatments were not or will not be effective, or
 - The standard treatments were not medically appropriate, or
 - The proposed treatment will be the most effective
- Your PCP certifies in writing that:
 - A drug, device, procedure or other therapy is likely to work better than the standard treatment.
 - Based on two (2) medical and scientific documents, the recommended treatment is likely to work better than the standard treatment.
- You have been denied a drug, equipment, procedure or other therapy recommended or requested by your PCP.
- The treatment would normally be covered as a benefit, but L.A. Care has determined that it is experimental or investigational in nature.

To find out more, get help with the IMR or IMR-EIT process, or ask for an application form, please call L.A. Care.

You do not need to participate in L.A. Care's grievance process before asking for an IMR of a decision to deny coverage on the basis that the treatment is experimental or investigational in nature.

Contacting the California Department of Managed Health Care (DMHC) to file a Grievance or Request an IMR

The California Department of Managed Health Care (DMHC) is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-888-839-9909** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you.

If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR).

If you are eligible for an IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature, and payment disputes for emergency or urgent medical services.

The department also has a toll-free telephone number (**1-888-HMO-2219**) and a TTY/TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's website, (**www.hmohelp.ca.gov**) has complaint forms, IMR application forms and instructions online.

State Hearing

A State Hearing is another way you can file a grievance or appeal. You can present your case directly to the State of California. All L.A. Care members have the right to ask for a State Hearing at any time within 90 days from the Notice of Action or 180 days of the incident. You can still request a State Hearing if you request an Independent Medical Review (IMR). However, you will not be able to use the IMR process if you have requested a State Hearing. Go to the “IMR” section to find out more.

During the State Hearing process, L.A. Care will continue to authorize and pay for the services under question while the hearing is pending. If a decision is later made to deny, limit, or delay services, L.A. Care will still pay for the disputed services if you received the services while the hearing was pending. You will not be held responsible for the cost of the services provided.

You can ask for a State Hearing by calling toll-free **1-800-952-5253** (English and Spanish), or by writing to:

**California Department of Social Services
State Hearings Division
P.O. Box 944243, MS 09-17-37
Sacramento, CA 94244-2430**

Expedited State Hearing

In cases of health services denials, you or your provider can ask for a faster decision through an Expedited State Hearing if your life, health or ability to attain, maintain or regain maximum function could be in serious danger by going through a standard State Hearing. An emancipated minor, a parent on behalf of his/her minor child, and a duly-appointed guardian or conservator of a member can also request an Expedited State Hearing. Requests for Expedited State Hearings should be directed to:

Expedited Hearings Unit
California Department of Social Services
State Hearings Division
744 P Street, MS 19-65
Sacramento, CA 95814
Phone: **1-800-952-5253**
Fax: **1-916-229-4267**

You can also call the DPSS Los Angeles County office toll-free at **1-866-613-3777**. If you do not speak English, please stay on the line and ask for the language you speak. DPSS has staff members who speak Armenian, Chinese, Russian, Spanish, Tagalog and Vietnamese. If DPSS does not have bilingual staff who speak your language, they will provide you with interpreting services at no cost to you. You can also write to:

Department of Public Social Services (DPSS)
State Hearings Section
P.O. Box 10280
Glendale, CA 91209

Office of the Ombudsman

You can call the Medi-Cal Managed Care Office of the Ombudsman of the California Department of Health Care Services (DHCS) for help with grievances. The Office of the Ombudsman was created to help Medi-Cal beneficiaries fully use their rights and responsibilities as members of a managed care plan. To find out more, call toll-free **1-888-452-8609**.

Voluntary mediation

You can ask for mediation to resolve a grievance but L.A. Care can decline your request. If we approve your request, an independent third person will resolve your grievance. This person will not be related to L.A. Care. However, you and L.A. Care must agree to use the mediation process. You can still file a grievance with DMHC even if you use mediation. You do not need to participate in L.A. Care’s mediation process for any longer than 30 days prior to submitting a grievance to DMHC. To request mediation, call L.A. Care.

Confidentiality:

What are my privacy rights?

You have the right to keep your medical records confidential. That means that only people who need to see your records in order for you to get good health care will see them. You can request a copy of our Notice of Privacy Practices (NOPP). Just call L.A. Care. An NOPP is provided to you in this handbook. If you would like another copy of this information, call L.A. Care. The NOPP is also available on L.A. Care's website at **lacare.org**.

Health information privacy

We want you to know the things that L.A. Care does to keep health information about you and your family private. For example, employees are not allowed to speak about your information in elevators or hallways. Employees must also protect any written or electronic documents containing your health information across the organization. Employees have access only to the amount of information needed to do their job.

L.A. Care's computer systems protect your electronic health information at all times by using various levels of password protection and software technology.

L.A. Care does not give out health information to anyone or any group that does not have a right to the information by law.

All L.A. Care staff with access to your health information are trained on privacy and information security laws. They also follow L.A. Care rules on how to take care of your health information so it stays private. They follow L.A. Care policies and procedures to protect conversations about you as well as written and electronic documents that contain protected health information about you. Employees even sign a note that promises they will keep all health information private.

L.A. Care needs information about you so that we can give you good health care services. We may get this information from you or any of these other sources:

- A parent, guardian or conservator
- Another health plan
- Your doctor
- Your application for the health care program
- Your health records
- The California Department of Health Care Services

L.A. Care does not have complete copies of your medical records.

The routine collection, use and disclosure of your protected health information and other kinds of private information may include:

- Name
- Gender
- Date of birth
- Language you speak
- Race/Ethnicity
- Home address
- Home or work telephone number
- Employer and occupation
- Whether you are married or single
- Health history
- Mental health history
- Substance use disorder history

Before L.A. Care gives your health information to someone else or another group, we need your approval in writing. However, there are times when we don't have to get your approval in writing. For more information on how L.A. Care may use or share your protected health information and when your okay is needed, please read the Notice of Privacy Practices (NOPP) provided to you in this handbook. If you have any questions, would like a printed copy of the NOPP mailed to you, would like to pick up a paper copy of the NOPP, or would like to know more about the privacy, information security and confidentiality of your health information, please call L.A. Care's Member Services to reach the Privacy & Information Security Officer at **1-888-839-9909**.

If you believe that your privacy has not been protected, you have the right to complain. You can file a grievance (complaint) by contacting L.A. Care Member Services at **1-888-839-9909**, or you can contact the Department of Health Care Services (DHCS) at **1-866-866-0602**, TTY/TDD at **1-877-735-2929**, or the U.S. Office for Civil Rights **1-800-368-1019**, TTY/TDD **1-800-537-7697**. These phone numbers are available to you 24 hours a day, seven (7) days a week. All calls are confidential. All calls are free.

Protect yourself from identity theft

Here are some steps you can take to help prevent your personal information from being stolen, also known as identity theft:

- Protect your member ID card like you protect your bank or credit cards.
- Take your ID card to your doctor's appointment. Avoid speaking about your membership information, personal facts or saying your social security number out loud or to other people.
- Don't give out your personal information unless it is asked for by your doctor, clinic, hospital, other medical staff, or health plan.

Fraud, waste & abuse: How do I identify it and report it

What is fraud?

Fraud means intentionally deceiving or misrepresenting information knowing that this could result in an unauthorized benefit to yourself or another. Examples include using someone else's medical benefits for your health care services, using someone else's social security number to qualify for government assistance, or a doctor intentionally billing for services that did not occur. If you commit fraud, you may lose your Medi-Cal coverage.

What is waste?

Waste is the overuse of services or careless practices that result in throwing away or the spending of health care or government resources in an unwise and wrong manner. Examples of waste include:

- Prescribing more medication than is medically necessary
- Providing more health care services than are medically necessary

What is abuse?

Abuse is an action that may result in unnecessary cost to government programs such as Medi-Cal. Abuse may also result in improper payment to doctors or members. Examples of abuse include:

- Requesting and obtaining medications or medical equipment you do not need for yourself
- Excessive use of Emergency Room (ER) for non-emergency or routine care.

How to report fraud, waste and abuse

If you suspect someone of using your information or committing fraud, waste or abuse, please call L.A. Care's Compliance Helpline at **1-800-400-4889**. This number is available 24 hours a day, seven (7) days a week. You can also report it online at **lacare.ethicspoint.com**.

You can also call L.A. Care's Member Services and ask to speak with the Compliance Officer at **1-888-839-9909**, or you could call the California Department of Health Care

Services Fraud & Abuse Hotline at **1-800-822-6222** or the Department of Justice Office of the Attorney General Bureau of Medi-Cal Fraud & Elder Abuse at **1-800-722-0432**. Your call is free and confidential.

Why should you care about fraud, waste and abuse?

Everyone is hurt by fraud and abuse. Millions of dollars are paid to those not entitled to receive services or cash. That money could be spent to provide more care to people in need or more benefits to you. Do you know someone getting care that they are not entitled to receive? Do you suspect a doctor or lab of billing too much or billing for services not provided? If so, please use our Compliance Helpline or call Member Services.

Preventing health care fraud

Here are a few helpful tips on how you can help prevent health care fraud:

- Do not give your ID card or ID card number to anyone except your doctor, clinic, hospital, health care provider or health plan.
- Do not let anyone borrow your ID card.
- Never loan your social security card to anyone.
- Never sign a blank insurance claim form.
- Beware of anyone who offers you free medical services in exchange for your ID card. You should never give away your ID card to anyone in exchange for free medical services. If it sounds too good to be true, it probably is. Be careful about accepting medical services in addition to Medi-Cal when you are told they will be free of charge.
- **Report Actions That Don't Seem Right to You:** Did you get a bill or statement for services you did not receive? Did a doctor or staff member ask you to pay for a service you feel is a covered benefit? Were you or your child assigned to another doctor or group without your knowing or agreeing to it? If so, call our Member Services Department or use our Compliance Helpline.

Medi-Cal: How can I make sure I don't lose my coverage?

Keeping your Medi-Cal eligibility

To stay in Medi-Cal, you must be eligible for it. “Eligible” means that a person meets certain requirements to receive benefits from programs like Medi-Cal.

If you lose Medi-Cal eligibility, you will not be able to keep your Medi-Cal benefits with L.A. Care.

Be sure to fill out and return any information requested before the due date on any letter or form. If you have any questions about your Medi-Cal eligibility, call your eligibility worker or the Department of Public and Social Services (DPSS) toll-free at **1-866-613-3777**.

If you move, you must tell us!

Don't lose your Medi-Cal coverage if you move! DPSS must have your current address so they can send you mail to renew and stay eligible.

If you move but still live in Los Angeles County, please:

1. Call your eligibility worker at DPSS right away at **1-866-613-3777**; and
2. Call L.A. Care. We need to know your new address and phone number.

If you move outside of Los Angeles County but still live in California, call your eligibility worker at DPSS right away toll-free at **1-866-613-3777**. Your eligibility worker can help you find out what Medi-Cal services are available in your new community.

Two types of Medi-Cal

There are two types of Medi-Cal in Los Angeles County: “fee-for-service” and “managed care.” In Los Angeles County, most Medi-Cal members are in “managed care.”

L.A. Care is a managed care health plan.

“Managed care” is when your health care is managed and coordinated by a health plan and a PCP. This makes it easier for you to get the care you need. It is L.A. Care's job to make sure you get the care you need. For example, if you need to see a specialist, it is your PCP's and our job to find a specialist who will see you.

In “fee-for-service” Medi-Cal, you are not in a health plan and must find doctors and other providers who will accept payment from Medi-Cal. No one manages or coordinates your care for you. No one helps you find doctors and providers who will accept payment from Medi-Cal.

This section explains why you are in managed care and the reasons why you can or can't be enrolled in or disenrolled from a managed care health plan. To “enroll” means you become a member of a health plan. To “disenroll” means you leave a health plan and are no longer a member.

