



# Healthy Kids Program

A Helpful Guide to  
Your Health Care Benefits



*Champions For Our Children*

*Healthy Kids is sponsored by First 5 LA and is administered by L.A. Care Health Plan.*





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

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

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

- **Combined Evidence of Coverage and Disclosure Form** .....p.iii
- **How to Get Your Prescription Drugs**.....p. 49
- **Preventive Health Guidelines – How to Keep Your Child or Teen Healthy** .....p. 51
- **Notice of Privacy Practices** .....p.53
- **Nurse Advice Line – List of Audio Health Topics** .....p. 57

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

#### Basic Information

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

#### Special Programs

L.A. Care has the following Special Programs:

- The Quality Improvement Program to tell us how we can improve quality of care, safety and services for our members. This Program tells us how to measure our progress so that we can meet our goals, provide quality services and decide what we may need to change.
- Case Management program 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 provide less care than you need and doctors are not paid to deny care.
- How to reach us if you want to know more about how decisions are made about your care
- How to appeal a decision about your care

#### Member Issues

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

You may view this Member Handbook before enrollment in the Healthy Kids program. Be sure to see our website [www.lacare.org](http://www.lacare.org), or call us at **1-888-839-9909** if you would like paper copies.



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

## **In Your Language**

The Civil Rights Act of 1964 is a law which protects you if you do not speak English. The hearing impaired, disabled, aged, and blind are also protected by the Americans with Disabilities Act (ADA) of 1990.

The doctor's office, clinic, or hospital cannot deny services because you do not speak English or are disabled. You have the right to free face-to-face interpreter services to explain your child's health problem and understand treatments. You may also request documents translated into your language. Call **L.A. Care Member Services toll-free at 1-888-839-9909**. Members who have hearing loss or are deaf/hearing impaired can call **L.A. Care at 1-866-LACARE1 (1-866-522-2731)**.



# Healthy Kids Program

Combined Evidence of Coverage and Disclosure Form, 2013 - 2014



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# Customer Service

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## Welcome!

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

## Health Information Privacy

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

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

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

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

L.A. Care needs some information about your child so that we can give her or him good health care services. This information includes:

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

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

- You
- Another health plan
- Your child's doctor
- Your child's application for the health care program
- Your child's health records

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

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

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

- Make a diagnosis or treatment
- Make payment for your child's health care
- Review the quality of your child's health care

Sometimes, we may also give your child's health information to:

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

If you have any questions or want to know more about how L.A. Care protects your child's health information, please call **L.A. Care Member Services at 1-888-839-9909**.



## Identification Card (ID Card)

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

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

## The Provider Directory

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

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

Some hospitals and other providers do not provide one or more of the following services that may be covered under your plan contract and that you or your family member might need: family planning; contraceptive services, including emergency contraception; sterilization, including tubal ligation at the time of labor and delivery; infertility treatments; or abortion.

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

## Language and Interpreting Services

L.A. Care provides free 24-hour interpreting services for those members who speak a different language than their health care provider. You may call L.A. Care at **1-888-839-9909** to request an interpreter for your child's doctor visit. You do not need to use your family members or friends to interpret for you. Minors should not be used to interpret. You have the right to file a grievance with L.A. Care if you do not receive your services in the language you request. If you have any questions, please call L.A. Care.

## Hearing Impaired Services

If you are hearing impaired, you can call toll-free at **1-866-LA-CARE1 (1-866-522-2731)**. You may also ask for free sign language interpreting services for your child's health visits.

## Vision Impaired Services

You may ask for this document and other materials in large print and audio formats. Please call L.A. Care if you have any questions, at **1-888-839-9909**.

## Health Care Access for Patients with Disabilities

L.A. Care sees to it that provider offices may be accessed by the disabled. If you cannot find a provider who meets your child's needs, please call L.A. Care.

If you believe that L.A. Care or its Participating Provider Groups (PPGs) have not met your child's disability access needs, you may file a grievance with L.A. Care.

## Service Area

Your child must live in Los Angeles County (including Catalina Island) in order to receive services through L.A. Care. You must choose a Primary Care Physician (PCP) in Los Angeles County.

Please see the “Emergency Services” section for more details on emergency care.

## Emergency Care Services

Please see “Emergency Services” section for details on emergency care.

## Timely Access to Non-Emergency Health Care Services

Effective January 18, 2011

The California Department of Managed Health Care (DMHC) adopted new regulations (Title 28, Section 1300.67.2.2) for health plans to provide timely access to non-emergency health care services to members. Health care service plans must comply with these new regulations by January 18, 2011.

Please contact L.A. Care Health Plan’s Nurse Advice Line at **1-800-249-3619**, 24 hours a day, 7 days a week to access triage or screening services by telephone.

## Helpful information on the Internet at [www.lacare.org](http://www.lacare.org)

Do you use the Internet? Our website [www.lacare.org](http://www.lacare.org) is a great resource. You can:

- Find a doctor
- Learn about your child’s benefits
- Learn more about privacy rights
- Find out about your child’s rights and responsibilities
- File a complaint (called a “grievance”)

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

# Member Bill of Rights

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

***Respectful and courteous treatment.*** You/your child have the right to be treated with respect, dignity and courtesy from L.A. Care providers and staff. You/your child have the right to be free from restraint (including physical and mechanical restraints and drugs), used as a means of coercion, discipline, convenience or retaliation. We do not discriminate based on a person's race, ethnicity, national origin, religion, gender, gender identity, age, mental or physical disability, health status, claims experience, medical history, genetic information, information of insurability, or geographic location within the service area.

***Privacy and confidentiality.*** You/your child have a right to have a private relationship with your provider and to have your medical record kept confidential. You/your child also have a right to receive a copy of and request corrections to your medical record. A minor has a right to certain services that do not need a parent's consent.

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

***Receive Timely Customer Service.*** You/your child 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/your child have the right to complain about L.A. Care, our providers, or the care you get without fear of losing your benefits. L.A. Care will help you with the process. If you do not agree with a decision, you have a right to ask to for a review. You have a right to disenroll your child from L.A. Care whenever you want.

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

***Service and information in your language.*** You/your child have a right to request an interpreter at no charge and not use a family member or a friend to interpret for you. You/your child have the right to get the Member Handbook and other information in a language represented by 3,000 or 5% of the enrollee population, whichever is less. You may also request information in a format you understand.

***Know your rights.*** You have the right to receive information about your child's rights and responsibilities. You have the right to make recommendations about your child's rights and responsibilities.

As a Member of L.A. Care Health Plan,  
you/your child has a responsibility to...

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

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

***Follow your Doctor's advice and take part in your child's care.*** You are responsible for talking over your child's health care needs with your child's doctor, developing and agreeing on goals, doing your best to understand your health problems, and following the treatment you both agree on.

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

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

# How to Get Care

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



## Primary Care Physician (PCP)

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

All L.A. Care members must have a Primary Care Physician (PCP). The name and phone number of your child's PCP is found on his/her L.A. Care ID card. Except for emergency services, your child's PCP will arrange all your health care needs, refer you to specialists, and make hospital arrangements.

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

## Scheduling Appointments

**Step 1:** Call your child's PCP

**Step 2:** Explain why you called

**Step 3:** Ask for an appointment

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

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

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

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

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

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

## *How to change your child's PCP*

Each enrolled child may have a different PCP. If you did not choose a PCP when you enrolled your child in the Healthy Kids program, L.A. Care will choose one for you based on the following:

- The language you speak
- How far from the PCP you live. It is best if you live or work within 10 miles of the PCP, and
- Specialty care most appropriate for the member's age.

If you would like to change your child's PCP, call L.A. Care at **1-888-839-9909**. Or, you can go to the L.A. Care website, **www.lacare.org**. Click on each of the following:

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

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



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

## Initial Health Assessment

You should take your child to the PCP for an Initial Health Assessment (IHA) within three months of becoming a L.A. Care member. An IHA is a complete medical history and physical exam and will help your child's PCP know his/her health care needs. Your child should also see his/her PCP once a year for health check-ups and well-child visits. There is no co-payment for these visits.

## Referrals and Prior Authorizations

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

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

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

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

The following services do not require a prior authorization.

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

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

## Referrals to Specialty Physicians

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

Your child's PCP will ask for prior authorization if he or she thinks your child should see a specialist.

### *Referral to Non-physician Providers*

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

## Standing Referrals

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

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

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

## Second Opinions

### *What is a second opinion?*

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

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

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

***What do you need to do?***

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

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

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

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

**How to Find a Pharmacy**

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

***To find a pharmacy near you:***

Look in the Participating Pharmacies section of the Provider Directory to find a pharmacy in your neighborhood. Or, visit the L.A. Care website [www.lacare.org](http://www.lacare.org). Click on each of the following:

- **I Am A Member**
- **Healthy Kids**
- **Pharmacy Information**
- **Find a Pharmacy**

You can also go to the section **How to Get Your Prescriptions Filled** for more information.

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

***What drugs are covered?***

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

on each of the following:

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

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

***The L.A. Care formulary includes:***

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

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

Emergency contraceptive drugs are covered also when you receive emergency care services. You may receive emergency care services from doctors, hospitals, pharmacies or other health care professionals whether or not they are contracted with L.A. Care Health Plan.

***Non-formulary drugs***

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

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

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

## Emergency and Urgent Care Services

### *Urgent Care Services*

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

### *How to get urgent care*

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

If you are outside of Los Angeles County, you do not need to call your child's PCP doctor or get prior authorization before getting urgent care services. Be sure to let your PCP doctor know about this care. Your child may need follow-up care from his/her PCP doctor.

### *Emergency services*

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

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

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

Examples of emergencies include but are not limited to:

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

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

### *What to do in an emergency:*

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

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

If you are not sure whether your child has an emergency or requires urgent care, please contact L.A. Care Health Plan Nurse Advice Line at 1-800-249-3619 to access triage or screening services, 24 hours per day, 7 days per week.

### *Post Stabilization and Follow-up Care After an Emergency*

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



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

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

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

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

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

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

## Non-Qualified Services

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

## Continuity of Care

We will send you a letter in the mail if your child's primary care physician (PCP) stops working with L.A. Care. We will do this 30 to 60 days before the date your child's PCP stops working with L.A. Care. You can ask to keep seeing this doctor (including specialists and hospitals), if the doctor agrees and has been treating your child for anything listed below:

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

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

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

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

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

OR

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

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

# Grievance & Appeals



## L.A. Care Grievance Process

### ***Complaints: What should I do if I am unhappy?***

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

### ***What is a grievance?***

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

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

## How to File a Grievance

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

- Write, visit or call L.A. Care. You may also file a grievance online through L.A. Care's website at **[www.lacare.org](http://www.lacare.org)**.

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

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

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

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

### ***If you do not agree with the outcome of your grievance***

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

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

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

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

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



### ***Dental and Vision Grievances***

For **dental** grievances please call Liberty Dental toll-free at **1-888-700-5243**.

For **vision** grievances please call VSP toll-free at **1-800-877-7195**.

