L.A. Care Medi-Cal

Member Handbook

What you need to know about your benefits

L.A. Care Health Plan (L.A. Care) Combined Evidence of Coverage (EOC) and Disclosure Form

2025 **Los Angeles County**

Other languages and formats

Other languages

You can get this Member Handbook and other plan materials in other languages for free. L.A. Care provides written translations from qualified translators. Call Member Services at **1-888-839-9909** (TTY **711**). The call is free. You may also ask for this member handbook in other languages and formats by logging on to the L.A. Care Connect member portal at https://members.lacare.org. Read this Member Handbook to learn more about health care language assistance services such as interpreter and translation services.

Other formats

You can get this information in other formats such as braille, 20-point font large print, audio, and accessible electronic formats at no cost to you. Call Member Services at **1-888-839-9909** (TTY **711**). The call is free.

Interpreter services

L.A. Care provides oral interpretation services, including sign language, from a qualified interpreter, on a 24-hour basis, at no cost to you. You do not have to use a family member or friend as an interpreter. We discourage the use of minors as interpreters unless it is an emergency. Interpreter, linguistic, and cultural services are available for free. Help is available 24 hours a day, 7 days a week. For help in your language, or to get this handbook in a different language, call Member Services at **1-888-839-9909** (TTY **711**). The call is free.

ATTENTION: If you need help in your language, call **1-888-839-9909** (TTY **711**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-888-839-9909** (TTY **711**). These services are free.

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ (TTY: **711**) **(Arabic)**
1-888-839-9909. تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ**1-888-839-9909** (TTY: **711**). هذه الخدمات مجانية.

Հայերեն պիտակ **(Armenian)**
ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-888-839-9909** (TTY: **711**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1 **1-888-839-9909** (TTY: **711**): Այդ ծառայություններն անվճար են:

简体中文标语 **(Chinese)**

请注意：如果您需要以您的母语提供帮助，请致电 **1-888-839-9909** (TTY: **711**)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 **1-888-839-9909** (TTY: **711**)。这些服务都是免费的。

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ **(Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-888-839-9909** (TTY: **711**). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ| ਕਾਲ ਕਰੋ **1-888-839-9909** (TTY: **711**). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ|

हिंदी टैगलाइन **(Hindi)**

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो**1-888-839-9909** (TTY: **711**) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं।**1-888-839-9909** (TTY: **711**) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-888-839-9909** (TTY: **711**). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-888-839-9909** (TTY: **711**). Cov kev pab cuam no yog pab dawb xwb.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は **1-888-839-9909** (TTY: **711**) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。**1-888-839-9909** (TTY: **711**) へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-888-839-9909** (TTY: **711**) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-888-839-9909** (TTY: **711**) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແຈກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້ າທ່ ານຕ້ ອງການຄວາມຊ່ ວຍເຫຼືອ ໂດຍໃຊ ພ້ າສາ ຂອງທ່ ານໃຫ້ ໂທຫາເບີ **1-888-839-9909** (TTY: **711**). ຍັ ງມີ ຄວາມຊ່ ວຍເຫຼືອ ແລະ ການບໍ ລິ ການສໍາລັ ບຄົ ນພິ ການ ເຊ່ ນ ເອກະສານທີ່ ເປັ ນອັ ກສອນນູ ນແລະ ມີ ໂຕພິ ມໃຫຍ່ ໃຫ້ ໂທຫາ ເບີ **1-888-839-9909** (TTY: **711**). ການບໍ ລິ ການເຫຼ່ ານີ້ ບໍ ຕ້ ອງ ເສຍຄ່ າໃຊ້ ຈ່ າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-888-839-9909** (TTY: **711**). Liouh lorx jauvlouc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1-888-839-9909** (TTY: **711**). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)

ចំណាំ៖ បើ អ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-888-839-9909** (TTY: **711**)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិ ការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិ ភារភ្នែក ឬឯកសារ សរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-888-839-9909** (TTY: **711**)។ សេវាកម្មទាំងនេះមិ នគិ តថ្លៃទេ ឡើ យ។

مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با (TTY: **711**) **1-888-839-9909** تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-888-839-9909** (TTY: **711**) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-888-839-9909** (TTY: **711**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-888-839-9909** (TTY: **711**). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-888-839-9909** (TTY: **711**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-888-839-9909** (TTY: **711**). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-888-839-9909** (TTY: **711**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-888-839-9909** (TTY: **711**). Libre ang mga serbisyong ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-888-839-9909** (TTY: **711**) นอกจากนี้ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-888-839-9909** (TTY: **711**) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-888-839-9909** (TTY: **711**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-888-839-9909** (TTY: **711**). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-888-839-9909** (TTY: **711**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-888-839-9909** (TTY: **711**). Các dịch vụ này đều miễn phí.

Welcome to L.A. Care!

Thank you for joining L.A. Care. L.A. Care is a health plan for people who have Medi-Cal. L.A. Care works with the State of California to help you get the health care you need. L.A. Care is a local public entitiy. In fact, we are the largest publicly operated health plan in the nation. We serve people who live in Los Angeles County (called our "service area"). L.A. Care also works with three (3) Health Plan Partners (L.A. Care is also considered a "Health Plan Partner") to provide health care services to our members. When a Medi-Cal member joins L.A. Care, the member may choose to get services through any Health Plan Partner listed below as long as the plan choice is available.

- L.A. Care
- Anthem Blue Cross
- Blue Shield of California Promise Health Plan

Member Handbook

This Member Handbook tells you about your coverage under L.A. Care. Please read it carefully and completely. It will help you understand your benefits, the services available to you, and how to get the care you need. It also explains your rights and responsibilities as a member of L.A. Care. If you have special health needs, be sure to read all sections that apply to you.

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. This EOC and Disclosure Form constitutes only a summary of the health plan. The health plan contract must be consulted to determine the exact terms and conditions of coverage. To learn more, call L.A. Care Member Services at **1-888-839-9909** (TTY **711**).

In this Member Handbook, L.A. Care is sometimes referred to as "we" or "us." Members are sometimes called "you." Some capitalized words have special meaning in this Member Handbook.

To ask for a copy of the contract between L.A. Care and The California Department of Health Care Services (DHCS), call Member Services at **1-888-839-9909** (TTY **711**). You may ask for another copy of the Member Handbook for free. You can also find the Member Handbook on the L.A. Care website at lacare.org. You can also ask for a free copy of the L.A. Care non-proprietary clinical and administrative policies and procedures. They are also on the L.A. Care website.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Contact us

L.A. Care is here to help. If you have questions, call Member Services at **1-888-839-9909** (TTY **711**).
L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is free.

You can also visit online at any time at lacare.org.

Thank you,
L.A. Care Health Plan
1200 W. 7th Street,
Los Angeles, CA 90017

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Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

1. Getting started as a member

How to get help

L.A. Care wants you to be happy with your health care. If you have questions or concerns about your care, L.A. Care wants to hear from you!

Member Services

L.A. Care Member Services is here to help you. L.A. Care can:

- Answer questions about your health plan and L.A. Care covered services
- Help you choose or change a primary care provider (PCP)
- Tell you where to get the care you need
- Help you get interpreter services if you do not speak English
- Help you get information in other languages and formats
- Help getting timely appointments
- Replace your ID card
- Answer questions about problems you cannot solve
- Assist with scheduling transportation

If you need help, call Member Services at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is free. L.A. Care must make sure you wait less than 10 minutes when calling.

You can also visit Member Services online at any time at lacare.org.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Who can become a member

Every state may have a Medicaid program. In California, Medicaid is called **Medi-Cal**.

You qualify for L.A. Care because you qualify for Medi-Cal and live in Los Angeles County. If you have any questions about your Medi-Cal coverage or about when you need to renew your Medi-Cal, please call the Los Angeles County Department of Public Social Services (DPSS) at **1-866-613-3777**. You might also qualify for Medi-Cal through Social Security because you are getting SSI or SSP.

For questions about enrollment, call Health Care Options at **1-800-430-4263** (TTY **1-800-430-7077** or **711**). Or go to http://www.healthcareoptions.dhcs.ca.gov/

For questions about Social Security, call the Social Security Administration at **1-800-772-1213**. Or go to https://www.ssa.gov/locator/.

Transitional Medi-Cal

You may be able to get Transitional Medi-Cal if you started earning more money and you no longer qualify for Medi-Cal.

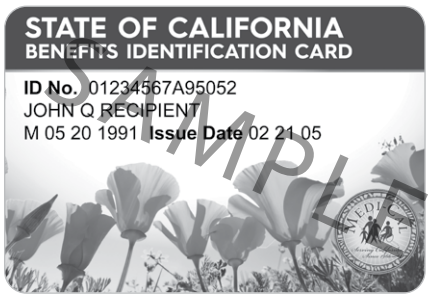
You can ask questions about qualifying for Transitional Medi-Cal at your local county office at: http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx

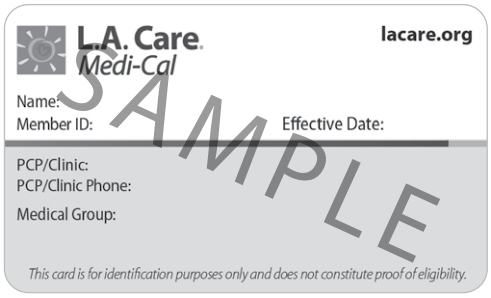
Or call Health Care Options at **1-800-430-4263** (TTY **1-800-430-7077** or **711**).

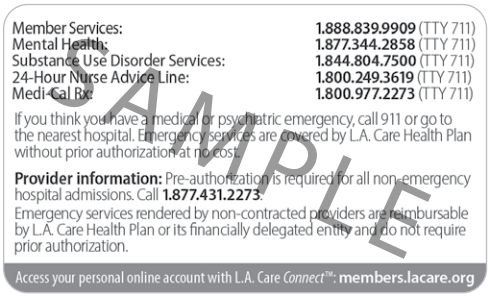
Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Identification (ID) cards

As a member of L.A. Care, you will get our L.A. Care Identification (ID) card. You must show your L.A. Care ID card **and** your Medi-Cal Benefits Identification Card (BIC) when you get health care services or prescriptions. Your Medi-Cal BIC card is the benefits identification card sent to you by the State of California. You should always carry all health cards with you. Your Medi-Cal BIC and L.A. Care ID cards look like these:







You may print a temporary ID card at L.A. Care Connect at https://members.lacare.org.

If you do not get your L.A. Care ID card within a few weeks after your enrollment date, or if your L.A. Care ID card is damaged, lost, or stolen, call Member Services right away. L.A. Care will send you a new card for free. Call Member Services at **1-888-839-9909** (TTY **711**). If you do not have a Medi-Cal BIC card or if your card is damaged, lost, or stolen, call the local county office. To find your local county office, go to http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

2. About your health plan

Health plan overview

L.A. Care is a health plan for people who have Medi-Cal in these counties: Los Angeles County. L.A. Care works with the State of California to help you get the health care you need.

Talk with one of the L.A. Care Member Services representatives to learn more about the health plan and how to make it work for you. Call Member Services at **1-888-839-9909** (TTY **711**).

When your coverage starts and ends

When you enroll in L.A. Care, we will send your L.A. Care Identification (ID) card within two weeks of your enrollment date. You must show both your L.A. Care ID card and your Medi-Cal Benefits Identification Card (BIC) when you get health care services or prescriptions.

Your Medi-Cal coverage will need renewing every year. If your local county office cannot renew your Medi-Cal coverage electronically, the county will send you a pre-populated Medi-Cal renewal form. Complete this form and return it to your local county office. You can return your information in person, by phone, by mail, online, or by other electronic means available in your county.

Your effective date of coverage is the 1st day of the month following completion of enrollment in a health plan. Check your letter from Health Care Options for your coverage effective date.

You can end your L.A. Care coverage and choose another health plan at any time. For help choosing a new plan, call Health Care Options at **1-800-430-4263** (TTY **1-800-430-7077** or **711**). Or go to www.healthcareoptions.dhcs.ca.gov.

L.A. Care is the health plan for Medi-Cal members in Los Angeles County. Find your local county office at http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx.

L.A. Care Medi-Cal coverage may end if any of the following is true:

- You move out of Los Angeles County
- You no longer have Medi-Cal
- You become eligible for a waiver program that requires you to be enrolled in Fee-for-Service (FFS) Medi-Cal
- You are in jail or prison

If you lose your L.A. Care Medi-Cal coverage, you may still qualify for FFS Medi-Cal coverage. If you are not sure if you are still covered by L.A. Care, call Member Services at **1-888-839-9909** (TTY **711**).

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Special considerations for American Indians in managed care

American Indians have a right to not enroll in a Medi-Cal managed care plan or they may leave their Medi-Cal managed care plan and return to FFS Medi-Cal at any time and for any reason.

If you are an American Indian, you have the right to get health care services at an Indian Health Care Provider (IHCP). You can also stay with or disenroll (drop) from L.A. Care while getting health care services from these locations. To learn more about enrollment and disenrollment, call Member Services at **1-888-839-9909** (TTY **711**).

L.A. Care must provide care coordination for you, including out-of-network case management. If you ask to get services from an IHCP and there is no available in-network IHCP, L.A. Care must help you find an out-of-network IHCP. To learn more, read "Provider network" in Chapter 3 of this handbook.

How your plan works

L.A. Care is a managed care health plan contracted with DHCS. L.A. Care works with doctors, hospitals, and other providers in the L.A. Care service area to provide health care to our members. As a member of L.A. Care, you may qualify for some services provided through FFS Medi-Cal. These include outpatient prescriptions, non-prescription drugs, and some medical supplies through Medi-Cal Rx.

Member Services will tell you how L.A. Care works, how to get the care you need, how to schedule provider appointments during office hours, how to request free interpreting and translation services or written information in alternative formats, and how to find out if you qualify for transportation services.

To learn more, call Member Services at **1-888-839-9909** (TTY **711**). You can also find member service information online at lacare.org.

Changing health plans

You can leave L.A. Care and join another health plan in your county of residence at any time if another health plan is available. To choose a new plan, call Health Care Options at **1-800-430-4263** (TTY **1-800-430-7077** or **711**). You can call between 8 a.m. and 6 p.m. Monday through Friday. Or go to https://www.healthcareoptions.dhcs.ca.gov.

It takes up to 30 days or more to process your request to leave L.A. Care and enroll in another plan in your county. To find out the status of your request, call Health Care Options at **1-800-430-4263** (TTY **1-800-430-7077** or **711**).

If you want to leave L.A. Care sooner, you can call Health Care Options to ask for an expedited (fast) disenrollment.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Members who can request expedited disenrollment include, but are not limited to, children getting services under the Foster Care or Adoption Assistance programs, members with special health care needs, and members already enrolled in Medicare or another Medi-Cal or commercial managed care plan.

You can ask to leave L.A. Care by contacting your local county office. Find your local county office at: http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx.

Or call Health Care Options at **1-800-430-4263** (TTY **1-800-430-7077** or **711**).

Students who move to a new county or out of California

You can get emergency care and urgent care anywhere in the United States, including the United States Territories. Routine and preventive care are covered only in your county of residence. If you are a student who moves to a new county in California to attend higher education, including college, L.A. Care will cover emergency room and urgent care services in your new county. You can also get routine or preventive care in your new county, but you must notify L.A. Care. Read more below.

If you are enrolled in Medi-Cal and are a student in a different county from the California county where you live, you do not need to apply for Medi-Cal in that county.

If you temporarily move away from home to be a student in another county in California, you have two choices. You can:

- Tell your eligibility worker at the Los Angeles County Department of Public Social Services by calling **1-866-613-3777** or visiting http://dpss.lacounty.gov that you are temporarily moving to attend a school for higher education and give them your address in the new county. The county will update the case records with your new address and county code. You must do this if you want to keep getting routine or preventive care while you live in a new county. If L.A. Care does not serve the county where you will attend college, you might have to change health plans. For questions and to prevent delay in joining a new health plan, call Health Care Options at **1-800-430-4263** (TTY **1-800-430-7077** or **711**).

  Or

- If L.A. Care does not serve the new county where you attend college, and you do not change your health plan to one that serves that county, you will only get emergency room and urgent care services for some conditions in the new county. To learn more, read Chapter 3, "How to get care." For routine or preventive health care, you would need to use the L.A. Care network of providers located in Los Angeles County.

If you are leaving California temporarily to be a student in another state and you want to keep your Medi-Cal coverage, contact your eligibility worker at the Los Angeles County Department of Public Social Services. As long as you qualify, Medi-Cal will cover emergency services and urgent care in another state. Medi-Cal will also cover emergency care that requires hospitalization in Canada and Mexico.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Routine and preventive care services, including prescription drugs relating to these services, are not covered when you are outside of California. You will not qualify for Medi-Cal coverage for those out-of-state services. L.A. Care will not pay for your health care. If you want Medicaid in another state, you will need to apply in that state. Medi-Cal does not cover emergency, urgent, or any other health care services outside of the United States, except for emergency care requiring hospitalization in Canada and Mexico as noted in Chapter 3.

Continuity of care

Continuity of care for an out-of-network provider

As a member of L.A. Care, you will get your health care from providers in L.A. Care's network. To find out if a health care provider is in the L.A. Care network, see providers.lacare.org/s/find-doctor-or-hospital. Providers not listed in the directory may not be in the L.A. Care network.

In some cases, you might be able to get care from providers who are not in the L.A. Care network. If you were required to change your health plan or to switch from FFS Medi-Cal to managed care, or you had a provider who was in network but is now outside the network, you might be able to keep your provider even if they are not in the L.A. Care network. This is called continuity of care.

If you need to get care from a provider who is outside the network, call L.A. Care to ask for continuity of care. You may be able to get continuity of care for up to 12 months or more if all of these are true:

- You have an ongoing relationship with the out-of-network provider before enrollment in L.A. Care
- You went to the out-of-network provider for a non-emergency visit at least once during the 12 months before your enrollment with L.A. Care
- The out-of-network provider is willing to work with L.A. Care and agrees to L.A. Care's contract requirements and payment for services
- The out-of-network provider meets L.A. Care's professional standards
- The out-of-network provider is enrolled and participating in the Medi-Cal program

To learn more, call Member Services at **1-888-839-9909** (TTY **711**).

If your providers do not join the L.A. Care network by the end of 12 months, do not agree to L.A. Care payment rates, or do not meet quality of care requirements, you will need to change to providers in the L.A. Care network. To discuss your choices, call Member Services at **1-888-839-9909** (TTY **711**).

L.A. Care is not required to provide continuity of care for an out-of-network provider for certain ancillary (supporting) services such as radiology, laboratory, dialysis centers, or transportation. You will get these services with a provider in L.A. Care's network.

To learn more about continuity of care and if you qualify, call Member Services.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Completion of covered services from an out-of-network provider

As a member of L.A. Care, you will get covered services from providers in L.A. Care's network. If you are being treated for certain health conditions at the time you enrolled with L.A. Care or at the time your provider left L.A. Care's network, you might also still be able to get Medi-Cal services from an out-of-network provider.

You might be able to continue care with an out-of-network provider for a specific time period if you need covered services for these health conditions:

Health condition	Time period
Acute conditions (a medical issue that needs fast attention)	For as long as your acute condition lasts
Serious chronic physical and behavioral conditions (a serious health care issue you have had for a long time)	For up to 12 months from the coverage start or the date the provider's contract ends with L.A. Care
Pregnancy and postpartum (after birth) care	During your pregnancy and up to 12 months after the end of pregnancy
Maternal mental health services	For up to 12 months from the diagnosis or from the end of your pregnancy, whichever is later
Care of a newborn child between birth and 36 months old	For up to 12 months from the start date of the coverage or the date the provider's contract ends with L.A. Care
Terminal illness (a life-threatening medical issue)	For as long as your illness lasts. You may still get services for more than 12 months from the date you enrolled with L.A. Care or the time the provider stops working with L.A. Care
Performance of a surgery or other medical procedure from an out-of-network provider as long as it is covered, medically necessary, and authorized by L.A. Care as part of a documented course of treatment and recommended and documented by the provider	The surgery or other medical procedure must take place within 180 days of the provider's contract termination date or 180 days from the effective date of your enrollment with L.A. Care

For other conditions that might qualify, call Member Services at **1-888-839-9909** (TTY **711**).

If an out-of-network provider is not willing to keep providing services or does not agree to L.A. Care's contract requirements, payment, or other terms for providing care, you will not be able to get continued care from the provider. You may be able to keep getting services from a different provider in L.A. Care's network.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

For help choosing a contracted provider to continue with your care or if you have questions or problems getting covered services from a provider who is no longer in L.A. Care's network, call Member Services at **1-888-839-9909** (TTY **711**).

L.A. Care is not required to provide continuity of care for services Medi-Cal does not cover or that are not covered under L.A. Care's contract with DHCS. To learn more about continuity of care, eligibility, and available services, call Member Services.

Costs

Member costs

L.A. Care serves people who qualify for Medi-Cal. In most cases, L.A. Care members do not have to pay for covered services, premiums, or deductibles.

If you are an American Indian, you do not have to pay enrollment fees, premiums, deductibles, co-pays, cost sharing, or other similar charges. L.A. Care must not charge any American Indian member who gets an item or service directly from an IHCP or through a referral to an IHCP or reduce payments due to an IHCP by the amount of any enrollment fee, premium, deductible, copayment, cost sharing, or similar charge.

Except for emergency care, urgent care, or sensitive care, you must get pre-approval (prior authorization) from L.A. Care before you visit a provider outside the L.A. Care network. If you do not get pre-approval (prior authorization) and you go to a provider outside the network for care that is not emergency care, urgent care, or sensitive care, you might have to pay for care you got from that provider. For a list of covered services, read Chapter 4, "Benefits and services" in this handbook. You can also find the Provider Directory on the L.A. Care website at lacare.org.

For members with long-term care and a share of cost

You might have to pay a share of cost each month for your long-term care services. The amount of your share of cost depends on your income. Each month, you will pay your own health care bills, including but not limited to, Long-Term Services and Supports (LTSS) bills, until the amount you have paid equals your share of cost. After that, L.A. Care will cover your long-term care for that month. You will not be covered by L.A. Care until you have paid your entire long-term care share of cost for the month.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

How a provider gets paid

L.A. Care pays providers in these ways:

- Capitation payments
  - L.A. Care pays some providers a set amount of money every month for each L.A. Care member. This is called a capitation payment. L.A. Care and providers work together to decide on the payment amount.
- Fee For Service (FFS) payments
  - Some providers give care to L.A. Care members and send L.A. Care a bill for the services they provided. This is called a fee for service (FFS) payment. L.A. Care and providers work together to decide how much each service costs.

To learn more about how L.A. Care pays providers, call Member Services at **1-888-839-9909** (TTY **711**).

- Provider Incentive Programs:
  - L.A. Care offers incentives to providers with the goal of improving your care and experience with L.A. Care physicians. These programs aim to improve:
    - Quality of medical care provided
    - Access and availability to care and needs
    - Treatments provided
    - Improved member satisfaction outcomes

If you get a bill from a health care provider

Covered services are health care services that L.A. Care must pay. If you get a bill for any Medi-Cal covered services, do not pay the bill. Call Member Services right away at **1-888-839-9909** (TTY **711**). L.A. Care will help you figure out if the bill is correct.