Mandatory Medi-Cal managed care members

The California Department of Health Care Services (DHCS) is in charge of Medi-Cal. DHCS says that in Los Angeles County, most Medi-Cal members must enroll in a health plan and be in managed care. Members who must enroll in a health plan are called “mandatory members.”

A mandatory member may not disenroll from Medi-Cal managed care. However, you may choose to change health plans.

Voluntary Medi-Cal managed care members

In Los Angeles County, some people with Medi-Cal can choose to enroll in a health plan. Members who choose to enroll in a health plan are called “voluntary members.” A voluntary member can choose to leave his or her health plan. Voluntary members include:

- Children in foster care or the Adoption Assistance Program

Voluntary disenrollment

To “disenroll” means you leave a health plan and are no longer a member. You can disenroll without cause at any time, subject to any restricted disenrollment period. To disenroll from L.A. Care, call Health Care Options at **1-800-430-4263**. Health Care Options enrolls or disenrolls Medi-Cal beneficiaries in or out of a Medi-Cal managed care health plan. They will send you a disenrollment form. Your membership will end on the last day of the month in which Health Care Options approves your request. Disenrollment takes 15 to 45 days. You must continue to receive services through L.A. Care until you are disenrolled from L.A. Care.

If you leave L.A. Care, you can’t stay enrolled with L.A. Care for your Medi-Cal coverage.

Involuntary disenrollments

You will lose managed care coverage with L.A. Care, but not necessarily your Medi-Cal benefits, if any of the following happens:

- You move out of Los Angeles County permanently.
- You require medical health care services not provided by L.A. Care (for example, some major organ transplants, and chronic kidney dialysis).
- You have been approved and accepted as a candidate to a transplant center. You have other non-government or government-sponsored health coverage.
- You are in prison or jail.

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

- You take part in any fraud having to do with services, benefits or facilities of the plan.

L.A. Care is not able, in good cause, to give health care services to you. L.A. Care will use their best efforts to provide the needed services. If you show threatening behavior toward other members, providers, provider staff, or L.A. Care staff, L.A. Care may recommend that you be disenrolled from L.A. Care. Threatening behavior includes:

- Making a credible threat of violence, considered as a knowing and willful statement or course of conduct that would place a reasonable person in fear for his or her safety, or the safety of others
- Unlawful violence
- Harassing surveillance, also known as “stalking” which is willful, malicious, and repeated following of providers, provider staff, or L.A. Care staff
- Threatening phone calls, letters, or other forms of threatening written or electronic communications directed at providers, provider staff, or L.A. Care staff
- Unauthorized possession or inappropriate use of firearm, weapon, or any other dangerous device on provider or L.A. Care premises
- Intentional destruction or threat of destruction of property owned, operated, or controlled by providers, health plans, or L.A. Care

L.A. Care will continue to provide you with covered services until the California Department of Health Care Services (DHCS) grants this request for disenrollment.

If you are disenrolled from L.A. Care because you've shown threatening behavior, you may file an appeal with the California Department of Managed Health Care (DMHC) if you think that your cancellation is because of your health status or need for services. This means you can ask DMHC to make sure we are allowed to disenroll you. You may also ask for a review from the California Department of Health Care Services (DHCS). You can learn more about this in the "Complaints: What should I do if I am unhappy?" section of this handbook. You can also call L.A. Care to find out more.

Expedited disenrollment

L.A. Care will process an expedited disenrollment if we are not able to provide you with medical services due to your condition or situation which is indicated in L.A. Care's contract with the California Department of Health Care Services (DHCS). This may include a major organ transplant, foster care or adoption assistance programs, or if you move out of Los Angeles County. We will submit a disenrollment request to DHCS for approval. When we receive the decision, we will notify you of the effective date of disenrollment. Your health care for the condition will be covered by regular Medi-Cal.

Transitional Medi-Cal

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

- 1) You started earning more money; or
- 2) Your family started receiving more child or spousal support

For example, if you are the person in your household who earns the most money, you might get transitional Medi-Cal. This means you might get transitional Medi-Cal even if you are a caretaker relative.

Parents and caretaker relatives who get transitional Medi-Cal can get free Medi-Cal coverage for six (6) to 24 months. If you stopped getting Medi-Cal, you should ask your eligibility worker if you qualify for transitional Medi-Cal. Call your eligibility worker at DPSS toll-free at **1-866-613-3777**. You can stay with L.A. Care if you are eligible for transitional Medi-Cal.

Getting involved: How do I participate?

Many L.A. Care policies are decided by California Department of Health Services. Other policies are set by L.A. Care and members like you. There are several ways you can participate.

L.A. Care Public Policy Committee

L.A. Care has a public policy committee you may join. This committee discusses member and health plan issues. To find out more, please call L.A. Care.

L.A. Care Regional Community Advisory Committees (RCAC)

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

RCAC members:

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

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

Board of Governors meetings

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

Communicating policy changes

As an L.A. Care member, you will get information on all policy changes that affect your health care. All important information will be included in your member newsletter or special mailings.

Family Resource Centers

L.A. Care has four conveniently located Family Resource Centers in Boyle Heights, Lynwood, Inglewood and Pacoima. Our Family Resource Centers offer free exercise classes, health education classes, health screenings and a kid-friendly environment. We are also ready to assist you at all four locations with membership needs and more! Visit one of our locations or call us at **1-888-525-9693**.

More important information: What else do I need to know?

How to request copies of policies & procedures

As a member of L.A. Care, you may request a copy of our clinical and administrative policies and procedures. These are the "business rules" that we use to make our day-to-day decision and may help you understand the guidelines we use to manage your care.

If you would like a copy of our policies and procedures, you may request a copy by any of the methods listed below. Please tell us which topic you would like to learn more about and make sure to include the address where you would like us to send you the policies and procedures.

Write, visit, fax or call L.A. Care

L.A. Care Health Plan

Attn: Regulatory Affairs & Compliance

1055 West 7th Street, 10th Floor

Los Angeles, CA 90017

Toll free: 1-888-839-9909

Fax: 1-213-623-8097

If you travel outside of Los Angeles County

As a member of L.A. Care, your service area is Los Angeles County. All locations outside of Los Angeles County are out of your service area.

Routine care is not covered out of the service area. However, emergency and urgent care services are covered outside of Los Angeles County.

How a provider gets paid

Health care providers can be paid in several ways by the health plan or medical group which they may have a contract with. Providers may receive:

- A fee for each service provided
- Capitation (a flat rate paid each month per member)
- Provider incentives or bonuses

Please call L.A. Care if you would like to know more about how your doctor is paid or about financial incentives or bonuses

If you have other insurance

Please call L.A. Care at **1-888-839-9909** to tell us about any health insurance you have other than

L.A. Care so that we can send all bills to the correct place for payment. Generally, Medi-Cal is the "payor of last resort," which means that Medi-Cal will cover and pay for Medi-Cal covered services only after any other health insurance you have either denies coverage or your benefits under your other insurance have been exhausted.

If you have Medi-Cal and Medicare coverage

If you have both Medicare and Medi-Cal benefits, Medicare is your main coverage. You will still go to your Medicare doctors, specialists, hospitals and get most of your prescriptions from Medicare. L.A. Care will work with your Medicare doctor to provide you with Medi-Cal services you need.

This handbook explains your Medi-Cal benefits through L.A. Care. L.A. Care will take care of your co-payments, medical services and supplies that are not covered by Medicare.

In order for L.A. Care to cover a service, the service must be:

- Not covered by Medicare,
- Covered by Medi-Cal and
- Medically needed.

Workers Compensation

L.A. Care will not pay for work-related injuries covered by Workers' Compensation. L.A. Care will provide health care services you need while there are questions about an injury being work-related. Before L.A. Care will do this, you must agree to give L.A. Care all information and documents needed to recover costs for any services provided.

Third party liability

L.A. Care will provide covered services when an injury or illness is caused by a third party. L.A. Care may request the legal right to keep any payment or right to payment you may have received as a result of a third party injury or illness. Under California State Law, this is called “asserting a lien.” The amount of this lien may include:

- Reasonable and true costs paid for health care services given to you
- An additional amount as provided under California State Law

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

Medi-Cal Estate Recovery Program

The Medi-Cal program pays for medical care for some people whose savings and income are too low for them to be able to pay for their own care. The cost of a member’s medical care may have to be paid back to the Medi-Cal program after the member’s death. This is called the Medi-Cal Estate Recovery Program. After getting notice of the death of a member, the Department of Health Care Services (DHCS) will decide if the cost of the member’s medical care must be paid back. DHCS will never ask for more to be paid back than the value of the assets owned by the member at the time of his or her death.

To learn more about the Medi-Cal Estate Recovery Program, write or call DHCS.

**California Department of
Health Care Services (DHCS)
Estate Recovery Section, MS 4720
P.O. Box 997425
Sacramento, CA 95899-7425
1-916-650-0490
1-916-650-6584 (fax)**

Disruption in services

L.A. Care will use its best efforts to provide services in the event of a war, riot or other unusual event. If L.A. Care is not able to provide health services, we will send members to the nearest hospital for emergency services and pay for these services.

Organ donation

There is a need for organ donors in the United States. You can agree to donate your organs in the event of your death. The California Department of Motor Vehicles (DMV) will give you a donor card if you wish to become an organ or tissue donor and will also give you a donor sticker to place on your driver’s license or ID card. To find out more, call **1-800-777-0133** (voice) or **1-800-368-4327** (TTY/TDD).

What is an advance directive?

An advance directive is a signed legal document. It allows you to select a person to make your health care choices at a time when you can’t make them yourself (for example if you are in a coma). An advance directive must be signed when you are able to make your own decisions. L.A. Care will tell you about any changes to state law about advance directives as soon as possible but no later than 90 days after the date of change. Ask your doctor or call L.A. Care to find out more about advance directives.

New technology

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

Glossary of Terms

This glossary will help you understand words used in this Member Handbook.

Acute is a word used for a serious and sudden condition that lasts a short time and is not chronic. Examples include a heart attack, pneumonia or appendicitis.

Advance Directive is a signed legal document that allows you to select a person to make your health care choices at a time when you can't make them yourself. It expresses your decision about your end-of-life care ahead of time.

Americans with Disabilities Act (ADA) is a law that protects people with disabilities from not being treated fairly. The ADA law makes sure there are equal chances for people with disabilities in employment and state and local government services, including health care.

Anti-rejection medications are medications used to prevent your body from not accepting a new organ.

Authorize/Authorization is when a health plan approves treatment for covered health care services. Members may have to pay for non-approved treatment. Note: Emergency services and out-of-area urgent care services do not require prior authorization.

Benefits are the health care services, supplies, drugs and equipment that are medically necessary and covered by Medi-Cal.

California Children Services Program (CCS) is the public health program that assures the delivery of specialized diagnostic, treatment and therapy services to financially and medically eligible children under the age of 21 who have CCS eligible conditions.

California Department of Health Care Services (DHCS) is the state agency that is responsible for the Medi-Cal program.

California Department of Managed Health Care (DMHC) is the state agency responsible for regulating health care service plans.

Cancer Clinical Trial is a research study with cancer patients to find out if a new cancer treatment or drug is safe and treats a member's type of cancer.

Case Management refers to doctors and nurses who make sure that you are getting the right health care services when you need them. This includes checkups, plans to make you better, getting you the right doctors, and coordinating care to meet your health care needs.

Certified Nurse Midwife is a registered nurse who has experience in labor and delivery, and at least one year of hands-on training in midwifery. A Certified Nurse Midwife has completed an advanced course of study and is certified by the American College of Nurse-Midwives.

Certified Nurse Practitioner is a registered nurse who has completed an advanced training program in a medical specialty.