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

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

### **How to File a Grievance for Urgent Cases**

Examples of urgent cases include:

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

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

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

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

If you do not hear from L.A. Care within three calendar days (or 72 hours), or you do not agree with the decision about your grievance, you may file a grievance with the

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

### **Independent Medical Review**

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

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

### ***When to File an Independent Medical Review (IMR)***

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

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

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

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

### ***Non-urgent cases***

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

### ***Urgent cases***

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

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

Examples of urgent cases include:

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

### ***Independent Medical Review for Denials of Experimental/ Investigational Therapies***

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

- We will notify you in writing of the opportunity to request an Independent Medical Review of a decision denying an experimental/ investigational therapy within five (5) business days of the decision to deny coverage.
- You are not required to participate in L.A. Care Health Plan's grievance process prior to seeking an

Independent Medical Review of our decision to deny coverage of an experimental/ investigational therapy.

- If a physician indicates that the proposed therapy would be significantly less effective if not promptly initiated, the Independent Medical Review decision shall be rendered within seven (7) days of the completed request for an expedited review.

### **Review by the Department of Managed Health Care**

The California Department of Managed Health Care (DMHC) is responsible for regulating health care service plans. If you have a grievance against L.A. Care, you should first telephone L.A. Care at **1-888-839-9909** (TTY/TDD for the hearing impaired at 1-866-522-2731) and use L.A. Care's grievance process before contacting DMHC. Using this grievance procedure does not prohibit any 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 L.A. Care, or a grievance that has remained unresolved for more than 30 days, you may call DMHC 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 view 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 and urgent medical services. The Department of Managed Health Care has a toll-free telephone, 1-888-HMO-2219, to receive complaints regarding health plans. The hearing and speech impaired may use the department's TTY/TDD line (1-877-688-9891) to contact DMHC. DMHC's Internet website (<http://www.hmohelp.ca.gov>) has complaint forms, IMR application forms and instructions online.

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

## Eligibility and Enrollment

### *Requirements for Member Eligibility*

In order to be eligible to participate in the Healthy Kids program your child must be all of the following:

- From birth through age 5; members are no longer eligible after their 5<sup>th</sup> birthday
- Live in Los Angeles County
- Have an annual or monthly Household Income at or below 400% of the Federal Poverty Level
- Not eligible for no-cost Medi-Cal
- Not eligible for job-based health insurance
- Not covered by any other publicly sponsored health insurance plan.

Children who are covered through an independently purchased health coverage are not eligible to enroll.

### *Application Process*

To apply for the Healthy Kids program, L.A. Care must receive all information, documentation and declarations required to determine eligibility from a Healthy Kids Certified Application Assistant. This information should include:

- Name and address of all the children for whom enrollment is requested
- Statement of the household income
- Statement indicating which child/children is currently enrolled in an employer-sponsored health insurance plan.

### *Starting Date of Coverage*

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

Generally, coverage begins the first month after eligibility for the program is determined.

### *Annual Eligibility Review*

The Healthy Kids Program has an annual renewal process to determine if your child is still eligible for the program. You will receive a notice when it is time for you to go through this process.

### *Notification of Eligibility Changes*

It is your responsibility to notify L.A. Care Health Plan within 31 days of all changes in eligibility.

### *Appealing Enrollment Decisions*

If you believe that L.A. Care made a mistake in deciding whether you child is eligible, you can file an appeal with L.A. Care. **Please call us at 1-888-839-9909.**



# Payment Responsibilities



## Monthly Family Contributions

Your child's monthly premium is determined by family size and income. Your child's monthly premium will range from \$0 to \$6 for each child. The family maximum for all children in a family enrolled in Healthy Kids is \$12 per month.

You have the option of paying six months of premiums in advance. If you choose this option you will get a 25% discount.

Make your payments to:

**L.A. Care Health Plan–Healthy Kids Program**  
P.O. Box 515388  
Los Angeles, CA 90051-9788

Once your child is enrolled in the Healthy Kids program, you will receive a monthly bill in the mail. Your payment will be due to L.A. Care Health Plan on the 20<sup>th</sup> of the month.

Use one of the following methods to pay:

- Cashier's check
- Money order
- Personal check

L.A. Care will not increase your premium amount unless you have been given 30 days written notice sent by postage prepaid, regular U.S. Mail to your most current address of record with L.A. Care.

In the event that you are unable to pay your child's monthly premium, please call L.A. Care. Your child may be eligible for the premium assistance program.

**Important: If your address changes, call L.A. Care right away, at 1-888-839-9909.**

## Co-payments

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

A \$5 payment is required for emergency. This is waived if the child is admitted to the hospital.

Co-payments are not needed for preventive care services. Preventive care includes:

- Immunizations
- Well-child visits

Call us if you believe you have a large number of co-payments and need help with your co-payments. We will work with your child's PPG to try to set up a payment plan.

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

## Annual Co-payment Maximum

The annual co-payment maximum amount for the Healthy Kids program is \$250. The annual co-payment maximum is the highest total co-payment amount your family is required to pay during one benefit year.

**Step 1:** Save your receipts.

**Step 2:** Call us when the receipts total \$250. You may not have to pay co-payments for the rest of the benefit year.

## Member Liability

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

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



**L.A. Care**  
HEALTH PLAN®

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

# Summary of Benefits



Services are covered only if they are medically necessary.

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

Your child's PCP must arrange and approve all care **before** your child receives services. All health care services are reviewed, approved or denied according to medical necessity. It is important that you learn about your child's benefits before you need them. Please call the **L.A. Care**

**Member Services at 1-888-839-9909** if you have any questions. **Exception:** Emergency room and out of area urgent care services do not require prior authorization.

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

### ***Annual or Lifetime Benefit Maximum***

There is no annual or lifetime benefit maximum under the Healthy Kids program.

Benefits	Covered Services	Member Pays
Alcohol /Drug Abuse Treatment – Inpatient	Hospitalization to remove toxic substances from the system.  Call L.A. Care's toll-free behavioral health hotline at <b>1-877-344-2858</b> . We will help you find the kind of help that is right for your child.	No co-payment
Alcohol/Drug Abuse Treatment – Outpatient	Crisis intervention and treatment of alcoholism or drug abuse.  Call L.A. Care's toll-free behavioral health hotline at <b>1-877-344-2858</b> . We will help you find the kind of help that is right for your child.	\$5 per visit  Benefit is limited to 20 visits per benefit year.
Ambulance Services	Ambulance transportation when medically necessary.	No co-payment
Blood and Blood Products	Inpatient and outpatient processing, storage, and administration and collection, and storage of autologous blood, when medically necessary.	No co-payment
Cancer Clinical Trials	Coverage for a member's participation in a cancer clinical trial, phase I through IV, when the member's physician has recommended participation in the trial and member meets certain requirements	\$5 per visit  Co-payment for prescriptions as described in the "Prescription Drug Program"





Benefits	Covered Services	Member Pays
Cataract Spectacles and Lenses	Cataract spectacles and lenses, cataract contact lenses or intraocular lenses that replace the natural lens of the eye after cataract surgery	No co-payment
Dental Services	Covered by Liberty Dental <b>(1-888-700-5243)</b>	\$5 for certain services. Call Liberty Dental for more information.
Diabetic Care	Equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin-using diabetes and gestational diabetes as medically necessary, even if the items are available without prescription.	\$5 per visit Co-payment for prescriptions as described in "Prescription Drug Program"
Diagnostic, X-Ray and Laboratory Services	Therapeutic radiological services, ECG, EEG, mammography, other outpatient diagnostic laboratory and radiology tests	No co-payment
Durable Medical Equipment	Equipment for home used as medically necessary	No co-payment
Emergency Care Services	Health care services which a reasonable person would consider necessary to relieve a serious illness or symptom, injury, severe pain, or condition requiring immediate diagnosis. Offered 24 hours a day, seven days a week.	\$5 per visit (waived if member is admitted to hospital).
Eye Exams/Supplies	Eye refraction to determine the need for corrective lenses, dilated retinal eye exams, cataract spectacles and lenses. Covered by VSP <b>(1-800-877-7195)</b> .	\$5 Exam \$5 Materials/Supplies
Health Education Services	Group appointments and individual counseling are available on select health topics.  Weight management programs are available through designated providers for children.  Written materials, community referrals and online information, available in multiple languages for many health topics.	No co-payment
Hearing Aids/Services	Hearing evaluations, hearing aids, supplies, visits for fitting, counseling, adjustments, repairs	No co-payment

Benefits	Covered Services	Member Pays
Home Health Care Services	Services provided at the home by health care personnel	No co-payment except:  \$5 per visit for physical, occupational and speech therapy in an outpatient setting
Hospice	Medically necessary skilled care; counseling; medical supplies; short term inpatient care; pain control and symptom management; bereavement services; physical, speech and occupational therapies; medical social services; and respite care	No co-payment
Hospital Services – Inpatient	Room and board, nursing care and all medically necessary ancillary services	No co-payment
Hospital Services – Outpatient	Diagnostic, therapeutic and surgical services performed at a hospital or outpatient facility <ul style="list-style-type: none"> <li>• physical, occupational and speech therapy performed on an outpatient basis</li> <li>• emergency health care services (waived if the member is hospitalized)</li> </ul>	No co-payment  \$5 per visit  \$5 per visit
Medical Nutrition Therapy	Medical nutrition therapy (MNT) is available to eligible members with a physician referral.	No co-payment
Mental Health Care – Inpatient	<p>L.A. Care will be responsible for providing services for illnesses that do not meet the criteria for Serious Emotional Disturbance (SED) of a child. After 30 days per benefit year of inpatient treatment, L.A. Care may refer these members to the Los Angeles County Department of Mental Health for continued treatment of the condition. L.A. Care will provide services with no visit limits for Severe Mental Illnesses (SMI).</p> <p>Call L.A. Care’s toll-free behavioral health hotline at <b>1-877-344-2858</b>. We will help you find the kind of help that is right for your child.</p>	No co-payment

Benefits	Covered Services	Member Pays
Mental Health Care – Outpatient	<p>L.A. Care will provide coverage for mental health conditions or illnesses that do not meet the criteria for SMI and SED. There is no limitation on treatment for SMI and SED outpatient services.</p> <p>Behavioral Health Treatment for Autism and Pervasive Developmental Disorders - professional services and treatment program, including applied behavior analysis and evidence-based intervention programs that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism.</p> <p>Call L.A. Care’s toll-free behavioral health hotline at <b>1-877-344-2858</b>. We will help you find the kind of help that is right for your child.</p>	\$5 per visit
Pediatric Asthma Care	Coverage for medically necessary supplies and equipment relating to the management and treatment of asthma, including inhaler spacers, nebulizers (including face masks and tubing), peak flow meters and education on the proper use of these items.	<p>\$5 co-payment per office visit</p> <p>Co-payment for prescriptions as described in “Prescription Drugs”, under “Plan Benefits”</p>
Phenylketonuria (PKU)	Testing and treatment of PKU	No co-payment
Physical, Occupational and Speech Therapy	Therapy may be provided in a medical office or other appropriate outpatient setting.	<p>\$5 per visit when performed in an outpatient setting</p> <p>No co-payment for inpatient therapy</p>
Prescription Drug Program	<p>Drugs prescribed by a licensed practitioner</p> <ul style="list-style-type: none"> <li>• 30-day supply for brand name or generic drugs</li> <li>• 90-day supply of maintenance drugs</li> <li>• Prescription drugs provided in an inpatient setting</li> <li>• Drugs administered in the doctor’s office or in an outpatient facility</li> <li>• FDA-approved contraceptive drugs and devices</li> <li>• Respiratory devices for the management and treatment of asthma</li> </ul> <p>Call Member Services for mail order form or for a list of participating pharmacies at <b>1-888-839-9909</b>.</p>	<p>\$5 per prescription</p> <p>\$5 per prescription</p> <p>No co-payment</p> <p>No co-payment</p> <p>No co-payment</p> <p>No co-payment</p>