If you get a bill from a pharmacy for a prescription drug, supplies, or supplements, call Medi-Cal Rx Customer Service at **1-800-977-2273**, 24 hours a day, 7 days a week. TTY users can call **711**, Monday through Friday, 8 a.m. to 5 p.m. You can also go to the Medi-Cal Rx website at https://medi-calrx.dhcs.ca.gov/home/.

Asking L.A. Care to pay you back for expenses

If you paid for services that you already got, you might qualify to be reimbursed (paid back) if you meet **all** of these conditions:

- The service you got is a covered service that L.A. Care is responsible for paying. L.A. Care will not reimburse you for a service that L.A. Care does not cover.
- You got the covered service while you were an eligible L.A. Care member.
- You ask to be paid back within one year from the date you got the covered service.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

- You show proof that you, or someone on your behalf, paid for the covered service, such as a detailed receipt from the provider.
- You got the covered service from a Medi-Cal enrolled provider in L.A. Care's network. You do not need to meet this condition if you got emergency care, family planning services, or another service that Medi-Cal allows out-of-network providers to perform without pre-approval (prior authorization).
- If the covered service normally requires pre-approval (prior authorization), you need to give proof from the provider that shows a medical need for the covered service.

L.A. Care will tell you if they will reimburse you in a letter called a Notice of Action (NOA). If you meet all of the above conditions, the Medi-Cal-enrolled provider should pay you back for the full amount you paid. If the provider refuses to pay you back, L.A. Care will pay you back for the full amount you paid. We must reimburse you within 45 working days of receipt of the claim.

If the provider is enrolled in Medi-Cal but is not in the L.A. Care network and refuses to pay you back, L.A. Care will pay you back, but only up to the amount that FFS Medi-Cal would pay. L.A. Care will pay you back for the full out-of-pocket amount for emergency services, family planning services, or another service that Medi-Cal allows to be provided by out-of-network providers without pre-approval (prior authorization). If you do not meet one of the above conditions, L.A. Care will not pay you back.

L.A. Care will not pay you back if:

- You asked for and got services that are not covered by Medi-Cal, such as cosmetic services
- The service is not a covered service for L.A. Care
- You have an unmet Medi-Cal share of cost
- You went to a doctor who does not take Medi-Cal and you signed a form that said you want to be seen anyway and you will pay for the services yourself
- You have Medicare Part D co-pays for prescriptions covered by your Medicare Part D plan

3. How to get care

Getting health care services

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

You can start getting health care services on your effective date of enrollment in L.A. Care. Always carry with you your L.A. Care Identification (ID) card, Medi-Cal Benefits Identification Card (BIC), and any other health insurance cards. Never let anyone else use your BIC card or L.A. Care ID card.

New members with only Medi-Cal coverage must choose a primary care provider (PCP) in the L.A. Care network. New members with both Medi-Cal and comprehensive other health coverage do not have to choose a PCP.

The L.A. Care network is a group of doctors, hospitals, and other providers who work with L.A. Care. You must choose a PCP within 30 days from the time you become a member of L.A. Care. If you do not choose a PCP, L.A. Care will choose one for you.

You can choose the same PCP or different PCPs for all family members in L.A. Care, as long as the PCP is available.

If you have a doctor you want to keep, or you want to find a new PCP, go to the Provider Directory for a list of all PCPs and other providers in the L.A. Care network. The Provider Directory has other information to help you choose a PCP. If you need a Provider Directory, call Member Services at **1-888-839-9909** (TTY **711**). You can also find the Provider Directory on the L.A. Care website at lacare.org.

If you cannot get the care you need from a participating provider in the L.A. Care network, your PCP or specialist in L.A. Care's network must ask L.A. Care for approval to send you to an out-of-network provider. This is called a referral. You do not need a referral to go to an out-of-network provider to get sensitive care services listed under the heading "Sensitive care" later in this chapter.

Read the rest of this chapter to learn more about PCPs, the Provider Directory, and the provider network.

The Medi-Cal Rx program administers outpatient prescription drug coverage. To learn more, read "Other Medi-Cal programs and services" in Chapter 4.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Primary care provider (PCP)

Your primary care provider (PCP) is the licensed provider you go to for most of your health care. Your PCP also helps you get other types of care you need. You must choose a PCP within 30 days of enrolling in L.A. Care. Depending on your age and sex, you can choose a general practitioner, OB/GYN, family practitioner, internist, or pediatrician as your PCP.

A nurse practitioner (NP), physician assistant (PA), or certified nurse midwife can also act as your PCP. If you choose an NP, PA, or certified nurse midwife, you can be assigned a doctor to oversee your care. If you are in both Medicare and Medi-Cal, or if you also have other comprehensive health care insurance, you do not have to choose a PCP.

You can choose an Indian Health Care Provider (IHCP), Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) as your PCP. Depending on the type of provider, you might be able to choose one PCP for yourself and your other family members who are members of L.A. Care, as long as the PCP is available.

Note: American Indians can choose an IHCP as their PCP, even if the IHCP is not in the L.A. Care network.

If you do not choose a PCP within 30 days of enrollment, L.A. Care will assign you to a PCP. If you are assigned to a PCP and want to change, call Member Services at **1-888-839-9909** (TTY **711**). The change happens the first day of the next month.

Your PCP will:

- Get to know your health history and needs
- Keep your health records
- Give you the preventive and routine health care you need
- Refer you to a specialist if you need one
- Arrange for hospital care if you need it

You can look in the Provider Directory to find a PCP in the L.A. Care network. The Provider Directory has a list of IHCPs, FQHCs, and RHCs that work with L.A. Care.

You can find the L.A. Care Provider Directory online at lacare.org. Or you can request a Provider Directory to be mailed to you by calling Member Services at **1-888-839-9909** (TTY **711**). You can also call to find out if the PCP you want is taking new patients.

Choice of doctors and other providers

You know your health care needs best, so it is best if you choose your PCP. It is best to stay with one PCP so they can get to know your health care needs. However, if you want to change to a new PCP, you can change anytime. You must choose a PCP who is in the L.A. Care provider network and is taking new patients.

Your new choice will become your PCP on the first day of the next month after you make the change.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

To change your PCP, call Member Services at **1-888-839-9909** (TTY **711**) You may also request to change your PCP by logging onto the L.A. Care Connect member portal at https://members.lacare.org.

L.A. Care can change your PCP if the PCP is not taking new patients, has left the L.A. Care network, does not give care to patients your age, or if there are quality concerns with the PCP that are not resolved. L.A. Care or your PCP might also ask you to change to a new PCP if you cannot get along with or agree with your PCP, or if you miss or are late to appointments. If L.A. Care needs to change your PCP, L.A. Care will tell you in writing.

If your PCP changes, you will get a letter and new L.A. Care member ID card in the mail. It will have the name of your new PCP. Call Member Services if you have questions about getting a new ID card.

Some things to think about when picking a PCP:

- Does the PCP provide medical treatment for children?
- Does the PCP work at a clinic I like to use?
- Is the PCP's office close to my home, work, or my children's school?
- Is the PCP's office near where I live and is it easy to get to the PCP's office?
- Does the PCP office offer telehealth services?
- Do the doctors and staff speak my language?
- Does the PCP work with a hospital I like?
- Does the PCP provide the services I need?
- Do the PCP's office hours fit my schedule?
- Does the PCP work with specialists I use?
- Does the PCP office have other clinicians, like a Nurse Practitioner, that I can see in case the PCP is not available?

Initial Health Appointment (IHA)

L.A. Care recommends that, as a new member, you visit your new PCP within 120 days for your first health appointment, called an Initial Health Appointment (IHA). The purpose of the first health appointment is to help your PCP learn your health care history and needs. Your PCP might ask you questions about your health history or may ask you to complete a questionnaire. Your PCP will also tell you about health education counseling and classes that can help you.

When you call to schedule your first health appointment, tell the person who answers the phone that you are a member of L.A. Care. Give your L.A. Care ID number.

Take your Medi-Cal BIC card and L.A. Care ID card to your appointment. It is a good idea to take a list of your medicine and questions with you to your visit. Be ready to talk with your PCP about your health care needs and concerns.

Be sure to call your PCP's office if you are going to be late or cannot go to your appointment.

If you have questions about your first health appointment, call Member Services at **1-888-839-9909** (TTY **711**).

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Routine care

Routine care is regular health care. It includes preventive care, also called wellness or well care. It helps you stay healthy and helps keep you from getting sick. Preventive care includes regular check-ups, screenings, immunizations, health education, and counseling.

L.A. Care recommends that children, especially, get regular routine and preventive care. L.A. Care members can get all recommended early preventive services recommended by the American Academy of Pediatrics and the Centers for Medicare and Medicaid Services. These screenings include hearing and vision screening, which can help ensure healthy development and learning. For a list of pediatrician-recommended services, read the "Bright Futures" guidelines from the American Academy of Pediatrics at https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.

Routine care also includes care when you are sick. L.A. Care covers routine care from your PCP.

Your PCP will:

- Give you most of your routine care, including regular check-ups, immunizations (shots), treatment, prescriptions, required screenings, and medical advice
- Keep your health records
- Refer you to specialists if needed
- Order X-rays, mammograms, or lab work if you need them

When you need routine care, you should call your PCP for an appointment. Be sure to call your PCP before you get medical care unless it is an emergency. If you cannot access your PCP, you can also obtain care for non-emergent conditions through:

- The Nurse Advice Line
- Urgent Care
- Virtual Care such as Telehealth
- Retail Clinics

For an emergency, call **911** or go to the nearest emergency room.

To learn more about health care and services L.A. Care covers and what it does not cover, read Chapter 4, "Benefits and services" and Chapter 5, "Child and youth well care" in this handbook.

All L.A. Care in-network providers can use aids and services to communicate with people with disabilities. They can also communicate with you in another language or format. Tell your provider or L.A. Care what you need.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Provider network

The Medi-Cal provider network is the group of doctors, hospitals, and other providers that work with L.A. Care to provide Medi-Cal covered services to Medi-Cal members.

L.A. Care is a managed care health plan. You must get most of your covered services through L.A. Care from our in-network providers. You can go to an out-of-network provider without a referral or pre-approval for emergency care or for family planning services. You can also go to an out-of-network provider for out-of-area urgent care when you are in an area that we do not serve. You must have a referral or pre-approval for all other out-of-network services, or they will not be covered.

Note: American Indians can choose an IHCP as their PCP, even if the IHCP is not in the L.A. Care network.

If your PCP, hospital, or other provider has a moral objection to providing you with a covered service, such as family planning or abortion, call Member Services at **1-888-839-9909** (TTY **711**). For more about moral objections, read "Moral objection" later in this chapter.

If your provider has a moral objection to giving you covered health care services, they can help you find another provider who will give you the services you need. L.A. Care can also help you find a provider who will perform the service.

In-network providers

You will use providers in the L.A. Care network for most of your health care needs. You will get preventive and routine care from in-network providers. You will also use specialists, hospitals, and other providers in the L.A. Care network.

To get a Provider Directory of in-network providers, call Member Services at **1-888-839-9909** (TTY **711**). You can also find the Provider Directory online at lacare.org. To get a copy of the Contract Drugs List, call Medi-Cal Rx at **1-800-977-2273** (TTY **1-800-977-2273**) and press 7 or **711**. Or go to the Medi-Cal Rx website at https://medi-calrx.dhcs.ca.gov/home/.

You must get pre-approval (prior authorization) from L.A. Care before you go to a provider outside the L.A. Care network, including inside the L.A. Care service area, except in these cases:

- If you need emergency care, call 911 or go to the nearest emergency room.
- If you are outside the L.A. Care service area and need urgent care, go to any urgent care facility.
- If you need family planning services, go to any Medi-Cal provider without pre-approval (prior authorization).
- If you need mental health services, go to an in-network provider or a county mental health plan provider, without pre-approval (prior authorization).

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

If you are not in one of the cases listed above and you do not get pre-approval (prior authorization) before getting care from a provider outside the network, you might be responsible for paying for any care you got from out-of-network providers.

Out-of-network providers who are inside the service area

Out-of-network providers are providers that do not have an agreement to work with L.A. Care. Except for emergency care, family care, sensitive care, and care pre-approved by L.A. Care, you might have to pay for any care you get from out-of-network providers in your service area.

If you need medically necessary health care services that are not available in the network, you might be able to get them from an out-of-network provider for free. L.A. Care may approve a referral to an out-of-network provider if the services you need are not available in-network or are located very far from your home. If we give you a referral to an out-of-network provider, we will pay for your care.

For urgent care inside the L.A. Care service area, you must go to a L.A. Care in-network urgent care provider. You do not need pre-approval (prior authorization) to get urgent care from an in-network provider. You do need to get pre-approval (prior authorization) to get urgent care from an out-of-network provider inside the L.A. Care service area.

If you get urgent care from an out-of-network provider inside L.A. Care service area, you might have to pay for that care. You can read more about emergency care, urgent care, and sensitive care services in this chapter.

Note: If you are an American Indian, you can get care at an IHCP outside of our provider network without a referral. An out-of-network IHCP can also refer American Indian members to an in-network provider without first requiring a referral from an in-network PCP.

If you need help with out-of-network services, call Member Services at **1-888-839-9909** (TTY **711**).

Outside the service area

If you are outside of the L.A. Care service area and need care that is **not** an emergency or urgent, call your PCP right away. Or call Member Services at **1-888-839-9909** (TTY **711**). Members that need non-emergency or non-urgent care outside of the L.A. Care service area (Los Angeles County) and/or provider network, must have pre-approval prior to getting the service. Please call your PCP or L.A. Care Member Services.

For emergency care, call **911** or go to the nearest emergency room. L.A. Care covers out-of-network emergency care. If you travel to Canada or Mexico and need emergency care requiring hospitalization, L.A. Care will cover your care. If you are traveling abroad outside of Canada or Mexico and need emergency care, urgent care, or any health care services L.A. Care will **not** cover your care.

If you paid for emergency care requiring hospitalization in Canada or Mexico, you can ask L.A. Care to pay you back. L.A. Care will review your request. To learn more about being paid back, read Chapter 2, "About your health plan" in this handbook.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

If you are in another state or are in a United States Territory such as American Samoa, Guam, Northern Mariana Islands, Puerto Rico, or United States Virgin Islands, you are covered for emergency care. Not all hospitals and doctors accept Medicaid. (Medi-Cal is what Medicaid is called in California only.) If you need emergency care outside of California, tell the hospital or emergency room doctor as soon as possible that you have Medi-Cal and are a member of L.A. Care.

Ask the hospital to make copies of your L.A. Care ID card. Tell the hospital and the doctors to bill L.A. Care. If you get a bill for services you got in another state, call L.A. Care right away. We will work with the hospital and/or doctor to arrange for L.A. Care to pay for your care.

If you are outside of California and have an emergency need to fill outpatient prescription drugs, have the pharmacy call Medi-Cal Rx at **1-800-977-2273**.

Note: American Indians may get services at out-of-network IHCPs.

If you have questions about out-of-network or out-of-service-area care, call Member Services at **1-888-839-9909** (TTY **711**). If you would like to speak to a Registered Nurse, call the **Nurse Advice Line** 24 hours a day, 7 days a week, including holidays at **1-800-249-3619**.

If you need urgent care out of the L.A. Care service area, go to the nearest urgent care facility. If you are traveling outside the United States and need urgent care, L.A. Care will not cover your care. For more on urgent care, read "Urgent care" later in this chapter.

Delegated Model MCPs

L.A. Care works with a large number of doctors, specialists, pharmacies, hospitals, and other health care providers. Some of these providers work within a network, sometimes called a "medical group" or an "independent practice association (IPA)." These providers may also be directly contracted with L.A. Care. You have the right to choose any Primary Care Physician (PCP) who is directly contracted with L.A. Care or a participating medical group or IPA.

Your PCP will refer you to specialists and services that are connected with your medical group. If you are going to a specialist already, talk with your PCP or call Member Services at **1-888-839-9909** (TTY **711**). Member Services will help you see that provider if you are eligible for continuity of care. For more information, go to the continuity of care section in this handbook.

How managed care works

L.A. Care is a managed care health plan. L.A. Care provides care to members who live in Los Angeles County. In managed care, your PCP, specialists, clinic, hospital, and other providers work together to care for you.

L.A. Care contracts with medical groups to provide care to L.A. Care members. A medical group is made up of doctors who are PCPs and specialists. The medical group works with other providers such as laboratories and durable medical equipment suppliers. The medical group is also connected with a hospital. Check your L.A. Care ID card for the names of your PCP, medical group, and hospital.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

When you join L.A. Care, you choose or are assigned to a PCP. Your PCP is part of a medical group. Your PCP and medical group direct the care for all of your medical needs. Your PCP may refer you to specialists or order lab tests and X-rays. If you need services that require pre-approval (prior authorization), L.A. Care or your medical group will review the pre-approval (prior authorization) and decide whether to approve the service.

In most cases, you must go to specialists and other health professionals who work with the same medical group as your PCP. Except for emergencies, you must also get hospital care from the hospital connected with your medical group.

Sometimes, you might need a service that is not available from a provider in the medical group. In that case, your PCP will refer you to a provider who is in another medical group or is outside the network. Your PCP will ask for pre-approval (prior authorization) for you to go to this provider.

In most cases, you must have prior authorization from your PCP, medical group, or L.A. Care before you can go to an out-of-network provider or a provider who is not part of your medical group. You do not need pre-approval (prior authorization) for emergency services, family planning services, or in-network mental health services.

Members who have both Medicare and Medi-Cal

Members who have Medi-Cal with L.A. Care and Medicare coverage elsewhere should reference their Medicare Advantage Evidence Of Coverage for details on their Medicare coverage. You have access to the L.A. Care Medi-Cal network of providers and the Medicare providers in your Medicare Advantage network. For more details, please reference your Medicare Advantage provider directory.

Doctors

You will choose a doctor or other provider from the L.A. Care Provider Directory as your PCP. The PCP you choose must be an in-network provider. To get a copy of the L.A. Care Provider Directory, call Member Services at **1-888-839-9909** (TTY **711**). Or find it online at https://providers.lacare.org/s/find-doctor-or-hospital.

If you are choosing a new PCP, you should also call the PCP you want to make sure they are taking new patients.

If you had a doctor before you were a member of L.A. Care, and that doctor is not part of the L.A. Care network, you might be able to keep that doctor for a limited time. This is called continuity of care. You can read more about continuity of care in this handbook. To learn more, call Member Services at **1-888-839-9909** (TTY **711**).

If you need a specialist, your PCP will refer you to a specialist in the L.A. Care network. Some specialists do not require a referral. For more on referrals, read "Referrals" later in this chapter.

Remember, if you do not choose a PCP, L.A. Care will choose one for you, unless you have other comprehensive health coverage in addition to Medi-Cal. You know your health care needs best, so it is best if you choose. If you are in both Medicare and Medi-Cal, or if you have other health care insurance, you do not have to choose a PCP from L.A. Care.

If you want to change your PCP, you must choose a PCP from the L.A. Care Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call Member Services at **1-888-839-9909** (TTY **711**) You may also request to change your PCP by logging onto the L.A. Care Connect member portal at https://members.lacare.org.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Hospitals

In an emergency, call **911** or go to the nearest emergency room.

If it is not an emergency and you need hospital care, your PCP will decide which hospital you go to. You will need to go to a hospital that your PCP uses and is in the L.A. Care provider network. The Provider Directory lists the hospitals in the L.A. Care network.

Women's health specialists

You can go to a women's health specialist in L.A. Care's network for covered care necessary to provide women's preventative and routine care services. You do not need a referral or authorization from your PCP to get these services. For help finding a women's health specialist, you can call Member Services at **1-888-839-9909** (TTY **711**). You can also call the 24/7 **Nurse Advice Line** at **1-800-249-3619** (TTY **711**) if you would like to speak to a Registered Nurse.

For family planning services, your provider does not have to be in the L.A. Care provider network. You can choose any Medi-Cal provider and go to them without a referral or pre-approval (prior authorization). For help finding a Medi-Cal provider outside the L.A. Care provider network, call Member Services at **1-888-839-9909** (TTY **711**).

Provider Directory

The L.A. Care Provider Directory lists providers in the L.A. Care network. The network is the group of providers that work with L.A. Care.

The L.A. Care Provider Directory lists hospitals, urgent care centers, PCPs, specialists, nurse practitioners, nurse midwives, doulas, community health workers, physician assistants, family planning providers, behavioral health therarpy providers, FQHCs, outpatient mental health providers, managed long-term services and supports (MLTSS), Freestanding Birth Centers (FBCs), dialysis facilities, IHCPs, RHCs, and ancillary providers, including but not limited to, acupuncturists, audiologists, chiropractors, occupational therapists, oncologists, physical therapists, podiatrists, registered dieticians, and speech therapists.

The Provider Directory has L.A. Care in-network provider names, specialties, addresses, phone numbers, business hours, and languages spoken. It tells you if the provider is taking new patients. It also gives the physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars. To learn more about a doctor's education, professional qualifications, residency completion, training, and board certification, call Member Services at **1-888-839-9909** (TTY **711**).

You can find the online Provider Directory at https://providers.lacare.org/s/find-doctor-or-hospital.

If you need a printed Provider Directory, call Member Services at **1-888-839-9909** (TTY **711**).

You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at https://medi-calrx.dhcs.ca.gov/home/. You can also find a pharmacy near you by calling Medi-Cal Rx at **1-800-977-2273** (TTY **1-800-977-2273**) and press 7 or **711**.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Timely access to care

Your in-network provider must provide timely access to care based on your health care needs. At minimum, they must offer you an appointment listed in the time frames shown in the table below.

Appointment type	You should be able to get an appointment within:
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Urgent care appointments that do require pre-approval (prior authorization)	96 hours
Non-urgent (routine) primary care appointments	10 business days
Non-urgent (routine) specialist care appointments	15 business days
Non-urgent (routine) mental health provider (non-doctor) care appointments	10 business days
Non-urgent (routine) mental health provider (non-doctor) follow-up care appointments	10 business days of last appointment
Non-urgent (routine) appointments for ancillary (supporting) services for the diagnosis or treatment of injury, illness, or other health condition	15 business days
Other wait time standards	**You should be able to get connected within:**
Member Services telephone wait times during normal business hours	10 minutes
Telephone wait times for **Nurse Advice Line**	30 minutes (connected to nurse)

Sometimes waiting longer for an appointment is not a problem. Your provider might give you a longer wait time if it would not be harmful to your health. It must be noted in your record that a longer wait time will not be harmful to your health. You can choose to wait for a later appointment or call L.A. Care to go to another provider of your choice. Your provider and L.A. Care will respect your wish.

Your doctor may recommend a specific schedule for preventive services, follow-up care for ongoing conditions, or standing referrals to specialists, depending on your needs.

Tell us if you need interpreter services, including sign language, when you call L.A. Care or when you get covered services. Interpreter services are available for free. We highly discourage the use of minors or family members as interpreters. To learn more about interpreter services we offer, call Member Services at **1-888-839-9909** (TTY **711**).

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

If you need interpreter services, including sign language, at a Medi-Cal Rx pharmacy, call Medi-Cal Rx Customer Service at **1-800-977-2273**, 24 hours a day, 7 days a week. TTY users can call **711**, Monday through Friday, 8 a.m. to 5 p.m.