Child Health and Disability Prevention (CHDP) is for people under the age of 21 with a disability. CHDP is a preventive program that delivers periodic health assessment and services. CHDP provides care coordination to assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services.

Chronic is a word used for a condition that is long-term and ongoing, and is not acute. Examples include diabetes, asthma, allergies and hypertension.

Clinic is a facility that members can select as a Primary Care Provider (PCP). It can be either a Federally Qualified Health Center (FQHC), Los Angeles County clinic, community clinic, rural health clinic, Native American Health Clinic, or other primary care facility.

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

Complain/Complaint is an oral or written expression of dissatisfaction, including any complaint dispute request for reconsideration or appeal. A complaint is also known as a grievance.

Consultation is the rendering of an opinion, advice, or prescribing treatment by telephone and includes rendering of a decision regarding hospitalization or transfer by telephone or other means of communication.

Diagnostic/Diagnosis is when a doctor identifies a condition, illness or disease.

Disability is a physical or mental condition that substantially limits a person's ability in at least one major life activity.

Disenroll/Disenrollment is when a member leaves a health plan.

Disputed health care service is a health care service eligible for coverage and payment under a plan that has been denied, modified or delayed based on the plan's decision that the service was not medically necessary.

Durable Medical Equipment is medical equipment used in the course of treatment or home care, including items such as crutches, knee-braces or wheelchairs.

Eligible/Eligibility means that a person meets certain requirements to receive benefits from programs such as Medi-Cal, California Children's Services (CCS) and Child Health Disability Program (CHDP).

Enroll/Enrollment is when a member joins a health plan.

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

Emergency Services and Urgent Care means medical screening, examination, and evaluation by a physician or surgeon, or other licensed persons under the supervision of a physician and surgeon and includes a determination within the scope of that person's license if an emergency medical condition, psychiatric medical condition or active labor exists and, if it does, the care, treatment, and surgery necessary to relieve or eliminate the emergency medical condition.

Exclusions are any medical, surgical, hospital or other treatments for which the program offers no coverage.

Expedited Review is a complaint that must be resolved as quickly as possible if it involves an imminent or serious threat, including but not limited to, severe pain or the potential loss of life, limb or major bodily function. With an expedited review, the health plan will resolve the complaint as quickly as the medical condition requires and no later than within 72 hours.

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

Family planning services help people learn about and plan the number and spacing of children they want through the use of birth control.

Fee-For-Service Medi-Cal, also known as regular Medi-Cal, is the component of the Medi-Cal Program that is paid directly by the state for services.

Federally Qualified Health Center (FQHC) is a community-based health organization that provides comprehensive primary health, oral health, mental health, and substance abuse services.

Food and Drug Administration (FDA) is the U.S. government agency that enforces the laws on the manufacturing, testing, and use of drugs and medical devices.

Formulary is a list of approved drugs that is generally accepted in the medical community as safe and effective.

Grievance is sometimes called a complaint. A grievance is the process used when a member is not happy with his or her health care. Grievances are about services or care received or not received.

Health care services prevent and treat disease, and keep people healthy. Examples include, but are not limited to, some of the following:

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

Health Maintenance Organization (HMO) is an organization that, through a coordinated system of health care, provides or assures the delivery of an agreed upon set of comprehensive health maintenance and treatment services for an enrolled group of persons through a predetermined, periodic fixed prepayment.

Health Plan means an individual or group plan that arranges for the provision, or pays the cost of, medical care.

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

Hospital provides inpatient and outpatient care from doctors or nurses.

Human Immunodeficiency Virus (HIV) is the virus that affects the immune system and causes the disease known as AIDS (acquired immunodeficiency disorder).

Independent Medical Review for Experimental and Investigational Therapies (IMR-EIT) is a process by which expert independent medical professionals are selected to review a denial by the health plan for a medical service, drug or equipment because it is experimental or investigational in nature.

Independent Physician Association (IPA) is a company that organizes a group of doctors, specialists and other providers of health services to see members.

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

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

Interpreter is a person who expresses a message spoken or signed in one language into a second language and who abides by a code of professional ethics.

Involuntary/Involuntarily is when something is done without choice.

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

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

Local Education Agency is the school district or county office of education that will receive and disburse grant funds.

Managed care is a health care system in which the health care provider, in return for a fixed fee per year from a health plan, manages the care of the individual, including decisions about whether a specialist is required.

Medi-Cal is a California health coverage program for low-income families. This program is funded by state and federal dollars.

Medi-Cal card, also known as the Benefits Identification Card (BIC), is the plastic card issued by the state to Medi-Cal recipients. The BIC is used by providers to verify Medi-Cal eligibility.

Mediation is a process by which a neutral person tries to help individuals resolve a dispute. The results of the mediation are not binding.

Medical group is a group of PCPs, specialists, and other health care providers who work together.

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

Member is a person who has joined a health plan.

Member Handbook, also called a Combined Evidence of Coverage/Disclosure Form, is what you are reading right now. It has information about the benefits, services and terms offered by the health plan.

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

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

Mental or behavioral health services are given for the diagnosis or treatment of a mental or emotional illness.

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

Non-contracted provider is a doctor or provider who is not under contract with the health plan to provide services to members.

Non-formulary drug is a drug that is not listed on the health plan's formulary and requires an authorization from the health plan in order to be covered.

Notice of Privacy Practices (NOPP) informs the member how medical information may be used and distributed by the health plans.

Nurse Advice Line is a 24-hour telephone line supported by registered nurses who are available to help people with health questions or concerns.

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

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

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

Out-of-area services are emergency care or urgent care services provided outside of the health plan's service area that could not be delayed until the member returned to the service area.

Out-of-network providers are doctors and providers not under contract, either directly or indirectly, with the health plan.

Pediatric sub-acute services are the health care services needed by a person under 21 years of age who uses a medical technology that compensates for the loss of a vital bodily function.

Pharmacy is a place to get prescribed drugs.

Phenylketonuria (PKU) is a rare disease. PKU can cause mental retardation and other neurological problems if treatment is not started within the first few weeks of life.

Physical therapy uses exercise to improve and maintain a patient's ability to function after an illness or injury.

Physician is a licensed medical doctor.

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

Preventive health care consists of health checkups or services given at certain times due to a person's age, gender and medical history in order to keep that person well.

Primary care is a basic level of health care usually provided in ambulatory settings by general practitioners, family practitioners, internists, obstetricians, pediatricians and mid-level practitioners. This type of care emphasizes caring for the member's general health needs as opposed to specialists focusing on specific needs.

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

Prior authorization is a formal process requiring a health care provider to obtain advanced approval to provide specific services or procedures. Prior authorization is required for most services or care. However, for emergency or out-of-area urgent care services, prior authorization is not required.

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

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

Examples include:

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

Provider directory is a list of providers contracted with a health plan.

Provider network is a group of doctors, specialists, pharmacies, hospitals and other health care providers that are contracted by and work with the health plan.

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

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

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

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

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

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

Speech therapy is used to treat speech problems.

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

Sub-acute care is a level of care needed by a patient who does not require hospital acute care, but who requires more intensive skilled nursing care than is provided to the majority of patients in a skilled nursing facility.

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

Triage or screening waiting time is the time waiting to speak by telephone with a doctor or nurse who is trained to screen a member who may need care.

TTY/TDD is a communication device for the deaf, speech impaired, or hard of hearing, using a telephone system.

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

Women, Infants and Children Program (WIC) is a state nutrition program that helps pregnant women, new mothers and young children eat well and stay healthy.

Important phone numbers

L.A. Care Health Plan	1-888-839-9909
L.A. Care's 24-Hour Nurse Advice Line	1-800-249-3619
L.A. Care Compliance Helpline	1-800-400-4889
L.A. Care Family Resource Center - Lynwood	1-310-661-3000
L.A. Care Family Resource Center - Inglewood	1-310-330-3130
L.A. Care Family Resource Center - Boyle Heights	1-213-294-2833
L.A. Care Family Resource Center - Pacoima	1-213-438-5497

Disability Services

California Relay Service (CRS) — TTY/TDD	711
..... Sprint	1-888-877-5379 (Voice)
..... MCI	1-800-735-2922 (Voice)
Americans with Disabilities Act (ADA) Information	1-800-514-0301 (Voice) – 1-800-514-0383 (TDD)

Children's Services

California Children's Services (CCS)	1-800-288-4584
Child Health and Disability Prevention (CHDP)	1-800-993-2437 (1-800-993-CHDP)

California State Services

California State Department of Health Services (DHCS)	1-916-445-4171
Medi-Cal Managed Care Office of the Ombudsman	1-888-452-8609
Denti-Cal Beneficiary Services	1-800-322-6384
California Department of Social Services (CDSS)	1-800-952-5253
Department of Managed Health Care (DMHC)	1-888-466-2219 (1-888-HMO-2219)

Health Care Options:

Arabic	1-800-576-6881	Korean	1-800-576-6883
Armenian	1-800-840-5032	Laotian	1-800-430-4091
Cambodian/Khmer	1-800-430-5005	Mandarin	1-800-576-6885
Cantonese	1-800-430-6006	Russian	1-800-430-7007
English	1-800-430-4263	Spanish	1-800-430-3003
Farsi	1-800-840-5034	Tagalog	1-800-576-6890
Hmong	1-800-430-2022	Vietnamese	1-800-430-8008
			1-800-430-7077 (TTY/TDD)

U.S. Office for Civil Rights	1-866-627-7748 – 1-866-788-4989 (TTY/TDD)
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Social Security Administration

Supplemental Social Income (SSI)	1-800-772-1213
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Los Angeles County Services - Department of Public Social Services (DPSS)

Customer Service Center	1-866-613-3777
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DPSS Public Charge Information Lines:

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

Medi-Cal Language Block

English

To request free interpreting services, information in your language or in another format, call L.A. Care at 1-888-839-9909 or TTY/TDD 711.

Arabic

مقرلا ىل ع L.A. Care ب لصتا ، رخآ قيسنتب وأ كت غلب تامولعمو ، ةي ن اجم ةي روف ةم جرت تامدخ بلطل
TTY/TDD 711 مقر وأ 1-888-839-9909

Armenian

Անվճար բանավոր թարգմանչական ծառայություններ ինչպես նաև ձեր լեզվով կամ այլ ֆորմատով տեղեկություններ խնդրելու համար, զանգահարեք L.A. Care 1-888-839-9909 կամ TTY/TDD 711 հեռախոսահամարներով:

Chinese

如果您需要免費口譯服務，或需要您使用之語言版本或其他格式的資訊，請致電 L.A. Care，電話號碼是 1-888-839-9909 或 TTY/TDD 專線 711。

Farsi

خدمات رایگان مترجم شفاهی، دریافت اطلاعات به زبان خودتان یا سایر فرمت ها، با L.A. Care به شماره تلفن 1-888-839-9909 یا TTY/TDD 711 تماس بگیرید. جهت درخواست

Khmer

ដើម្បីស្នើសុំសេវាការបកប្រែដោយឥតគិតថ្លៃ ឬសុំរាប់ព័ត៌មានជាភាសាខ្មែរ ឬជាទម្រង់មួយទៀត សូមទូរស័ព្ទទៅ L.A. Care តាមលេខ 1-888-839-9909 ឬ TTY/TDD 711។

Korean

무료 통역 서비스, 다른 언어 또는 다른 형식으로 된 자료가 필요하신 경우, L.A. Care 1-888-839-9909번 또는 TTY/TDD 711 번으로 문의하십시오.

Russian

Чтобы сделать запрос о предоставлении бесплатных услуг переводчика, информации на Вашем языке или в другом формате, позвоните в L.A. Care по номеру телефона 1-888-839-9909 или по номеру линии TTY/TDD 711.