Benefits	Covered Services	Member Pays
Preventive Care Services	<ul style="list-style-type: none"> <li>• Periodic health exams</li> <li>• Well-baby and well-child visits</li> <li>• Immunization services for the detection of asymptomatic diseases</li> </ul>	No co-payment
Professional Services	<p>Outpatient Visit</p> <ul style="list-style-type: none"> <li>• Office visit or urgent care</li> <li>• Chemotherapy, dialysis, surgery, anesthesiology, or radiation</li> </ul> <p>Inpatient Visit</p> <ul style="list-style-type: none"> <li>• Licensed hospital, skilled nursing facility, hospice, mental health facility</li> </ul>	\$5 per visit No co-payment
Prosthetics and Orthotics	Prosthetics and orthotics as prescribed by L.A. Care providers	No co-payment
Reconstructive Surgery	<p>Reconstructive surgery repairs abnormal body parts, improves body function, or brings back a normal look.</p> <p>Note: Medical or surgical condition that would qualify for services under CCS should be referred to that program.</p>	No co-payment
Skilled Nursing Care	Services provided in a licensed skilled nursing facility. Benefit is limited to a maximum of 100 days per benefit year.	No co-payment
Transplants	Medically necessary organ and bone marrow transplant; medical and hospital expenses of a donor or prospective donor; testing expenses and charges associated with procurement of donor organ	No co-payment
Vision Services	Covered under VSP (1-800-877-7195)	No co-payment

# Plan Benefits



## Alcohol/Drug Abuse Treatment – Inpatient

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

## Alcohol/Drug Abuse Treatment – Outpatient

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

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

## Ambulance Services

Emergency ambulance transportation to the first hospital which accepts the member for emergency care is covered. This includes ambulance and ambulance transportation services through the 911 emergency response system.

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

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

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

## Blood and Blood Products

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

## Cancer Clinical Trials

If your child has cancer, he or she may be able to be part of a cancer clinical trial that meets certain requirements, when referred by your child's L.A. Care PCP or treating provider. The cancer clinical trial must have a meaningful

potential to benefit your child, and be approved by one of the following: the National Institute of Health (NIH), the Food and Drug Administration (FDA), the U.S. Department of Defense or the U.S. Veteran's Administration. If your child is 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 your child has a life-threatening or debilitating condition, or was eligible, but denied coverage for a cancer clinical trial, you have the right to request an Independent Medical Review or denial. Go to the, "When to file an Independent Medical Review" section.

## Cataract Spectacles and Lenses

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

## Dental Services

Dental benefits are provided through Liberty Dental at 1-888-700-5243. A member's eligibility for dental benefits begins on the first day after the member's eligibility for the Healthy Kids program is approved.

## Diagnostic X-Ray and Laboratory Services

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

## Durable Medical Equipment (DME)

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

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

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

Examples include:

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

### **Exclusions:**

- Coverage for comfort or convenience items
- Disposable supplies except ostomy bags and urinary catheters and supplies consistent with federal guidelines
- Exercise and hygiene equipment
- Experimental or research equipment
- Devices not medical in nature such as sauna baths and elevators
- Modifications to the home or car
- Deluxe equipment

- More than one piece of equipment that serves the same function.

## Emergency Care Services

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

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

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

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

- Breathing problems
- Seizures (convulsions)
- Extreme bleeding
- Unconsciousness/blackouts (will not wake up)
- Severe pain (including chest pain)
- Swallowing of poison or medicine overdose
- Broken bones

Non-emergency services given after the medical screening exam and the services needed to stabilize the condition, require that the provider get an authorization from L.A. Care.

If your child is admitted to a non-participating hospital or to a hospital that your child's PCP or other participating provider cannot work at, L.A. Care has the right to transfer your child to a participating hospital as soon as it is medically safe.

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

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

### ***Post Stabilization and Follow-up Care After an Emergency***

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

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

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

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

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

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

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

## **Emergency Contraception**

You may get emergency contraceptive drugs from:

- Your child's doctor
- A pharmacy with a prescription from your child's doctor, if you are 17 years of age or younger
- A pharmacy without a prescription if you are 18 years or older
- a pharmacy not in L.A. Care's network. If this is the case, you will be asked to pay for the service. L.A. Care will reimburse you for this cost.

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

## **Eye Exam/Vision Services**

Vision benefits are provided through VSP. Its network of providers offer professional vision care to members covered under the Healthy Kids program. If you are not able to locate an accessible provider, please call VSP toll-free at 1-800-877-7195 and a customer service representative will help you find another provider.

## **Health Education Services**

Health education services offered through L.A. Care's Health in Motion™ program include group appointments and individual telephone counseling. Topics include asthma, diabetes, nutrition and exercise. Group appointments are offered in English and Spanish at places and times convenient for you.

Health in Motion™ also offers weight control programs for kids.

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 free. Call L.A. Care for more information at **1-888-839-9909** (TTY/TDD 1-888-522-2731) or go to **www.lacare.org**.



## Hearing Aids/Services

Hearing tests, hearing aids and services: Hearing evaluation to measure the extent of hearing loss and a hearing and evaluation to determine the most appropriate make and model of hearing aid. Monoaural or binaural hearing aids including ear mold(s), the hearing aid instrument, the initial battery, cords and other ancillary equipment. Visits for fitting, counseling, adjustments, repairs, etc., at no charge for a one year period following the provision of a covered hearing aid.

**Exclusions:** The purchase of batteries or other ancillary equipment, except those covered under the terms of the initial hearing aid purchase, and charges for hearing aid which exceeds specification prescribed for correction of a hearing aid purchase and charges for a hearing aid which exceeds specifications prescribed for correction of a hearing loss.

- Replacement parts for hearing aids, repair of hearing aid after the covered one-year warranty period, replacement of a hearing aid more than once in any period of 34 months, and surgically implanted hearing devices.

## Home Health Services

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

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

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

**Exclusions:** Custodial care

## Hospice

The hospice benefit includes nursing care, medical social services, home health aide services, physician services, drugs, medical supplies and appliances, counseling and

bereavement services. The benefit also includes physical therapy; occupational therapy, speech therapy, short-term inpatient care, pain control, and symptom management.

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

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

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

## Hospital Services – Inpatient

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

- A hospital room of two or more beds with standard furnishings and equipment, meals, including special diets as medically necessary, and general nursing care.
- Intensive care, coronary care, and definitive observation unit services as medically necessary.
- Operating room and related facilities.
- Surgical, anesthesia, and oxygen supplies.
- Special duty nursing, as medically necessary.
- Discharge planning and planning of continuing care.
- Devices implanted surgically.
- Hospital ancillary services in connection with hospital inpatient services, including:
  - Laboratory,
  - Inhalation and respiratory therapy,
  - Pathology,
  - Imaging and radiation therapy,
  - Radiology and cardiology, and
  - Other diagnostic, therapeutic and rehabilitative services as appropriate.



- Drugs, medications, and biologicals, which are approved by the FDA and are supplied by and used in the hospital.
- Administration of blood and blood products.
- Rehabilitative therapy services. This includes physical, occupational, speech, and other therapy services as appropriate.
- Hemodialysis
- Inpatient hospital services (including general anesthesia) for dental procedures are covered when hospitalization is necessary due to a member's medical condition and/or clinical status, or because of the severity of the dental procedure.

L.A. Care will coordinate these services with the member's dental plan. Services of the dentist or oral surgeon are not covered by L.A. Care.

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

## Hospital Services – Outpatient

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

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

General anesthesia for dental procedures is covered when performed at a hospital or surgery center because of a member's medical condition, clinical status, or the severity of the dental procedure.

L.A. Care will coordinate such services with the member's dental plan. Services of the dentist or oral surgeon are not covered by L.A. Care.

## Medical Nutrition Therapy (MNT)

MNT is intense nutrition counseling with a registered dietitian over the phone. MNT is used to treat serious health problems such as diabetes, pre-end-stage renal disease, and obesity. **Physician referral required.** Some members may not qualify.

## Mental Health Care – Inpatient

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

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

- Attention Deficit Disorder (ADD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder (manic-depressive illness)
- Major depressive disorders
- Panic disorders
- Obsessive-compulsive disorder
- Pervasive developmental disorder or autism
- Anorexia nervosa
- Bulimia nervosa
- Psychosis

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

## Mental Health Care – Outpatient

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

**Description:** Mental health outpatient treatment when ordered by a participating mental health professional. This

includes the treatment of children who have experienced family dysfunction or trauma, including child abuse and neglect, domestic violence, substance abuse in the family, or divorce and bereavement.

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

L.A. Care will provide coverage, for mental health conditions or illnesses that do not meet the criteria for Serious Emotional Disturbance (SED) and Severe Mental Illnesses (SMI). L.A. Care may elect to provide group therapy at a reduced co-payment. Additional visits require:

- Medical necessity
- PCP referral
- Prior authorization

L.A. Care provides services with no visit limits for SMI.

SMI include, but are not limited to:

- Attention Deficit Disorder (ADD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder (manic-depressive illness)
- Major depressive disorders
- Panic disorder
- Obsessive-compulsive disorder
- Pervasive developmental disorder or autism
- Anorexia nervosa
- Bulimia nervosa
- Psychosis

When a child is determined to have SED, L.A. Care will provide services for the member until he or she has been evaluated and receives a referral for services through L.A. County Department of Mental Health. Services coordinated may include individual and/or family therapy or counseling assistance with medication related to the mental health condition and day programs.

Behavioral Health Treatment for Autism and Pervasive Developmental Disorders is covered when prescribed by a

physician or licensed psychologist who is a plan provider and the treatment is provided under a treatment plan prescribed by a participating providers.

Behavioral Health Treatment used for the purpose of providing respite, day care, or educational services, or to reimburse a parent for participation in the treatment is not covered.

“Behavioral Health Treatment” is defined as professional services and treatment programs, including applied behavior analysis and evidence-based intervention programs that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism.