Travel time or distance to care

L.A. Care must follow travel time or distance standards for your care. Those standards help make sure you can get care without having to travel too far from where you live. Travel time or distance standards depend on the county you live in.

If L.A. Care is not able to provide care to you within these travel time or distance standards, DHCS may allow a different standard, called an alternative access standard. For L.A. Care's time or distance standards for where you live, visit lacare.org or call Member Services at **1-888-839-9909** (TTY **711**).

It is considered far if you cannot get to that provider within the L.A. Care's travel time or distance standards for your county, regardless of any alternative access standard L.A. Care might use for your zip code.

If you need care from a provider located far from where you live, call Member Services at **1-888-839-9909** (TTY **711**). They can help you find care with a provider located closer to you. If L.A. Care cannot find care for you from a closer provider, you can ask L.A. Care to arrange transportation for you to go to your provider, even if that provider is located far from where you live.

If you need help with pharmacy providers, call Medi-Cal Rx at **1-800-977-2273** (TTY **1-800-977-2273**) and press 7 or **711**.

Appointments

When you need health care:

- Call your PCP
- Have your L.A. Care ID number ready on the call
- Leave a message with your name and phone number if the office is closed
- Take your Medi-Cal BIC card and L.A. Care ID card to your appointment
- Ask for transportation to your appointment, if needed
- Ask for needed language assistance or interpreting services before your appointment to have the services at the time of your visit
- Be on time for your appointment, arrive a few minutes early to sign in, fill out forms, and answer any questions your PCP may have
- Call right away if you cannot keep your appointment or will be late
- Have your questions and medication information ready

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

If you have an emergency, call **911** or go to the nearest emergency room. If you need help deciding how urgently you need care and your PCP is not available to speak with you, call the L.A. Care **Nurse Advice Line** 24 hours a day, 7 days a week, including holidays at **1-800-249-3619** (TTY **711**).

Getting to your appointment

If you don't have a way to get to and from your appointments for covered services, L.A. Care can help arrange transportation for you. Depending on your situation, you may qualify for either Medical Transportation or for Non-Medical Transportation. These transportation services are not for emergencies and may be available for free.

If you are having an emergency, call **911**. Transportation is available for services and appointments not related to emergency care.

To learn more, read "Transportation benefits for situations that are not emergencies" later in this chapter.

Canceling and rescheduling

If you can't get to your appointment, call your provider's office right away. Most providers require you to call 24 hours (1 business day) before your appointment if you have to cancel. If you miss repeated appointments, your provider might stop providing care to you and you will have to find a new provider.

Payment

You do **not** have to pay for covered services unless you have a share of cost for long-term care. To learn more, read "For members with long-term care and a share of cost" in Chapter 2. In most cases, you will not get a bill from a provider. You must show your L.A. Care ID card and your Medi-Cal BIC card when you get health care services or prescriptions, so your provider knows who to bill. You can get an Explanation of Benefits (EOB) or a statement from a provider. EOBs and statements are not bills.

If you do get a bill, call Member Services at **1-888-839-9909** (TTY **711**). If you get a bill for prescriptions, call Medi-Cal Rx at **1-800-977-2273** (TTY **1-800-977-2273**) and press 7 or **711**. Or visit the Medi-Cal Rx website at https://medi-calrx.dhcs.ca.gov/home/.

Tell L.A. Care the amount you are being charged, the date of service, and the reason for the bill. L.A. Care will help you figure out if the bill was for a covered service or not. You do not need to pay providers for any amount owed by L.A. Care for any covered service. If you get care from an out-of-network provider and you did not get pre-approval (prior authorization) from L.A. Care, you might have to pay for the care you got.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

You must get pre-approval (prior authorization) from L.A. Care before you visit an out-of-network provider except when:

- You need emergency services, in which case dial 911 or go to the nearest hospital
- You need family planning services or services related to testing for sexually transmitted infections, in which case you can go to any Medi-Cal provider without pre-approval (prior authorization)
- You need mental health services, in which case you can go to an in-network provider or to a county mental health plan provider without pre-approval (prior authorization)

If you need to get medically necessary care from an out-of-network provider because it is not available in the L.A. Care network, you will not have to pay as long as the care is a Medi-Cal covered service and you got pre-approval (prior authorization) from L.A. Care for it. To learn more about emergency care, urgent care, and sensitive services, go to those headings in this chapter.

If you get a bill or are asked to pay a co-pay you do not think you have to pay, call Member Services at **1-888-839-9909** (TTY **711**). If you pay the bill, you can file a claim with L.A. Care. You will need to tell L.A. Care in writing about the item or service you paid for. L.A. Care will read your claim and decide if you can get money back.

For questions call Member Services at **1-888-839-9909** (TTY **711**).

If you get services in the Veterans Affairs system or get non-covered or unauthorized services outside of California, you might be responsible for payment.

L.A. Care will not pay you back if:

- The services are not covered by Medi-Cal such as cosmetic services
- You have an unmet Medi-Cal share of cost
- You went to a doctor who does not take Medi-Cal and you signed a form that said you want to be seen anyway and you will pay for the services yourself
- You ask to be paid back for Medicare Part D co-pays for prescriptions covered by your Medicare Part D plan

Referrals

If you need a specialist for your care, your PCP or another specialist will give you a referral to one. A specialist is a provider who focuses on one type of health care service. The doctor who refers you will work with you to choose a specialist. To help make sure you can go to a specialist in a timely way, DHCS sets time frames for members to get appointments. These time frames are listed in "Timely access to care" earlier in this chapter. Your PCP's office can help you set up an appointment with a specialist.

Other services that might need a referral include in-office procedures, X-rays, and lab work.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Your PCP might give you a form to take to the specialist. The specialist will fill out the form and send it back to your PCP. The specialist will treat you for as long as they think you need treatment.

If you have a health problem that needs special medical care for a long time, you might need a standing referral. Having a standing referral means you can go to the same specialist more than once without getting a referral each time.

If you have trouble getting a standing referral or want a copy of the L.A. Care referral policy, call Member Services at **1-888-839-9909** (TTY **711**).

You do **not** need a referral for:

- PCP visits
- Obstetrics/Gynecology (OB/GYN) visits
- Urgent or emergency care visits
- Adult sensitive services, such as sexual assault care
- Family planning services (to learn more, call the Office of Family Planning Information and Referral Service at **1-800-942-1054**)
- HIV testing and counseling (12 years or older)
- Sexually transmitted infection services (12 years or older)
- Initial mental health assessment
- On-going mental health therapy

Minors can also get certain outpatient mental health services, sensitive services, and substance use disorder services without a parent or guardian's consent. To learn more, read "Minor consent services" later in this chapter and "Substance use disorder treatment services" in Chapter 4 of this handbook.

California Cancer Equity Act referrals

Effective treatment of complex cancers depends on many factors. These include getting the right diagnosis and getting timely treatment from cancer experts. If you are diagnosed with a complex cancer, the new California Cancer Care Equity Act allows you to ask for a referral from your doctor to get cancer treatment from an in-network National Cancer Institute (NCI)-designated cancer center, NCI Community Oncology Research Program (NCORP)-affiliated site, or a qualifying academic cancer center.

If L.A. Care does not have an in-network NCI-designated cancer center, L.A. Care will allow you to ask for a referral to get cancer treatment from one of these out-of-network centers in California, if the out-of-network center and L.A. Care agree on payment, unless you choose a different cancer treatment provider.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

If you have been diagnosed with cancer, contact L.A. Care to find out if you qualify for services from one of these cancer centers.

Ready to quit smoking? To learn about services in English, call 1-800-300-8086. For Spanish, call 1-800-600-8191. To learn more, go to www.kickitca.org.

Pre-approval (prior authorization)

For some types of care, your PCP or specialist will need to ask L.A. Care for permission before you get the care. This is called asking for pre-approval or prior authorization. It means L.A. Care must make sure the care is medically necessary (needed).

Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness, or injury. For members under age 21, Medi-Cal services include care that is medically necessary to fix or help relieve a physical or mental illness or condition.

The following services **always** need pre-approval (prior authorization), even if you get them from a provider in the L.A. Care network:

- Hospitalization, if not an emergency
- Services out of the L.A. Care service area, if not an emergency or urgent care
- Outpatient surgery
- Long-term care or skilled nursing services at a nursing facility (including adult and pediatric Subacute Care Facilities contracted with the Department of Health Care Services Subacute Care Unit) or intermediate care facilities (including Intermediate Care Facility for the Developmentally Disabled (ICF/DD), ICF/DD-Habilitative (ICF/DD-H), ICF/DD-Nursing (ICF/DD-N))
- Specialized treatments, imaging, testing, and procedures
- Medical transportation services when it is not an emergency
- Major organ transplant

Emergency ambulance services do not require pre-approval (prior authorization).

L.A. Care has 5 business days from when L.A. Care gets the information reasonably needed to decide (approve or deny) pre-approval (prior authorization) requests. When a pre-approval (prior authorization) request is made by a provider and L.A. Care finds that following the standard time frame could seriously endanger your life or health or ability to attain, maintain, or regain maximum function, L.A. Care will make a pre-approval (prior authorization) decision in no longer than 72 hours. This means that after getting the request for

pre-approval (prior authorization), L.A. Care will give you notice as quickly as your health condition requires and no later than 72 hours or 5 days after the request for services. Clinical or medical staff such as doctors, nurses, and pharmacists review pre-approval (prior authorization) requests.

L.A. Care does not influence the reviewers' decision to deny or approve coverage or services in any way. If L.A. Care does not approve the request, L.A. Care will send you a Notice of Action (NOA) letter. The NOA will tell you how to file an appeal if you do not agree with the decision.

L.A. Care will contact you if L.A. Care needs more information or more time to review your request.

You never need pre-approval (prior authorization) for emergency care, even if it is out of the L.A. Care network or out of your service area. This includes labor and delivery if you are pregnant. You do not need pre-approval (prior authorization) for certain sensitive care services. To learn more about sensitive care services, read "Sensitive care" later in this chapter.

For questions about pre-approval (prior authorization), call Member Services at **1-888-839-9909** (TTY **711**).

Second opinions

You might want a second opinion about care your provider says you need or about your diagnosis or treatment plan. For example, you might want a second opinion if you want to make sure your diagnosis is correct, you are not sure you need a prescribed treatment or surgery, or you have tried to follow a treatment plan and it has not worked. L.A. Care will pay for a second opinion if you or your in-network provider asks for it, and you get the second opinion from an in-network provider. You do not need pre-approval (prior authorization) from L.A. Care to get a second opinion from an in-network provider. If you want to get a second opinion, we will refer you to a qualified in-network provider who can give you one.

To ask for a second opinion and get help choosing a provider, call Member Services at **1-888-839-9909** (TTY **711**). Your in-network provider can also help you get a referral for a second opinion if you want one.

If there is no provider in the L.A. Care network who can give you a second opinion, L.A. Care will pay for a second opinion from an out-of-network provider. L.A. Care will tell you within 5 business days if the provider you choose for a second opinion is approved. If you have a chronic, severe, or serious illness, or have an immediate and serious threat to your health, including, but not limited to, loss of life, limb, or major body part or bodily function, L.A. Care will tell you in writing within 72 hours.

If L.A. Care denies your request for a second opinion, you can file a grievance. To learn more about grievances, read "Complaints" in Chapter 6 of this handbook.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Sensitive care

Minor consent services

If you are under age 18, you can get some services without a parent's or guardian's permission. These services are called minor consent services.

You may get these services without your parent or guardian's permission:

- Services for rape and other sexual assaults
- Pregnancy testing and counseling
- Contraception services such as birth control (excludes sterilization)
- Abortion services

If you are 12 years old or older, you can get these services without your parent or guardian's permission:

- Outpatient mental health services and counseling, or residential shelter services, based on your maturity and ability to participate in your own health care
- HIV/AIDS counseling, prevention, testing, and treatment
- Sexually transmitted infection prevention, testing, and treatment including sexually transmitted diseases like syphilis, gonorrhea, chlamydia, and herpes simplex
- Substance use disorder treatment for drug and alcohol abuse including screening, assessment, intervention, and referral services
    - To learn more, read "Substance Use Disorder Treatment services" in Chapter 4 of this handbook.

For pregnancy testing, contraception services, or services for sexually transmitted infections the provider or clinic does not have to be in the L.A. Care network. You can choose any Medi-Cal provider and go to them for these services without a referral or pre-approval (prior authorization).

Services from an out-of-network provider that are not related to sensitive care may not be covered. To find a Medi-Cal provider who is outside the L.A. Care Medi-Cal network, or to ask for transportation help to get to a provider, call Member Services at **1-888-839-9909** (TTY **711**). For more information related to contraceptive services, read "Preventive and wellness services and chronic disease management" in Chapter 4 of this handbook.

For minor consent services that are outpatient mental health services, you can go to an in-network or out-of-network provider without a referral and without pre-approval (prior authorization). Your PCP does not have to refer you and you do not need to get pre-approval (prior authorization) from L.A. Care to get covered minor consent services.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

L.A. Care does not cover minor consent services that are specialty mental health services. The county mental health plan for the county where you live covers minor consent services that are specialty mental health services. For specialty mental health services, call your county mental health plan or your L.A. Care Behavioral Health Organization any time, 24 hours a day, 7 days a week. To find all counties' toll-free telephone numbers online, go to: http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx.

Minors can talk to a representative in private about their health concerns by calling the 24/7 **Nurse Advice Line** at **1-800-249-3619** (TTY **711**).

If you are able to consent to your own care without the consent of a parent or guardian under the law, L.A. Care will not give information on your sensitive care services to your L.A. Care plan policyholder or primary subscriber or to any L.A. Care enrollees without your written permission. You can also ask to get private information about your medical services in a certain form or format, if available, and have it sent to you at another location. To learn more about how to ask for confidential communications related to sensitive services, read "Notice of privacy practices" in Chapter 7 of this handbook.

Adult sensitive care services

As an adult 18 years or older, you do not have to go to your PCP for certain sensitive or private care. You can choose any doctor or clinic for these types of care:

- Family planning and birth control including sterilization for adults 21 and older
- Pregnancy testing and counseling and other pregnancy-related services
- HIV/AIDS prevention and testing
- Sexually transmitted infections prevention, testing, and treatment
- Sexual assault care
- Outpatient abortion services

For sensitive care, the doctor or clinic does not have to be in the L.A. Care network. You can choose to go to any Medi-Cal provider for these services without a referral or pre-approval (prior authorization) from L.A. Care. If you received care not listed here as sensitive care from an out-of-network provider, you might have to pay for it.

If you need help finding a doctor or clinic for these services, or help getting to these services (including transportation), call Member Services at **1-888-839-9909** (TTY **711**). Or call the 24/7 **Nurse Advice Line** at **1-800-249-3619** if you would like to speak with a Registered Nurse.

L.A. Care will not give information on your sensitive care services to your L.A. Care plan policyholder or primary subscriber, or to any L.A. Care enrollees, without your written permission. You can get private information about your medical services in a certain form or format, if available, and have it sent to you at another location. To learn more about how to request confidential communications related to sensitive services, read "Notice of privacy practices" in Chapter 7 of this handbook.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Moral objection

Some providers have a moral objection to some covered services. They have a right to **not** offer some covered services if they morally disagree with the services. These services are still available to you from another provider. If your provider has a moral objection, they will help you find another provider for the needed services. L.A. Care can also help you find a provider.

Some hospitals and providers do not provide one or more of these services even if they are covered by Medi-Cal:

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

To make sure you choose a provider who can give you the care you and your family needs, call the doctor, medical group, independent practice association, or clinic you want. Ask if the provider can and will provide the services you need. Or call L.A. Care Member Services at **1-888-839-9909** (TTY **711**).

These services are available to you. L.A. Care will make sure you and your family members can use providers (doctors, hospitals, and clinics) who will give you the care you need. If you have questions or need help finding a provider, call L.A. Care Member Services at **1-888-839-9909** (TTY **711**).

Urgent care

Urgent care is **not** for an emergency or life-threatening condition. It is for services you need to prevent serious damage to your health from a sudden illness, injury, or complication of a condition you already have. Most urgent care appointments do not need pre-approval (prior authorization). If you ask for an urgent care appointment, you will get an appointment within 48 hours. If the urgent care services you need require a pre-approval (prior authorization), you will get an appointment within 96 hours of your request.

For urgent care, call your PCP. If you cannot reach your PCP, call Member Services at **1-888-839-9909** (TTY **711**). Or you can call the **Nurse Advice Line** 24 hours a day, 7 days a week including holidays at **1-800-249-3619** (TTY **711**) to learn the level of care that is best for you.

If you need urgent care out of the area, go to the nearest urgent care facility.

Urgent care needs could be:

- Cold
- Sore throat
- Fever

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

- Ear pain
- Sprained muscle
- Maternity services

When you are inside L.A. Care's service area and need urgent care, you must get the urgent care services from an in-network provider. You do not need pre-approval (prior authorization) for urgent care from in-network providers inside L.A. Care's service area.

If you are outside the L.A. Care service area, but inside the United States, you do not need pre-approval (prior authorization) to get urgent care outside the service area. Go to the nearest urgent care facility.

Medi-Cal does not cover urgent care services outside the United States. If you are traveling outside the United States and need urgent care, we will not cover your care.

If you need mental health urgent care, call your county mental health plan or Member Services at **1-888-839-9909** (TTY **711**). Call your county mental health plan or your L.A. Care Behavioral Health Organization any time, 24 hours a day, 7 days a week. To find all counties' toll-free telephone numbers online, go to: http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx.

If you get medicines as part of your covered urgent care visit while you are at the facility, L.A. Care will cover them as part of your covered visit. If your urgent care provider gives you a prescription that you need to take to a pharmacy, Medi-Cal Rx will decide if it is covered. To learn more about Medi-Cal Rx, read "Prescription drugs covered by Medi-Cal Rx" in "Other Medi-Cal programs and services" in Chapter 4 of this handbook.

Emergency care

For emergency care, call **911** or go to the nearest emergency room (ER). For emergency care, you do **not** need pre-approval (prior authorization) from L.A. Care.

Inside the United States, including any United States Territory, you have the right to use any hospital or other setting for emergency care.

If you are outside the United States, only emergency care requiring hospitalization in Canada and Mexico are covered. Emergency care and other care in other countries are not covered.

Emergency care is for life-threatening medical conditions. This care is for an illness or injury that a prudent (reasonable) layperson (not a health care professional) with average knowledge of health and medicine could expect that, if you do not get care right away, you would place your health (or your unborn baby's health) in serious danger. This includes risking serious harm to your bodily functions, body organs, or body parts. Examples may include, but are not limited to:

- Active labor
- Broken bone
- Severe pain
- Chest pain
- Trouble breathing
- Severe burn
- Drug overdose
- Fainting
- Severe bleeding
- Psychiatric emergency conditions, such as severe depression or suicidal thoughts

Do **not** go to the ER for routine care or care that is not needed right away. You should get routine care from your PCP, who knows you best. You do not need to ask your PCP or L.A. Care before you go to the ER. However, if you are not sure if your medical condition is an emergency, call your PCP. You can also call the 24/7 **Nurse Advice line** at **1-800-249-3619** (TTY **711**).

If you need emergency care outside the L.A. Care service area, go to the nearest ER even if it is not in the L.A. Care network. If you go to an ER, ask them to call L.A. Care. You or the hospital that admitted you should call L.A. Care within 24 hours after you get emergency care. If you are traveling outside the United States other than to Canada or Mexico and need emergency care, L.A. Care will **not** cover your care.

If you need emergency transportation, call **911**.

If you need care in an out-of-network hospital after your emergency (post-stabilization care), the hospital will call L.A. Care.

If you or someone you know is in crisis, please contact the 988 Suicide and Crisis Lifeline: **Call or text 988** or **chat online at 988lifeline.org/chat**. The 988 Suicide and Crisis Lifeline offers free and confidential support for anyone in crisis. That includes people who are in emotional distress and those who need support for a suicidal, mental health, and/or substance use crisis.

Remember: Do not call **911** unless you reasonably believe you have a medical emergency. Get emergency care only for an emergency, not for routine care or a minor illness like a cold or sore throat. If it is an emergency, call **911** or go to the nearest ER.

L.A. Care Nurse Advice Line gives you free medical information and advice 24 hours a day, every day of the year. Call 1-800-249-3619 (TTY 711).

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Nurse Advice Line

L.A. Care's **Nurse Advice Line** can give you free medical information and advice 24 hours a day, every day of the year. Call **1-800-249-3619** (TTY **711**) to:

- Talk to a nurse who will answer medical questions, give care advice, and help you decide if you should go to a provider right away
- Get help with medical conditions such as diabetes or asthma, including advice about what kind of provider may be right for your condition

The **Nurse Advice Line cannot** help with clinic appointments or medicine refills. Call your provider's office if you need help with these.

The nurses will help you in your language at no cost to you. Your **Nurse Advice Line** number is listed on your health plan ID card.

Advance health care directives

An advance health care directive, or advance directive, is a legal form. You can list on the form the health care you want in case you cannot talk or make decisions later. You can also list what health care you do **not** want. You can name someone, such as a spouse, to make decisions for your health care if you cannot.

You can get an advance directive form at pharmacies, hospitals, law offices, and doctors' offices. You might have to pay for the form. You can also find and download a free form online at https://oag.ca.gov/system/files/media/ProbateCodeAdvanceHealthCareDirectiveForm-fillable.pdf. You can ask your family, PCP, or someone you trust to help you fill out the form.

You have the right to have your advance directive placed in your medical records. You have the right to change or cancel your advance directive at any time.

You have the right to learn about changes to advance directive laws. L.A. Care will tell you about changes to the state law no longer than 90 days after the change.

To learn more, you can call L.A. Care Member Services at **1-888-839-9909** (TTY **711**).

Organ and tissue donation

You can help save lives by becoming an organ or tissue donor. If you are between 15 and 18 years old, you can become a donor with the written consent of your parent or guardian. You can change your mind about being an organ donor at any time. If you want to learn more about organ or tissue donation, talk to your PCP. You can also visit the United States Department of Health and Human Services website at www.organdonor.gov.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

4. Benefits and services

What benefits and services your health plan covers

This chapter explains benefits and services covered by L.A. Care. Your covered services are free as long as they are medically necessary and provided by a L.A. Care in-network provider. You must ask L.A. Care for pre-approval (prior authorization) if the care is out-of-network except for certain sensitive services and emergency care. Your health plan might cover medically necessary services from an out-of-network provider, but you must ask L.A. Care for pre-approval (prior authorization) for this.

Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness, or injury. For members under the age of 21, Medi-Cal services include care that is medically necessary to fix or help relieve a physical or mental illness or condition. For more on your covered services, call Member Services at **1-888-839-9909** (TTY **711**).

Members under 21 years old get extra benefits and services. To learn more, read Chapter 5, "Child and youth well care" in this handbook.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Some of the basic health benefits and services L.A. Care offers are listed below. Benefits and services with a star (*) need pre-approval (prior authorization).