Spanish

Para solicitar servicios de interpretación gratuitos o información en su idioma o en otro formato, llame a L.A. Care al 1-888-839-9909 o al 711 para TTY/TDD.

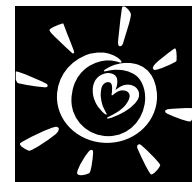
Tagalog

Upang humiling ng mga libreng serbisyo sa pagsasaling-wika, impormasyon sa iyong wika o sa isa pang format, tumawag sa L.A. Care sa 1-888-839-9909 o TTY/TDD 711.

Vietnamese

Để yêu cầu dịch vụ thông dịch miễn phí, thông tin bằng ngôn ngữ của quý vị hoặc bằng một hình thức khác, vui lòng gọi L.A. Care tại số 1-888-839-9909, hoặc nếu dùng TTY/TDD, xin gọi số 711.

How to Get Your Prescription Drugs



L.A. Care
HEALTH PLAN®

lacare.org

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

For New Prescriptions:

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

For Prescription Refills:

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

Mail order pharmacy:

To get a 90-day supply of maintenance medications mailed to your home or work, you must use the mail order form. Please call **Member Services toll-free at 1-888-839-9909 to have a prescription mail order form mailed to your home.** You can also find the mail order form on the Internet at lacare.org:

- Go to **For Members**.
- On the left, click on **Pharmacy Center**.
- Scroll down on the Pharmacy Center page and click on **Forms**.
- Click on **Prescriptions by Mail Form** and follow what to do.

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

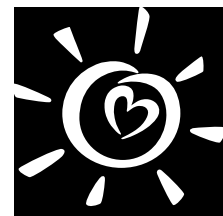
How to Get a Prescription Filled at the Pharmacy:

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



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

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



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Stay Healthy

Preventive Health Guidelines for Adults

For the latest update on immunizations and health screenings, visit the L.A. Care website: **lacare.org**

- Click on **Health Resources**
- Under the Health & Wellness section, select Health Education, then
- Scroll down to **Staying Healthy**,
- Select **“How to Stay Healthy”** (PDF)

Stay Healthy

Go to your doctor for regular wellness visits to help you stay healthy.

Use this guide to:

- Know when to go to the doctor
- Know what needs to be done at each visit
- *Ask your doctor which tests/exams are right for you.

Remember:

- If you are a new member, see your doctor right away
- Get a wellness visit every year
 - Regular wellness visits help you stay healthy

Well Care Guidelines for Adults*

Tests/Exams/Visits	19 to 39 Years	40 to 64 Years	65+ Years
Checkup: <input type="checkbox"/> Medical and family history, physical exam, height, weight, and Body Mass Index (BMI, a measure for a healthy weight)		Every year	
<input type="checkbox"/> Blood Pressure		Every year	
<input type="checkbox"/> Cholesterol Screening		Age 20 and older if at risk for heart disease	
<input type="checkbox"/> Colon and Rectal Cancer Screening		Age 50 to 75 Your doctor will talk with you about having one of these tests: <ul style="list-style-type: none">• Fecal Occult blood test Every year Test to see if there is blood in your stool (bowel movement)• Flexible sigmoidoscopy Every 5 years Test to check the lower part of your colon for cancer• Colonoscopy Every 10 years Test to check the larger part of your colon for cancer	
<input type="checkbox"/> Diabetes Screening Check for diabetes and pre-diabetes	Adults whose blood pressure is greater than 135/80 and as recommended by your doctor		
<input type="checkbox"/> Hearing and Vision	As recommended by your doctor		
<input type="checkbox"/> Hepatitis C	Adults born between 1945-1965, one-time testing. Testing for at risk as recommended by your doctor		
<input type="checkbox"/> Human Immunodeficiency (HIV) Screening Check for the virus that causes HIV infection	Screening at least once for adults ages 19-65. Screening for pregnant women and all age groups at risk as recommended by your doctor		
<input type="checkbox"/> Tuberculosis (TB) Risk Screening and Test	Risk screening recommended for all adults as part of their first checkup. Doctors will also test those at a higher risk for TB		

Immunizations/Shots for Adults*

Immunizations (Shots)	19 to 39 Years	40 to 64 Years	65+ Years
<input type="checkbox"/> Hepatitis B A disease of the liver	Shot may be recommended by your doctor if you are at risk		
<input type="checkbox"/> Human Papilloma Virus (HPV) Virus can cause cervical cancer and genital warts	For women up to age 26 and men up to age 21 (3 doses), if not immunized before	No recommendation	
<input type="checkbox"/> Influenza (Flu) Influenza or flu virus	Every year! During flu season in fall or winter		
<input type="checkbox"/> Measles, Mumps, and Rubella (MMR)	If born after 1957 (1 or 2 doses)		As recommended by your doctor
<input type="checkbox"/> Pneumococcal Bacteria can cause lung or blood infection	As recommended by your doctor		One dose
<input type="checkbox"/> Tetanus-Diphtheria, Pertussis (Td/Tdap) Lockjaw tightening of the jaw muscle	One dose then a Td booster every 10 years		
<input type="checkbox"/> Zoster (Shingles) Virus - can cause painful skin rash with blisters	No recommendation		One dose, starting at age 60 if recommended by your doctor

Stay Healthy

Well Care Guidelines for Women

Tests/Exams/Visits	16 to 49 Years	50 to 64 Years	65+ Years
<input type="checkbox"/> Breast Cancer Screening Mammogram X-ray of the breasts	No recommendation	Every 2 years for women 50 to 74 years. Ask your doctor if you need a mammogram before age 50	
<input type="checkbox"/> Cervical Cancer Screening Pap smear to check for cancer	Every three years ages 21 to 65		No recommendation
<input type="checkbox"/> Chlamydia Screening Test for a sexually transmitted disease (STD)	To be done regularly for women 16 to 24 years if sexually active and only for women over age 25 who are at high risk		
<input type="checkbox"/> Osteoporosis Thinning of the bone	Screening for 65 years and older or as recommended by your doctor		

Stay Healthy When You are Pregnant*

Before Pregnancy Care:

- Talk with your doctor about the vitamin (folic acid) that helps prevent birth defects.
- See your doctor RIGHT AWAY! As soon as you think or know you are pregnant.
- Know your HIV status RIGHT AWAY as soon as you think or know you are pregnant.

During Pregnancy (Prenatal) Care:

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

After Pregnancy (Postpartum) Care:

- ▶ Get your postpartum checkout between 21 and 56 days after you have your baby, whether you had a C-section (surgical delivery) or not.
 - You will be screened for healing and postpartum depression.
 - Your doctor will also talk with you about birth control/family planning.
- ▶ Get your C-section (surgical delivery) checkout about 1-2 weeks after giving birth.

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

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

Stay Healthy

Well Care Guidelines for Men

Tests/Exams/Visits	19 to 39 Years	40 to 64 Years	65+ Years
<input type="checkbox"/> Abdominal Aortic Aneurysm Screening Ultrasound	No recommendation		One-time screening if you have ever smoked



You may also talk to your doctor about:

(check the ones you want to talk with your doctor about)

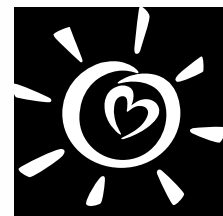
- | | |
|---|---|
| <input type="checkbox"/> Abuse and Violence | <input type="checkbox"/> How to Quit Smoking |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Mental Health Concerns |
| <input type="checkbox"/> Dental Health | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Drug and Alcohol Problems | <input type="checkbox"/> Prenatal Health (for pregnant women) |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Family Planning/Birth Control/
Breast Feeding | <input type="checkbox"/> STDs and HIV |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Weight Concerns |
| | <input type="checkbox"/> Any other concerns you may have |

Nurse Advice Line
24/7 for health questions

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

Member Services

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



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How to Keep Your Child or Teen Healthy

Preventive Health Guidelines

For the latest update on immunizations and health screenings, visit the L.A. Care website: **lacare.org**

- Click on **Health Resources**
- Under the Health & Wellness section, select Health Education, then
- Scroll down to **Staying Healthy**,
- Select **"How to Keep your Child or Teen Healthy"** (PDF)

Keep Your Child or Teen Healthy!

Use this guide to:

- Know when to go to the doctor
- Know what needs to be done at each visit

Remember:

- If your child or teen is a new member, take them to the doctor right away for their first checkup
- Regular checkups help them stay healthy!

Well Care Guidelines for Infants and Young Children*

Tests/Exams /Counseling	When to go to the doctor	
	Birth to 2 years	3 to 10 years
Well Care Visit: Health history, physical exam, height, weight, Body Mass Index (BMI, a measure for healthy weight), healthy eating habits, vision (eye) and hearing** screenings, screenings for growth, development, autism screening, sickle cell screening, risky behaviors, health education, advice on what to expect at your child's age	Newborns 1-2 days after hospital discharge, at 1 month, then at 2, 4, 6, 9, 12, 15, 18, 24 and 30 months	Every Year
<input type="checkbox"/> Anemia Test	At 9 to 12 months and as recommended by your doctor	
<input type="checkbox"/> Oral Health*** Look at teeth and gums	Screening at each visit Get a referral to dentist by age 12 months	Screening at each visit
<input type="checkbox"/> Lead Screening	At 12 months and at 2 years	As recommended by your doctor
<input type="checkbox"/> Blood Pressure	No recommendation	Every year starting at age 3
<input type="checkbox"/> Urine Test	As recommended by your doctor	
<input type="checkbox"/> Tuberculosis (TB) Risk Screening	Ask your doctor if your child is at risk, TB test as recommended by your doctor	
<input type="checkbox"/> Skin Cancer Risk Counseling	Ask your doctor if your child is at high risk	

* Your doctor may order these tests more or less often as needed.

**Hearing test using a machine called audiometer. This starts at age 3.

***California law requires children to have a dental checkup by a dentist or dental hygienist by May 31 of their first school year (public school kindergarten or first grade level).

Nurse Advice Line
24/7 for health questions

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

Member Services

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

Keep Your Child or Teen Healthy!

Well Care Guidelines for Older Children and Teens*

Tests/Exams /Counseling	When to go to the doctor 11 to 19 years
Well Care Visit: <input type="checkbox"/> Health history, physical exam, height, weight, Body Mass Index (BMI, a measure for healthy weight), healthy eating habits, vision (eye) and hearing** screenings, screenings for growth, development, risky behaviors, health education, advice on what to expect at your child's age	Every Year
<input type="checkbox"/> Blood Test	Every 5-10 years for all non-pregnant females who have started their periods
<input type="checkbox"/> Urine Test	As your doctor recommends
<input type="checkbox"/> Cholesterol Screening	As your doctor recommends
<input type="checkbox"/> Cervical Cancer Screening (Pap Smear)	Starting at age 21 for all women and then every 3 years
<input type="checkbox"/> Sexually Transmitted Disease (STD) Counseling (including Chlamydia, Human Papilloma Virus****)	Counseling for all sexually active persons and screening if at risk
<input type="checkbox"/> Human Immunodeficiency Virus*** (HIV) Screening	At least once for teens ages 15-19 and as recommended by your doctor
<input type="checkbox"/> Tuberculosis (TB) Risk Screening	Ask your doctor if your child is at high risk. TB test as recommended by your doctor

*Your doctor may order these tests more or less often as needed.