### Pediatric Asthma Care

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

### Phenylketonuria (PKU)

L.A. Care provides for testing and treatment of Phenylketonuria (PKU), including medically prescribed formulas and special food products. California Children’s Services (CCS) eligible newborns with confirmed positive tests will be referred to CCS for treatment. PKU cases can be followed by a health care professional who seeks advice from a doctor who focuses on PKU related diseases.

### Physical, Occupational, and Speech Therapy

Therapy may be provided in a medical office or other appropriate outpatient setting, hospital, skilled nursing facility, or home. L.A. Care may require periodic evaluations as long as medically necessary therapy is provided.

### Prescription Drug Program

Medically necessary drugs when prescribed by a licensed participating provider acting within the scope of his or her licensure and included on the L.A. Care drug formulary. L.A. Care will provide non-formulary medications based

on medical necessity. In cases where the formulary drug has a medical contraindication, a non-formulary drug will be provided. Non-formulary drugs need to be requested through a prior authorization approval process. If denied after the review, the request can be appealed through the L.A. Care Grievance and Appeals process and will be responded to within 30 days or within three days if necessary because of your child's medical condition.

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

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

- Injectable medication (including insulin)
- Needles and syringes
- Blood glucose testing strips for the monitoring and treatment of insulin dependent, non-insulin dependent and gestational diabetes
- Ketone urine testing strips
- Glucagon
- EpiPens
- Anakits, lancets, and lancet puncture devices

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

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

[PKU], appetite suppressants or any other diet drugs or medications as medically necessary for morbid obesity).

## Preventive Care Services

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

- Well baby care during the first two years of life, including newborn hospital visits newborn screenings, health examinations, and other office visits
- Child immunizations \*\*
- Child immunizations required for travel \*\*
- Other child age appropriate immunizations \*\*
- Eye examinations; for children, eye refractions to determine the need for corrective lenses, and dilated retinal eye exams
- Hearing tests, hearing aids and services: Hearing evaluation to measure the extent of hearing loss and a hearing and evaluation to determine the most appropriate make and model of hearing aid
- Hearing aid: Monaural or binaural hearing aids including ear mold(s), the hearing aid instrument, the initial battery, cords, and other ancillary equipment. Visits for fitting, counseling, adjustments, repairs, etc., at no charge for a one year period following the provision of a covered hearing aid
- Cytology exam, on a reasonable and periodic basis
- Health education
- Cancer screening: All generally medically accepted cancer screening tests
- Voluntary family planning services
- Contraceptive services

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\* *Consistent with the most current recommendations for Preventative Pediatric Health Care as adopted by the American Academy of Pediatrics; and consistent with the most current version of the Recommended Childhood Immunization Schedule/United States, adopted by the Advisory Committee on Immunization Practices (ACIP).*

\*\* *Consistent with the most current version of the Recommended Childhood Immunization Schedule/United States adopted by the Advisory Committee on Immunization Practices (ACIP).*

**Exclusions:**

- Members will only receive exams related to their medical needs. For example, a parent's desire for physical exam will not be covered.
- The purchase of batteries or other ancillary equipment, except those covered under the terms of the initial hearing aid purchase, and charges for a hearing aid which exceeds specification prescribed for correction of a hearing aid purchase and charges for a hearing aid which exceeds specifications prescribed for correction of a hearing loss. Replacement parts for hearings aids, repair of hearing aid after the covered one-year warranty period, replacement of a hearing aid more than once in any period of 36 months, and surgically implanted hearing devices.

**Professional Services**

Medically necessary services and consultations by physicians or other health care providers acting within the scope of his or her license, professional office visits, inpatient hospital, skilled nursing, home visits, hospice, and urgent care visits, when medically necessary, and behavioral health treatment that is provided by qualified autism service professionals or qualified autism service paraprofessionals for the treatment of prevasive developmental disorders or autism.

- Medically necessary services for:
  - Outpatient or inpatient surgery,
  - Assistant surgery, and
  - Anesthesia.
- Radiation therapy and chemotherapy
- Allergy testing and treatment
- Chronic hemodialysis is covered as an outpatient service
- Physician services for second opinions for specific medical conditions are covered when medically necessary and appropriate. For further information on how to obtain a second opinion, please refer to the "Second Opinions" section.
- For breast, cervical and prostate cancer, L.A. Care will provide and or arrange for the provision of services related to these conditions.

**Prosthetics and Orthotics**

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

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

**Reconstructive Surgery**

Reconstructive surgery repairs abnormal body parts, improves body function, or brings back a normal look. This benefit includes reconstructive surgery to restore and achieve symmetry due to mastectomy. This includes medically necessary dental or orthodontic services that are an important part of reconstructive surgery for cleft palate procedures or services.

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

**Skilled Nursing Care**

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

**Exclusion:** Custodial care

## Transplants

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

Coverage includes charges for testing of relatives for matching bone marrow transplants, charges associated with the search and testing of unrelated bone marrow donors through a recognized Donor Registry, and charges associated with the procurement of donor organs through a recognized Donor Transplant Bank, if the expenses directly related to the anticipated transplant of a member.

## Exclusions and Limitations

### California Children's Services (CCS)

Children needing specialized medical care may be eligible for the California Children's Services (CCS) program.

CCS is a California medical program that treats children with certain physical conditions and who need specialized medical care. This program is available to all children in California whose families meet certain medical, financial and residential eligibility requirements. Services provided through the CCS program are coordinated by the local county CCS office.

If a member's PCP suspects or identifies a possible CCS eligible condition, he/she may refer the member to the local county CCS program. The CCS program (local or the CCS Regional Office) will determine if the member's condition is eligible for CCS services.

If determined to be eligible for CCS services, a Healthy Kids member continues to stay enrolled in the Healthy Kids program. He or she will be referred and should receive treatment for the CCS eligible condition through the specialized network of CCS providers and/or CCS approved specialty centers. These CCS providers and specialty centers are highly trained to treat CCS eligible conditions. L.A. Care will continue to provide primary care and prevention services that are not related to the CCS eligible conditions, as described in this document. L.A. Care will also work with the CCS program to

coordinate care provided by both the CCS program and the plan. L.A. Care will continue to provide all other medical services not related to CCS diagnosis.

The CCS office must verify residential status for each child in the CCS program. If your child is referred to the CCS program, you will be asked to complete a short application to verify residential status, financial eligibility and ensure coordination of your child's care after the referral has been made.

Additional information about the CCS program can be obtained by calling the Los Angeles County CCS program at 1-800-288-4584 for more information.

The following services are not covered benefits.

- Any health care services which L.A. Care excludes in the Member Handbook which cost more than L.A. Care states it will pay in this Member Handbook.
- Any services received before a member's starting date with L.A. Care.
- Cosmetic surgery that is solely performed to alter or reshape normal structures of the body in order to improve appearance.
- Emergency facility services for non-emergency services.
- Experimental or investigational services, including any treatment, therapy, procedure or drug or drug usage, facility or facility usage, equipment or equipment usage, device or device usage, or supply which is not recognized as being in accordance with generally accepted professional medical standards or for which the safety and efficacy have not been determined for use in the treatment of a particular illness, injury or medical condition for which the time or service in question is recommended or prescribed. If L.A. Care denies your request for services based on the determination that the services are experimental or investigational, you may request an Independent Medical Review. For information about the Independent Medical Review process, please refer to the "Grievance and Appeals" section of this Member Handbook.



- Long-term care benefits. Includes long-term skilled nursing care in a licensed facility, and respite care. (For short-term skilled nursing care or hospice benefits, please see Skilled Nursing Care under the “Plan Benefits” section.)
- Non-medically necessary health care services. Any health care services, supplies, comfort items, procedures, or equipment that are not medically necessary. This includes private rooms in a hospital, unless medically necessary.
- Other insurance. Services covered by any other insurance or health care service plan. L.A. Care will provide the services at the time of need. (Please see the “Coordination of Benefits” section for details.)
- Acupuncture services
- Chiropractic services
- Biofeedback services, unless the treatment is prescribed by a licensed physician and surgeon or by a licensed psychologist as behavioral health treatment for pervasive developmental disorder or autism, and such treatment is provided pursuant to a treatment plan administered by qualified autism providers.

# General Information



## Benefit Program Participation

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

## Notifying You of Changes in Benefits

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

## Termination of Benefits

A member will be disenrolled from the Healthy Kids 0-5 program for the following reasons:

- The member is found no longer eligible for the program
- Member reaches age 6
- The Healthy Kids program is terminated
- The applicant or member intentionally makes false statements to establish program eligibility
- The applicant fails to provide necessary information at the annual eligibility review
- The applicant or member allows a non-member to use the ID card to obtain services/benefits
- The death of a member
- The applicant or member exhibits ongoing significant disruptive behavior or threatens the life of Healthy Kids program personnel, providers of service or any other plan member
- The applicant or member requests disenrollment

## Disenrollment and Cancellation

Sometimes a member is no longer eligible for the Healthy Kids program and will be disenrolled by L.A. Care. Please

refer to “Eligibility and Enrollment” in the “Grievance and Appeals” section for more information.

If you would like your child to be disenrolled from the Healthy Kids program, you must contact us to fill out a disenrollment form and state the reason for the disenrollment. You can request a disenrollment form at L.A. Care. For more information on disenrollment call **L.A. Care Member Services at 1-888-839-9909**.

## How a Provider Gets Paid

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

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

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

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

## Reimbursement Provisions – If You Receive a Bill

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

L.A. Care Health Plan  
Claims Department  
P.O. Box 811580  
Los Angeles, CA 90081

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

## Independent Contractors

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

## Review by the Department of Managed Health Care (DMHC)

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

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

## Coordination of Benefits

When a member has other health care coverage, L.A. Care will coordinate benefits for members, in cases when members are eligible for:

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

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

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

You must complete and return any coordination of benefits questionnaires you receive from L.A. Care or the medical group within 30 days of receipt. Also, if information about your child's other coverage changes or your contact information changes, you must complete a new form and/or notify L.A. Care in writing within 30 days of such change.

## Third Party Liability

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

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

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

## Public Policy Participation

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

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



## Regional Community Advisory Committees (RCACs)

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

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

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

## Notice of Information Practices

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

## Governing Law

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

## New Technology

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

## Natural Disasters, Interruptions, Limitations

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

# Definitions

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**Acute** refers to a health effect that is brief and/or of high intensity.

**Americans with Disabilities Act (ADA) of 1990** is law that protects people with disabilities from discrimination and ensures equal opportunity for persons with disabilities in employment, state and local government services. For more information, call the U.S. Department of Justice at 1-800-514-0301 (voice) or 1-800-514-0383 (TTY/TDD).

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

**Applicant** is a person who applies for the Healthy Kids program on his/her own behalf. An applicant is also a person who applies on behalf of a child for whom he or she is responsible.

**Authorize/Authorization** is the requirement that covered services be approved.

**Benefits, Plan Benefits, or Covered Services** are those services, supplies, and drugs a member is entitled to receive according to the Healthy Kids program.

**Benefit Year** is the 12-month period based on anniversary.

**California Children's Services (CCS)** is a statewide health care program open to persons under the age of 19 with a handicapping condition. Call the Los Angeles County CCS program at 1-800-288-4584 for more information.