- Acupuncture*
- Acute (short-term treatment) home health therapies and services
- Adult immunizations (shots)
- Allergy testing and injections
- Ambulance services for an emergency
- Anesthesiologist services
- Asthma prevention
- Audiology*
- Behavioral health treatments*
- Biomarker testing*
- Cardiac rehabilitation*
- Chiropractic services*
- Chemotherapy & Radiation therapy
- Cognitive health assessments
- Community health worker services
- Dental services - limited (performed by medical professional/primary care provider (PCP) in a medical office, or for dental general anesthesia/deep sedation *not* performed by a dental provider) *
- Dialysis/hemodialysis services
- Doula services
- Durable medical equipment (DME)*
- Dyadic services
- Emergency room visits
- Enteral and parenteral nutrition*
- Family planning services (you can go to a non-participating provider)
- Habilitative services and devices*
- Hearing aids*
- Home health care*
- Hospice care*
- Inpatient medical and surgical care*
- Intermediate care facility services
- Lab and radiology*
- Long-term home health therapies and services*
- Maternity and newborn care
- Major organ transplant*
- Occupational therapy*
- Orthotics/prostheses*
- Ostomy and urological supplies
- Outpatient hospital services*
- Outpatient mental health services
- Outpatient surgery*
- Palliative care*
- PCP visits
- Pediatric services
- Physical therapy*
- Podiatry services*
- Pulmonary rehabilitation
- Rapid Whole Genome Sequencing*
- Rehabilitation services and devices*
- Skilled nursing services, including subacute services*
- Specialist visits
- Speech therapy*
- Surgical services*
- Telemedicine/Telehealth
- Transgender services*
- Urgent care
- Vision services
- Women's health services

Definitions and descriptions of covered services are in Chapter 8, "Important numbers and words to know" in this handbook.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness, or injury.

Medically necessary services include those services that are necessary for age-appropriate growth and development, or to attain, maintain, or regain functional capacity.

For members under age 21, a service is medically necessary if it is necessary to correct or improve defects and physical and mental illnesses or conditions under the Medi-Cal for Kids and Teens (also known as Early and Periodic Screening, Diagnostic and Treatment (EPSDT)) benefit. This includes care that is necessary to fix or help relieve a physical or mental illness or condition or maintain the member's condition to keep it from getting worse.

Medically necessary services do not include:

- **Treatments that are untested or still being tested**
- **Services or items not generally accepted as effective**
- **Services outside the normal course and length of treatment or services that do not have clinical guidelines**
- **Services for caregiver or provider convenience**

L.A. Care coordinates with other programs to be sure you get all medically necessary services, even if those services are covered by another program and not L.A. Care.

Medically necessary services include covered services that are reasonable and necessary to:

- Protect life,
- Prevent significant illness or significant disability,
- Alleviate severe pain,
- Achieve age-appropriate growth and development, or
- Attain, maintain, and regain functional capacity

For members younger than 21 years old, medically necessary services include all covered services listed above plus any other necessary health care, screening, immunizations, diagnostic services, treatment, and other measures to correct or improve defects and physical and mental illnesses and conditions, the Medi-Cal for Kids and Teens benefit requires. This benefit is known as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit under federal law.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Medi-Cal for Kids and Teens provides prevention, diagnostic, and treatment services for low-income infants, children, and adolescents under 21 years old. Medi-Cal for Kids and Teens covers more services than the benefit for adults. It is designed to make sure children get early detection and care to prevent or diagnose and treat health problems. The goal of Medi-Cal for Kids and Teens is to make sure every child gets the health care they need when they need it – the right care to the right child at the right time in the right setting.

L.A. Care will coordinate with other programs to make sure you get all medically necessary services, even if another program covers those services and L.A. Care does not. Read "Other Medi-Cal programs and services" later in this chapter.

Medi-Cal benefits covered by L.A. Care

Outpatient (ambulatory) services

Adult immunizations (shots)

You can get adult immunizations (shots) from an in-network provider without pre-approval (prior authorization) when they are a preventive service. L.A. Care covers immunizations (shots) recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) as preventive services, including immunizations (shots) you need when you travel.

You can also get some adult immunization (shots) services from a pharmacy through Medi-Cal Rx. To learn more about Medi-Cal Rx, read "Other Medi-Cal programs and services" later in this chapter.

Allergy care

L.A. Care covers allergy testing and treatment, including allergy desensitization, hypo-sensitization, or immunotherapy.

Anesthesiologist services

L.A. Care covers anesthesia services that are medically necessary when you get outpatient care. This may include anesthesia for dental procedures when provided by an anesthesiologist who may require pre-approval (prior authorization).

Chiropractic services

L.A. Care covers chiropractic services, limited to the treatment of the spine by manual manipulation. Chiropractic services are limited to a maximum of 2 services per month. Limits do not apply to children under age 21. L.A. Care may pre-approve other services as medically necessary.

These members qualify for chiropractic services:

- Children under age 21
- Pregnant people through the end of the month that includes 60-days after the end of a pregnancy
- Residents in a skilled nursing facility, intermediate care facility, or subacute care facility
- All members when services are provided at county hospital outpatient departments, outpatient clinics, Federally Qualified Health Center (FQHCs), or Rural Health Clinics (RHCs) in the L.A. Care's network. Not all FQHCs, RHCs, or county hospitals offer outpatient chiropractic services.

Cognitive health assessments

L.A. Care covers a yearly cognitive health assessment for members 65 years old or older who do not otherwise qualify for a similar assessment as part of a yearly wellness visit under the Medicare program. A cognitive health assessment looks for signs of Alzheimer's disease or dementia.

Community health worker services

L.A. Care covers community health worker (CHW) services for individuals when recommended by a doctor or other licensed practitioner to prevent disease, disability, and other health conditions or their progression; prolong life; and promote physical and mental health and efficiency. CHW services have no service location limits and members can receive services in settings, such as the emergency department. Services may include:

- Health education and individual support or advocacy, including control and prevention of chronic or infectious diseases; behavioral, perinatal, and oral health conditions; and violence or injury prevention
- Health promotion and coaching, including goal setting and creating action plans to address disease prevention and management
- Health navigation, including providing information, training, and support to help get health care and community resources
- Screening and assessment services that help connect a member to services to improve their health.

CHW violence prevention services are available to members who meet any of the following circumstances as determined by a licensed practitioner:

- The member has been violently injured as a result of community violence.
- The member is at significant risk of experiencing violent injury as a result of community violence.
- The member has experienced chronic exposure to community violence.

CHW violence prevention services are specific to community violence (e.g., gang violence). CHW services can be provided to members for interpersonal/domestic violence through the other pathways with training/ experience specific to those needs.

Dialysis and hemodialysis services

L.A. Care covers dialysis treatments. L.A. Care also covers hemodialysis (chronic dialysis) services if your doctor submits a request and L.A. Care approves it.

Medi-Cal coverage does not include:

- Comfort, convenience, or luxury equipment, supplies, and features
- Non-medical items, such as generators or accessories to make home dialysis equipment portable for travel

Doula services

L.A. Care covers doula services provided by in-network doula providers during a member's pregnancy; during labor and delivery, including stillbirth, miscarriage, and abortion; and within one year of the end of a member's pregnancy. Medi-Cal does not cover all doula services.

Doula providers are birth workers who provide health education, advocacy, and physical, emotional, and non-medical support for pregnant and postpartum persons before, during, and after childbirth, including support during, stillbirth, miscarriage, and abortion.

As a preventive benefit, doula services require a written recommendation from a physician or other licensed practitioner of the healing arts within their scope of practice. DHCS issued a standing recommendation for doula services that fulfills the requirement for an initial recommendation. The initial recommendation for doula services includes the following authorizations:

- One initial visit
- Up to 8 additional visits that can be a mix of prenatal and postpartum visits
- Support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion or miscarriage
- Up to 2 extended 3-hour postpartum visits after the end of a pregnancy

Members may receive up to nine additional postpartum visits with an additional written recommendation from a physician or other licensed practitioner.

L.A. Care must coordinate for out-of-network access to doula services for members if an in-network doula provider is not available.

Dyadic services

L.A. Care covers medically necessary dyadic behavioral health (DBH) care services for members and their caregivers. A dyad is a child and their parents or caregivers. Dyadic care serves parents or caregivers and the child together. It targets family well-being to support healthy child development and mental health.

Dyadic care services include:

- DBH well-child visits
- Dyadic comprehensive Community Supports services
- Dyadic psycho-educational services
- Dyadic parent or caregiver services
- Dyadic family training, and
- Counseling for child development, and maternal mental health services

Outpatient surgery
L.A. Care covers outpatient surgical procedures. For some procedures, you will need to get pre-approval (prior authorization) before getting those services. Diagnostic procedures and certain outpatient medical or dental procedures are considered elective. You must get pre-approval (prior authorization).

Physician services
L.A. Care covers physician services that are medically necessary.

Podiatry (foot) services
L.A. Care covers podiatry services as medically necessary for diagnosis and for medical, surgical, mechanical, manipulative, and electrical treatment of the human foot. This includes treatment for the ankle and for tendons connected to the foot. It also includes nonsurgical treatment of the muscles and tendons of the leg that controls the functions of the foot.

Treatment therapies
L.A. Care covers different treatment therapies, including:

- Chemotherapy
- Radiation therapy

Maternity and newborn care

L.A. Care covers these maternity and newborn care services:

- Birthing center services
- Breast pumps and supplies
- Breastfeeding education and aids
- Care coordination
- Certified Nurse Midwife (CNM)
- Counseling

- Delivery and postpartum care
- Diagnosis of fetal genetic disorders and counseling
- Doula Services
- Licensed Midwife (LM)
- Maternal mental health services
- Newborn care
- Nutrition education
- Pregnancy-related health education
- Prenatal care
- Social and mental health assessments and referrals
- Vitamin and mineral supplements

Telehealth services

Telehealth is a way of getting services without being in the same physical location as your provider. Telehealth may involve having a live conversation with your provider by phone, video, or other means or telehealth may involve sharing information with your provider without a live conversation. You can get many services through telehealth.

Telehealth may not be available for all covered services. You can contact your provider to learn which services you can get through telehealth. It is important that you and your provider agree that using telehealth for a service is appropriate for you. You have the right to in-person services. You are not required to use telehealth even if your provider agrees that it is appropriate for you.

Mental health services

Outpatient mental health services

L.A. Care covers initial mental health assessments without needing pre-approval (prior authorization). You can get a mental health assessment at any time from a licensed mental health provider in the L.A. Care network without a referral.

Your PCP or mental health provider might make a referral for more mental health screening to a specialist in the L.A. Care network to decide the level of care you need. If your mental health screening results find you are in mild or moderate distress or have impaired mental, emotional, or behavioral functioning, L.A. Care can provide mental health services for you. L.A. Care covers mental health services such as:

- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition

- Behavioral health treatment for development of cognitive skills to improve attention, memory, problem solving, learning new skills, communication, increasing positive behaviors and decreasing challenging behaviors
- Outpatient services for the purposes of monitoring medicine therapy
- Outpatient laboratory services
- Outpatient medicines that are not already covered under the Medi-Cal Rx Contract Drugs List (https://medi-calrx.dhcs.ca.gov/home/), supplies and supplements
- Psychiatric consultation
- Family therapy which involves at least 2 family members. Examples of family therapy include, but are not limited to:
  - Child-parent psychotherapy (ages 0 through 5)
  - Parent child interactive therapy (ages 2 through 12)
  - Cognitive-behavioral couple therapy (adults)

L.A. Care provides these mental health services through Behavioral Health Specialists from Carelon Behavioral Health. For help finding more information on mental health services provided by L.A. Care through Carelon Behavioral Health, call **1-877-344-2858** (TTY **1-800-735-2929**).

If treatment you need for a mental health disorder is not available in the L.A. Care network or your PCP or mental health provider cannot give the care you need in the time listed above in "Timely access to care," L.A. Care will cover and help you get out-of-network services.

If your mental health screening shows that you may have a higher level of impairment and need specialty mental health services (SMHS), your PCP or your mental health provider can refer you to the county mental health plan to get the care you need. L.A. Care will help you coordinate your first appointment with a county mental health plan provider to choose the right care for you. To learn more, read Chapter 4, "Other Medi-Cal programs and services" under Specialty mental health services in this handbook.

Emergency care services

Inpatient and outpatient services needed to treat a medical emergency

L.A. Care covers all services needed to treat a medical emergency that happens in the United States (including territories such as Puerto Rico, United States Virgin Islands, etc.). L.A. Care also covers emergency care that requires hospitalization in Canada or Mexico.

A medical emergency is a medical condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, a prudent (reasonable) layperson (not a health care professional) could expect it to result in any of the following:

- Serious risk to your health
- Serious harm to bodily functions

- Serious dysfunction of any bodily organ or part
- Serious risk in cases of a pregnant person in active labor, meaning labor at a time when either of the following would occur:
  - There is not enough time to safely transfer you to another hospital before delivery
  - The transfer might pose a threat to your health or safety or to that of your unborn child

If a hospital emergency room provider gives you up to a 72-hour supply of an outpatient prescription drug as part of your treatment, L.A. Care will cover the prescription drug as part of your covered emergency services. If a hospital emergency room provider gives you a prescription that you have to take to an outpatient pharmacy to be filled, Medi-Cal Rx will cover that prescription.

If you need an emergency supply of a medication from an outpatient pharmacy while traveling, Medi-Cal Rx will be responsible for covering the medication, and not L.A. Care. If the pharmacy needs help giving you an emergency medication supply, have them call Medi-Cal Rx at **1-800-977-2273**.

Emergency transportation services

L.A. Care covers ambulance services to help you get to the nearest place of care in an emergency. This means your condition is serious enough that other ways of getting to a place of care could risk your health or life. No services are covered outside the United States except emergency care that requires you to be in the hospital in Canada or Mexico. If you get emergency ambulance services in Canada or Mexico and you are not hospitalized during that care episode, L.A. Care will not cover your ambulance services.

Hospice and palliative care

L.A. Care covers hospice care and palliative care for children and adults, which help reduce physical, emotional, social, and spiritual discomforts. Adults ages 21 years or older may not get hospice care and curative (healing) care services at the same time.

Hospice care

Hospice care is a benefit for terminally ill members. Hospice care requires the member to have a life expectancy of six months or less. It is an intervention that focuses mainly on pain and symptom management rather than on a cure to prolong life.

Hospice care includes:

- Nursing services
- Physical, occupational, or speech services
- Medical social services
- Home health aide and homemaker services
- Medical supplies and appliances

- Some drugs and biological services (some may be available through Medi-Cal Rx)
- Counseling services
- Continuous nursing services on a 24-hour basis during periods of crisis and as necessary to maintain the terminally ill member at home
  - Inpatient respite care for up to five consecutive days at a time in a hospital, skilled nursing facility, or hospice facility
  - Short-term inpatient care for pain control or symptom management in a hospital, skilled nursing facility, or hospice facility

L.A. Care may require that your get hospice care from an in-network provider unless medically necessary services are not available in-network.

Palliative care

Palliative care is patient and family-centered care that improves quality of life by anticipating, preventing, and treating suffering. Palliative care does not require the member to have a life expectancy of six months or less. Palliative care may be provided at the same time as curative care.

Palliative care includes:

- Advance care planning
- Palliative care assessment and consultation
- Plan of care including all authorized palliative and curative care
- Palliative care team including, but not limited to:
  - Doctor of medicine or osteopathy
  - Physician assistant
  - Registered nurse
  - Licensed vocational nurse or nurse practitioner
  - Social worker
  - Chaplain
- Care coordination
- Pain and symptom management
- Mental health and medical social services

Adults who are age 21 or older cannot get both palliative (curative) care and hospice care at the same time. If you are getting palliative care and qualify for hospice care, you can ask to change to hospice care at any time.

Hospitalization

Anesthesiologist services

L.A. Care covers medically necessary anesthesiologist services during covered hospital stays. An anesthesiologist is a provider who specializes in giving patients anesthesia. Anesthesia is a type of medicine used during some medical or dental procedures.

Inpatient hospital services

L.A. Care covers medically necessary inpatient hospital care when you are admitted to the hospital.

Rapid Whole Genome Sequencing

Rapid Whole Genome Sequencing (RWGS) is a covered benefit for any Medi-Cal member who is 1 year of age or younger and is getting inpatient hospital services in an intensive care unit. It includes individual sequencing, trio sequencing for a parent or parents and their baby, and ultra-rapid sequencing.

RWGS is a new way to diagnose conditions in time to affect Intensive Care Unit (ICU) care of children 1 year of age or younger. If your child qualifies for the California Children's Services (CCS) program, CCS may cover the hospital stay and the RWGS.

Surgical services

L.A. Care covers medically necessary surgeries performed in a hospital.

Extended postpartum coverage

L.A. Care covers full-scope coverage for up to 12 months after the end of the pregnancy regardless of citizenship, immigration status, changes in income, or how the pregnancy ends.

Rehabilitative and habilitative (therapy) services and devices

This benefit includes services and devices to help people with injuries, disabilities, or chronic conditions to gain or recover mental and physical skills.

L.A. Care covers rehabilitative and habilitative services described in this section if all of the following requirements are met:

- The services are medically necessary
- The services are to address a health condition
- The services are to help you keep, learn, or improve skills and functioning for daily living
- You get the services at an in-network facility, unless an in-network doctor finds it medically necessary for you to get the services in another place or an in-network facility is not available to treat your health condition

L.A. Care covers these rehabilitative/habilitative services:

Acupuncture

L.A. Care covers acupuncture services to prevent, change, or relieve the perception of severe, ongoing chronic pain resulting from a generally recognized medical condition.

Outpatient acupuncture services, with or without electric stimulation of needles, are limited to 2 services per month when provided by a doctor, dentist, podiatrist, or acupuncturist. Limits do not apply to children under age 21. L.A. Care may pre-approve (prior authorize) more services as medically necessary.

Audiology (hearing)

L.A. Care covers audiology services. Outpatient audiology is limited to two services per month (limits do not apply to children under age 21). L.A. Care may pre-approve (prior authorize) more services as medically necessary.

Behavioral health treatments

L.A. Care covers behavioral health treatment (BHT) services for members under 21 years old through the Medi-Cal for Kids and Teens benefit. BHT includes services and treatment programs such as applied behavior analysis and evidence-based behavior intervention programs that develop or restore, to the maximum extent practicable, the functioning of a member under 21 years old.

BHT services teach skills using behavioral observation and reinforcement or through prompting to teach each step of a targeted behavior. BHT services are based on reliable evidence. They are not experimental. Examples of BHT services include behavioral interventions, cognitive behavioral intervention packages, comprehensive behavioral treatment, and applied behavioral analysis.

BHT services must be medically necessary, prescribed by a licensed doctor or psychologist, approved by L.A. Care, and provided in a way that follows the approved treatment plan.

Cardiac rehabilitation

L.A. Care covers inpatient and outpatient cardiac rehabilitative services.

Durable medical equipment (DME)

L.A. Care covers the purchase or rental of DME supplies, equipment, and other services with a prescription from a doctor, physician assistant, nurse practitioner, or clinical nurse specialist. Prescribed DME items are covered as medically necessary to preserve bodily functions essential to activities of daily living or to prevent major physical disability.

Generally, L.A. Care does not cover:

- Comfort, convenience, or luxury equipment, features, and supplies, except retail-grade breast pumps as described earlier in this chapter under "Breast pumps and supplies" in "Maternity and newborn care"
- Items not intended to maintain normal activities of daily living, such as exercise equipment including devices intended to provide more support for recreational or sports activities
- Hygiene equipment, except when medically necessary for a member under age 21
- Nonmedical items such as sauna baths or elevators
- Modifications to your home or car
- Devices for testing blood or other body substances (diabetes blood glucose monitors, continuous glucose monitors, test strips, and lancets are covered by Medi-Cal Rx)
- Electronic monitors of the heart or lungs except infant apnea monitors
- Repair or replacement of equipment due to loss, theft, or misuse, except when medically necessary for a member under age 21
- Other items not generally used mainly for health care

In some cases, these items may be approved when your doctor submits a request for pre-approval (prior authorization).

Enteral and parenteral nutrition

These methods of delivering nutrition to the body are used when a medical condition prevents you from eating food normally. Enteral nutrition formulas and parenteral nutrition products may be covered through Medi-Cal Rx, when medically necessary. L.A. Care covers enteral and parenteral pumps and tubing, when medically necessary.

Hearing aids

L.A. Care covers hearing aids if you are tested for hearing loss, the hearing aids are medically necessary, and you have a prescription from your doctor. Coverage is limited to the lowest cost hearing aid that meets your medical needs. L.A. Care will cover one hearing aid unless a hearing aid for each ear is needed for better results than what you can get with one hearing aid.

Hearing aids for members under age 21:

In Los Angeles County, state law requires children under 21 years old who need hearing aids to be referred to the California Children's Services (CCS) program to decide if the child qualifies for CCS. If the child qualifies for CCS, CCS will cover the costs for medically necessary hearing aids. If the child does not qualify for CCS, L.A. Care will cover medically necessary hearing aids as part of Medi-Cal coverage.

Hearing aids for members ages 21 and older.

Under Medi-Cal, L.A. Care will cover the following for each covered hearing aid:

- Ear molds needed for fitting
- One standard battery pack
- Visits to make sure the hearing aid is working right
- Visits for cleaning and fitting your hearing aid
- Repair of your hearing aid
- Hearing aid accessories and rentals

Under Medi-Cal, L.A. Care will cover a replacement hearing aid if:

- Your hearing loss is such that your current hearing aid is not able to correct it
- Your hearing aid is lost, stolen, or broken and cannot be fixed and it was not your fault. You must give us a note that tells us how this happened

For adults ages 21 and older, Medi-Cal does **not** cover:

- Replacement hearing aid batteries

Home health services

L.A. Care covers health services given in your home when found medically necessary and prescribed by your doctor or by a physician assistant, nurse practitioner, or clinical nurse specialist.

Home health services are limited to services that Medi-Cal covers, including:

- Part-time skilled nursing care
- Part-time home health aide
- Skilled physical, occupational, and speech therapy
- Medical social services
- Medical supplies

Medical supplies, equipment, and appliances

L.A. Care covers medical supplies prescribed by doctors, physician assistants, nurse practitioners, and clinical nurse specialists. Some medical supplies are covered through Medi-Cal Rx, part of Fee-for-Service (FFS) Medi-Cal, and not by L.A. Care. When Medi-Cal Rx covers supplies, the provider will bill Medi-Cal.

Medi-Cal does **not** cover:

- Common household items including, but not limited to:
  - Adhesive tape (all types)
  - Rubbing alcohol
  - Cosmetics

- Cotton balls and swabs
- Dusting powders
- Tissue wipes
- Witch hazel

- Common household remedies including, but not limited to:
  - White petrolatum
  - Dry skin oils and lotions
  - Talc and talc combination products
  - Oxidizing agents such as hydrogen peroxide
  - Carbamide peroxide and sodium perborate
- Non-prescription shampoos
- Topical preparations that contain benzoic and salicylic acid ointment, salicylic acid cream, ointment or liquid, and zinc oxide paste
- Other items not generally used primarily for health care, and that are regularly and primarily used by persons who do not have a specific medical need for them

Occupational therapy

L.A. Care covers occupational therapy services including occupational therapy evaluation, treatment planning, treatment, instruction, and consultative services. Occupational therapy services are limited to 2 services per month (limits do not apply to children under age 21). L.A. Care may pre-approve (prior authorize) more services as medically necessary.

Orthotics/prostheses

L.A. Care covers orthotic and prosthetic devices and services that are medically necessary and prescribed by your doctor, podiatrist, dentist, or non-physician medical provider. They include implanted hearing devices, breast prosthesis/mastectomy bras, compression burn garments, and prosthetics to restore function or replace a body part, or to support a weakened or deformed body part.