**Hearing test using a machine called audiometer, the test is given every few years.

***Human Immunodeficiency Virus (HIV) can cause acquired immune deficiency syndrome (AIDS).

****Human Papilloma Virus (HPV) can cause cervical cancer and genital warts.



You may also talk with your child's doctor about:

(check the ones you want to talk with your doctor about)

- | | | |
|--|---|---|
| <input type="checkbox"/> Abuse and Violence | <input type="checkbox"/> Exercise | <input type="checkbox"/> Prenatal Health (for pregnant women) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Family Planning/Birth Control/Breast Feeding | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Dental Health | <input type="checkbox"/> Healthy Foods | <input type="checkbox"/> STDs and HIV |
| <input type="checkbox"/> Depression | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Weight Concerns |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> How to Quit Smoking | <input type="checkbox"/> Any other concerns you may have |
| <input type="checkbox"/> Drug and Alcohol Problems | <input type="checkbox"/> Parenting | |

Sources for all information in this document: American Academy of Pediatrics (AAP); California Department of Health Services, Children's Medical Services Branch, Child Health and Disability Prevention Program (CHDP); Advisory Committee on Immunization Practices, Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). Updated 04/14.

Keep Your Child or Teen Healthy!

Get Your Child the Right Shots at the Right Time*

Your child will need vaccines (shots) at different times to stay healthy. These shots protect your child from serious diseases. Use the guide below to find out about the shots needed. Your doctor can help you understand what each shot does.

Age	Your child should get these shots	Diseases Prevented	
Birth	Hepatitis B** (Some infants may get their first shot at birth)	Hepatitis B – a bad disease that hurts the liver (3 shots)	DTaP Tdap
2 Months	<input type="checkbox"/> Hepatitis B*** <input type="checkbox"/> DTaP #1 Diphtheria, Tetanus, and Pertussis <input type="checkbox"/> Hib #1 <i>Haemophilus influenzae</i> type b <input type="checkbox"/> PCV #1 Pneumococcal disease <input type="checkbox"/> Polio #1 <input type="checkbox"/> Rotavirus #1	Diphtheria – causes a thick covering in the back of the throat (5 shots) Tetanus <i>Lockjaw</i> – causes tightening of the jaw muscle (4 shots) Pertussis <i>Whooping Cough</i> – causes bad coughing spells (4 shots) Hib <i>Meningitis</i> – an infection of the brain and spinal cord (4 shots)	
4 Months	<input type="checkbox"/> Hepatitis B*** <input type="checkbox"/> PCV #2 <input type="checkbox"/> DTaP #2 <input type="checkbox"/> Polio #2 <input type="checkbox"/> Hib #2 <input type="checkbox"/> Rotavirus #2	PCV <i>Pneumococcal disease</i> – causes blood infection, pneumonia, and infection of the brain (4 shots) Polio – can cause paralysis, can't move arms or legs (4 doses)	
6 Months	<input type="checkbox"/> Hepatitis B*** <input type="checkbox"/> PCV #3 <input type="checkbox"/> DTaP #3 <input type="checkbox"/> Polio #3 <input type="checkbox"/> Hib #3 <input type="checkbox"/> Rotavirus #3	Rotavirus – causes bad diarrhea (3 doses by mouth) Measles – causes rash, cough, runny nose, eye irritation, and fever (2 shots)	
12 Months*	<input type="checkbox"/> Hepatitis A #1 <input type="checkbox"/> PCV #4 <input type="checkbox"/> Hib #4 <input type="checkbox"/> Varicella #1 <input type="checkbox"/> MMR #1 Measles, Mumps, and Rubella	Mumps – causes fever, headache, and swollen glands (2 shots) Rubella <i>German Measles</i> – causes rash, mild fever (2 shots)	MMR
15 Months*	<input type="checkbox"/> DTaP #4	Varicella <i>Chickenpox</i> – causes rash, skin blisters, itching, and fever (2 shots)	
18 Months*	<input type="checkbox"/> Hepatitis A #2	Hepatitis A – causes a bad liver disease (2 shots)	
Age 4 to 6 (Before Kindergarten)	<input type="checkbox"/> DTaP #5 <input type="checkbox"/> Polio #4 <input type="checkbox"/> MMR #2 <input type="checkbox"/> Varicella #2 Get these shots if they were missed before: <i>Hep B – Hep A – Hib</i>	MCV <i>Meningococcal disease</i> <i>Meningitis</i> – an infection of the brain and spinal cord (2 shots) HPV <i>Human Papilloma Virus</i> – can cause cervical cancer and genital warts (3 shots)	
Age 7 to 10	Time to "catch-up" if behind on shots*	Flu – a disease that spread to others and can cause fever, headache, sore throat, and chills	
Age 11 to 12 (Before 7 th Grade)	<input type="checkbox"/> MCV #1 Meningococcal (Meningitis) <input type="checkbox"/> Tdap Tetanus, Diphtheria, Pertussis <input type="checkbox"/> HPV #1 Human Papilloma Virus – Get these shots if they were missed before: <i>Hep B – Hep A – Polio series</i> <i>MMR #2 – Pneumococcal series – Varicella</i>		
Age 13 to 18	If shots not received at ages 11 to 12: <input type="checkbox"/> MCV #2 (at age 16) <input type="checkbox"/> HPV #2 & #3 <input type="checkbox"/> Tdap****		

☐ **Flu shot each year, 6 months to 19**

* Check with your doctor to see if your child needs any "catch-up" shots.

** Your child may get a total of 4 Hepatitis B shots if your doctor uses both single and combination vaccines.

*** Hepatitis B shot is usually given at 2, 4, and 6–18 months (3 shots).

****California requires children entering 7th through 12th grade to have a booster shot of Tdap before starting school.

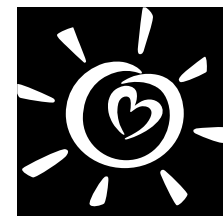
Sources for all information in this document: American Academy of Pediatrics (AAP); California Department of Health Services, Children's Medical Services Branch, Child Health and Disability Prevention Program (CHDP); Advisory Committee on Immunization Practices, Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). Updated 04/14.

**Keep a record of
all of your shots!**



Notice of Privacy Practices

L.A. Care Health Plan



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HEALTH PLAN®

lacare.org

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

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

I. What is “Protected Health Information”?

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

II. How We Protect Your PHI

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

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

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

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

III. Your Information is Personal and Private

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

IV. Changes to this Notice

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

V. How We May Use and Share Information About You

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

- Your name
- Address
- Health care given to you
- The cost of your care
- Your health history

Here are some of the things we do with your PHI:

- Check if you are covered
- Approve, give, and pay for care
- Check the quality of your care
- Make sure you get all the care you need

Here are some ways we may use and share PHI:

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

VI. Other Uses for Your PHI

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

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

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

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

We may give out your PHI for public health reasons to:

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

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

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

If you are part of a lawsuit or dispute, we may give out your PHI in response to a court order. We may also give out your PHI in response to a subpoena, discovery request, or other lawful process by someone else in the dispute. We will do this only if the person asking for it has tried to tell you about the request or if the person asking for your PHI has made reasonable efforts to get an order protecting the information.

We may give out PHI if asked by a law enforcement official:

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

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

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

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

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

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

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

We may give out PHI to comply with workers' compensation or other laws.

VII. When Written Permission is Needed

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

VIII. What Are Your Privacy Rights?

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

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

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

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

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

- With whom we shared the information
- When we shared it
- For what reasons
- What information was shared

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

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

IX. How Do You Contact Us to Use Your Rights?

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

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

X. Complaints

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

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

You may also contact:

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

Medi-Cal Members Only:

California Department of Health Care Services
Office of HIPAA Compliance
Privacy Officer
1501 Capitol Avenue, MS0010
P.O. Box 997413
Sacramento, CA 95899-7413
Phone: 1-916-445-4646
Phone: 1-866-866-0602
E-mail address: privacyofficer@dhcs.ca.gov

XI. Use Your Rights Without Fear

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

XII. Effective Date

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

XIII. Questions

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

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

XIV. Do You Need this Notice in Another Language or Format

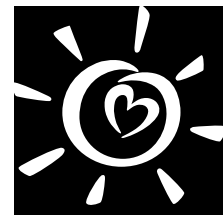
To get this notice in other languages (Arabic, Armenian, Chinese, Farsi, Khmer, Korean, Russian, Spanish, Tagalog, or Vietnamese), large print, audio, or other alternative format (upon request), call L.A. Care's Member Services Department at **1-866-839-9909**, 24 hours a day, 7 days a week, including holidays. TTY/TDD users should call **711**.

You can also write us at:

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

Nurse Advice Line

List of Audio Health Topics
1-800-249-3619



L.A. Care
HEALTH PLAN®

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For emergencies, call 911 or the appropriate local emergency services.

What is the AudioHealth Library®?

Health care questions and concerns are present even when symptoms are not. The AudioHealth Library® is available to help you and your family to educate yourselves about many common and chronic illnesses and diseases—24 hours a day, 7 days a week.

Pre-recorded messages on topics provide the information you need to help:

- Prevent illness
- Identify warning signs
- Administer self-care

How do you use the AudioHealth Library®?

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

Call instructions:

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

While listening to the list of topics, you can activate the topic of your choice by pressing the corresponding key on your telephone keypad.

ALLERGIES AND IMMUNE SYSTEM

ALLE 3100 Allergies
ALLE 3103 Allergy Tests
ALLE 3102 Controlling Your
Environment When You Have Allergies
ALLE 3107 Drug Allergy
ALLE 3811 Enlarged Lymph
Nodes in Children
ALLE 4209 Eye Allergy
ALLE 4441 Flu Shots
ALLE 3109 Food Allergy
ALLE 3814 Food Allergy in Children
ALLE 3412 Guillain-Barré Syndrome

ALLE 3110 Hay Fever
ALLE 3817 Hay Fever in Children
ALLE 3111 Hives
ALLE 4664 Immunizations for Adults
ALLE 4663 Immunizations for Children
ALLE 3207 Lupus
ALLE 5063 Lymph Nodes, Enlarged
ALLE 3419 Myasthenia Gravis
ALLE 3101 National Support Services for
People Who Have Allergies
ALLE 3112 Poison Ivy, Sumac, and Oak
ALLE 3231 Scleroderma
ALLE 3113 Severe Allergic Reaction
ALLE 4443 Shots for Travel

ALLE 4867 Sjögren's Syndrome
ALLE 4942 Tetanus Shots

BLOOD AND CANCER

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

BONES, MUSCLES AND JOINTS

BONE 3151 Amputation
BONE 3154 Arthritis
BONE 3157 Arthroscopy
BONE 3159 Aspirin and Arthritis
BONE 4650 Back Pain Prevention at Work
BONE 3269 Baker's Cyst
BONE 3267 Bone Chips in the Elbow
BONE 3268 Bone Chips in the Knee
BONE 3163 Bowlegs and Knock-Knees
BONE 3218 Brittle Bones in Children
BONE 3169 Bursitis
BONE 3170 Calcific Tendonitis
BONE 3171 Carpal Tunnel Syndrome
BONE 3172 Cast Care
BONE 3155 Chores Made Easier
When You Have Arthritis
BONE 3173 Costochondritis
BONE 3232 Curved Spine or Scoliosis
BONE 3256 Dupuytren's Contracture
BONE 3187 Frozen Shoulder
BONE 3188 Ganglion Cyst
BONE 3189 Gout
BONE 3192 Hip Dislocation in Childhood
BONE 3198 Juvenile Rheumatoid Arthritis
BONE 3205 Low Back Pain
BONE 3209 Muscle Cramps and Spasms
BONE 3738 Muscular Dystrophy
BONE 3213 Neck Spasms
BONE 3216 Osgood-Schlatter Disease
BONE 3217 Osteoarthritis
BONE 3219 Osteoporosis
BONE 3221 Paget's Disease of Bone
BONE 3223 Pigeon Toe
BONE 3225 Polymyalgia Rheumatica
BONE 3228 Rheumatoid Arthritis
BONE 3233 Septic Arthritis
BONE 3055 Septic Arthritis in Children
BONE 3241 Slipped Disk or
Herniated Disk
BONE 3244 Spondylolysis and
Spondylolisthesis
BONE 3203 The Hip Problem of Legg-
Calve-Perthes Disease
BONE 3250 Torticollis
BONE 3251 Trigger Finger