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

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

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

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

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

**Civil Rights Act of 1964 (Title 6)** is a law that protects limited English speaking members by requiring health care providers who receive federal government money to offer language services that include interpreting and translations. For more information, call the U.S. Department of Health and Human Services, Office of Human Rights at 1-800-368-1019 (voice) or 1-800-537-7697 (TTY/TDD).

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

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

**Co-payment** is the amount a member is required to pay for certain covered services.

**Covered Services, Plan Benefits, or Benefits** are those services, supplies, and drugs a member is entitled to receive according to the Healthy Kids program.

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

**Custodial Care** is a long-term care that does not require skilled nursing.

**Diagnosis** is the decision of the nature of a disease.

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

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

**Disability** is a physical or mental problem that completely or seriously limits one or more of your major life activities.

**Disenrollment** is when you leave L.A. Care for any reason.

**Drug Formulary (formulary)** is a list of drugs approved by L.A. Care. A formulary is a list of drugs that are generally accepted in the medical community as safe and effective.

**Durable Medical Equipment (DME)** is medical equipment, like hospital beds and wheelchairs, which can be used over and over again.

**Eligible/Eligibility** means to meet certain requirements, in order to take part in or receive program benefits.

**Emergency Care/Services** are medically necessary covered services, including ambulance and mental health services, which a prudent layperson would have considered necessary to stop or relieve a serious illness or symptom, injury or severe pain, or conditions requiring immediate diagnosis and treatment.

**Emergency Contraceptive Drugs** contain the same medication as regular birth control drugs and help prevent pregnancy.

**Enrollee** is a person who has joined L.A. Care Health Plan. Also see “member.”

**Enrollment** is the act of beginning your participation in a program like the Healthy Kids program.

**Evidence of Coverage** (also called “Member Handbook”) is the document you are reading. It tells you what services are covered or not covered and how to use L.A. Care’s services.

**Experimental or Investigational in Nature** are medical services that are used on humans in testing and trial centers and will require special authorization from government agencies, like the Federal Food and Drug Administration (FDA).

**Family Premium** is the monthly family payment.

**Federally Qualified Health Centers (FQHCs)** are health centers that receive a Public Health Services (PHS) grant. FQHCs are located in areas without a lot of health care services.

**Formulary** is a list of drugs approved by L.A. Care. A formulary is a list of drugs that are generally accepted in the medical community as safe and effective.

**Generally medically accepted** is a term used for tests or treatments that are commonly used by doctors for the treatment of a specific disease or diagnosis.

**Grievance** is the term used when you are not happy with the health care service you receive. A grievance may be administrative or clinical. You may file a grievance over the phone or in writing.

**Healthy Families Program** is a health care program that offers low-cost health, dental, and vision coverage for children. The Healthy Families Program is administered by the Managed Risk Medical Insurance Board (MRMIB).

**Healthy Kids** is a health care program that offers free or low-cost health, dental, and vision coverage for children.

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

**Health Insurance Portability and Accountability Act (HIPAA)** is a law that protects your rights to get health insurance and to keep your medical records and other personal health information private.

**Hospice** is care and services provided in a home or facility, by a licensed or certified professional, to relieve pain and provide support to persons who have received a diagnosis for a terminal illness.

**Hospital** is a place you can get inpatient and outpatient care from doctors or nurses.

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

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

**Infertility** is a diminished or absent ability to conceive, and produce offspring after unprotected sexual relations on a regular basis for more than twelve months.

**Inpatient care services** are services provided to a patient admitted to a hospital.

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

**Intraocular Lens** is the lens within your eyeball.

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

**L.A. Care Health Plan** is a non-profit managed health care organization that takes part in the Healthy Kids program.

**Liable/Liability** is the responsibility of the party; or obligation one is bound by law or justice to perform.

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

**Life-threatening** tells about a disease or condition that may put a person's life in high danger if the course of the disease is not stopped.

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

**Managed Risk Medical Insurance Board (MRMIB)** is the state agency that manages the Healthy Families Program, and determines eligibility, benefits, and premium payments.

**Medi-Cal** is a state health insurance program that provides health care coverage to low-income families.

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

**Medical Group** is a physician group your doctor or PCP is a part of. Also see "Participating Provider Group."

**Medically Necessary** is a term for those services provided to treat an illness or injury according to established and accepted medical practice standards.

**Medicare** is a federal health insurance program for persons age 65 and older, persons who have permanent kidney failure, and certain persons with disabilities.

**Member** is a person who is enrolled in the Healthy Kids program through L.A. Care.

**Member Services Department** is the department in L.A. Care that can help members with questions and concerns.

**Mental Health Care** is the diagnosis or treatment of mental or emotional disorders or the mental or emotional problems associated with an illness, injury, or any other condition.

**Negligence** is the doing of some act which a person of ordinary prudence would not have done under similar circumstances, or failure to act which a person of ordinary prudence would have done under similar circumstances.

**Network** is the doctors, hospitals, pharmacies, and mental health services contracted with L.A. Care to provide covered health care services for members.

**Occupational Therapy** is the treatment provided by a licensed professional, using arts, crafts, or other training in daily living skills, to improve and maintain a patient's ability to function after an illness or injury.

**Office of Civil Rights** handles complaints about discrimination against minorities or the disabled.

**Orthotics** is a device used to support, align, prevent, correct, or improve the function of movable body parts.

**Outpatient** is the medical treatment in a hospital or clinic but you do not have to stay overnight.

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

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

**Participating Provider Group** is a physician group your doctor or PCP is a part of. Also see “medical group.”

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

**Pharmacy** is a licensed retail drugstore. It is a place where you can get your prescription filled.

**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** is the treatment provided by a licensed professional, using physical agents, such as ultrasound, heat and massage, and exercise to improve and maintain a patient’s ability to function, after an illness or injury.

**Physician** is a doctor.

**Plan Benefits, Benefits, or Covered Services** are those services, supplies, and drugs a member is entitled to receive according to the Healthy Kids program.

**Prescription** is a written order issued by a licensed prescriber.

**Primary Care Physician (PCP)** is a doctor who acts as your family doctor and manages your health care needs.

**Prosthesis** is an artificial device, used to replace a missing part of the body.

**Provider(s)** are the persons contracted with L.A. Care to provide covered health care services for members. These people include:

- Doctors
- Hospitals
- Skilled nursing facilities
- Home health agencies
- Pharmacies
- Medical transportation companies

- Laboratories
- X-ray facilities
- Durable medical equipment suppliers
- Others

**Provider Directory** is a list of doctors, hospitals, pharmacies, and mental health services contracted with L.A. Care to provide covered health care services for members.

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

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

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

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

**Referral** is the process by which your PCP directs you to other providers to seek and obtain covered services, which require prior authorization by L.A. Care.

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

**Respiratory Therapy** is the treatment provided by a licensed professional, to improve a patient’s breathing function.

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

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

**Second Opinion** is a visit with another doctor when you:

- Question a diagnosis,
- Do not agree with your PCP’s treatment plan, or
- Would like to confirm your treatment plan



**Seriously Debilitating** tells about a disease or condition that may not be possible to stop or change and may cause death.

**Serious Emotional Disturbance (SED)** is a mental condition in children under the age of 19 years. As said by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, children with this disorder have serious problems in at least two of the following areas: self-care, school functioning, family relationships, ability to function in the community; and meets other requirements; and either of the following occur:

- a) The child is at risk of being removed or has been removed from the home; or
- b) The mental disorder and problems have been present for more than six months or are likely to continue for more than one year without treatment.

**Service Area** is the geographic area in which L.A. Care is licensed to provide services. L.A. Care's service area is the County of Los Angeles, including Catalina Island.

**Severe Mental Illnesses (SMI)** include, but are not limited to: Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), schizophrenia, schizoaffective disorder, bipolar disorder (manic-depressive illness), major depressive disorders, panic disorder, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa.

**Skilled Nursing Facility** is a facility licensed by the California State Department of Health Services (SDHS) to provide specialized nursing services.

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

**Speech Therapy** is the treatment provided by a licensed professional, to treat speech problems.

**Standing Referral** is a referral approved by your PCP for more than one visit to a specialist or specialty care center for continued or long-term treatment of a medical condition.

**State Department of Health Services (SDHS)** is a California state agency with the purpose to protect and improve the health status of all Californians.

**Therapeutic Services** are the services for the treatment, remediating, or curing of a disorder or disease.

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

**Third Party Liability** is the liability of a party other than the State of California, L.A. Care, or a member.

**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.

**Urgent Services** are health services needed to prevent an illness or injury from becoming worse with delay of treatment.

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

- severe pain
- potential loss of life, limb, or major bodily function

**Venereal** relates to or is the result of sexual intercourse.

**Vision Impaired** is when your ability to see is reduced.



# Important Phone Numbers

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## California State Services

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

## Children's Services and Programs

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

## Dental Plan

Liberty Dental .....	1-888-700-5243
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## Disability Services

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

## L.A. Care Health Plan Services

L.A. Care Member Services.....	<b>1-888-839-9909</b>
Authorizations .....	1-877-431-2273
Pharmacy (MedImpact) .....	1-800-788-2949
L.A. Care Behavioral Health Hotline .....	1-877-344-2858
L.A. Care Nurse Advice Line .....	1-800-249-3619
L.A. Care Compliance Helpline.....	1-800-400-4889

## Los Angeles County Services

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 (WIC) Program.....	1-888-942-9675

## Vision Plan

VSP .....	1-800-877-7195
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# How to Get Your Prescription Drugs



**L.A. Care**  
HEALTH PLAN®

[www.lacare.org](http://www.lacare.org)

**Sometimes when your child is sick or has a health condition like asthma or diabetes, your child's doctor may give you a prescription. Your child's doctor will give you a prescription based on your child's health status.**

## **For New Prescriptions:**

If you are filling a prescription for the first time, you must go to a pharmacy that works with L.A. Care. A list of pharmacies that work with your health plan is in L.A. Care's provider directory.

## **For Prescription Refills:**

If you are refilling a prescription that you already have, you can go to a pharmacy that works with L.A. Care. Also, you can now voluntarily get a 90-day supply of **maintenance medications** at certain local pharmacies or by mail order. Please ask your child's doctor to write a 90-day prescription for your child's medication. L.A. Care partners with pharmacies throughout Los Angeles County (including Albertson's /Sav-On, CVS, Rite Aid, Target, Vons, Wal-Mart, and Walgreens) to offer this service.

## **Pharmacy Information:**

To find pharmacies near you and/or to get a 90-day supply of maintenance medications mailed either to your home, or to your place of employment through a prescription mail order form, please call **Member Services toll-free at 1-888-839-9909 during regular business hours, Monday thru Friday, 7:00 am to 7:00 pm.** This service is free if you choose to use it. You can also find the mail order form on the Internet at **[www.lacare.org](http://www.lacare.org)**:

- Click on **I Am A Member**
- On the left, click on **Healthy Kids**, then
- On the left, click on **Pharmacy Information**, scroll down to **Prescriptions by Mail**, and follow the instructions.