Ostomy and urological supplies

L.A. Care covers ostomy bags, urinary catheters, draining bags, irrigation supplies, and adhesives. This does not include supplies that are for comfort or convenience, or luxury equipment or features.

Physical therapy

L.A. Care covers medically necessary physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction, consultative services, and applying of topical medicines.

Pulmonary rehabilitation

L.A. Care covers pulmonary rehabilitation that is medically necessary and prescribed by a doctor.

Skilled nursing facility services

L.A. Care covers skilled nursing facility services as medically necessary if you are disabled and need a high level of care. These services include room and board in a licensed facility with 24-hour per day skilled nursing care.

Speech therapy

L.A. Care covers speech therapy that is medically necessary. Speech therapy services are limited to 2 services per month. Limits do not apply to children under age 21. L.A. Care may pre-approve (prior authorize) more services as medically necessary.

Transgender services

L.A. Care covers transgender services (gender-affirming services) when they are medically necessary or when the services meet the rules for reconstructive surgery.

Clinical trials

L.A. Care covers routine patient care costs for patients accepted into clinical trials, including clinical trials for cancer, listed for the United States at https://clinicaltrials.gov.

Medi-Cal Rx, part of FFS Medi-Cal, covers most outpatient prescription drugs. To learn more, read "Outpatient prescription drugs" later in this chapter.

Laboratory and radiology services

L.A. Care covers outpatient and inpatient laboratory and X-ray services when medically necessary. Advanced imaging procedures such as CT scans, MRIs, and PET scans, are covered based on medical necessity.

Preventive and wellness services and chronic disease management

L.A. Care covers:

- Advisory Committee for Immunization Practices (ACIP) recommended vaccines
- Family planning services
- American Academy of Pediatrics Bright Futures recommendations (https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)
- Adverse childhood experiences (ACE) screening
- Asthma prevention services
- Preventive services for women recommended by the American College of Obstetricians and Gynecologists
- Help to quit smoking, also called smoking cessation services
- United States Preventive Services Task Force Grade A and B recommended preventive services

Family planning services

Family planning services are provided to members of childbearing age to allow them to choose the number and spacing of children. These services include all methods of birth control approved by the Food and Drug Administration (FDA). L.A. Care's PCP and OB/GYN specialists are available for family planning services.

For family planning services, you may choose any Medi-Cal doctor or clinic not in-network with L.A. Care without having to get pre-approval (prior authorization) from L.A. Care. If you get services not related to family planning from an out-of-network provider, those services might not be covered. To learn more, call Member Services at **1-888-839-9909** (TTY **711**).

Chronic disease management

L.A. Care also covers chronic disease management programs focused on the following conditions:

- Diabetes
- Cardiovascular disease
- Asthma

For preventive care information for members under age 21, read Chapter 5, "Child and youth well care" in this handbook.

Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. This 12-month program is focused on lifestyle changes. It is designed to prevent or delay the onset of Type 2 diabetes in persons diagnosed with prediabetes. Members who meet criteria might qualify for a second year. The program provides education and group support. Techniques include, but are not limited to:

- Providing a peer coach
- Teaching self-monitoring and problem solving
- Providing encouragement and feedback
- Providing informational materials to support goals
- Tracking routine weigh-ins to help accomplish goals

Members must meet certain rules to join DPP. Call Diabetes Care Partners at **1-877-227-3889** (TTY **711**) Monday – Friday from 9:00 a.m. to 6:00 p.m. PST to learn if you qualify for the program.

Reconstructive services

L.A. Care covers surgery to correct or repair abnormal structures of the body to improve or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by congenital defects, developmental abnormalities, trauma, infection, tumors, diseases, or treatment of disease that resulted in loss of a body structure, such as a mastectomy. Some limits and exceptions may apply.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Substance use disorder screening services

L.A. Care covers:

- Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment (SABIRT)

For treatment coverage through the county, read "Substance use disorder treatment services" later in this chapter.

Vision benefits

L.A. Care covers:

- A Routine eye exam once every 24 months; more frequent eye exams are covered if medically necessary for members, such as those with diabetes
- Eyeglasses (frames and lenses) once every 24 months with a valid prescription
- Replacement eyeglasses within 24 months if your prescription changes or your eyeglasses are lost, stolen, or broken and cannot be fixed, and it was not your fault. You must give us a note that tells us how your eyeglasses were lost, stolen, or broken.
- Low vision devices if you have vision impairment that impacts your ability to perform everyday activities (such as age-related macular degeneration) and standard glasses, contact lenses, medicine, or surgery cannot correct your visual impairment.
- Medically necessary contact lenses. Contact lens testing and contact lenses may be covered if the use of eyeglasses is not possible due to eye disease or condition (such as missing an ear). Medical conditions that qualify for special contact lenses include, but are not limited to, aniridia, aphakia, and keratoconus

Transportation benefits for situations that are not emergencies

You can get medical transportation if you have medical needs that do not allow you to use a car, bus, train, or taxi to get to your appointments for medical care. You can get medical transportation for covered services and Medi-Cal covered pharmacy appointments. You can request medical transportation by asking your doctor, dentist, podiatrist, or mental health or substance use disorder provider for it. Your provider will decide the correct type of transportation to meet your needs.

If they find that you need medical transportation, they will prescribe it by filling out a form and submitting it to L.A. Care. Once approved, the approval is good for up to 12 months, depending on the medical need. Once approved, you can get as many rides as you need. Your doctor will need to re-assess your medical need for medical transportation and, if appropriate, re-approve your prescription for medical transportation when it expires, if you still qualify. Your doctor may re-approve the medical transportation for up to 12 months or less.

Medical transportation is transportation in an ambulance, litter van, wheelchair van, or air transport. L.A. Care allows the lowest cost medical transportation for your medical needs when you need a ride to your appointment. That means, for example, if you can physically or medically be transported by a wheelchair van,

L.A. Care will not pay for an ambulance. You are only entitled to air transport if your medical condition makes any form of ground transportation impossible.

You will get medical transportation if:

- It is physically or medically needed, with a written authorization by a doctor or other provider because you are not able to physically or medically able to use a car, bus, train, or taxi to get to your appointment
- You need help from the driver to and from your home, vehicle, or place of treatment due to a physical or mental disability

To ask for medical transportation that your doctor has prescribed for non-urgent (routine) appointments, call L.A. Care Member Services at **1-888-839-9909** (TTY **711**) at least 48 hours (Monday-Friday) before your appointment. For urgent appointments, call as soon as possible. Have your L.A. Care member ID card ready when you call.

Limits of medical transportation

L.A. Care provides the lowest cost medical transportation that meets your medical needs to the closest provider from your home where an appointment is available. You cannot get medical transportation if Medi-Cal does not cover the service you are getting, or it is not a Medi-Cal-covered pharmacy appointment. The list of covered services is in the "Benefits and services" section in Chapter 4 of this handbook.

If Medi-Cal covers the appointment type but not through the health plan, L.A. Care will not cover the medical transportation but can help you schedule your transportation with Medi-Cal. Transportation is not covered outside of the L.A. Care network or service area unless pre-authorized by L.A. Care. To learn more or to ask for medical transportation, call L.A. Care Member Services at **1-888-839-9909** (TTY **711**).

Cost to member

There is no cost when L.A. Care arranges transportation.

How to get non-medical transportation

Your benefits include getting a ride to your appointments when the appointment is for a Medi-Cal covered service and you do not have any access to transportation. You can get a ride, for free, when you have tried all other ways to get transportation and are:

- Traveling to and from an appointment for a Medi-Cal service authorized by your provider, or
- Picking up prescriptions and medical supplies

L.A. Care allows you to use a car, taxi, bus, or other public or private way of getting to your medical appointment for Medi-Cal-covered services. L.A. Care will cover the lowest cost of non-medical transportation type that meets your needs. Sometimes, L.A. Care can reimburse you (pay you back) for rides in a private vehicle that you arrange. L.A. Care must approve this before you get the ride.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

You must tell us why you cannot get a ride any other way, such as by bus. You can call or tell us in person. If you have access to transportation or can drive yourself to the appointment, L.A. Care will not reimburse you. This benefit is only for members who do not have access to transportation.

For mileage reimbursement, you must submit copies of the driver's:

- Driver's license,
- Vehicle registration, and
- Proof of car insurance

To request a ride for services, call L.A. Care Member Services at **1-888-839-9909** (TTY **711**) at least 3 hours (Monday-Friday) before your appointment, or as soon as you can when you have an urgent appointment. Have your L.A. Care member ID card ready when you call.

Note: American Indians may also contact their Indian Health Care Provider to request non-medical transportation.

Limits of non-medical transportation

L.A. Care provides the lowest cost non-medical transportation that meets your needs to the closest provider from your home where an appointment is available. Members cannot drive themselves or be reimbursed directly for non-medical transportation. To learn more, call L.A. Care Member Services at **1-888-839-9909** (TTY **711**).

Non-medical transportation does not apply if:

- An ambulance, litter van, wheelchair van, or other form of medical transportation is medically needed to get to a Medi-Cal covered service
- You need help from the driver to get to and from the residence, vehicle, or place of treatment due to a physical or medical condition or place of treatment due to a physical or medical condition
- You are in a wheelchair and are unable to move in and out of the vehicle without help from the driver
- Medi-Cal does not cover the service

Cost to member

There is no cost when L.A. Care arranges non-medical transportation.

Travel expenses

In some cases, if you have to travel for doctor's appointments that are not available near your home, L.A. Care can cover travel expenses such as meals, hotel stays, and other related expenses such as parking, tolls, etc. These travel expenses may also be covered for someone who is traveling with you to help you with your appointment or someone who is donating an organ to you for an organ transplant. You need to request pre-approval (prior authorization) for these services by contacting L.A. Care Member Services at **1-888-839-9909** (TTY **711**).

Dental services

Medi-Cal uses managed care plans to provide your dental services. You can stay in Fee-for-Service Dental, or you can choose Dental Managed Care. To choose or change your dental plan, call Health Care Options at **1-800-430-4263**. You may not be enrolled in a PACE or SCAN plan and a Dental Managed Care plan at the same time.

If you have questions or want to learn more about Fee-for-Service dental services, call Medi-Cal Dental at **1-800-322-6384** (TTY **1-800-735-2922** or **711**). You can also go to the Medi-Cal Dental website at: https://www.dental.dhcs.ca.gov.

Medi-Cal covers dental services, including:

- Diagnostic and preventive dental services such as examinations, X-rays, and teeth cleanings
- Emergency services for pain control
- Tooth extractions
- Fillings
- Root canal treatments (anterior/posterior)
- Crowns (prefabricated/laboratory)
- Scaling and root planing
- Complete and partial dentures
- Orthodontics for children who qualify
- Topical fluoride

If you have questions or want to learn more about dental services and are enrolled in a Dental Managed Care plan, call your assigned Dental Managed Care plan.

Other L.A. Care covered benefits and programs

Long-term care services and supports

L.A. Care covers, for members who qualify, long-term care services and supports in the following types of long-term care facilities or homes:

- Skilled nursing facility services as approved by L.A. Care
- Subacute care facility services (including adult and pediatric) as approved by L.A. Care
- Intermediate care facility services L.A. Care approves, including:
  - Intermediate care facility/developmentally disabled (ICF/DD)
  - Intermediate care facility/developmentally disabled-habilitative (ICF/DD-H)
  - Intermediate care facility/developmentally disabled-nursing (ICF/DD-N)

If you qualify for long-term care services, L.A. Care will make sure you are placed in a health care facility or home that gives the level of care most appropriate to your medical needs.

If you have questions about long-term care services, call Member Services at **1-888-839-9909** (TTY **711**) or **1-855-427-1223** (TTY **711**).

Basic care management

Getting care from many different providers or in different health systems is challenging. L.A. Care wants to make sure members get all medically necessary services, prescription medicines, and behavioral health services. L.A. Care can help coordinate and manage your health needs for free. This help is available even when another program covers the services.

It can be hard to figure out how to meet your health care needs after you leave the hospital or if you get care in different systems. Here are some ways L.A. Care can help you:

- If you have trouble getting a follow-up appointment or medicines after you are discharged from the hospital, L.A. Care can help you.
- If you need help getting to an in-person appointment, L.A. Care can help you get free transportation.

If you have questions or concerns about your health or the health of your child, call Member Services at **1-888-839-9909** (TTY **711**).

Complex Care Management (CCM)

Members with more complex health needs may qualify for extra services focused on care coordination. L.A. Care offers Complex Care Management (CCM) services to members who have high health risks and need help with managing their medical conditions and talking with their doctor.

If you are enrolled in CCM or Enhanced Care Management (read below) L.A. Care will make sure you have an assigned care manager who can help with basic care management described above and with other

transitional care supports available if you are discharged from a hospital, skilled nursing facility, psychiatric hospital, or residential treatment.

For more information about Care Management, call **1-844-200-0104**, Monday through Friday from 8:00 a.m. to 5:00 p.m.

Enhanced Care Management (ECM)

L.A. Care covers ECM services for members with highly complex needs. ECM has extra services to help you get the care you need to stay healthy. It coordinates your care from doctors and other providers. ECM helps coordinate primary and preventive care, acute care, behavioral health, developmental, oral health, community-based long-term services and supports (LTSS), and referrals to community resources.

If you qualify, you may be contacted about ECM services. You can also call L.A. Care to find out if and when you can get ECM. Or talk to your health care provider. They can find out if you qualify for ECM or refer you for care management services.

Covered ECM services

If you qualify for ECM, you will have your own care team with a lead care manager. They will talk to you and your doctors, specialists, pharmacists, case managers, social services providers, and others. They make sure everyone works together to get you the care you need. Your lead care manager can also help you find and apply for other services in your community. ECM includes:

- Outreach and engagement
- Comprehensive assessment and care management
- Enhanced coordination of care
- Health promotion
- Comprehensive transitional care
- Member and family support services
- Coordination and referral to community and social supports

To find out if ECM might be right for you, talk to your L.A. Care representative or health care provider.

Cost to member

There is no cost to the member for ECM services.

Community Supports

You may be eligible to receive certain Community Supports services, if applicable. Community Supports are medically appropriate and cost-effective alternative services or settings to those covered under the Medi-Cal State Plan. These services are optional for members. If you qualify for and agree to receive these services, they might help you live more independently. They do not replace benefits you already get under Medi-Cal.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

L.A. Care offers the following Community Supports:

- ***Housing Transition Navigation Services***
  - Members experiencing homelessness or at risk of experiencing homelessness receive help to find, apply for, and secure housing.
- ***Housing Deposits***
  - Members receive assistance with housing security deposits, utilities set-up fees, first and last month's rent, and first month of utilities. Members can also receive funding for medically-necessary items like air conditioners, heaters, and hospital beds to ensure their new home is safe for move-in.
- ***Housing Tenancy and Sustaining Services***
  - Members receive support to maintain safe and stable tenancy once housing is secured, such as coordination with landlords to address issues, assistance with the annual housing recertification process, and linkage to community resources to prevent eviction.
- ***Short-Term Post Hospitalization Housing***
  - Members who do not have a residence, and who have high medical or mental health and substance use disorder needs, receive short-term housing for up to six months to continue their recovery. To receive this support, members must also have been discharged from an inpatient clinical setting, residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, nursing facility, or recuperative care.
- ***Recuperative Care (Medical Respite)***
  - Members with unstable housing who no longer require hospitalization, but still need to heal from an injury or illness, receive short-term residential care. The residential care includes housing, meals, ongoing monitoring of the member's condition, and other services like coordination of transportation to appointments.
- ***Respite Services***
  - Short-term relief for caregivers of members. Members may receive caregiver services in their home or in an approved facility on an hourly, daily, or nightly basis as needed.
- ***Day Habilitation Programs***
  - Members who are experiencing homelessness, are at risk of experiencing homelessness, or formerly experienced homelessness, receive mentoring by a trained caregiver on the self-help, social, and adaptive skills needed to live successfully in the community. These skills include the use of public transportation, cooking, cleaning, managing personal finances, dealing with and responding appropriately to governmental agencies and personnel, and developing and maintaining interpersonal relationships. This support can be provided in a member's home or in an out-of-home, non-facility setting.

- ***Nursing Facility Transition/Diversion to Assisted Living Facilities***
  - Members living at home or in a nursing facility are transferred to an assisted living facility to live in their community and avoid institutionalization in a nursing facility, when possible. Assisted living facilities provide services to establish a community facility residence such as support with daily living activities, medication oversight, and 24-hour onsite direct care staff.
- ***Community Transition Services/Nursing Facility Transition to a Home***
  - Members transitioning from a nursing facility to a private residence where they will be responsible for their own expenses, receive funding for set-up services such as security deposits, set-up fees for utilities, and health-related appliances, such as air conditioners, heaters, or hospital beds.
- ***Personal Care and Homemaker Services***
  - Members who require assistance with Activities of Daily Living or Instrumental Activities of Daily Living receive in-home support such as bathing or feeding, meal preparation, grocery shopping, and accompaniment to medical appointments.
- ***Environmental Accessibility Adaptations (Home Modifications)***
  - Members receive physical modifications to their home to ensure their health and safety, and allow them to function with greater independence. Home modifications can include ramps and grab-bars, doorway widening for members who use a wheelchair, stair lifts, or making bathrooms wheelchair accessible.
- ***Medically Supportive Food/Medically Tailored Meals***
  - Members receive deliveries of nutritious, prepared meals and healthy groceries to support their health needs. Members also receive vouchers for healthy food and/or nutrition education.
- ***Sobering Centers***
  - Members who are found to be publicly intoxicated are provided with a short-term, safe, supportive environment in which to become sober. Sobering centers provide services such as medical triage, a temporary bed, meals, substance use education and counseling, and linkage to other health care services.
- ***Asthma Remediation***
  - Members receive physical modifications to their home to avoid acute asthma episodes due to environmental triggers like mold. Modifications can include filtered vacuums, dehumidifiers, air filters, and ventilation improvements.

If you need help or want to find out what Community Supports might be available for you, call Member Services at **1-888-839-9909** or call your health care provider.

Major organ transplant

Transplants for children under age 21

In Los Angeles County, state law requires children who need transplants to be referred to the California Children's Services (CCS) program to decide if the child qualifies for CCS. If the child qualifies for CCS, the program will cover the costs for the transplant and related services.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

If the child does not qualify for CCS, L.A. Care will refer the child to a qualified transplant center for an evaluation. If the transplant center confirms that a transplant is safe and needed for the child's medical condition, L.A. Care will cover the transplant and other related services.

Transplants for adults ages 21 and older

If your doctor decides you may need a major organ transplant, L.A. Care will refer you to a qualified transplant center for an evaluation. If the transplant center confirms a transplant is needed and safe for your medical condition, L.A. Care will cover the transplant and other related services.

The major organ transplants L.A. Care covers include, but are not limited to:

- Bone marrow
- Heart
- Heart/lung
- Kidney
- Kidney/pancreas
- Liver
- Liver/small bowel
- Lung
- Small bowel

Street medicine programs

Members experiencing homelessness may receive covered services from street medicine providers within L.A. Care's provider network. Members experiencing homelessness may be able to select an L.A. Care street medicine provider to be their primary care provider (PCP), if the street medicine provider meets PCP eligibility rules and agrees to be the member's PCP. To learn more about L.A. Care's street medicine program, call Member Services at **1-888-839-9909** (TTY **711**).

Value Added Services

Transitional Care Services (TCS)

L.A. Care Medi-Cal members who have recently been admitted to the hospital are eligible for the Transitional Care Services (TCS) program. Members receive support to ensure they have the right services and resources to return home safely. The TCS program can assist members with making doctor appointments, reducing emergency room use, accessing community resources, finding a caregiver, managing medications, and learning how to use their benefits. Support services include, but are not limited to, scheduling follow up medical appointments, coordinating transportation, and referrals for caregiver assistance.

For more information about the TCS program, call **1-888-524-4832** Monday through Friday from 8:00 a.m. to 5:00 p.m.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Telehealth

L.A. Care's telehealth benefit partner, Teladoc®, offers licensed physicians 24 hours a day, 7 days a week, to help you get care when you cannot reach your PCP from the comfort of your own home.

To access Teladoc:

1. Set up your account at Teladoc.com. You will need your member ID number
2. Ask for a visit through the Teladoc call center, member site, or mobile app at any time
3. Access care that is needed right away

For more Information, visit lacare.org/teladoc

Retail Clinics

As an L.A. Care Medi-Cal member, you can use MinuteClinic® walk-in retail clinics as an option for care. When you canot reach your PCP, MinuteClinic is one way you can get care for some health issues that are not life-threatening.

MinuteClinic retail clinics can be found in some CVS Pharmacy stores. They are staffed by nurse practitioners who can diagnose, treat and write prescriptions for some minor illness, injuries and skin conditions. Some women's health services are also available, as well as vaccinations for those 19 years and older. An appointment is not needed and you do not need to get pre-approval before visiting.

To access MinuteClinic:

1. Use the L.A. Care online provider directory to find a Minute Clinic near you
2. View wait times and plan your visit on the Minute Clinic website
3. Get care onsite at a Minute Clinic. You will need your Member ID card and a form of ID

For more information, visit lacare.org/minuteclinic.

L.A. Care Connect

L.A. Care Connect is your online member portal. With your L.A. Care Connect account, you can:

- Print or view your member ID card to use at your doctor's office or pharmacy
- View your health care information, including eligibility
- Submit a request to change your PCP
- Chat live with a nurse at a time that is convenient for you
- Find a doctor or search the Provider Directory
- Connect to My *Health In Motion*™ for programs tailored to your health needs

To get started, you will need your member ID number and a valid email address to create an account online by following these steps:

- Go to https://members.lacare.org
- Click "Create an Account" under the Submit button

My Health In Motion™

L.A. Care offers an online health and wellness portal called My *Health In Motion*™. To sign in to My *Health In Motion*™, you must first set up an L.A. Care Connect account to access the following features:

- A wellness assessment followed by a personal health report
- Health trackers and ability to connect to devices like Fitbit
- Interactive online health workshops
- A comprehensive health coaching program
- A health information library

Access MyHIM™ anytime, anywhere – from a computer, phone, L.A. Care's Community Resource Centers, and even the Public Library.

To get started:

- Go to lacare.org and click on "Member Sign-In"
- Click on the "My Health In Motion™" tab and create your profile.

If you need help our health coaches are available at **1.855.856.6943**

Other Medi-Cal programs and services

Other services you can get through Fee-for-Service (FFS) Medi-Cal or other Medi-Cal programs

L.A. Care does not cover some services, but you can still get them through FFS Medi-Cal or other Medi-Cal programs. L.A. Care will coordinate with other programs to make sure you get all medically necessary services, including those covered by another program and not L.A. Care. This section lists some of these services. To learn more, call Member Services at **1-888-839-9909** (TTY **711**).

Outpatient prescription drugs

Prescription drugs covered by Medi-Cal Rx

Prescription drugs given by a pharmacy are covered by Medi-Cal Rx, which is part of FFS Medi-Cal. L.A. Care might cover some drugs a provider gives in an office or clinic. If your provider prescribes drugs given in the doctor's office or infusion center, these may be considered physician-administered drugs.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

If a non-pharmacy based medical health care professional administers a drug, it is covered under the medical benefit. Your provider can prescribe you drugs on the Medi-Cal Rx Contract Drugs List.