BRAIN AND NERVOUS SYSTEM

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

CANCER

CANC 3525 Biological Therapy
CANC 3501 Bladder Cancer
CANC 3502 Bone Cancer
CANC 3504 Brain Cancer
CANC 3507 Breast Cancer in Men

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

HEART AND BLOOD VESSELS

CARD 3600 Aneurysm
CARD 3601 Angina
CARD 3602 Angioplasty
CARD 3603 Aortic Valve Regurgitation
CARD 3604 Aortic Valve Stenosis
CARD 3605 Atherosclerosis
CARD 3606 Atrial Fibrillation
CARD 3609 Cardiac Arrest
CARD 3610 Cardiac Rehabilitation
CARD 3611 Cardiomyopathy
CARD 3614 Congenital Heart Disease
CARD 3618 Coronary Artery Disease
CARD 3621 Deep Vein Thrombosis
CARD 3623 Exercise Stress Test
CARD 3640 Heart Attack

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

CARD 3624 Heart Attack Warning Signs
CARD 3625 Heart Catheterization
CARD 5324 Heart Conditions in pregnancy
CARD 3653 Heart Disease and Women
CARD 4660 Heart Disease Prevention
CARD 3627 Heart Failure
CARD 3634 Heart Infection or Endocarditis
CARD 3628 Heart Murmur
CARD 3641 Heart Muscle Inflammation
CARD 3629 Heart Palpitations
CARD 3631 High Blood Pressure
CARD 3632 High Cholesterol
CARD 5126 Holter Monitors
CARD 3635 Low Blood Pressure
CARD 3637 Mitral Valve Prolapse
CARD 3638 Mitral Valve Regurgitation
CARD 3639 Mitral Valve Stenosis
CARD 3642 Pacemakers
CARD 3643 Paroxysmal
Supraventricular Tachycardia
CARD 3644 Pericarditis
CARD 3645 Peripheral Artery Disease
CARD 4812 Pulmonary Embolism
CARD 3648 Superficial Thrombophlebitis
CARD 3649 Triglycerides
CARD 3650 Varicose Veins
CARD 3651 Ventricular Tachycardia

CHILDREN

CHIL 4946 Baby Walkers
CHIL 3706 Bedwetting in Children
CHIL 4738 Breast-Feeding Advice
CHIL 4739 Breast-Feeding and
Giving Your Baby Enough Milk
CHIL 4740 Breast-Feeding and
How to Increase Your Milk Supply
CHIL 3708 Breast-Feeding Benefits
CHIL 3790 Breast-Feeding Positions
CHIL 3712 Circumcision
CHIL 3714 Croup
CHIL 3715 Crying Baby
CHIL 3725 Formula Feeding
CHIL 3911 Growth Delay or Disorder
CHIL 3731 Jaundice in Newborns
CHIL 3800 Lead Poisoning Prevention
in Children
CHIL 5336 Medical Reasons Not
to Breast-Feed

CHIL 3742 Normal Development
12 to 15 Months Old
CHIL 3743 Normal Development
15 to 18 Months Old
CHIL 3744 Normal Development
18 to 24 Months Old
CHIL 3745 Normal Development
2 to 4 Months Old
CHIL 3746 Normal Development
2 Weeks to 2 Months Old
CHIL 3747 Normal Development
2 Years Old
CHIL 3748 Normal Development
3 Years Old
CHIL 3749 Normal Development
4 to 6 Months Old
CHIL 3750 Normal Development
4 Years Old
CHIL 3751 Normal Development
5 Years Old
CHIL 3752 Normal Development
6 to 9 Months Old
CHIL 3753 Normal Development
9 to 12 Months Old
CHIL 4721 Overweight and Obese Children
CHIL 3784 Premature Babies and
Hospital Care
CHIL 3789 Sleep Apnea in Babies
CHIL 3765 Sleep Patterns in Babies
CHIL 3764 Sleep Patterns in Children
CHIL 3796 Smoking in Children and Teens
CHIL 3770 Spitting Up in Infants
CHIL 3771 Sudden Infant Death
Syndrome or SIDS
CHIL 3775 Temper Tantrums
CHIL 3777 Thumbsucking
CHIL 3779 Toddler Discipline
CHIL 3780 Toilet Training
CHIL 3783 Undescended Testicle
CHIL 3797 Weaning from Bottle to Cup
CHIL 3798 Weaning from Breast to Bottle
CHIL 3799 Weaning from Breast to Cup

MOUTH AND TEETH

DENT 3850 Bad Breath
DENT 4853 Canker Sore
DENT 3804 Canker Sores in Children
DENT 3851 Choosing a Dentist

DENT 4505 Cold Sores or Fever Blisters
DENT 3856 Dental Care for Adults
DENT 3852 Dental Care for Children
DENT 3009 Dental Care for Older Adults
DENT 3854 Denture Care
DENT 3855 Gingivitis
DENT 3857 Periodontal Disease
DENT 3860 Teeth Grinding in Children
DENT 3774 Teething
DENT 4432 Temporomandibular
Joint Disorder
DENT 3858 Thrush
DENT 3859 Toothache

DIABETES

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

DIET AND EXERCISE

DIEX 4107 Caffeine and Athletic Performance
DIEX 4700 Caffeine in Your Diet
DIEX 4701 Calcium

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

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

DIEX 4702 Carbohydrates
DIEX 4108 Circuit Training
DIEX 3615 Controlling Cholesterol
DIEX 4109 Cross Training
DIEX 3654 DASH Diet for Hypertension
DIEX 4707 Eating Healthy Snacks
DIEX 4117 Exercise and Weight Control
DIEX 4129 Exercise for Kids
DIEX 3013 Exercise for Older Adults
DIEX 3792 Exercise for Teens
DIEX 4118 Exercise to Stay Healthy
DIEX 4735 Fast Food
DIEX 4709 Good and Bad Fats in the Diet
DIEX 4711 Fiber in Your Diet
DIEX 4743 Fluid Needs for Good Health
DIEX 3014 Fluid Needs of Older Adults
DIEX 4122 Fluid Replacement
DIEX 4712 Grains in Your Diet
DIEX 4728 Healthy Diet
DIEX 3754 Healthy Meal Planning for Children
DIEX 4737 Healthy Snacks for Children
DIEX 4713 Healthy Weight Gain
DIEX 4165 Healthy Weight Gain in Children
DIEX 4126 Home Exercise Equipment
DIEX 4741 Iron in Your Diet
DIEX 4730 Keeping a Food Diary
DIEX 4736 Lactose Intolerance
DIEX 4714 Losing Weight
DIEX 3636 Low Sodium Diet
DIEX 4132 Measuring Body Fat
DIEX 4752 Minerals
DIEX 3211 Neck Exercises
DIEX 3027 Nutrition for Healthy Aging
DIEX 4719 Obesity
DIEX 4112 Personal Fitness Plan
DIEX 4724 Reading Food Labels
DIEX 4146 Running or Jogging
DIEX 4164 Safe Exercise for People with Heart Disease
DIEX 4725 Salt in Your Diet
DIEX 4150 Sports Drinks
DIEX 4153 Strength Training
DIEX 4154 Stretching
DIEX 4727 Sugar Substitutes
DIEX 4155 Swimming and Water Exercise
DIEX 4159 Training Heart Rates

DIEX 4731 Vegetarian Diet
DIEX 4732 Vitamins
DIEX 4742 Vitamins and Minerals for Children
DIEX 4733 Weight Loss Diets

DIGESTIVE SYSTEM

DIGE 5050 Abdominal Pain
DIGE 3052 Abdominal Pain in Children
DIGE 4000 Acute Pancreatitis
DIGE 4001 Anal Fissure
DIGE 4002 Anal Fistula
DIGE 4041 Antibiotic-Associated Diarrhea
DIGE 4003 Appendicitis
DIGE 4919 Botulism
DIGE 4734 Celiac Disease
DIGE 5441 Celiac Disease in Children
DIGE 4005 Chronic Pancreatitis
DIGE 4006 Cirrhosis
DIGE 4008 Constipation
DIGE 4009 Crohn's Disease
DIGE 4010 Diarrhea
DIGE 3809 Diarrhea in Children
DIGE 4011 Diverticulitis
DIGE 4012 Diverticulosis
DIGE 4013 Duodenal Ulcer
DIGE 4918 Food Poisoning
DIGE 3815 Food Poisoning in Children
DIGE 4014 Gallstones
DIGE 4017 Gastritis
DIGE 4019 Groin Hernia
DIGE 4021 Heartburn
DIGE 4022 Hemorrhoidectomy
DIGE 4023 Hemorrhoids
DIGE 3728 Hernias in Children
DIGE 4027 Hiatal Hernia
DIGE 4029 Indigestion
DIGE 4030 Intestinal Gas
DIGE 4031 Irritable Bowel Syndrome
DIGE 5065 Nausea and Vomiting
DIGE 3819 Nausea and Vomiting in Children
DIGE 4007 Polyps in the Colon and Rectum
DIGE 4035 Rectal Bleeding
DIGE 4037 Stomach Flu
DIGE 4016 Stomach Ulcer
DIGE 5071 Swallowing Problems
DIGE 4038 Traveler's Diarrhea
DIGE 4039 Ulcerative Colitis

EAR, NOSE AND THROAT

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

EYES

EYES 4224 Astigmatism
EYES 4200 Cataract
EYES 4202 Color Blindness
EYES 4203 Common Vision Problems
EYES 4205 Contact Lens Cleaning
EYES 4207 Crossed Eyes or Strabismus
EYES 4210 Eye Care
EYES 4211 Eye Exam
EYES 4212 Eye Symptoms Demanding Immediate Attention
EYES 4225 Eyeglass Care
EYES 4213 Eyelid Cyst or Chalazion
EYES 4214 Eyestrain
EYES 4215 Flashes and Floaters
EYES 4216 Glaucoma
EYES 4217 Lazy Eye or Amblyopia
EYES 4228 Macular Degeneration
EYES 4218 Pinkeye or Conjunctivitis

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

EYES 4229 Presbyopia
EYES 4219 Retinal Detachment
EYES 4206 Scratch on the Surface
of the Eye or Corneal Abrasion
EYES 4220 Something in Your Eyes
EYES 4221 Sty
EYES 4222 Sunglasses
EYES 4223 Types of Contact Lenses

FOOT PROBLEMS

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

GENES AND HEREDITY

GENE 4314 Down Syndrome
GENE 3802 Tay Sachs Disease

GENERAL HEALTH

GENL 4910 Dehydration
GENL 5057 Fever
GENL 3812 Fever in Children
GENL 4924 Heat Illness
GENL 4416 Hiccups
GENL 3050 Hiccups in Children

HORMONES

HORM 3914 Hyperthyroidism
HORM 3931 Hyperthyroidism in Children
HORM 3916 Hypothyroidism
HORM 3918 Pituitary Tumors

INFECTIOUS DISEASE

INFE 4901 Anthrax
INFE 4552 Antibiotic-Resistant Infections
INFE 3402 Bacterial Meningitis in Adults
INFE 3705 Bacterial Meningitis in Children
INFE 3162 Bone Infection