## **How to Get a Prescription Filled at the Pharmacy:**

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







**L.A. Care**  
HEALTH PLAN®

[www.lacare.org](http://www.lacare.org)



# How to Keep Your Child or Teen Healthy

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## Preventive Health Guidelines 2013

For the latest update on immunizations and health screenings, visit the L.A. Care Web site: [www.lacare.org](http://www.lacare.org)

- Click on **I Am A Member**
- On the left, click on the name of your program, then
- On the left, click on **Health Topics**, 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
<input type="checkbox"/> <b>Well Care Visit:</b> 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"/> <b>Anemia Test</b>	At 9 to 12 months and as recommended by your doctor	
<input type="checkbox"/> <b>Oral Health***</b> 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"/> <b>Lead Screening</b>	At 12 months and at 2 years	As recommended by your doctor
<input type="checkbox"/> <b>Blood Pressure</b>	No recommendation	Every year starting at age 3
<input type="checkbox"/> <b>Urine Test</b>	As recommended by your doctor	
<input type="checkbox"/> <b>Tuberculosis (TB) Risk Screening</b>	Ask your doctor if your child is at risk, TB test as recommended by your doctor	
<input type="checkbox"/> <b>Skin Cancer Risk Counseling</b>	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
<p><b>Well Care Visit:</b> 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</p>	Every Year
<input type="checkbox"/> <b>Blood Test</b>	Every 5-10 years for all non-pregnant females who have started their periods
<input type="checkbox"/> <b>Urine Test</b>	As your doctor recommends
<input type="checkbox"/> <b>Cholesterol Screening</b>	As your doctor recommends
<input type="checkbox"/> <b>Cervical Cancer Screening (Pap Smear)</b>	Starting at age 21 for all women and then every 3 years
<input type="checkbox"/> <b>Sexually Transmitted Disease (STD) Counseling (including Chlamydia, Human Papilloma Virus****)</b>	Counseling for all sexually active persons and screening if at risk
<input type="checkbox"/> <b>Human Immunodeficiency Virus*** (HIV) Screening</b>	At least once for teens ages 15-19 and as recommended by your doctor
<input type="checkbox"/> <b>Tuberculosis (TB) Risk Screening</b>	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"/> Family Planning/Birth Control/Breast Feeding | <input type="checkbox"/> Prenatal Health (for pregnant women) |
| <input type="checkbox"/> Asthma                    | <input type="checkbox"/> Healthy Foods                                | <input type="checkbox"/> Safety                               |
| <input type="checkbox"/> Dental Health             | <input type="checkbox"/> High Blood Pressure                          | <input type="checkbox"/> STDs and HIV                         |
| <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> How to Quit Smoking                          | <input type="checkbox"/> Weight Concerns                      |
| <input type="checkbox"/> Drug and Alcohol Problems | <input type="checkbox"/> Parenting                                    | <input type="checkbox"/> Any other concerns you may have      |
| <input type="checkbox"/> Exercise                  |   |   |

**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 03/13.

# 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 <b>by mouth</b> ) Measles – causes rash, cough, runny nose, eye irritation, and fever (2 shots)	MMR
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)	
15 Months* 18 Months*	<input type="checkbox"/> DTaP #4 <input type="checkbox"/> Hepatitis A #2	Varicella <i>Chickenpox</i> – causes rash, skin blisters, itching, and fever (2 shots) 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 Meningitis</i> – an infection of the brain and spinal cord (2 shots)	
Age 7 to 10	<b>Time to “catch-up” if behind on shots*</b> <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>	HPV <i>Human Papilloma Virus</i> – can cause cervical cancer and genital warts (3 shots) Flu – a disease that spread to others and can cause fever, headache, sore throat, and chills	
Age 11 to 12 (Before 7 <sup>th</sup> Grade)	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****		
Age 13 to 18	<input type="checkbox"/> Flu shot each year, 6 months to 19		

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

\* 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 03/13.



# Notice of Privacy Practices

## L.A. Care Health Plan

*Please review it carefully.*

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

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.

### 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.



**L.A. Care**  
HEALTH PLAN®

[www.lacare.org](http://www.lacare.org)

## 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 **www.lacare.org**. Or, you can call our Member Services Department at **(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: **1-866-LACARE1 (1-866-522-2731)**  
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: **1-866-LACARE1 (1-866-522-2731)**  
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  
P.O. Box 997413, MS 4722  
Sacramento, CA 95899-7413  
Phone: 1-916-445-4646  
Fax: 1-916-440-7680  
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, 2013.

## 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: **1-866-LACARE1 (1-866-522-2731)**  
Email: PrivacyOfficer@lacare.org

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

To get this notice in other languages (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 **1-866-522-2731**.

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®

www.lacare.org

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

### How do you use the AudioHealth Library®?

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

#### Call instructions:

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

#### Allergies and Immune System

Allergies	3100
Allergy Tests	3103
Controlling Your Environment When You Have Allergies	3102
Drug Allergy	3107
Enlarged Lymph Nodes in Children	3811
Eye Allergy	4209
Flu Shots	4441
Food Allergy	3109
Food Allergy in Children	3814
Guillain-Barré Syndrome	3412
Hay Fever	3110
Hay Fever in Children	3817
Hives	3111
Immunizations for Children	4663
Immunizations for Adults	4664
Lupus	3207
Lymph Nodes, Enlarged	5063
Myasthenia Gravis	3419

National Support Services for People Who Have Allergies	3101
Poison Ivy, Sumac, and Oak	3112
Scleroderma	3231
Severe Allergic Reaction	3113
Shots for Travel	4443
Sjogren's Syndrome	4867
Tetanus Shot	4942

#### Mental & Behavioral Health

Abuse and Domestic Violence in Adults	3301
Abuse of Older Adults	3001
ADHD Medicines	4280
ADHD or Attention Deficit Hyperactivity Disorder in Adults	3311
ADHD or Attention Deficit Hyperactivity Disorder in Children	3312
Aggressive Behavior in Children	3302
Agoraphobia	3303
Alcohol Abuse and Dependence	3004

Alcohol and Health	4400
Alcohol Dependence	3304
Amnesia	3306
Anger and Teaching Children to Manage It	3788
Anger Management	3307
Anger Management for Parents	4301
Anorexia	3308
Antisocial Personality Disorder	3309
Anxiety Disorders	3310
Autism	3704
Autistic Spectrum Disorders	3377
Binge Eating Disorder or Compulsive Overeating	3313
Bipolar Disorder	3314
Bulimia	3315
Bullying and How to Help the Victim	3370
Child Abuse and Neglect	3300
Choosing a Mental Health Therapist for Your Child	3371
Cocaine Abuse and Dependence	3317



Torticollis	3250	<b>Cancer</b>		Breast-Feeding and How to Increase Your Milk Supply	4740
Trigger Finger	3251	Biological Therapy	3525	Breast-Feeding Benefits	3708
<b>Brain and Nervous System</b>		Bladder Cancer	3501	Breast-Feeding Positions	3790
AIDS - Nervous System Complications	3400	Bone Cancer	3502	Circumcision	3712
Alzheimer's Disease	3401	Brain Cancer	3504	Croup	3714
Bell's Palsy	3403	Breast Cancer in Men	3507	Crying Baby	3715
Brain Tumors in Children	3505	Breast Cancer in Women	3506	Formula Feeding	3725
Cerebral Palsy	4305	Cancer and Ways to Protect Yourself Against It	4671	Growth Delay or Disorder	3911
Chronic Fatigue Syndrome	4406	Cancer Clinical Trials	3515	Jaundice in Newborns	3731
Cluster Headaches	3405	Cancer Screening	3511	Lead Poisoning Prevention in Children	3800
Confusion	3407	Cancer Treatment Team	3513	Medical Reasons Not to Breast-Feed	5336
Delirium	3408	Cancer Warning Signs	3517	Normal Development 12 to 15 Months Old	3742
Dementia	3409	Cervical Cancer	3518	Normal Development 15 to 18 Months Old	3743
Dizziness	5054	Chemotherapy	3519	Normal Development 2 to 4 Months Old	3745
Epilepsy	3410	Childhood Cancers	3711	Normal Development 2 Weeks to 2 Months Old	3746
Epilepsy in Children	3054	Chronic Lymphocytic Leukemia	3520	Normal Development 2 Years Old	3747
Facial Tics	3411	Colon and Rectal Cancer	3521	Normal Development 3 Years Old	3748
Fatigue	5056	Endometrial Cancer	3547	Normal Development 4 to 6 Months Old	3749
Fibromyalgia	3177	Esophageal Cancer	3523	Normal Development 4 Years Old	3750
Fluid on the Brain or Hydrocephalus	3415	Hodgkin Lymphoma	3524	Normal Development 5 Years Old	3751
Huntington's Disease	3414	Kidney Cancer	3526	Normal Development 6 to 9 Months Old	3752
Lou Gehrig's Disease	3416	Liver Cancer	3527	Normal Development 9 to 12 Months Old	3753
Lumbar Stenosis	3206	Lung Cancer	3528	Overweight and Obese Children	4721
Migraine Headache	3418	Melanoma	3529	Reye's Syndrome	3760
Migraine Headaches in Children	3436	Multiple Myeloma	3531	Sleep Apnea in Babies	3789
Multiple Sclerosis	3435	Non-Hodgkin Lymphoma	3532	Sleep Patterns in Babies	3765
Parkinson's Disease	3423	Ovarian Cancer	3533	Sleep Patterns in Children	3764
Peripheral Neuropathy	3424	Pancreatic Cancer	3535	Speech Development in Newborns to 5 Year Olds	3769
Restless Legs Syndrome	4421	Prostate Cancer	3537	Spitting Up in Infants	3770
Sciatica	3425	Radiation Therapy	3540	Sudden Infant Death Syndrome or SIDS	3771
Seizures	3426	Skin Cancer	3541	Temper Tantrums	3775
Seizures in Children	3820	Stomach Cancer	3543	Thumbsucking	3777
Spina Bifida	4337	Testicular Cancer	3544	Tobacco and Smoking in Children and Teens	3796
Stroke	3430	Throat Cancer	3545	Toddler Discipline	3779
Stroke Rehabilitation	3647	Thyroid Cancer	3546	Toilet Training	3780
Tension Headache	3432	<b>Children</b>		Undescended Testicle	3783
Tic Disorders	3778	Baby Walkers	4946		
Tourette's Syndrome	3781	Bedwetting in Children	3706		
Trigeminal Neuralgia	3433	Breast-Feeding Advice	4738		
		Breast-Feeding and Giving Your Baby Enough Milk	4739		