Sometimes, you need a drug not on the Contract Drugs List. These drugs need approval before you can fill the prescription at the pharmacy. Medi-Cal Rx will review and decide these requests within 24 hours.

- A pharmacist at your outpatient pharmacy may give you a 14-day emergency supply if they think you need it. Medi-Cal Rx will pay for the emergency medicine an outpatient pharmacy gives.
- Medi-Cal Rx may say no to a non-emergency request. If they do, they will send you a letter to tell you why. They will tell you what your choices are. To learn more, read "Complaints" in Chapter 6 of this handbook.

To find out if a drug is on the Contract Drugs List or to get a copy of the Contract Drugs List, call Medi-Cal Rx at **1-800-977-2273** (TTY **1-800-977-2273**) and press 7 or **711**. Or go to the Medi-Cal Rx website at https://medi-calrx.dhcs.ca.gov/home/.

Pharmacies

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with Medi-Cal Rx. You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at:
https://medi-calrx.dhcs.ca.gov/home/

You can also find a pharmacy near you or a pharmacy that can mail your prescription to you by calling Medi-Cal Rx at **1-800-977-2273** (TTY **1-800-977-2273**) and pressing 7 or **711**.

Once you choose a pharmacy, your provider can send a prescription to your pharmacy electronically. Your provider may also give you a written prescription to take to your pharmacy. Give the pharmacy your prescription with your Medi-Cal Benefits Identification Card (BIC). Make sure the pharmacy knows about all medicines you are taking and any allergies you have. If you have any questions about your prescription, ask the pharmacist.

Members can also get transportation services from L.A. Care to get to pharmacies. To learn more about transportation services, read "Transportation benefits for situations that are not emergencies" in Chapter 4 of this handbook.

Specialty mental health services (SMHS)

Some mental health services are provided by county mental health plans instead of L.A. Care. These include SMHS for Medi-Cal members who meet services criteria for SMHS. SMHS may include these outpatient, residential, and inpatient services:

Outpatient services:

- Mental health services
- Medication support services
- Day treatment intensive services
- Day rehabilitation services
- Crisis intervention services
- Crisis stabilization services
- Targeted case management
- Therapeutic behavioral services covered for members under 21 years old
- Intensive care coordination (ICC) covered for members under 21 years old
- Intensive home-based services (IHBS) covered for members under 21 years old
- Therapeutic foster care (TFC) covered for members under 21 years old
- Mobile crisis services
- Peer Support Services (PSS)

Residential services:

- Adult residential treatment services
- Crisis residential treatment services

Inpatient services:

- Psychiatric inpatient hospital services
- Psychiatric health facility services

To learn more about SMHS the county mental health plan provides, you can call your county mental health plan.

To find all counties' toll-free telephone numbers online, go to dhcs.ca.gov/individuals/Pages/MHPContactList.aspx. If L.A. Care finds you will need services from the county mental health plan, L.A. Care will help you connect with the county mental health plan services.

Substance use disorder treatment services

L.A. Care encourages members who want help with alcohol use or other substance use to get care. Services for substance use are available from general care providers such as primary care, inpatient hospitals, and emergency departments, and from specialty substance use service providers. County Behavioral Health Plans often provide specialty services.

To learn more about treatment options for substance use disorders, call The Department of Public Health, Substance Abuse Prevention and Control (DPH-SAPC) at: **1-800-854-7771**.

L.A. Care members can have an assessment to match them to the services that best fit their health needs and preferences. When medically necessary, available services include outpatient treatment, residential treatment, and medicines for substance use disorders (also called Medications for Addiction Treatment or MAT) such as buprenorphine, methadone, and naltrexone.

The county provides substance use disorder services to Medi-Cal members who qualify for these services. Members who are identified for substance use disorder treatment services are referred to their county department for treatment. For a list of all counties' telephone numbers go to https://dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx.

L.A. Care will provide or arrange for MAT to be given in primary care, inpatient hospital, emergency department, and other medical settings.

Substance Use Services include, but are not limited to:

- Outpatient treatment
- Intensive outpatient treatment
- Case management
- Medications for Addiction Treatment (MAT)
- Withdrawal management (detox)
- Residential treatment
- Recovery support services
- Recovery bridge housing
- Voluntary inpatient detoxification if you meet the criteria

California Children's Services (CCS)

CCS is a Medi-Cal program that treats children under 21 years of age with certain health conditions, diseases, or chronic health problems and who meet the CCS program rules. If L.A. Care or your PCP believes your child has a CCS eligible condition, they will be referred to the county CCS program to check if they qualify.

County CCS staff will decide if you or your child qualifies for CCS services. L.A. Care does not decide CCS eligibility. If your child qualifies to get this type of care, CCS providers will treat them for the CCS eligible condition. L.A. Care will continue to cover the types of service that do not have to do with the CCS condition such as physicals, vaccines, and well-child check-ups.

L.A. Care does not cover services that the CCS program covers. For CCS to cover these services, CCS must approve the provider, services, and equipment.

CCS covers most health conditions. Examples of CCS eligible conditions include, but are not limited to:

- Congenital heart disease
- Cancers
- Tumors
- Hemophilia
- Sickle cell anemia
- Thyroid problems

- Diabetes
- Serious chronic kidney problems
- Liver disease
- Intestinal disease
- Cleft lip/palate
- Spina bifida
- Hearing loss
- Cataracts
- Cerebral palsy
- Seizures under certain circumstances
- Rheumatoid arthritis
- Muscular dystrophy
- HIV/AIDS
- Severe head, brain, or spinal cord injuries
- Severe burns
- Severely crooked teeth

Medi-Cal pays for CCS services. If your child does not qualify for CCS program services, they will keep getting medically necessary care from L.A. Care.

To learn more about CCS, go to https://www.dhcs.ca.gov/services/ccs. Or call Member Services at **1-888-839-9909** (TTY **711**).

Transportation and travel expenses for CCS

You may be able to get transportation, meals, lodging, and other costs such as parking, tolls, etc. if you or your family needs help to get to a medical appointment related to a CCS-eligible condition and there is no other available resource. Call L.A. Care and request pre-approval (prior authorization) before you pay out of pocket for transportation, meals, and lodging. L.A. Care does provide non-medical and non-emergency medical transportation as noted in Chapter 4, "Benefits and services" in this handbook.

If your transportation or travel expenses that you paid for yourself are found necessary and L.A. Care verifies that you tried to get transportation through L.A. Care, L.A. Care will pay you back. We must pay you back within 60 calendar days of the date you submit the required receipts and proof of transportation expenses.

Home and community-based services (HCBS) outside of CCS services

If you qualify to enroll in a 1915(c) waiver, you may be able to get home and community-based services that are not related to a CCS-eligible condition but are necessary for you to stay in a community setting instead of an institution. For example, if you require home modifications to meet your needs in a community-based setting, L.A. Care cannot pay those costs as a CCS-related condition. But if you are enrolled in a 1915(c) waiver, home modifications may be covered if they are medically necessary to prevent institutionalization.

1915(c) waiver Home and Community-Based Services (HCBS)

California's 6 Medi-Cal 1915(c) waivers allow the state to provide services to persons who would otherwise need care in a nursing facility or hospital in the community-based setting of their choice. Medi-Cal has an agreement with the Federal Government that allows waiver services to be offered in a private home or in a homelike community setting. The services offered under the waivers must not cost more than the alternative institutional level of care. HCBS Waiver recipients must qualify for full-scope Medi-Cal. Some 1915(c) waivers have limited availability across the State of California and/or may have a waitlist. The six Medi-Cal 1915(c) waivers are:

- California Assisted Living Waiver (ALW)
- California Self-Determination Program (SDP) Waiver for Individuals with Developmental Disabilities
- HCBS Waiver for Californians with Developmental Disabilities (HCBS-DD)
- Home and Community-Based Alternatives (HCBA) Waiver
- Medi-Cal Waiver Program (MCWP), formerly called the Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Waiver
- Multipurpose Senior Services Program (MSSP)

To learn more about the Medi-Cal Waivers, go to https://www.dhcs.ca.gov/services/Pages/HCBSWaiver.aspx. Or call Member Services at **1-888-839-9909** (TTY **711**).

In-Home Supportive Services (IHSS)

The In-Home Supportive Services (IHSS) program provides in-home personal care assistance as an alternative to out-of-home care to qualified Medi-Cal-eligible persons, including those who are aged, blind, and/or disabled. IHSS allows recipients to stay safely in their own homes. Your health care provider must agree that you need in-home personal care assistance and that you would be at risk of placement in out-of-home care if you did not get IHSS services. The IHSS program will also perform a needs assessment.

To learn more about IHSS available in your county, go to https://www.cdss.ca.gov/inforesources/ihss. Or call your local county social services agency.

Services you cannot get through L.A. Care or Medi-Cal

L.A. Care and Medi-Cal will not cover some services. Services L.A. Care or Medi-Cal do not cover include, but are not limited:

- In vitro fertilization (IVF) including, but not limited to, infertility studies or procedures to diagnose or treat infertility
- Fertility preservation
- Experimental services
- Vehicle modifications
- Cosmetic surgery

L.A. Care may cover a non-covered service if it is medically necessary. Your provider must submit a pre-approval (prior authorization) request to L.A. Care with the reasons the non-covered benefit is medically needed.

To learn more call Member Services at **1-888-839-9909** (TTY **711**).

Evaluation of new and existing technologies

L.A. Care follows changes and advances in health care by studying new treatments, medicines, procedures and devices. This is also called "new technology." L.A. Care follows new technology to be sure members have access to safe and effective care. L.A. Care reviews new technology for medical and mental health procedures, pharmaceuticals, and devices. Requests to review a new technology may come from a member, practitioner, organization, L.A. Care's physician reviewers, or other staff.

5. Child and youth well care

Child and youth members under 21 years old can get special health services as soon as they are enrolled. This makes sure they get the right preventive, dental, and mental health care, including developmental and specialty services. This chapter explains these services.

Medi-Cal for Kids and Teens

Members under 21 years old are covered for needed care for free. The list below includes medically necessary services to treat or care for any defects and physical or mental diagnoses. Covered services include, but are not limited to:

- Well-child visits and teen check-ups (important visits children need)
- Immunizations (shots)
- Behavioral health assessment and treatment
- Mental health evaluation and treatment, including individual, group, and family psychotherapy (specialty mental health services (SMHS) are covered by the county)
- Adverse childhood experiences (ACE) screening
- Enhanced Care Management (ECM) for Children and Youth Populations of Focus (POFs) (a Medi-Cal managed care plan (MCP) benefit)
- Lab tests, including blood lead poisoning screening
- Health and preventive education
- Vision services
- Dental services (covered under Medi-Cal Dental)
- Hearing services (covered by California Children's Services (CCS) for children who qualify (L.A. Care will cover services for children who do not qualify for CCS).
- Home Health Services, such as private duty nursing (PDN), occupational therapy, physical therapy, and medical equipment and supplies.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

These services are called Medi-Cal for Kids and Teens (also known as Early and Periodic Screening, Diagnostic and Treatment (EPSDT)) services. Additional information for members regarding Medi-Cal for Kids and Teens can be found here, https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/Member-Information.aspx. Medi-Cal for Kids and Teens services that are recommended by pediatricians' Bright Futures guidelines to help you, or your child, stay healthy are covered for free. To read the Bright Futures guidelines, go to https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.

Enhanced Care Management (ECM) is a Medi-Cal managed care plan (MCP) benefit available in all California counties to support comprehensive care management for MCP members with complex needs. Because children and youth with complex needs are often already served by one or more case managers or other service providers within a fragmented delivery system, ECM offers coordination between systems. Children and Youth Populations of Focus eligible for this benefit include:

- Children and Youth Experiencing Homelessness
- Children and Youth at Risk for Avoidable Hospital or Emergency Department (ED) Utilization
- Children and Youth With Serious Mental Health and/or Substance Use Disorder (SUD) Needs
- Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) With Additional Needs Beyond the CCS Condition
- Children and Youth Involved in Child Welfare

Additional information on ECM can be found here:
https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Children-And-Youth-POFs-Spotlight.pdf

In addition, ECM Lead Care Managers are strongly encouraged to screen ECM members for needs for Community Supports services provided by MCPs as cost-effective alternatives to traditional medical services or settings—and refer to those Community Supports when eligible and available. Children and youth may benefit from many of the Community Supports services, including asthma remediation, housing navigation, medical respite, and sobering centers.

Community Supports are services provided by Medi-Cal managed care plans (MCPs) and are available to eligible Medi-Cal members regardless of whether they qualify for ECM services.

More information on Community Supports can be found here: https://www.dhcs.ca.gov/CalAIM/Documents/DHCS-Medi-Cal-Community-Supports-Supplemental-Fact-Sheet.pdf

Some of the services available through Medi-Cal for Kids and Teens, such as PDN, are considered supplemental services. These are not available to Medi-Cal members ages 21 and older. To keep getting these services for free, you or your child may have to enroll in a 1915(c) Home and Community-Based Services (HCBS) waiver or other Long-Term Services and Supports (LTSS) on or before turning the age of 21. If you or your child is getting supplemental services through Medi-Cal for Kids and Teens and will be turning 21 years of age soon, contact L.A. Care to talk about choices for continued care.

Well-child health check-ups and preventive care

Preventive care includes regular health check-ups, screenings to help your doctor find problems early, and counseling services to detect illnesses, diseases, or medical conditions before they cause problems. Regular check-ups help you or your child's doctor look for any problems. Problems can include medical, dental, vision, hearing, mental health, and any substance (alcohol or drug) use disorders. L.A. Care covers check-ups to screen for problems (including blood lead level assessment) any time there is a need for them, even if it is not during your or your child's regular check-up.

Preventive care also includes immunizations (shots) you or your child need. L.A. Care must make sure all enrolled children are up to date with all the immunizations (shots) they need when they have their visits with their doctor. Preventive care services and screenings are available for free and without pre-approval (prior authorization).

Your child should get check-ups at these ages:

- 2-4 days after birth
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- Once a year from 3 to 20 years old

Well-child health check-ups include:

- A complete history and head-to-toe physical exam
- Age-appropriate immunizations (shots) (California follows the American Academy of Pediatrics Bright Futures schedule: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)
- Lab tests, including blood lead poisoning screening
- Health education
- Vision and hearing screening
- Oral health screening
- Behavioral health assessment

If the doctor finds a problem with your or your child's physical or mental health during a check-up or screening, you or your child might need to get further medical care. L.A. Care will cover that care for free, including:

- Doctor, nurse practitioner, and hospital care
- Immunizations (shots) to keep you healthy
- Physical, speech/language, and occupational therapies

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

- Home health services, including medical equipment, supplies, and appliances
- Treatment for vision problems, including eyeglasses
- Treatment for hearing problems, including hearing aids when they are not covered by CCS
- Behavioral Health Treatment for health conditions such as autism spectrum disorders, and other developmental disabilities
- Case management and health education
- Reconstructive surgery, which is surgery to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function or create a normal appearance

Blood lead poisoning screening

All children enrolled in L.A. Care should get blood lead poisoning screening at 12 and 24 months of age, or between 24 and 72 months of age if they were not tested earlier. Children can get a blood lead screening if a parent or guardian requests one. Children should also be screened whenever the doctor believes a life change has put the child at risk.

Help getting child and youth well care services

L.A. Care will help members under 21 years old and their families get the services they need. A L.A. Care care coordinator can:

- Tell you about available services
- Help find in-network providers or out-of-network providers, when needed
- Help make appointments
- Arrange medical transportation so children can get to their appointments
- Help coordinate care for services available through Fee-for-Service (FFS) Medi-Cal, such as:
  - Treatment and rehabilitative services for mental health and substance use disorders
  - Treatment for dental issues, including orthodontics

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Other services you can get through Fee-for-Service (FFS) Medi-Cal or other programs

Dental check-ups

Keep your baby's gums clean by gently wiping the gums with a washcloth every day. At about 4 to 6 months, "teething" will begin as the baby teeth start to come in. You should make an appointment for your child's first dental visit as soon as their first tooth comes in or by their first birthday, whichever comes first.

These Medi-Cal dental services are free or low-cost services for:

Babies ages 0-3

- Baby's first dental visit
- Baby's first dental exam
- Dental exams (every 6 months and sometimes more) X-rays
- Teeth cleaning (every 6 months, and sometimes more)
- Fluoride varnish (every 6 months, and sometimes more)
- Fillings
- Extractions (tooth removal)
- Emergency dental services
- *Sedation (if medically necessary)

Kids ages 4-12

- Dental exams (every 6 months, and sometimes more)
- X-rays
- Fluoride varnish (every 6 months, and sometimes more)
- Teeth cleaning (every 6 months, and sometimes more)
- Molar sealants
- Fillings
- Root canals
- Extractions (tooth removal)
- Emergency dental services
- *Sedation (if medically necessary)

Youth ages 13-20

- Dental exams (every 6 months, and sometimes more)
- X-rays
- Fluoride varnish (every 6 months, and sometimes more)
- Teeth cleaning (every 6 months, and sometimes more)
- Orthodontics (braces) for those who qualify
- Fillings
- Crowns
- Root canals
- Partial and full dentures
- Scaling and root planing
- Extractions (tooth removal)
- Emergency dental services
- *Sedation (if medically necessary)

* Providers should consider sedation and general anesthesia when they determine and document a reason local anesthesia is not medically appropriate, and the dental treatment is pre-approved or does not need pre-approval (prior authorization).

These are some of the reasons local anesthesia cannot be used and sedation or general anesthesia might be used instead:

- Physical, behavioral, developmental, or emotional condition that blocks the patient from responding to the provider's attempts to perform treatment
- Major restorative or surgical procedures
- Uncooperative child
- Acute infection at an injection site
- Failure of a local anesthetic to control pain

If you have questions or want to learn more about dental services, call the Medi-Cal Dental Program at **1-800-322-6384** (TTY **1-800-735-2922** or **711**). Or go to https://smilecalifornia.org/.

Additional preventive education referral services

If you are worried that your child is not participating and learning well at school, talk to your child's doctor, teachers, or administrators at the school. In addition to your medical benefits covered by L.A. Care, there are services the school must provide to help your child learn and not fall behind. Services that can be provided to help your child learn include:

- Speech and language services
- Psychological services
- Physical therapy
- Occupational therapy
- Assistive technology
- Social Work services
- Counseling services
- School nurse services
- Transportation to and from school

The California Department of Education provides and pays for these services. Together with your child's doctors and teachers, you may be able to make a custom plan that will best help your child.

6. Reporting and solving problems

There are two ways to report and solve problems:

- Use a **complaint** (**grievance**) when you have a problem or are unhappy with L.A. Care or a provider or with the health care or treatment you got from a provider.
- Use an **appeal** when you do not agree with L.A. Care's decision to change your services or to not cover them.

You have the right to file grievances and appeals with L.A. Care to tell us about your problem. This does not take away any of your legal rights and remedies. We will not discriminate or retaliate against you for filing a complaint with us or reporting issues. Telling us about your problem will help us improve care for all members.

You may contact L.A. Care first to let us know about your problem. Call us 24 hours a day, 7 days a week, including holidays at **1-888-839-9909** (TTY **711**). Tell us about your problem. For complaints, grievances, and appeals, you may also reach us by:

- Phone: **1-888-839-9909** (TTY **711**)
- Fax: **1-213-438-5748**
- Mail: L.A. Care Health Plan
  Appeals & Grievances Department
  1200 W. 7th Street
  Los Angeles, CA 90017
- Online: https://www.lacare.org/members/member-support/file-grievance/grievance-form or send an email to civilrightscoordinator@lacare.org

If your grievance or appeal is still not resolved after 30 days, or you are unhappy with the result, you can call the California Department of Managed Health Care (DMHC). Ask DMHC to review your complaint or conduct an Independent Medical Review (IMR). If your matter is urgent, such as those involving a serious threat to your health, you may call DMHC right away without first filing a grievance or appeal with L.A. Care. You can call DMHC for free at **1-888-466-2219** (TTY **1-877-688-9891** or **711**). Or go to: https://www.dmhc.ca.gov.

The California Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman can also help. They can help if you have problems joining, changing, or leaving a health plan. They can also help if you moved and are having trouble getting your Medi-Cal transferred to your new county. You can call the Ombudsman Monday through Friday, 8 a.m. to 5 p.m. at **1-888-452-8609**. The call is free.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call Member Services at **1-888-839-9909** (TTY **711**).

To report incorrect information about your health insurance, call Medi-Cal Monday through Friday, 8 a.m. to 5 p.m. at **1-800-541-5555**.

Complaints

A complaint (grievance) is when you have a problem or are unhappy with the services you are getting from L.A. Care or a provider. There is no time limit to file a complaint. You can file a complaint with L.A. Care at any time by phone, in writing by mail, or online. Your authorized representative or provider can also file a complaint for you with your permission.

- **By phone:** Call L.A. Care Member Services at **1-888-839-9909** (TTY **711**) 24 hours a day, 7 days a week, including holidays. Give your health plan ID number, your name, and the reason for your complaint.
- **By mail:** Call L.A. Care Member Services at **1-888-839-9909** (TTY **711**) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number, and the reason for your complaint. Tell us what happened and how we can help you.

  Mail the form to:

  L.A. Care Health Plan
  Appeals & Grievances Department
  1200 W. 7th Street
  Los Angeles, CA 90017

  Your doctor's office will have complaint forms.

- **Online:** Go to the L.A. Care website at lacare.org.

If you need help filing your complaint, we can help you. We can give you free language services. Call Member Services at **1-888-839-9909** (TTY **711**).

Within 5 calendar days of getting your complaint, L.A. Care will send you a letter telling you we got it. Within 30 days, we will send you another letter that tells you how we resolved your problem. If you call L.A. Care about a grievance that is not about health care coverage, medical necessity, or experimental or investigational treatment, and your grievance is resolved by the end of the next business day, you may not get a letter.

If you have an urgent matter involving a serious health concern, we will start an expedited (fast) review. We will give you a decision within 72 hours. To ask for an expedited review, call us at **1-888-839-9909** (TTY **711**).

Within 72 hours of getting your complaint, we will decide how we will handle your complaint and whether we will expedite it. If we find that we will not expedite your complaint, we will tell you that we will resolve

your complaint within 30 days. You may contact DMHC directly for any reason, including if you believe your concern qualifies for expedited review, L.A. Care does not respond to you within the 72-hour period, or if you are unhappy with L.A. Care's decision.

Complaints related to Medi-Cal Rx pharmacy benefits are not subject to the L.A. Care grievance process or eligible for Independent Medical Review. Members can submit complaints about Medi-Cal Rx pharmacy benefits by calling **1-800-977-2273** (TTY **1-800-977-2273**) and pressing 7 or **711**. Or go to https://medi-calrx.dhcs.ca.gov/home/.

Complaints related to pharmacy benefits not subject to Medi-Cal Rx may be eligible for an Independent Medical Review. DMHC's toll-free telephone number is **1-888-466-2219** (TTY **1-877-688-9891**). You can find the Independent Medical Review/Complaint form and instructions online at the DMHC's website: https://www.dmhc.ca.gov/.

Appeals

An appeal is different from a complaint. An appeal is a request for L.A. Care to review and change a decision we made about your services. If we sent you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing, or ending a service, and you do not agree with our decision, you can ask us for an appeal. Your authorized representative or provider can also ask us for an appeal for you with your written permission.