INFE 4544 Cat Scratch Disease
INFE 4545 Chickenpox
INFE 3805 Chickenpox in Children
INFE 5442 Chikungunya
INFE 4503 Chlamydial Infection in Men
INFE 4504 Chlamydial Infection in Women
INFE 5316 Cytomegalovirus
INFE 4507 Dengue Fever and
Dengue Hemorrhagic Fever
INFE 4920 E. Coli Infection
INFE 5444 Ebola Virus Disease
INFE 4546 Ehrlichiosis
INFE 4508 Fifth Disease
INFE 4522 Flu
INFE 3813 Flu or Influenza in Children
INFE 4510 Genital Herpes
INFE 4511 Genital Warts
INFE 4547 Giardiasis
INFE 4512 Gonorrhea
INFE 4513 Group A Strep Disease
INFE 4514 Hand-Foot-and-Mouth Disease
INFE 4042 Helicobacter Pylori
INFE 4024 Hepatitis A
INFE 4025 Hepatitis B
INFE 4026 Hepatitis C
INFE 4515 Herpes Encephalitis
INFE 4500 HIV and AIDS Risk Factors
and Prevention
INFE 4516 HIV Infection and AIDS
INFE 4517 HIV Infection from
Blood Transfusions
INFE 4521 Infectious Mononucleosis
INFE 4523 Legionnaires' Disease
INFE 4524 Lice
INFE 4548 Listeriosis
INFE 4525 Lyme Disease
INFE 4550 Measles
INFE 5443 Middle East
Respiratory Syndrome (MERS)
INFE 4551 Mumps
INFE 5264 Pelvic Inflammatory Disease
INFE 4526 Pinworms
INFE 4549 Rabies
INFE 4527 Rheumatic Fever
INFE 4529 Roseola in Children
INFE 4530 Rubella
INFE 4509 Salmonellosis
INFE 4533 Sexually Transmitted Diseases

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

INJURIES

INJU 3150 Achilles Tendon Injury
INJU 3153 ACL or Anterior Cruciate
Ligament Injury
INJU 4900 Animal and Human Bites
INJU 3164 Ankle Fracture
INJU 3152 Ankle Sprain
INJU 3208 Baseball Finger or Mallet Finger
INJU 3257 Broken Collarbone
INJU 3165 Broken Elbow
INJU 4905 Bruise
INJU 3262 Bruised Hip or Hip Pointer
INJU 4669 Burn and Scald Prevention
INJU 4915 Burns
INJU 4807 Collapsed Lung Caused by Injury
INJU 3406 Concussion
INJU 4934 Cuts, Scrapes, and Scratches
INJU 3176 Dislocated Elbow
INJU 4912 Electric Shock
INJU 4913 Electric Shock Prevention
INJU 3178 Finger Dislocation
INJU 3166 Finger Fracture
INJU 3179 Finger Sprain
INJU 3260 Forearm Fracture
INJU 3185 Fracture Treatment
INJU 4922 Frostbite
INJU 3261 Golfer's Elbow
INJU 4123 Groin Strain
INJU 4125 Hamstring Strain
INJU 3413 Head Injury
INJU 3193 Hip Fracture
INJU 3030 Hip Fracture Prevention
INJU 4927 Hypothermia

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INJU 3053 Hypothermia in Children
 INJU 3105 Insect Bites and Stings
 INJU 3197 Jumper's Knee
 INJU 3200 Knee Cartilage Tear
 or Meniscal Tear
 INJU 3202 Knee Sprain
 INJU 3264 Lateral Collateral
 Ligament Sprain
 INJU 3265 Little Leaguer's Elbow
 INJU 3266 Medial Collateral
 Ligament Sprain
 INJU 3210 Muscle Strain
 INJU 3212 Neck Injuries
 INJU 4136 Neck Stinger
 INJU 3214 Neck Strain
 INJU 3270 Nose Injury
 INJU 4139 Overuse Injuries
 INJU 3227 Pulled Elbow in Children
 INJU 4929 Puncture Wound
 INJU 3229 Rotator Cuff Injury
 INJU 3230 Runner's Knee
 INJU 4148 Shin Pain or Shin Splints
 INJU 3236 Shoulder Dislocation
 INJU 3237 Shoulder Injuries
 INJU 3239 Shoulder Separation
 INJU 4936 Snakebite
 INJU 4939 Spider Bites and Scorpion Stings
 INJU 3429 Spinal Cord Injury
 INJU 4940 Splinter
 INJU 3245 Sprains
 INJU 3246 Stress Fractures
 INJU 4157 Tendonitis
 INJU 3248 Tennis Elbow
 INJU 3249 Thumb Sprain
 INJU 4943 Tick Bite
 INJU 3258 Toe Fracture
 INJU 3253 Using Crutches Safely
 INJU 3059 Wound Care in Children
 INJU 5015 Wound Closure and Wound Care
 INJU 3167 Wrist Fracture
 INJU 3255 Wrist Sprain

MEDICINES

MEDI 4250 ACE Inhibitors
 MEDI 4103 Anabolic Steroids
 MEDI 4251 Antacids
 MEDI 4283 Antacids and Children

MEDI 4252 Antibiotics
 MEDI 4277 Anticoagulant and
 Antiplatelet Medicines
 MEDI 4253 Antidepressant Medicines
 MEDI 4254 Antidiarrheal Medicines
 MEDI 4282 Antidiarrheal Medicines
 and Children
 MEDI 4255 Anti-Inflammatory Medicines
 MEDI 4257 Beta Blockers
 MEDI 4266 Blood Pressure
 Lowering Medicines
 MEDI 4258 Calcium Channel Blockers
 MEDI 4259 Corticosteroids
 MEDI 3808 Cough Medicines and Children
 MEDI 4262 Diuretics
 MEDI 4263 Drug Interactions
 MEDI 4319 Fertility Drugs
 MEDI 4264 Generic Drugs
 MEDI 4267 Laxatives
 MEDI 3735 Medicine Safety in Children
 MEDI 3026 Medicine-Related Problems
 MEDI 4273 Medicines to Keep on Hand
 MEDI 4269 Nitroglycerin and Other Nitrates
 MEDI 4270 Nonprescription Medicines
 MEDI 4271 Sleeping Pills
 MEDI 4279 Statins
 MEDI 4256 Talking with Your Provider
 about Your Medicines
 MEDI 4268 Using Medicines Safely
 MEDI 4276 Vasodilators

MEN'S HEALTH

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

MENTAL AND BEHAVIORAL HEALTH

MENT 3301 Abuse and Domestic
 Violence in Adults
 MENT 3001 Abuse of Older Adults
 MENT 4280 ADHD Medicines
 MENT 3311 ADHD or Attention Deficit
 Hyperactivity Disorder in Adults
 MENT 3312 ADHD or Attention Deficit
 Hyperactivity Disorder in Children

MENT 3302 Aggressive Behavior in Children
 MENT 3303 Agoraphobia
 MENT 3304 Alcohol Abuse and Dependence
 MENT 3004 Alcohol and Aging
 MENT 4400 Alcohol and Health
 MENT 3306 Amnesia
 MENT 3788 Anger and Teaching
 Children to Manage It
 MENT 3307 Anger Management
 MENT 4301 Anger Management for Parents
 MENT 3308 Anorexia
 MENT 3309 Antisocial Personality Disorder
 MENT 3310 Anxiety Disorders
 MENT 3377 Autistic Spectrum Disorders
 MENT 3313 Binge Eating Disorder
 or Compulsive Overeating
 MENT 3314 Bipolar Disorder
 MENT 3315 Bulimia
 MENT 3370 Bullying and
 How to Help the Victim
 MENT 3300 Child Abuse and Neglect
 MENT 3371 Choosing a Mental Health
 Therapist for Your Child
 MENT 3316 Club Drugs, Abuse
 and Dependence
 MENT 3317 Cocaine Abuse and Dependence
 MENT 3373 Cognitive-Behavioral Therapy
 MENT 3318 Compulsive Gambling
 MENT 3772 Depression in
 Children and Teens
 MENT 3010 Depression in Older Adults
 MENT 3321 Depression Overview
 MENT 4313 Disciplining Your Child
 MENT 3341 Dissociative Identity Disorder
 MENT 3720 Dyslexia
 MENT 3326 Emotional Abuse -
 Effects on Children
 MENT 3327 Exhibitionism
 MENT 3724 Fetal Alcohol
 Syndrome in Children
 MENT 3328 Fetishism
 MENT 4703 Food and Feelings
 MENT 3329 Gender Dysphoria
 MENT 3330 Grief and Loss
 MENT 3331 Hallucinations
 MENT 3773 Healthy Love
 Relationships and Teens
 MENT 3333 Hypnotherapy

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MENT 3334 Illness Anxiety Disorder
MENT 3335 Incest
MENT 3336 Kleptomania
MENT 3337 Letting Go of Resentment
MENT 3374 Living with a
Mentally Ill Person
MENT 3700 Living with a
Parent Who Abuses Alcohol
MENT 3022 Loneliness in Older Adults
MENT 3375 Marijuana Abuse
and Dependence
MENT 3339 Masochism
MENT 3342 Narcissism or Narcissistic
Personality Disorder
MENT 3739 New Baby Creates Jealousy
MENT 3345 OCD or Obsessive-
Compulsive Disorder
MENT 3346 Panic Attacks or Panic Disorder
MENT 3347 Paranoid Personality Disorder
MENT 3348 Pedophilia
MENT 3349 Phobias
MENT 3703 Positive Attitude
MENT 5269 Postpartum Depression
MENT 3350 Post-Traumatic Stress Disorder
MENT 3351 Prescription Drug Abuse
and Dependence
MENT 3352 Psychosis
MENT 3353 Psychosomatic Illness
MENT 3354 Pyromania
MENT 3323 Recognizing Drug
Abuse in Kids
MENT 3355 Sadism
MENT 3356 Schizophrenia
MENT 3357 Seasonal Affective Disorder
MENT 3358 Self-Esteem
MENT 4329 Separation Anxiety Prevention
MENT 3360 Sexual Abuse and Children
MENT 3801 Sexual Behaviors in Children
MENT 3379 Social Anxiety Disorder
MENT 4425 Stress
MENT 4426 Stress Management
MENT 4427 Stress Management with
Deep Breathing
MENT 4428 Stress Management with
Mental Imaging
MENT 4429 Stress Management with
Progressive Muscle Relaxation
MENT 3363 Suicide

MENT 4338 Talking with Your Child
about Drinking and Drugs
MENT 3364 Teenage Drinking
MENT 4433 The Stresses of Chronic Illness
MENT 3365 Transvestism
MENT 3322 Treating Teens
for Substance Abuse
MENT 3366 Twelve Step Programs
MENT 3367 Types of Therapy
for Mental Health
MENT 3368 Voyeurism
MENT 3369 When Your Child Is a Bully
MENT 4344 Your Child's Self-Esteem

PAIN MANAGEMENT

PAIN 4438 Alternative Ways to Control Pain
PAIN 4440 Chronic Pain
PAIN 3263 Knee Pain
PAIN 3422 Nerve Pain
PAIN 3612 Noncardiac Chest Pain
PAIN 3536 Patient-Controlled Analgesia

PHYSICAL AND SPORTS MEDICINE

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

PREGNANCY

PREG 5334 Abuse During Pregnancy
PREG 5202 Amniocentesis
PREG 5301 Beta Strep during Pregnancy
PREG 5308 Blood Tests for Birth Defects
PREG 5313 Breast Care If You Choose Not
to Breast-Feed
PREG 5216 Cesarean Section
PREG 5315 Chickenpox during Pregnancy
PREG 4307 Child Spacing
PREG 5217 Choosing a Healthcare
Provider for Your Pregnancy
PREG 5218 Chorionic Villus Sampling
PREG 5312 Contraction Stress Test