**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.

Very Small Premature Baby	3784	Bone Scan	5108	<b>Diet and Exercise</b>	
Weaning from Bottle to Cup	3797	Bronchoscopy	4804	Caffeine and Athletic Performance	4107
Weaning from Breast to Bottle	3798	Colonoscopy	5111	Caffeine in Your Diet	4700
Weaning from Breast to Cup	3799	Colorectal Cancer Screening	5112	Calcium	4701
<b>Diabetes</b>		Colposcopy	5113	Carbohydrates	4702
A1C Test for Diabetes	3924	Complete Blood Count Test	5114	Circuit Training	4108
Diabetes: Type 1	3905	Coronary Angiogram	3616	Controlling Cholesterol	3615
Diabetes: Type 2	3906	CT Scan	5116	Cross Training	4109
Diabetes and Alcohol	4718	Cystourethroscopy	5117	DASH Diet for Hypertension	3654
Diabetes and Eating Out	4715	Diagnostic Laparoscopy	5118	Eating Healthy Snacks	4707
Diabetes and Food Management	3902	Echocardiogram	5119	Exercise and Weight Control	4117
Diabetes and Heart Disease	3921	Electrocardiogram or ECG or EKG	5120	Exercise for Kids	4129
Diabetes and Illness	3900	Electroencephalogram	5121	Exercise for Older Adults	3013
Diabetes and Nerve Damage	3922	Electromyogram	5122	Exercise for Teens	3792
Diabetes and Preventing Low Blood Sugar during Exercise	3923	Endometrial Biopsy	5230	Exercise to Stay Healthy	4118
Diabetes and the Importance of Exercise	3904	Endoscopic Retrograde Cholangiopancreatography	5123	Fast Food	4735
Diabetes Foot Care	3901	HIV Tests	4519	Fiber in Your Diet	4711
Diabetes Self Blood Glucose Monitoring	3903	Hysteroscopy	5244	Fluid Needs for Good Health	4743
Diabetic Eye Problems	3907	Intravenous Pyelogram	5141	Fluid Needs of Older Adults	3014
Diabetic Ketoacidosis	3908	Lipid Panel Test	5110	Fluid Replacement	4122
Diabetic Retinopathy	3909	Liver Panel Test	5140	Good and Bad Fats in Your Diet	4709
High Blood Sugar	3912	Lumbar Puncture	3417	Grains in Your Diet	4712
Hyperosmolar Hyperglycemic Nonketotic State	3913	Mammogram	5248	Healthy Diet	4728
Low Blood Sugar	3915	MRI or Magnetic Resonance Imaging	5127	Healthy Meal Planning for Children	3754
Low Blood Sugar in Children with Diabetes	3930	Myelogram	3420	Healthy Snacks for Children	4737
Metabolic Syndrome	3917	Newborn Screening Tests	3740	Healthy Weight Gain	4713
Type 1 Diabetes in Children	3782	Pap Test	5129	Healthy Weight Gain in Children	4165
<b>Tests and Diagnostic Procedures</b>		Pelvic Exam	5263	Home Exercise Equipment	4126
Angiograms	5100	Percutaneous Transhepatic Cholangiography	5130	Iron in Your Diet	4741
Arterial Blood Gases	5101	Prostate Specific Antigen Screening	3538	Keeping a Food Diary	4730
Barium Enema	5102	Sigmoidoscopy	5131	Lactose Intolerance	4736
Barium X-Ray Exam of the Esophagus and Stomach	5103	Strep Test	5142	Losing Weight	4714
Biopsy	5104	T4 Test	5134	Low Sodium Diet	3636
Blood Glucose Test	5105	Tests to Diagnose Heart Disease	3652	Measuring Body Fat	4132
Blood Pressure	3608	Thyroid Scan	5132	Neck Exercises	3211
Blood Test for Iron	5106	TSH Test	5133	Nutrition for Healthy Aging	3027
Bone Density Testing	5139	Ultrasound Scanning	5135	Obesity	4719
Bone Marrow Biopsy	5107	Urine Culture	5136	Personal Fitness Plan	4112
		Urine Tests	5137	Reading Food Labels	4724
		Vital Signs	4436	Running or Jogging	4146
		X-Rays	5138	Safe Exercise for People with Heart Disease	4164
				Salt in Your Diet	4725
				Sports Drinks	4150
				Strength Training	4153

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

Stretching	4154	Stomach Ulcer	4016	Cataracts	4200
Sugar Substitutes	4727	Swallowing Difficulty or Dysphagia	5071	Color Blindness	4202
Swimming and Water Exercise	4155	Traveler's Diarrhea	4038	Common Vision Problems	4203
Training Heart Rates	4159	Ulcerative Colitis	4039	Contact Lens Care	4205
Vegetarian Diet	4731			Crossed or Misaligned Eyes or Strabismus	4207
Vitamins	4732	<b><u>Ear, Nose and Throat</u></b>		Eye Care	4210
Vitamins and Minerals for Children	4742	Assistive Listening Devices for the Hearing Impaired	4415	Eye Exam	4211
Weight Loss Diets	4733	Earache	3963	Eye Symptoms Demanding Immediate Attention	4212
<b><u>Digestive System</u></b>		Earache in Children	3810	Eyeglass Care	4225
Abdominal Pain	5050	Earwax	3953	Eyelid Cyst or Chalazion	4213
Abdominal Pain in Children	3052	Hearing Aids	4414	Eyestrain	4214
Acute Pancreatitis	4000	Hearing Loss in Adults	3954	Flashes and Floaters	4215
Anal Fissure	4001	Hearing Loss in Children	3727	Glaucoma	4216
Anal Fistula	4002	Laryngitis	3955	Lazy Eye or Amblyopia	4217
Antibiotic-Associated Diarrhea	4041	Ménière's Disease	3962	Macular Degeneration	4228
Botulism	4919	Middle Ear Infection	3950	Pinkeye or Conjunctivitis	4218
Celiac Disease	4734	Noise and Hearing Loss	4662	Presbyopia	4229
Chronic Pancreatitis	4005	Nosebleed	3956	Retinal Detachment	4219
Cirrhosis	4006	Outer Ear Infection	3951	Scratch on the Surface of the Eye or Corneal Abrasion	4206
Constipation	4008	Ruptured Eardrum	3957	Something in Your Eyes	4220
Crohn's Disease	4009	Sinus Headache	3427	Stye	4221
Diarrhea	4010	Sinus Headache in Children	3821	Sunglasses	4222
Diarrhea in Children	3809	Sinusitis	3958	Types of Contact Lenses	4223
Diverticulitis	4011	Snoring	4817		
Diverticulosis	4012	Sore Throat	3959	<b><u>Foot Problems</u></b>	
Duodenal Ulcer	4013	Sore Throat in Children	3822	Athletic Shoes	4106
Food Poisoning	4918	Speech and Language Problems in Children	3767	Bunion	3168
Food Poisoning in Children	3815	Speech Therapy for Children	4424	Choosing Shoes That Fit	3180
Gallstones	4014	Telephone Assistive Devices	4431	Flat Feet in Children	3181
Gastritis	4017	Tinnitus	5072	Foot Care	3182
Groin Hernia	4019			Hammertoe	3190
Heartburn	4021	<b><u>Emergency Medicine</u></b>		Heel Pain	3191
Hemorrhoidectomy	4022	Appendicitis	4003	Ingrown Toenail	3196
Hemorrhoids	4023	Biological Terrorism Agents	4903	Morton's Neuroma	4133
Hernias in Children	3728	Carbon Monoxide Poisoning	4944	Over-Pronation	3220
Hiatal Hernia	4027	Chemical Terrorism Agents	4907	Plantar Fasciitis	3224
Indigestion	4029	Choking	4909	Plantar Warts	4863
Intestinal Gas	4030	Choking in Children	4899	Running Shoes	4147
Irritable Bowel Syndrome	4031	Electric Shock	4912		
Nausea and Vomiting	5065	Heat Illness	4924	<b><u>General Health</u></b>	
Nausea and Vomiting in Children	3819			Dehydration	4910
Polyps in the Colon and Rectum	4007	<b><u>Eyes</u></b>		Fever	5057
Rectal Bleeding	4035	Astigmatism	4224		
Stomach Flu	4037				

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Fever in Children	3812	Pericarditis	3644	HIV Infection and AIDS	4516
Heat Illness	4924	Peripheral Artery Disease	3645	HIV Infection from Blood Transfusions	4517
Hiccups	4416	Pulmonary Embolism	4812	Human Papillomavirus	4520
Hiccups in Children	3050	Superficial Thrombophlebitis	3648	Infectious Mononucleosis	4521
<b>Genes and Heredity</b>		Triglycerides	3649	Legionnaires' Disease	4523
Down Syndrome	4314	Varicose Veins	3650	Lice	4524
Tay Sachs Disease	3802	Ventricular Tachycardia	3651	Listeriosis	4548
<b>Heart and Blood Vessels</b>		<b>Hormones</b>		Lyme Disease	4525
Aneurysm	3600	Hyperthyroidism	3914	Measles	4550
Angina	3601	Hyperthyroidism in Children	3931	Mumps	4551
Angioplasty	3602	Hypothyroidism	3916	Pelvic Inflammatory Disease	5264
Aortic Valve Regurgitation	3603	Pituitary Tumors	3918	Pinworms	4526
Aortic Valve Stenosis	3604	<b>Infectious Disease</b>		Rabies	4549
Atherosclerosis	3605	Anthrax	4901	Rheumatic Fever	4527
Atrial Fibrillation	3606	Antibiotic-Resistant Infections	4552	Roseola in Children	4529
Cardiac Arrest	3609	Bacterial Meningitis in Adults	3402	Rubella	4530
Cardiac Rehabilitation	3610	Bacterial Meningitis in Children	3705	Salmonellosis	4509
Cardiomyopathy	3611	Bone Infection	3162	Seasonal Flu	4522
Congenital Heart Disease	3614	Cat Scratch Disease	4544	Sexually Transmitted Diseases	4533
Coronary Artery Disease	3618	Chickenpox	4545	Shingles	4534
Deep Vein Thrombosis	3621	Chickenpox in Children	3805	Strep Throat	3960
Early Warning Signs of a Heart Attack	3624	Chlamydial Infection in Men	4503	Syphilis	4537
Exercise Test	3623	Chlamydial Infection in Women	4504	Tetanus	4538
Heart Attack or Myocardial Infarction	3640	Cytomegalovirus	5316	Trichomoniasis	4539
Heart Catheterization	3625	Dengue Fever and Dengue Hemorrhagic Fever	4507	Tuberculosis	4540
Heart Conditions in Pregnancy	5324	E. Coli Infection	4920	Viral Infections in Children	3713
Heart Disease and Women	3653	Ehrlichiosis	4546	Viral Meningitis in Adults	3434
Heart Disease Prevention	4660	Fifth Disease	4508	Viral Meningitis in Children	3785
Heart Failure	3627	Flu	4522	West Nile Virus	4542
Heart Murmur	3628	Flu or Influenza in Children	3813	Whooping Cough	3787
Heart Palpitations	3629	Genital Herpes	4510	Yeast Infection	5297
High Blood Pressure	3631	Genital Warts	4511	Yeast Infection in Children	3051
High Cholesterol	3632	Giardiasis	4547	<b>Injuries</b>	
Holter Monitors	5126	Gonorrhea	4512	Achilles Tendon Injury	3150
Infective Endocarditis	3634	Hand-Foot-and-Mouth Disease	4514	ACL or Anterior Cruciate Ligament Injury	3153
Low Blood Pressure	3635	Helicobacter Pylori	4042	Animal and Human Bites	4900
Mitral Valve Prolapse	3637	Hepatitis A	4024	Ankle Fracture	3164
Mitral Valve Regurgitation	3638	Hepatitis B	4025	Ankle Sprain	3152
Mitral Valve Stenosis	3639	Hepatitis C	4026	Baseball Finger or Mallet Finger	3208
Myocarditis	3641	Herpes Encephalitis	4515	Broken Ankle	3164
Pacemakers	3642	HIV and AIDS Risk Factors and Prevention	4500	Broken Collarbone	3257
Paroxysmal Supraventricular Tachycardia or PSVT	3643			Broken Elbow	3165
				Bruise	4905

