# General Overview

For specific questions regarding contracted services, authorizations, or DOFR’s, please reach out to the PPG/MSO at phone number provided.

**AHF AIDS HealthCare Foundation**  
888-238-7463

**FFS**  
FFS  FFS  FFS

**L.A. CARE**  
FACE SHEET: 877-314-4957

**CLINICAL REVIEW:** 213-438-5063

**DISCHARGE ORDER:** 213-438-5066

Office Ally,   Payor Code LACAR  or  P.O. Box 811580  
Los Angeles, CA 90081 (888) 4LA-Care (452-2273)

**Member’s Capitated Hospital = Alhambra Hospital Medical Center**  
HealthSource MSO  
100 N. Stoneman Avenue #202  
Alhambra, CA 91801 (626) 570-1606

**APWM DR**  
Member’s Capitated Hospital = White Memorial Medical Center  
Adventist Health Managed Care Claim  
P.O. Box 16237   Portland, OR  97292 (503) 261-6032

**APCV Citrus Valley Independent Physicians (subsidiary of Allied)** Network Medical Management 631260/1098  
Extended

**AMHN AltaMed Health Network**  
866-880-7805  
Extended

**AMHS Allied Health Services Corporation**  
888-608-7805  
Extended

**AMHN**  
Advanced Health Network  
894-608-7805  
Extended

**APPA Angeles IPA**  
HealthSmart Management Services Organization, Inc.  
714-947-8000  
Extended

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## Table of Participating Provider Groups

<table>
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<tr>
<th>Region Code</th>
<th>Participating Provider Group</th>
<th>Management Company (MCO)</th>
<th>Phone</th>
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## Key Abbreviations

- **MCLA**: Medi-Cal
- **PS**: PASC-SEIU (Formerly IHSS)
- **LAC**: L.A. Care Covered (Covered CA Exchange Product)
- **LACCD**: L.A. Care Covered Direct
- **CMC**: Cal MediConnect
- **SR**: Shared Risk Contract
- **FR**: Full Risk Contract
- **DR**: Dual Risk Contract
- **FFS**: Fee for Service

## Authorizations

- **AUTHORIZATION FAX #**

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## For All Lines of Business: Professional Authorizations and Payments are responsibility of PPG

See chart below for Facility & Lower Level of Care such as DME and Home Health responsibility based on line of business

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## Network Medical Management

- **Office Ally, Payor Code LACAR or P.O. Box 811580 Los Angeles, CA 90081 (888) 4LA-Care (452-2273)

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## L.A. CARE

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## Authorizations

- **AUTHORIZATION FAX #**

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## Claim Phone Numbers

- **AUTHORIZATION PHONE #**

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## For Sub-Acute and Skilled Nursing Facilities, please refer to the SNF Authorization Reference Guide.

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**Updated 2.20.2020**
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<td>ARMS</td>
<td>Apple Care Medical Group, St. Francis, Inc</td>
<td>AppleCare Medical Management</td>
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<td>APP1</td>
<td>Apple Care Medical Group, Select Region, Downey and Whittier</td>
<td>AppleCare Medical Management</td>
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<td>ARMC</td>
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<td>BMGS</td>
<td>Banta Vista IPA</td>
<td>MaxPOINT Management</td>
<td>818-782-0100</td>
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<td>CVPG</td>
<td>Citrus Valley Physician Group</td>
<td>Physicians Data Trust, Inc</td>
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<td>COPA</td>
<td>Community Family Care</td>
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<td>CPCA</td>
<td>Community Family Care - Antelope Valley</td>
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<td>818-386-1302</td>
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<td>Crown City Medical Group</td>
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(Updated 2.20.2023)
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<td>EMCH</td>
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<td>DHS Managed Care Services</td>
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<td>ERCH</td>
<td>DHS-Edward R Roybal Comprehensive Health Center</td>
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Office Ally, Payor Code LAc or P.O. Box 811580, Los Angeles, CA 90081 (888) 4LA-Care (452-2273)
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<tr>
<th>Region Code</th>
<th>Participating Provider Group</th>
<th>Management Company (MSO)</th>
<th>Phone</th>
<th>Delegation Status</th>
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For All Lines of Business: Professional Authorizations and Payments are responsibility of PPG
See chart below for Facility & Lower Level of Care such as DME and Home Health responsibility based on line of business.
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<th>Region Codes</th>
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