PREG 5319 Counseling during Pregnancy
PREG 5221 Danger Signs in Pregnancy
PREG 5223 Diabetes in Pregnancy
PREG 5225 Diet during Pregnancy
PREG 5323 Drinking Fluids
during Pregnancy
PREG 5227 Drug, Alcohol, and Tobacco
Use During Pregnancy
PREG 5228 Ectopic Pregnancy
PREG 5321 Emotional Stress or
Depression during Pregnancy
PREG 5232 Episiotomy
PREG 5299 Estimating Gestational Age
PREG 5233 Exercise after Delivery
PREG 5234 Exercise during Pregnancy
PREG 5241 Getting Ready for Pregnancy
PREG 5325 Heartburn during Pregnancy
PREG 5326 Household or Chemical
Exposure during Pregnancy
PREG 5327 How Long Should I Stay in the
Hospital after Delivery?
PREG 5302 Induction of Labor
PREG 5344 Injury during Pregnancy
PREG 5247 Labor and Delivery
PREG 5328 Later Childbearing
PREG 5329 Leg Cramps during Pregnancy
PREG 5330 Leg Numbness during Pregnancy
PREG 5331 Low Back Pain during Pregnancy
PREG 5332 Mental Illness during Pregnancy
PREG 5252 Miscarriage
PREG 5254 Morning Sickness
PREG 4326 Natural Family Planning
PREG 5300 Nonreassuring Fetal Status
PREG 5305 Nonstress Test
PREG 5257 Normal Growth of a Baby
during Pregnancy
PREG 5339 Pain in the Vagina
during Pregnancy
PREG 5306 Pain Relief in Labor and Delivery
PREG 5267 Postpartum Care
PREG 5270 Preeclampsia
PREG 5335 Pregnancy and Weight Control
PREG 5274 Prenatal Care
PREG 5275 Prenatal Tests
PREG 5309 Preterm Labor
PREG 5311 Rh Incompatibility
PREG 5338 Round Ligament
Pain in Pregnancy

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PREG 5277 Ruptured Membranes
PREG 5278 Sex during Pregnancy
PREG 5281 Skin Changes during Pregnancy
PREG 5340 Slowed Growth of
Baby during Pregnancy
PREG 5282 Smoking during Pregnancy
PREG 5341 Surgery to Close the Cervix
PREG 5342 Swelling in the Hands and
Feet during Pregnancy
PREG 4341 Teen Pregnancy
PREG 5240 Tests for Genetic Problems
Before or During Pregnancy
PREG 5271 Tests for Pregnancy
PREG 5343 Toxoplasmosis during Pregnancy
PREG 5287 Travel When You Are Pregnant
PREG 5322 Trouble Breathing
during Pregnancy
PREG 5345 Trouble Sleeping
during Pregnancy
PREG 5346 Types of Baby Movements
PREG 5347 Urinary Frequency
during Pregnancy
PREG 5349 Vision Changes
during Pregnancy
PREG 5296 Working during Pregnancy
PREG 5310 X-Rays during Pregnancy

PREVENTIVE HEALTH

PREV 3000 A Healthy Lifestyle
for Older Adults
PREV 4651 Bathroom Safety
PREV 4903 Biological Terrorism Agents
PREV 4944 Carbon Monoxide Poisoning
PREV 4907 Chemical Terrorism Agents
PREV 4653 Childproofing Your Home
PREV 4405 Choosing a Primary Care Provider
PREV 4656 Drowning Prevention in Children
PREV 4670 Falls Prevention and Home Safety
PREV 3017 Home Healthcare
PREV 3362 How to Quit Smoking
PREV 4945 Insect Repellent Use
PREV 4659 Management of
Your Personal Health
PREV 3376 Nicotine Withdrawal
PREV 3040 Personal Emergency
Response Systems
PREV 4672 Routine Healthcare for Men
PREV 4673 Routine Healthcare for Women

PREV 3041 Safe Driving for Older Adults
PREV 4226 Safety Eyewear
PREV 4674 Safety Seats for Children
PREV 4423 Secondhand Smoke
PREV 3361 Smokeless Tobacco
PREV 3016 Staying Healthy as
You Grow Older
PREV 4430 Talking with
Your Healthcare Provider

RESPIRATORY AND LUNG PROBLEMS

RESP 4800 Acute Bronchitis
RESP 4401 Altitude Sickness
RESP 4801 Asthma
RESP 4822 Asthma and How to Use Inhalers
RESP 3701 Asthma in Children
RESP 3803 Asthma Inhalers for Children
RESP 4802 Breathing Exercises
RESP 3056 Bronchitis in Children
RESP 4909 Choking
RESP 4899 Choking in Children
RESP 4805 Chronic Bronchitis
RESP 4806 Chronic Obstructive
Pulmonary Disease
RESP 4506 Colds
RESP 4808 Collapsed Lung
Not Related to Injury
RESP 3806 Common Cold in Children
RESP 4809 Cough
RESP 3807 Cough in Children
RESP 4310 Cystic Fibrosis
RESP 4810 Emphysema
RESP 4821 Peak Flow Meter
RESP 4820 Pleurisy
RESP 4811 Pneumonia
RESP 4813 Pulmonary Function Tests
RESP 3794 Respiratory Syncytial
Virus or RSV
RESP 4815 Sleep Apnea
RESP 4818 Thoracentesis
RESP 4819 Using Oxygen at Home

SEXUAL AND REPRODUCTIVE HEALTH

SEXR 4302 Birth Control Methods
SEXR 4303 Birth Control Patch
SEXR 4304 Birth Control Pills

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

SKIN

SKIN 4850 Acne
SKIN 3160 Athlete's Foot
SKIN 4851 Blisters
SKIN 4852 Boils and Carbuncles
SKIN 4439 Botox Treatment of Wrinkles
SKIN 4854 Cellulitis
SKIN 3106 Contact Dermatitis
SKIN 3174 Corns and Calluses
SKIN 4857 Dandruff
SKIN 3718 Diaper Rash
SKIN 3108 Eczema

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SKIN 4410 Excessive Hair Growth
 SKIN 5006 Facelifts
 SKIN 4876 Fungal Nail Infection
 SKIN 4602 Hair Loss in Men
 SKIN 5242 Hair Loss in Women
 SKIN 4860 Impetigo
 SKIN 4861 Itching
 SKIN 3818 Itching in Children
 SKIN 4875 Jock Itch
 SKIN 4862 Moles
 SKIN 4878 Pilonidal Cyst
 SKIN 4874 Pressure Ulcers
 SKIN 4864 Psoriasis
 SKIN 3759 Rashes in Infants
 SKIN 4528 Ringworm
 SKIN 4865 Rosacea
 SKIN 4531 Scabies
 SKIN 4866 Seborrhea
 SKIN 3035 Skin Care for Older Adults
 SKIN 4869 Skin Exam
 SKIN 4877 Skin Infection Around
 a Fingernail or Toenail
 SKIN 4870 Skin or Soft Tissue Abscess
 SKIN 5010 Skin Resurfacing
 SKIN 4871 Sunburn
 SKIN 3823 Sunburn in Children
 SKIN 4872 Tanning Beds
 SKIN 4873 Warts
 SKIN 3825 Warts in Children

SLEEP DISORDERS

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

SOCIAL AND FAMILY

SOCI 4300 Adoption
 SOCI 3002 Adult Day Care Programs
 SOCI 3003 Advance Directives
 SOCI 3431 Caring for People with
 Progressive Dementia
 SOCI 3404 Caring for Someone with
 Alzheimer's Disease
 SOCI 5317 Common Problems
 of New Mothers

SOCI 4309 Communicating with Your Teen
 SOCI 4407 Communication in
 Intimate Relationships
 SOCI 3372 Conflict Management
 SOCI 3791 Finding and Choosing Child Care
 SOCI 4316 Healthy Families
 SOCI 4418 Hospice
 SOCI 3019 How to Choose a Nursing Facility
 SOCI 4308 Informed Consent
 SOCI 3722 New Parents
 SOCI 3028 Pets and Older Adults
 SOCI 3795 Preparing for the
 First Day of School
 SOCI 3033 Senior Centers
 SOCI 4333 Sibling Relationships
 SOCI 4335 Single Parenting

SURGERY

SURG 5200 Abdominal Hysterectomy
 SURG 5000 Anesthesia
 SURG 3156 Arthroscopic Meniscal Surgery
 SURG 5002 Breast Enlargement Surgery
 SURG 5003 Breast Reconstruction Surgery
 SURG 5004 Breast Reduction Surgery
 SURG 4201 Cataract Surgery
 SURG 4028 Colostomy and Ileostomy
 SURG 5298 Cone Biopsy of the
 Cervix with a Laser
 SURG 3617 Coronary Artery Bypass Surgery
 SURG 5012 Cryosurgery
 SURG 5220 D&C
 SURG 5005 Eyelid Surgery
 SURG 4004 Gallbladder Drainage
 SURG 4015 Gallbladder Removal
 SURG 4018 Gastrostomy Feeding
 Tube Placement
 SURG 3630 Heart Transplant
 SURG 3195 Hip Replacement Surgery
 SURG 3633 Implantable Cardioverter
 Defibrillator or ICD
 SURG 3201 Knee Replacement Surgery
 SURG 4032 Laparoscopic
 Gallbladder Removal
 SURG 4227 LASIK Surgery
 SURG 5008 Liposuction
 SURG 5013 Lumpectomy and
 Removal of Lymph Nodes

SURG 5009 Nose Reconstruction
 SURG 3234 Setting a Broken Bone
 Without Surgery
 SURG 3238 Shoulder Replacement Surgery
 SURG 3242 Spinal Fusion
 SURG 3243 Spinal Instrumentation
 SURG 3247 Surgery to Set a Broken Bone
 SURG 3961 Tonsil and Adenoid Removal
 SURG 3824 Tonsil and Adenoid
 Removal in Children
 SURG 5014 Tracheotomy
 SURG 4608 Transurethral Resection
 of the Prostate
 SURG 5011 Tummy Tuck
 SURG 5291 Vaginal Hysterectomy

TESTS AND DIAGNOSTIC PROCEDURES

TEST 5100 Angiograms
 TEST 5101 Arterial Blood Gases
 TEST 5102 Barium Enema
 TEST 5103 Barium X-Ray Exam
 of the Esophagus and Stomach
 TEST 5104 Biopsy
 TEST 5105 Blood Glucose Test
 TEST 3608 Blood Pressure
 TEST 5106 Blood Test for Iron
 TEST 5139 Bone Density Testing
 TEST 5107 Bone Marrow Biopsy
 TEST 5108 Bone Scan
 TEST 4804 Bronchoscopy
 TEST 5111 Colonoscopy
 TEST 5112 Colorectal Cancer Screening
 TEST 5113 Colposcopy
 TEST 5114 Complete Blood Count Test
 TEST 3616 Coronary Angiogram
 TEST 5116 CT Scan
 TEST 5117 Cystourethroscopy
 TEST 5118 Diagnostic Laparoscopy
 TEST 5119 Echocardiogram
 TEST 5120 Electrocardiogram or
 ECG or EKG
 TEST 5121 Electroencephalogram
 TEST 5122 Electromyogram
 TEST 5230 Endometrial Biopsy
 TEST 5123 Endoscopic Retrograde
 Cholangiopancreatography

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TEST 4519 HIV Tests
TEST 5244 Hysteroscopy
TEST 5141 Intravenous Pyelogram
TEST 5110 Lipid Panel Test
TEST 5140 Liver Panel Test
TEST 3417 Lumbar Puncture
TEST 5248 Mammogram
TEST 5127 MRI or
Magnetic Resonance Imaging
TEST 3420 Myelogram
TEST 3740 Newborn Screening Tests
TEST 5129 Pap Test
TEST 5263 Pelvic Exam
TEST 5130 Percutaneous
Transhepatic Cholangiogram
TEST 5131 Sigmoidoscopy
TEST 5142 Strep Test
TEST 5134 T4 Test
TEST 3652 Tests to Diagnose Heart Disease
TEST 5132 Thyroid Scan
TEST 5133 TSH Test
TEST 5135 Ultrasound Scanning
TEST 5136 Urine Culture
TEST 5137 Urine Tests
TEST 4436 Vital Signs
TEST 5138 X-Rays

URINARY PROBLEMS

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

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