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Bruised Hip or Hip Pointer	3262	Spider Bites and Scorpion Stings	4939	<b>Medicines</b>	
Burn and Scald Prevention	4669	Spinal Cord Injury	3429	ACE Inhibitors	4250
Burns	4915	Splinter	4940	Anabolic Steroids	4103
Collapsed Lung Caused by Injury	4807	Sprains	3245	Antacids	4251
Concussion	3406	Stress Fractures	3246	Antacids and Children	4283
Cuts, Scrapes, and Scratches	4934	Tendonitis	4157	Antibiotics	4252
Dislocated Elbow	3176	Tennis Elbow	3248	Anticoagulants and Antiplatelets	4277
Electric Shock	4912	Thumb Sprain	3249	Antidepressant Medicines	4253
Electric Shock Prevention	4913	Tick Bite	4943	Antidiarrheal Medicines	4254
Finger Dislocation	3178	Toe Fracture	3258	Antidiarrheal Medicines and Children	4282
Finger Fracture	3166	Using Crutches Safely	3253	Anti-Inflammatory Medicines	4255
Finger Sprain	3179	Wound Care in Children	3059	Beta Blockers	4257
Forearm Fracture	3260	Wound Closure and Wound Care	5015	Blood Pressure Lowering Medicines	4266
Frostbite	4922	Wrist Fracture	3167	Calcium Channel Blockers	4258
Golfer's Elbow	3261	Wrist Sprain	3255	Corticosteroids	4259
Groin Strain	4123			Cough Medicines and Children	3808
Hamstring Strain	4125	<b>Respiratory and Lung Problems</b>		Diuretics	4262
Head Injury	3413	Acute Bronchitis	4800	Drug Interactions	4263
Hip Fracture	3193	Altitude Sickness	4401	Fertility Drugs	4319
Hip Fracture Prevention	3030	Asthma	4801	Generic Drugs	4264
Hypothermia	4927	Asthma and How to Use Inhalers	4822	Laxatives	4267
Hypothermia in Children	3053	Asthma in Children	3701	Medicine Safety in Children	3735
Hypothermia in Older Adults	3020	Asthma Inhalers for Children	3803	Medicine-Related Problems	3026
Insect Bites and Stings	3105	Breathing Exercises	4802	Medicines to Keep on Hand	4273
Jumper's Knee	3197	Bronchitis in Children	3056	Nitroglycerin and Other Nitrates	4269
Knee Cartilage Tear or Meniscal Tear	3200	Choking	4909	Nonprescription Medicines	4270
Knee Sprain	3202	Choking in Children	4899	Sleeping Pills	4271
Lateral Collateral Ligament Sprain	3264	Chronic Bronchitis	4805	Statins	4279
Little Leaguer's Elbow	3265	Chronic Obstructive Pulmonary Disease	4806	Talking with Your Provider about Your Medicines	4256
Medial Collateral Ligament Sprain	3266	Collapsed Lung Not Related to Injury	4808	Using Medicines Safely	4268
Muscle Strain	3210	Colds	4506	Vasodilators	4276
Neck Injuries	3212	Common Cold in Children	3806		
Neck Stinger	4136	Cough	4809	<b>Men's Health</b>	
Neck Strain	3214	Cough in Children	3807	Enlarged Prostate	4600
Nose Injury	3270	Cystic Fibrosis	4310	Prostate Problems	4607
Overuse Injuries	4139	Emphysema	4810	Testicular Self-Exam	4611
Pulled Elbow in Children	3227	Peak Flow Meter	4821	Vasectomy	4343
Puncture Wound	4929	Pleurisy	4820	Vasectomy Reversal	4331
Rotator Cuff Injury	3229	Pneumonia	4811		
Runner's Knee	3230	Pulmonary Function Tests	4813	<b>Mouth and Teeth</b>	
Shin Pain or Shin Splints	4148	Respiratory Syncytial Virus or RSV	3794	Bad Breath	3850
Shoulder Dislocation	3236	Sleep Apnea	4815	Canker Sore	4853
Shoulder Injuries	3237	Thoracentesis	4818	Canker Sores in Children	3804
Shoulder Separation	3239	Using Oxygen at Home	4819	Choosing a Dentist	3851
Snakebite	4936				

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Cold Sores or Fever Blisters	4505	Counseling during Pregnancy	5319	Round Ligament Pain in Pregnancy	5338
Dental Care for Adults	3856	Danger Signs in Pregnancy	5221	Ruptured Membranes	5277
Dental Care for Children	3852	Diabetes in Pregnancy	5223	Sex during Pregnancy	5278
Dental Care for Older Adults	3009	Diet during Pregnancy	5225	Skin Changes during Pregnancy	5281
Denture Care	3854	Drinking Fluids during Pregnancy	5323	Slowed Growth of Baby during Pregnancy	5340
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Periodontal Disease	3857	Ectopic Pregnancy	5228	Surgery to Close the Cervix	5341
Teeth Grinding in Children	3860	Emotional Stress or Depression during Pregnancy	5321	Swelling in the Hands and Feet during Pregnancy	5342
Teething	3774	Episiotomy	5232	Teen Pregnancy	4341
Temporomandibular Joint Disorder	4432	Estimating Gestational Age	5299	Tests for Pregnancy	5271
Thrush	3858	Exercise after Delivery	5233	Toxoplasmosis during Pregnancy	5343
Toothache	3859	Exercise during Pregnancy	5234	Travel When You Are Pregnant	5287
<b>Pain Management</b>					
Alternative Ways to Control Pain	4438	Getting Ready for Pregnancy	5241	Trouble Breathing during Pregnancy	5322
Chronic Pain	4440	Heartburn during Pregnancy	5325	Trouble Sleeping during Pregnancy	5345
Knee Pain	3263	Household or Chemical Exposure during Pregnancy	5326	Types of Baby Movements	5346
Nerve Pain	3422	How Long Should I Stay in the Hospital after Delivery?	5327	Urinary Frequency during Pregnancy	5347
Noncardiac Chest Pain	3612	Induction of Labor	5302	Vision Changes during Pregnancy	5349
Patient-Controlled Analgesia	3536	Injury during Pregnancy	5344	Working during Pregnancy	5296
<b>Physical and Sports Medicine</b>					
Deep Heat Treatment	4113	Labor and Delivery	5247	X-Rays during Pregnancy	5310
Electrical Nerve Stimulation	4116	Later Childbearing	5328	<b>Preventive Health</b>	
Ice Therapy	4127	Leg Cramps during Pregnancy	5329	A Healthy Lifestyle for Older Adults	3000
Low Back Exercises	3204	Leg Numbness during Pregnancy	5330	Bathroom Safety	4651
Occupational Therapy	4419	Low Back Pain during Pregnancy	5331	Biological Terrorism Agents	4903
Physical Therapy	3222	Mental Illness during Pregnancy	5332	Carbon Monoxide Poisoning	4944
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Ultrasound Treatment	3252	Morning Sickness	5254	Childproofing Your Home	4653
<b>Pregnancy</b>					
Abuse During Pregnancy	5334	Natural Family Planning	4326	Choosing a Primary Care Provider	4405
Amniocentesis	5202	Nonreassuring Fetal Status	5300	Drowning Prevention in Children	4656
Beta Strep during Pregnancy	5301	Nonstress Test	5305	Falls Prevention and Home Safety	4670
Blood Tests for Birth Defects	5308	Normal Growth of a Baby during Pregnancy	5257	Hazards of Smoking	3332
Breast Care If You Choose Not to Breast-Feed	5313	Pain in the Vagina during Pregnancy	5339	Health Changes with Aging	3016
Cesarean Section	5216	Pain Relief in Labor and Delivery	5306	Home Healthcare	3017
Chickenpox during Pregnancy	5315	Physical Abuse During Pregnancy	5334	How To Quit Smoking	3362
Child Spacing	4307	Postpartum Care	5267	Insect Repellent Use	4945
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Chorionic Villus Sampling	5218	Pregnancy and Weight Control	5335	Nicotine Withdrawal	3376
Contraction Stress Test	5312	Pregnancy Tests	5271	Personal Emergency Response Systems	3040
		Prenatal Care	5274	Routine Healthcare for Men	4672
		Prenatal Tests	5275	Routine Healthcare for Women	4673
		Preterm Labor	5309	Safe Driving for Older Adults	3041
		Rh Incompatibility	5311	Safety Eyewear	4226
				Safety Seats for Children	4674

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Smokeless Tobacco	3361	Acne	Narcolepsy	3421
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		Blisters	Sleep Disorders in Children	3766
<b>Sexual and Reproductive Health</b>		Boils and Carbuncles		
Birth Control Methods	4302	Botox Treatment of Wrinkles	<b>Social and Family</b>	
Birth Control Patch	4303	Cellulitis	Adoption	4300
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Sex Therapy	3359	Scabies	<b>Surgery</b>	
Sexual Abstinence	4332	Seborrhea	Abdominal Hysterectomy	5200
Sexual Problems	3378	Skin Care for Older Adults	Arthroscopic Meniscal Surgery	3156
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Spermicides	4336	Skin Resurfacing	Cataract Surgery	4201
Talking with Your Child about HIV	4339	Sunburn	Colostomy and Ileostomy	4028
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		Warts in Children	D&C	5220
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		Insomnia	Gallbladder Drainage	4004
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Gastrostomy Feeding Tube Placement	4018	Urinary Obstruction	5364
Heart Transplant	3630	Urinary Obstruction in Children	3057
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Knee Replacement Surgery	3201	Urination Problems	5074
Laparoscopic Gallbladder Removal	4032		
LASIK	4227	<b>Women's Health</b>	
Liposuction	5008	Atrophic Vaginitis	5203
Lumpectomy and Removal of Lymph Nodes	5013	Bartholin's Gland Cyst	5204
Nose Reconstruction	5009	Benign Ovarian Tumor	5205
Setting a Broken Bone Without Surgery	3234	Bleeding Between Menstrual Periods	5209
Shoulder Replacement Surgery	3238	Breast Infection	5210
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Tonsil and Adenoid Removal	3961	Cervicitis	5215
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		Pelvic Support Problems	5265
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Overflow Incontinence	5360		
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