You must ask for an appeal within 60 days from the date on the NOA you got from L.A. Care. If we decided to reduce, suspend, or stop a service you are getting now, you can continue getting that service while you wait for your appeal to be decided. This is called Aid Paid Pending. To get Aid Paid Pending, you must ask us for an appeal within 10 days from the date on the NOA or before the date we said your service will stop, whichever is later. When you request an appeal under these circumstances, your service will continue while you wait for your appeal decision.

You can file an appeal by phone, in writing by mail, or online:

- **By phone:** Call L.A. Care Member Services at **1-888-839-9909** (TTY **711**) 24 hours a day, 7 days a week, including holidays. Give your name, health plan ID number, and the service you are appealing.
- **By mail:** Call L.A. Care Member Services at **1-888-839-9909** (TTY **711**) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number, and the service you are appealing.

  Mail the form to:

  L.A Care Health Plan
  Appeals & Grievances Department
  1200 W. 7th Street
  Los Angeles, CA 90017

  Your doctor's office will have appeal forms available.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

- **Online:** Visit the L.A. Care website. Go to lacare.org.

If you need help asking for an appeal or with Aid Paid Pending, we can help you. We can give you free language services. Call Member Services at **1-888-839-9909** (TTY **711**).

Within 5 days of getting your appeal, L.A. Care will send you a letter telling you we got it. Within 30 days, we will tell you our appeal decision and send you a Notice of Appeal Resolution (NAR) letter. If we do not give you our appeal decision within 30 days, you can request a State Hearing from the California Department of Social Services (CDSS) and an Independent Medical Review (IMR) with DMHC.

But if you ask for a State Hearing first, and the hearing to address your specific issues has already happened, you cannot ask for an IMR with DMHC on the same issues . In this case, the State Hearing has the final say. But you may still file a complaint with DMHC if your issues do not qualify for an IMR, even if the State Hearing has already happened.

If you or your doctor wants us to make a fast decision because the time it takes to decide your appeal would put your life, health, or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call Member Services at **1-888-839-9909** (TTY **711**). We will decide within 72 hours of receiving your appeal.

What to do if you do not agree with an appeal decision

If you requested an appeal and got a NAR letter telling you we did not change our decision, or you never got a NAR letter and it has been past 30 days, you can:

- Ask for a **State Hearing** from the California Department of Social Services (CDSS) and a judge will review your case. CDSS' toll-free telephone number is **1-800-743-8525** (TTY **1-800-952-8349**). You can also ask for a State Hearing online at https://www.cdss.ca.gov. More ways of asking for a State Hearing can be found in "State hearings" later in this chapter.
- File an Independent Medical Review/Complaint form with the Department of Managed Health Care (DMHC) to have L.A. Care's decision reviewed. If your complaint qualifies for DMHC's Independent Medical Review (IMR) process, an outside doctor who is not part of L.A. Care will review your case and make a decision that L.A. Care must follow.

  DMHC's toll-free telephone number is **1-888-466-2219** (TTY **1-877-688-9891**). You can find the IMR/ Complaint form and instructions online at DMHC's website: https://www.dmhc.ca.gov.

You will not have to pay for a State Hearing or an IMR.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

You are entitled to both a State Hearing and an IMR. But if you ask for a State Hearing first and the hearing to address your specific issues has already happened, you cannot ask for an IMR with DMHC on the same issues. In this case, the State Hearing has the final say. But you may still file a complaint with DMHC if the issues do not qualify for IMR, even if the State Hearing has already happened.

The sections below have more information on how to ask for a State Hearing and an IMR.

Complaints and appeals related to Medi-Cal Rx pharmacy benefits are not handled by L.A. Care. To submit complaints and appeals about Medi-Cal Rx pharmacy benefits, call **1-800-977-2273** (TTY **1-800-977-2273**) and press 7 or **711**. Complaints and appeals related to pharmacy benefits not subject to Medi-Cal Rx may be eligible for an Independent Medical Review (IMR) with DMHC.

If you do not agree with a decision related to your Medi-Cal Rx pharmacy benefit, you may ask for a State Hearing. You cannot ask DMHC for an IMR for Medi-Cal Rx pharmacy benefit decisions.

Complaints and Independent Medical Reviews (IMR) with the Department of Managed Health Care (DMHC)

An IMR is when an outside doctor who is not related to L.A. Care reviews your case. If you want an IMR, you must first file an appeal with L.A. Care for non-urgent concerns. If you do not hear from L.A. Care within 30 calendar days, or if you are unhappy with L.A. Care's decision, then you may request an IMR. You must ask for an IMR within 6 months from the date on the notice telling you of the appeal decision, but you only have 120 days to request a State Hearing. So, if you want an IMR and a State hearing, file your complaint as soon as you can.

Remember, if you ask for a State Hearing first, and the hearing to address your specific issues has already happened, you cannot ask for an IMR with DMHC on the same issues. In this case, the State Hearing has the final say. But you may still file a complaint with DMHC if the issues do not qualify for IMR, even if the State Hearing has already happened.

You may be able to get an IMR right away without first filing an appeal with L.A. Care. This is in cases where your health concern is urgent, such as those involving a serious threat to your health.

If your complaint to DMHC does not qualify for an IMR, DMHC will still review your complaint to make sure L.A. Care made the correct decision when you appealed its denial of services.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-888-839-9909** (TTY **711**) and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may

call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature, and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's internet website www.dmhc.ca.gov has complaint forms, IMR application forms and instructions online.

State Hearings

A State Hearing is a meeting with L.A. Care and a judge from the California Department of Social Services (CDSS). The judge will help to resolve your problem and decide whether L.A. Care made the correct decision or not. You have the right to ask for a State Hearing if you already asked for an appeal with L.A. Care and you are still not happy with our decision, or if you did not get a decision on your appeal after 30 days.

You must ask for a State Hearing within 120 days from the date on our NAR letter. If we gave you Aid Paid Pending during your appeal and you want it to continue until there is a decision on your State Hearing, you must ask for a State Hearing within 10 days of our NAR letter or before the date we said your services will stop, whichever is later.

If you need help making sure Aid Paid Pending will continue until there is a final decision on your State Hearing, contact L.A. Care 24 hours a day, 7 days a week, including holidays by calling Member Services at **1-888-839-9909**. If you cannot hear or speak well, call TYY **711**. Your authorized representative or provider can ask for a State Hearing for you with your written permission.

Sometimes you can ask for a State Hearing without completing our appeal process.

For example, if L.A. Care did not notify you correctly or on time about your services, you can request a State Hearing without having to complete our appeal process. This is called Deemed Exhaustion. Here are some examples of Deemed Exhaustion:

- We did not make a NOA or NAR letter available to you in your preferred language
- We made a mistake that affects any of your rights
- We did not give you a NOA letter
- We did not give you a NAR letter
- We made a mistake in our NAR letter
- We did not decide your appeal within 30 days
- We decided your case was urgent but did not respond to your appeal within 72 hours

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

You can ask for a State Hearing in these ways:

- **By phone:** Call CDSS' State Hearings Division at **1-800-743-8525** (TTY **1-800-952-8349** or **711**)
- **By mail:** Fill out the form provided with your appeals resolution notice and mail it to:

  California Department of Social Services
  State Hearings Division
  P.O. Box 944243, MS 09-17-433
  Sacramento, CA 94244-2430

- **Online:** Request a hearing online at www.cdss.ca.gov
- **By email:** Fill out the form that came with your appeals resolution notice and email it to Scopeofbenefits@dss.ca.gov
  - Note: If you send it by email, there is a risk that someone other than the State Hearings Division could intercept your email. Consider using a more secure method to send your request.
- **By Fax:** Fill out the form that came with your appeals resolution notice and fax it to the State Hearings Division at 916-309-3487 or toll free at **1-833-281-0903**

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call Member Services at **1-888-839-9909** (TTY **711**).

At the hearing, you will tell the judge why you disagree with L.A. Care's decision. L.A. Care will tell the judge how we made our decision. It could take up to 90 days for the judge to decide your case. L.A. Care must follow what the judge decides.

If you want CDSS to make a fast decision because the time it takes to have a State Hearing would put your life, health, or ability to function fully in danger, you, your authorized representative, or your provider can contact CDSS and ask for an expedited (fast) State Hearing. CDSS must make a decision no later than 3 business days after it gets your complete case file from L.A. Care.

Fraud, waste, and abuse

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste, or abuse, it is your responsibility to report it by calling the confidential toll-free number **1-800-822-6222** or submitting a complaint online at https://www.dhcs.ca.gov/.

Provider fraud, waste, and abuse includes:

- Falsifying medical records
- Prescribing more medicine than is medically necessary

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

- Giving more health care services than is medically necessary
- Billing for services that were not given
- Billing for professional services when the professional did not perform the service
- Offering free or discounted items and services to members to influence which provider is selected by the member
- Changing member's primary care provider without the knowledge of the member

Fraud, waste, and abuse by a person who gets benefits includes, but is not limited to:

- Lending, selling, or giving a health plan ID card or Medi-Cal Benefits Identification Card (BIC) to someone else
- Getting similar or the same treatments or medicines from more than one provider
- Going to an emergency room when it is not an emergency
- Using someone else's Social Security number or health plan ID number
- Taking medical and non-medical transportation rides for non-healthcare related services, for services not covered by Medi-Cal, or when there is no medical appointment or prescriptions to pick up

To report fraud, waste, or abuse, write down the name, address, and ID number of the person who committed the fraud, waste, or abuse. Give as much information as you can about the person, such as the phone number or the specialty if it is a provider. Give the dates of the events and a summary of exactly what happened.

Send your report to:

L.A. Care Health Plan
Special Investigation Unit
1200 W. 7th Street
Los Angeles, CA 90017

You can also call the Compliance Helpline at **1-800-400-4889**, 24 hours a day, 7 days a week, email information to ReportingFraud@lacare.org, or report the information online at lacare.ethicspoint.com.

All reporting can be done anonymously

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

7. Rights and responsibilities

As a member of L.A. Care, you have certain rights and responsibilities. This chapter explains these rights and responsibilities. This chapter also includes legal notices that you have a right to as a member of L.A. Care.

Your rights

These are your rights as a member of L.A. Care:

- To be treated with respect and dignity, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information such as medical history, mental and physical condition or treatment, and reproductive or sexual health
- To be provided with information about the health plan and its services, including covered services, providers, practitioners, and member rights and responsibilities
- To get fully translated written member information in your preferred language, including all grievance and appeals notices
- To make recommendations about L.A. Care's member rights and responsibilities policy
- To be able to choose a primary care provider within L.A. Care's network
- To have timely access to network providers
- To participate in decision making with providers regarding your own health care, including the right to refuse treatment
- To voice grievances, either verbally or in writing, about the organization or the care you got
- To know the medical reason for L.A. Care's decision to deny, delay, terminate (end), or change a request for medical care
- To get care coordination
- To ask for an appeal of decisions to deny, defer, or limit services or benefits
- To get free interpreting and translation services for your language
- To get free legal help at your local legal aid office or other groups

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

- To formulate advance directives
- To ask for a State Hearing if a service or benefit is denied and you have already filed an appeal with L.A. Care and are still not happy with the decision, or if you did not get a decision on your appeal after 30 days, including information on the circumstances under which an expedited hearing is possible
- To disenroll (drop) from L.A. Care and change to another health plan in the county upon request
- To access minor consent services
- To get free written member information in other formats (such as braille, large-size print, audio, and accessible electronic formats) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare and Institutions (W&I) Code section 14182 (b)(12)
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- To truthfully discuss information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or coverage
- To have access to and get a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations (CFR) sections 164.524 and 164.526
- Freedom to exercise these rights without adversely affecting how you are treated by L.A. Care, your providers, or the State
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Care Providers, midwifery services, Rural Health Centers, sexually transmitted infection services, and emergency services outside L.A. Care's network pursuant to federal law
- To receive free written plan materials in your preferred language or alternative format (such as audio, braille or large print).

Your responsibilities

L.A. Care members have these responsibilities:

- To treat your doctor, all providers and staff with courtesy and respect. You are responsible for being on time for your visits or calling your doctor's office at least 24 hours before your visit to cancel or reschedule
- To give correct information and as much information as you can to all of your providers and L.A. Care
- To get regular check-ups and tell your doctor about health problems before they become serious
- To talk over your health care needs with your doctor, develop and agree on goals, do your best to understand your health problems, and follow the treatment plans and instructions you both agree on
- To supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

- To follow plans and instructions for care that they have agreed to with their practitioners
- To understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible
- To report health care fraud or wrongdoing to L.A. Care. You can do this without giving your name by calling the L.A. Care Compliance Helpline toll-free at **1-800-400-4889**, going to lacare.ethicspoint.com, or calling the California Department of Health Care Services (DHCS) Medi-Cal Fraud and Abuse Hotline toll-free at **1-800-822-6222**
- To provide your accurate, physical mailing address

Notice of non-discrimination

Discrimination is against the law. L.A. Care follows state and federal civil rights laws. L.A. Care does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

L.A. Care provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, and other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact L.A. Care Member Services 24 hours a day, 7 days a week, including holidays, by calling **1-888-839-9909**. Or, if you cannot hear or speak well, call TTY **711** to use the California Relay Service.

How to file a grievance

If you believe that L.A. Care has failed to provide these services or unlawfully discriminated in another way based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with L.A. Care Health Plan Chief Compliance Officer. You can file a grievance by by phone, by mail, in person, or online:

- **By phone:** Contact Member Services 24 hours a day, 7 days a week, including holidays, by calling "**1-888-839-9909**. Or, if you cannot hear or speak well, call TTY **711** to use the California Relay Service.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

- **By mail:** Fill out a complaint form or write a letter and mail it to:

  L.A. Care Health Plan
  Chief Compliance Officer
  1200 W. 7th Street
  Los Angeles, CA 90017

- **In person:** Visit your doctor's office or L.A. Care and say you want to file a grievance.
- **Online:** Visit L.A. Care's website at https://www.lacare.org/members/member-support/file-grievance/grievance-form or send an email to civilrightscoordinator@lacare.org

Office of Civil Rights – California Department of Health Care Services

You can also file a civil rights complaint with the California Department of Health Care Services (DHCS), Office of Civil Rights by phone, by mail, or online:

- **By phone:** Call **1-916-440-7370**. If you cannot speak or hear well, call **711** (Telecommunications Relay Service).
- **By mail:** Fill out a complaint form or mail a letter to:
  Deputy Director, Office of Civil Rights
  Department of Health Care Services
  Office of Civil Rights
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413

  Complaint forms are available at https://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- **Online:** Send an email to CivilRights@dhcs.ca.gov.

Office of Civil Rights – United States Department of Health and Human Services

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the United States Department of Health and Human Services, Office for Civil Rights by phone, by mail, or online:

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, call TTY **1-800-537-7697** or **711** to use the California Relay Service.
- **By mail:** Fill out a complaint form or mail a letter to:
  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201

  Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html.

- **Online:** Visit the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/cp.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Ways to get involved as a member

L.A. Care wants to hear from you. L.A. Care has meetings, on a bi-monthly basis, to talk about what is working well and how L.A. Care can improve. Members are invited to attend. Come to a meeting!

L.A. Care Regional Community Advisory Committees

L.A. Care has eight Regional Community Advisory Committees (RCACs) throughout Los Angeles County (RCAC is pronounced "rack"). This group is made up of L.A. Care members, providers, and health care advocates. Their purpose is to bring the voice of their communities to the L.A. Care Board of Governors, which guides health care programs to serve our members. We encourage you to learn more about advisory committee opportunities. The group talks about how to improve L.A. Care policies and is responsible for:

- Helping L.A. Care understand the health care issues that impact the people who live in your area
- Acting as the eyes and ears of L.A. Care in 8 RCAC regions throughout Los Angeles County
- Providing health information to people in your community

If you would like to be a part of this group, call the Community Outreach & Engagement toll free line at **1-888-522-2732** (TTY **711**).

L.A. Care Board of Governors meetings

The Board of Governors decides policies for L.A. Care. Anyone can attend the meetings. The Board of Governors meets on the first Thursday of each month at 2 p.m. You can find more information on Board of Governors meetings and schedule updates at lacare.org

Notice of privacy practices

A statement describing L.A. Care policies and procedures for preserving the confidentiality of medical records is available and will be given to you upon request.

If you are of the age and capacity to consent to sensitive services, you are not required to get any other member's authorization to get sensitive services or to submit a claim for sensitive services. You can read more about sensitive services in the "Sensitive care" section of his handbook.

You can ask L.A. Care to send communications about sensitive services to another mailing address, email address, or telephone number that you choose. This is called a "request for confidential communications." If you consent to care, L.A. Care will not give information on your sensitive care services to anyone else without your written permission. If you do not give a mailing address, email address, or telephone number, L.A. Care will send communications in your name to the address or telephone number on file.

L.A. Care will honor your requests to get confidential communications in the form and format you asked for. Or we will make sure your communications are easy to put in the form and format you asked for. We will send them to another location of your choice. Your request for confidential communications lasts until you cancel it or submit a new request for confidential communications.

To make a confidential communications request, please contact Member Services at **1-888-839-9909** (TTY **711**).

L.A. Care's statement of its policies and procedures for protecting your medical information (called a "Notice of Privacy Practices") is included below:

NOTICE OF PRIVACY PRACTICES

This notice describes how medical, dental, and vision information about you, with regard to your health benefits, may be used and disclosed, and how you can get access to this information. ***PLEASE REVIEW IT CAREFULLY***.

The Local Initiative Health Authority for Los Angeles County, a public entity operating and doing business as L.A. Care Health Plan (L.A. Care) provides your health care benefits and coverage through State, Federal, and commercial programs. Safeguarding your protected health information (PHI) is important to us. L.A. Care is required to give you this notice about your rights and some of our responsibilities to keep your PHI safe, including California State notice of practices, and the Health Insurance Portability and Accountability Act (HIPAA) notice of practices. This notice tells you how we may use and share your PHI. It also tells you what your rights are. You may have additional or more stringent privacy rights under state law.

I. Your PHI is Personal and Private

L.A. Care receives PHI which identifies you, such as your name, contact information, personal facts, and financial information, from several sources, such as State, Federal, and local agencies after you become eligible, assigned to, and/or enroll in a L.A. Care program. We also receive PHI about you that you provide to us. Also, we receive PHI from health care providers such as physicians, clinics, hospitals, labs, and other insurance companies or payors. We use this information to coordinate, approve, pay for, and improve your health care, and to communicate with you. We cannot use your genetic information to decide whether we will give you healthcare coverage or the cost of that coverage. At times, we may receive race, ethnicity, and language information about you. We may use this information to help you, to communicate with you, and to identify your needs, such as providing you with educational materials in the language of your preference, and offering interpretation services at no cost to you. We use and share this information as provided in this notice. We do not use this information to decide whether we will give you healthcare coverage or the cost of that coverage.

II. How We Protect Your PHI

L.A. Care is committed to protecting your PHI. We keep the PHI of our current and former members private and secure as required by law, and accreditation standards. We use physical and electronic safeguards, and our staff is regularly trained on the use, and sharing of PHI. Some of the ways we keep PHI safe include securing offices and locking desks, and filing cabinets, password protecting computers and electronic devices, and giving access only to the information that staff needs to do their job. Where required by law, when our business partners work with us, they must also protect the privacy of any PHI we share with them and are not allowed to give PHI to others except as allowable by law, and this notice. As required by law, we will let you know if there was a breach of your unsecured PHI. We will follow this notice, and will not use or share your information other than as described in this notice, or in compliance with State and Federal laws, or in accordance with your permission.

III. Changes to this Notice of Privacy Practices

L.A. Care must adhere to the notice we are now using. We have the right to change this notice of privacy practices at any time. Any changes will apply to all your PHI, including PHI we received before the changes were made. We will let you know when we make changes to this notice through a newsletter, letter, or our website. You can also ask us for a copy of the new notice, please see below on how to contact us.

IV. How We May Use and Share PHI About You

L.A. Care collects, uses or shares PHI that is provided to us as allowed by law for treatment, payment, and health care operations associated with the program in which you are enrolled. The PHI we use and share includes, but is not limited to:

- Name;
- Address;
- Date of birth;
- Care and treatment received;
- Health history;
- The cost of/payment for care;
- Race/ethnicity;
- Language;
- Sex assigned at birth;
- Gender identity;
- Sexual orientation; and
- Pronouns.

Ways In Which We Typically Use and Share PHI:

We generally use and share PHI in the following ways:

- **Treatment:** ***We do not provide treatment***, but we can use and share PHI with health care and other service providers such as doctors, hospitals, durable medical equipment suppliers, and others to offer you care, and treatment and other services, and information to help you.
- **Payment:** We can use and share PHI with healthcare providers, service providers and other insurers and payors to process requests for payments, and pay for health services provided to you.
- **Health Care Operations:** We can use and share PHI to run our organization and contact you when necessary, for example for audits, quality improvement, care management, coordinating care, and day-to-day functions. We may also use and share PHI with State, Federal, and County programs for participation, and program administration.
- **Some Examples of Ways We Use PHI:**
  - To give information to a doctor or hospital to confirm your benefits, copay, or deductible.
  - To approve care in advance.
  - To process and pay claims for health care services and treatment you received.
  - To give PHI to your doctor or hospital so they can treat you.
  - To review the quality of care and services you receive.
  - To help you and provide you with educational and health improvement information and services, e.g. for conditions like diabetes.
  - To inform you of additional services and programs that may be of interest to you and/or help you, e.g. a fitness class at a L.A. Care Community Resource Center.
  - To remind you to get regular health assessments, screenings, or checkups.
  - To develop quality improvement programs and initiatives, including creating, using, or sharing de-identified data as allowed by HIPAA.
  - To use and share information, directly or indirectly, with health information exchanges, for treatment, payment, and health care operations.
  - Investigating and prosecuting cases, such as for fraud, waste, or abuse.

Other Ways In Which We Can Use and Share PHI

We are allowed or required to share your PHI in other ways, usually to contribute to the public good, such as public health and research. We can use or share your PHI for the following additional purposes:

- To comply with State, Federal, or local laws.
- To comply with a request of a law enforcement agency, such as the police, military, or national security agency, or a Federal, State, or local government agency or body, such as workers' compensation board, or a health oversight agency for activities authorized by law, and court or administrative order.

- To respond to the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- To help with product recalls.
- To report adverse reactions to medications.
- To report suspected abuse, neglect, or domestic violence, as required or allowed under law.
- For health care research.
- To respond to organ and tissue donation requests, and work with a medical examiner or funeral director.
- In relation to complaints, investigations, lawsuits and legal actions.
- To prevent or reduce a serious threat to anyone's health or safety.

Communicating With You

We may use PHI to communicate with you or your designee about benefits, services, selecting your health care provider and billing and payments. L.A. Care will comply with applicable laws in its communications with you, including the Telephone Consumer Protection ACT (TCPA). We may communicate with you through letters, newsletters, pamphlets, and as follows:

- **Phone Calls.** If you have provided us with your phone number (including if a guardian or designee has provided their phone number), including your cell phone number, then we, including our affiliates and subcontractors, on our behalf, may call or you, including by using an automatic telephone dialing system/or an artificial voice in accordance with applicable laws. Your mobile cell phone carrier may charge you for receiving calls, please contact your cell phone carrier for this information. If you don't want to be contacted in this way, then please let the caller know, or contact at us to be placed on our Do Not Call List.
- **Texting You.** If you have provided us with your cell phone number (including if a guardian or designee has provided their phone number), then for certain purposes, such as reminders, treatment options, services, and premium payment reminders or confirmations, we, including our affiliates and subcontractors, on our behalf, may text you in accordance with applicable laws. Your mobile cell phone carrier may charge you for receiving texts, please contact your cell phone carrier for this information. If at any time you don't want to receive text messages, then please follow the unsubscribe information on the message, or please reply with "STOP" to stop receiving such messages.
- **Emails.** If you have given us your email address (including if a guardian or designee has provided their email address), then for some limited purposes, e.g. sending you enrollment, member, provider, and educational materials, or reminders or confirmation of payments, if you agree to receive these electronically, then we may email you. There may be a charge by your internet or email or mobile cell phone provider to receive emails, please contact your internet or email or mobile cell phone provider for this information. You acknowledge and agree that if you use an unencrypted email address and/or computer, or access your emails through a mobile device, or share an email, or computer, or mobile cell phone, then there is a risk that your PHI could be read by a third party and you accept the risks of such and waive any protections you may have under any laws. If at any time you don't want to receive email messages, then please follow the "Unsubscribe" instructions at the bottom of the message to stop receiving email communications.

V. Written Permission

If we want to use or share your PHI for any purpose not provided in this notice, then we will get your written permission. For example, using or sharing PHI for marketing or sale needs your written permission. If we use or share psychotherapy notes, we may also need your permission. If you give us your permission, you can cancel it at any time in writing, and we will not use or share your PHI for that purpose after the date we process your request. But, if we have already used or shared your PHI with your permission, then we may not be able to undo any action that happed before you cancelled your permission.

VI. Your Rights

You have certain rights to your PHI, and how it can be used or shared. You have the right to:

- **Get a copy of health and claims records.** You can ask to see, or get a copy of your PHI. We will provide a copy or a summary of your health and claims records. There may be some information and records we may not disclose as allowable by law, or we may not be able to provide certain information in some forms, formats, or media. We may charge a reasonable fee, for copying and mailing your PHI.

  L.A. Care does not keep a complete copy of your medical records, please contact your healthcare provider if you want to look at, or get a copy of, or change an error in your medical records.

- **Ask us to correct health and claims records.** If you believe there is a mistake in your PHI, you can ask us to correct it. There may be some information we may not be able to change, e.g. the doctor's diagnosis, and will tell you that in writing. If someone else gave us the information, e.g. your doctor, then we will let you know, so you can ask him/her to correct it.
- **Request that we communicate with you confidentially.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Not all requests may be agreed to, but we will grant a reasonable request.
- **Ask us to limit what we use or share.** You can ask us not to use or share certain health information for treatment, payment, or our operations. By law, we are not required to agree to your request, and we may say "no" if it would affect your care, payment of claims, key operations, or non-compliance with rules, regulations, or government agency, or law enforcement requests, or a court or administrative order.
- **Get a list of those with whom we've shared Your PHI.** You can ask us for a list (accounting) of the times we've shared your health information, who we shared it with, and a brief description of the reason. We will provide you with the list for the period you request. By law, we will provide the list for a maximum of six (6) years prior to the date of your written request. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures, such as when we shared the information with you, or with your permission. We'll provide one accounting a year for fee, but may charge a reasonable free for any additional requests.

- **Get a copy of this privacy notice.** You can get a paper copy of this notice by calling us.
- **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We may ask that you or your designee provide us with some information and documents, e.g. copy of the court order granting guardianship. You or your guardian will need to fill out a written authorization, please contact us at the number below to find out how to do this.

VII. Sensitive Services

A Member who may consent to receive sensitive services is not required to obtain any other member's authorization to receive sensitive services or to submit a claim for sensitive services. L.A. Care will direct communications regarding sensitive services to a member's alternate designated mailing address, email address, or telephone number or, in the absence of a designation, in the name of the member at the address or telephone number on file. L.A. Care must not disclose medical information related to sensitive services to any other member without express written authorization from the member receiving care. L.A. Care will accommodate requests for confidential communication in the form and format requested, if it is readily producible in the requested form and format, or at alternative locations. A member's request for confidential communication related to sensitive services will be valid until the member revokes the request or submits a new request for confidential communications.

Please call us at the number on your ID card, or write to us to find out about how to request any of the above. You will need to submit your request in writing, and tell us certain information. We can send you the form(s).

VIII. Complaints

If you think we have not protected your PHI, you have the right to file a complaint with us, by contacting us at:

L.A. Care Member Services
1200 West 7th Street
Los Angeles, CA 90017
Phone: **1-888-839-9909**
TTY **711**

You may also contact:
U.S. Department of Health and Human Services Office for Civil Rights by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Medi-Cal Members may also contact:
California Department of Health Care Services Office of HIPAA Compliance by visiting dhcs.ca.gov.

IX. Use Your Rights Without Fear

L.A. Care will not take any action against you for using the privacy rights in this notice or filing a complaint.

X. Effective Date

The original effective date of this notice is April 14, 2003. This notice was most recently revised on November 1, 2022.

XI. Contacting Us, or Questions, or if you want this notice in another language or format:

If you have questions about this notice, or want help in applying your rights, or want this notice in another threshold language (Arabic, Armenian, Chinese, Farsi, Khmer, Korean, Russian, Spanish, Tagalog, or Vietnamese), large print, audio, or other alternative format (upon request) at no cost to you, then please call or write us at:

L.A. Care Member Services
1200 West 7th Street
Los Angeles, CA 90017
Phone: **1-888-839-9909**
TTY **711**

or

L.A. Care Privacy Officer
L.A. Care Health Plan
1200 West 7th Street
Los Angeles, CA 90017
Phone: **1-888-839-9909**
TTY **711**
Email: PrivacyOfficer@lacare.org

Notice about laws

Many laws apply to this Member Handbook. These laws may affect your rights and responsibilities even if the laws are not included or explained in this handbook. The main laws that apply to this handbook are state and federal laws about the Medi-Cal program. Other federal and state laws may apply too.

Notice about Medi-Cal as a payer of last resort, other health coverage, and tort recovery

The Medi-Cal program follows state and federal laws and regulations relating to the legal liability of third parties for health care services to members. L.A. Care will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

Medi-Cal members may have other health coverage (OHC), also referred to as private health insurance. As a condition of Medi-Cal eligibility, you must apply for or retain any available OHC when it is free.

Federal and state laws require Medi-Cal members to report OHC and any changes to an existing OHC. You may have to repay DHCS for any benefits paid by mistake if you do not report OHC quickly. Submit your OHC online at http://dhcs.ca.gov/OHC.

If you do not have access to the internet, you can report OHC to L.A. Care by calling Member Services at **1-888-839-9909** (TTY **711**) . Or you can call DHCS's OHC Processing Center at **1-800-541-5555** (TTY **1-800-430-7077** or **711**) or **1-916-636-1980**.

The California Department of Health Care Services (DHCS) has the right and responsibility to be paid back for covered Medi-Cal services for which Medi-Cal is not the first payer. For example, if you are injured in a car accident or at work, auto or workers' compensation insurance may have to pay for your health care first or pay back Medi-Cal if Medi-Cal pays.

If you are injured, and another party is liable for your injury, you or your legal representative must notify DHCS within 30 days of filing a legal action or a claim. Submit your notification online to:

- Personal Injury Program at https://dhcs.ca.gov/PIForms
- Workers' Compensation Recovery Program at https://dhcs.ca.gov/WC

To learn more, visit the DHCS Third Party Liability and Recovery Division website at https://dhcs.ca.gov/tplrd or call **1-916-445-9891**.

Notice about estate recovery

The Medi-Cal program must seek repayment from probated estates of certain deceased members for Medi-Cal benefits received on or after their 55th birthday. Repayment includes Fee-for-Service (FFS) and managed care premiums or capitation payments for nursing facility services, home and community-based services, and related hospital and prescription drug services received when the member was an inpatient in a nursing facility or was receiving home and community-based services. Repayment cannot exceed the value of a member's probated estate.

To learn more, go to the DHCS Estate Recovery Program website at https://dhcs.ca.gov/er or call **1-916-650-0590**.

Notice of Action

L.A. Care will send you a Notice of Action (NOA) letter any time L.A. Care denies, delays, terminates, or modifies a request for health care services. If you disagree with L.A. Care's decision, you can always file an appeal with L.A. Care. Go to the "Appeals" section in Chapter 6 of this handbook for important information on filing your appeal. When L.A. Care sends you a NOA it will tell you all the rights you have if you disagree with a decision we made.

Contents in notices

If L.A. Care bases denials, delays, modifications, terminations, suspensions, or reductions to your services in whole or in part on medical necessity, your NOA must contain the following:

- A statement of the action L.A. Care intends to take
- A clear and concise explanation of the reasons for L.A. Care's decision
- How L.A. Care decided, including the rules L.A. Care used
- The medical reasons for the decision. L.A. Care must clearly state how your condition does not meet the rules or guidelines.

Translations

L.A. Care is required to fully translate and provide written member information in common preferred languages, including all grievance and appeals notices.

The fully translated notice must include the medical reason for L.A. Care's decision to deny, delay, modify, terminate, suspend, or reduce a request for health care services.

If translation in your preferred language is not available, the L.A. Care is required to offer verbal help in your preferred language so that you can understand the information you get.

8. Important numbers and words to know

Important phone numbers

- L.A. Care Member Services at **1-888-839-9909** (TTY **711**)
- Medi-Cal Rx at **1-800-977-2273** (TTY **1-800-977-2273**) and press 7 or **711**
- L.A. Care's 24-Hour **Nurse Advice Line 1-800-249-3619** (TTY **711**)
- L.A. Care Compliance Helpline **1-800-400-4889**
- L.A. Care/Blue Shield of California Community Resource Centers – **1-877-287-6290**
- L.A. Care/Blue Shield of California Promise Health Plan Community Resource Center – East L.A. **1-213-438-5570**
- L.A. Care/Blue Shield of California Promise Health Plan Community Resource Center – El Monte **1-213-428-1495**
- L.A. Care/Blue Shield of California Promise Health Plan Community Resource Center – Inglewood **1-310-330-3130**
- L.A. Care/Blue Shield of California Promise Health Plan Community Resource Center – Lincoln Heights **1-213-294-2840**
- L.A. Care/Blue Shield of California Promise Health Plan Community Resource Center – Long Beach **1-562-256-9810**(562) 256-9810
- L.A. Care/Blue Shield of California Promise Health Plan Community Resource Center – Lynwood **1-310-661-3000**
- L.A. Care/Blue Shield of California Promise Health Plan Community Resource Center – Metro L.A. **1-213-428-1457**
- L.A. Care/Blue Shield of California Promise Health Plan Community Resource Center – Norwalk **1-562-651-6060**
- L.A. Care/Blue Shield of California Promise Health Plan Community Resource Center – Palmdale **1-213-438-5580**
- L.A. Care/Blue Shield of California Promise Health Plan Community Resource Center – Panorama City **1-213-438-5497**

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

- L.A. Care/Blue Shield of California Promise Health Plan Community Resource Center – Pomona **1-909-620-1661**
- L.A. Care/Blue Shield of California Promise Health Plan Community Resource Center – South L.A. **1-213-428-1410**
- L.A. Care/Blue Shield of California Promise Health Plan Community Resource Center – Wilmington **1-213-428-1490**
- L.A. Care/Blue Shield of California Promise Health Plan Community Resource Center – West L.A. **1-310-231-3854**
- Disability Services
  - California Relay Service (CRS) – (TTY **711**)
    - **1-888-877-5379**
    - **1-800-735-2922**
  - Americans with Disabilities Act (ADA) Information **1-800-514-0301** (TTY **1-800-514-0383**)
- Children's Services
  - California Children's Services (CCS) **1-800-288-4584**
  - Child Health and Disability Prevention (CHDP) **1-800-993-2437** (**1-800-993-CHDP**)
- California State Services
  - California State Department of Health Services (DHCS) **1-916-636-1980**
  - Medi-Cal Managed Care Office of the Ombudsman **1-888-452-8609**
  - Medi-Cal Dental Program (Denti-Cal) **1-800-322-6384** (TTY/TDD **1-800-735-2922**)
  - California Department of Social Services (CDSS) **1-800-952-5253**
  - Department of Managed Health Care (DMHC) **1-888-466-2219**
  - **(1-888-HMO-2219) (TTY/TDD 1-877-688-9891)**
- Health Care Options:
  - Arabic **1-800-576-6881**
  - Armenian **1-800-840-5032**
  - Cambodian/Khmer **1-800-430-5005**
  - Cantonese **1-800-430-6006**
  - English **1-800-430-4263**
  - Farsi **1-800-840-5034**
  - Hmong **1-800-430-2022**

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

  - Korean **1-800-576-6883**
  - Laotian **1-800-430-4091**
  - Mandarin **1-800-576-6885**
  - Russian **1-800-430-7007**
  - Spanish **1-800-430-3003**
  - Tagalog **1-800-576-6890**
  - Vietnamese **1-800-430-8008**
  - TTY/TDD **1-800-430-7077**
- U.S. Office for Civil Rights **1-866-627-7748**
- Social Security Administration Supplemental Social Income (SSI) **1-800-772-1213**
- Los Angeles County - Department of Public Social Services (DPSS): Customer Service Center **1-866-613-3777** (TTY/TDD **1-800-660-4026**)
- Los Angeles County Department of Health Services **1-213-240-8101**
- Los Angeles County Department of Mental Health **1-800-854-7771**
- Women, Infant and Children Program (WIC) **1-888-942-9675**

Words to know

Active labor: The time period when a pregnant member is in the three stages of giving birth and cannot be safely transferred to another hospital before delivery or a transfer may harm the health and safety of the member or unborn child.

Acute: A short, sudden medical condition that requires fast medical attention.

American Indian: Individual who meets the definition of "Indian" under federal law at 42 CFR section 438.14, which defines a person as an "Indian" if the person meets any of the following:

- Is a member of a federally recognized Indian tribe
- Lives in an urban center and meets one or more of the following:
  - Is a member of a tribe, band, or other organized group of Indians, including those tribes, bands or groups terminated since 1940 and those recognized now or in the future by the state in which they reside, or who is a descendant in the first or second degree of any such member
  - Is an Eskimo or Aleut or other Alaska Native
  - Is considered by the Secretary of the Interior to be an Indian for any purpose
  - Is determined to be an Indian under regulations issued by the Secretary of the Interior

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

- Is considered by the Secretary of the Interior to be an Indian for any purpose
- Is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native

Appeal: A member's request for L.A. Care to review and change a decision made about coverage for a requested service.

Benefits: Health care services and drugs covered under this health plan.

California Children's Services (CCS): A Medi-Cal program that provides services for children up to age 21 with certain health conditions, diseases, or chronic health problems.

Case manager: Registered nurses or social workers who can help a member understand major health problems and arrange care with the member's providers.

Certified Nurse Midwife (CNM): A person licensed as a registered nurse and certified as a nurse midwife by the California Board of Registered Nursing. A certified nurse midwife is allowed to attend cases of normal childbirth.

Chiropractor: A provider who treats the spine by means of manual manipulation.

Chronic condition: A disease or other medical problem that cannot be completely cured or that gets worse over time or that must be treated so the member does not get worse.

Clinic: A facility that members can select as a primary care provider (PCP). It can be either a Federally Qualified Health Center (FQHC), community clinic, Rural Health Clinic (RHC), Indian Health Care Provider (IHCP), or other primary care facility.

Community-based adult services (CBAS): Outpatient, facility-based services for skilled nursing care, social services, therapies, personal care, family and caregiver training and support, nutrition services, transportation, and other services for members who qualify.

Complaint: A member's verbal or written expression of dissatisfaction about a service covered by Medi-Cal, L.A. Care, a county mental health plan, or a Medi-Cal provider. A complaint is the same as a grievance.

Continuity of care: The ability of a plan member to keep getting Medi-Cal services from their existing out-of-network provider for up to 12 months if the provider and L.A. Care agree.

Contract Drugs List (CDL): The approved drug list for Medi-Cal Rx from which a provider may order covered drugs a member needs.

Coordination of Benefits (COB): The process of determining which insurance coverage (Medi-Cal, Medicare, commercial insurance, or other) has primary treatment and payment responsibilities for members with more than one type of health insurance coverage.

Copayment (co-pay): A payment a member makes, generally at the time of service, in addition to the insurer's payment.

Covered Services: Medi-Cal services for which L.A. Care is responsible for payment. Covered services are subject to the terms, conditions, limitations, and exclusions of the Medi-Cal contract, any contract amendment, and as listed in this Member Handbook (also known as the Combined Evidence of Coverage (EOC) and Disclosure Form).

DHCS: The California Department of Health Care Services. This is the state office that oversees the Medi-Cal program.

Disenroll: To stop using a health plan because the member no longer qualifies or changes to a new health plan. The member must sign a form that says they no longer want to use the health plan or call Health Care Options and disenroll by phone.

DMHC: The California Department of Managed Health Care. This is the state office that oversees managed care health plans.

Durable medical equipment (DME): Medical equipment that is medically necessary and ordered by a member's doctor or other provider that the member uses in the home, community, or facility that is used as a home.

Early and periodic screening, diagnostic, and treatment (EPSDT): Go to "Medi-Cal for Kids and Teens."

Emergency medical condition: A medical or mental condition with such severe symptoms, such as active labor (go to definition above) or severe pain, that someone with a prudent layperson's average knowledge of health and medicine could reasonably believe that not getting immediate medical care could:

- Place the member's health or the health of their unborn baby in serious danger
- Cause impairment to a bodily function
- Cause a body part or organ to not work right
- Result in death

Emergency care: An exam performed by a doctor or staff under direction of a doctor, as allowed by law, to find out if an emergency medical condition exists. Medically necessary services needed to make you clinically stable within the capabilities of the facility.

Emergency medical transportation: Transportation in an ambulance or emergency vehicle to an emergency room to get emergency medical care.

Enrollee: A person who is a member of a health plan and gets services through the plan.

Established patient: A patient who has an existing relationship with a provider and has gone to that provider within a specified amount of time established by the health plan.

Experimental treatment: Drugs, equipment, procedures, or services that are in a testing phase with laboratory or animal studies before testing in humans. Experimental services are not undergoing a clinical investigation.

Family planning services: Services to prevent or delay pregnancy. Services are provided to members of childbearing age to enable them to determine the number and spacing of children.

Federally Qualified Health Center (FQHC): A health center in an area that does not have many providers. A member can get primary and preventive care at an FQHC.

Fee-for-Service (FFS) Medi-Cal: Sometimes L.A. Care does not cover services, but a member can still get them through FFS Medi-Cal, such as many pharmacy services through Medi-Cal Rx.

Follow-up care: Regular doctor care to check a member's progress after a hospitalization or during a course of treatment.

Fraud: An intentional act to deceive or misrepresent by a person who knows the deception could result in some unauthorized benefit for the person or someone else.

Freestanding Birth Centers (FBCs): Health facilities where childbirth is planned to occur away from the pregnant member's residence and that are licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the plan. These facilities are not hospitals.

Grievance: A member's verbal or written expression of dissatisfaction about a service covered by Medi-Cal, L.A. Care, a county mental health plan, or a Medi-Cal provider. A complaint filed with L.A. Care about a network provider is an example of a grievance.

Habilitation services and devices: Health care services that help a member keep, learn, or improve skills and functioning for daily living.

Health Care Options (HCO): The program that can enroll or disenroll a member from a health plan.

Health insurance: Insurance coverage that pays for medical and surgical expenses by repaying the insured for expenses from illness or injury or paying the care provider directly.

Home health care: Skilled nursing care and other services given at home.

Home health care providers: Providers who give members skilled nursing care and other services at home.

Hospice: Care to reduce physical, emotional, social, and spiritual discomforts for a member with a terminal illness. Hospice care is available when the member has a life expectancy of 6 months or less.

Hospital: A place where a member gets inpatient and outpatient care from doctors and nurses.

Hospital outpatient care: Medical or surgical care performed at a hospital without admission as an inpatient.

Hospitalization: Admission to a hospital for treatment as an inpatient.

Indian Health Care Providers (IHCP): A health care program operated by the Indian Health Service (IHS), an Indian Tribe, Tribal Health Program, Tribal Organization or Urban Indian Organization (UIO) as those terms are defined in Section 4 of the Indiane Health Care Improvement Act (25 U.S.C. section 1603).

Inpatient care: When a member has to stay the night in a hospital or other place for medical care that is needed.

Intermediate care facility or home: Care provided in a long-term care facility or home that provides 24-hour residential services. Types of intermediate care facilities or homes include intermediate care facility/developmentally disabled (ICF/DD), intermediate care facility/developmentally disabled-habilitative (ICF/DD-H), and intermediate care facility/developmentally disabled-nursing (ICF/DD-N).

Investigational treatment: A treatment drug, biological product, or device that has successfully completed phase one of a clinical investigation approved by the Federal Drug Administration (FDA), but that has not been approved for general use by the FDA and remains under investigation in an FDA-approved clinical investigation.

Long-term care: Care in a facility for longer than the month of admission plus 1 month.

Managed care plan: A Medi-Cal health plan that uses only certain doctors, specialists, clinics, pharmacies, and hospitals for Medi-Cal recipients enrolled in that plan. L.A. Care is a managed care plan.

Medi-Cal for Kids and Teens: A benefit for Medi-Cal members under the age of 21 to help keep them healthy. Members must get the right health check-ups for their age and appropriate screenings to find health problems and treat illnesses early. They must get treatment to take care of or help the conditions that might be found in the check-ups. This benefit is also known as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit under federal law.

Medi-Cal Rx: A pharmacy benefit service that is part of FFS Medi-Cal and known as "Medi-Cal Rx" that provides pharmacy benefits and services, including prescription drugs and some medical supplies to all Medi-Cal beneficiaries.

Medical home: A model of care that provides the main functions of primary health care. This includes comprehensive care, patient-centered, coordinated care, accessible services, and quality and safety.

Medically necessary (or medical necessity): Medically necessary services are important services that are reasonable and protect life. The care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by diagnosing or treating the disease, illness, or injury. For members under the age of 21, Medi-Cal medically necessary services include care that is needed to fix or help a physical or mental illness or condition, including substance use disorders.

Call **Member Services** at **1-888-839-9909** (TTY **711**). L.A. Care is here 24 hours a day, 7 days a week, including holidays. The call is toll free. Or call the California Relay Line at **711**. Visit online at lacare.org.

Medical transportation: Transportation that a provider prescribes for a member when the member is not physically or medically able to use a car, bus, train, or taxi to get to a covered medical appointment or to pick up prescriptions. L.A. Care pays for the lowest cost transportation for your medical needs when you need a ride to your appointment.

Medicare: The federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure that requires dialysis or a transplant, sometimes called End-Stage Renal Disease (ESRD).

Member: Any eligible Medi-Cal member enrolled with L.A. Care who is entitled to get covered services.

Mental health services provider: Health Care professionals who provide mental health and behavioral health services to patients.

Midwifery services: Prenatal, intrapartum, and postpartum care, including family planning services for the mother and immediate care for the newborn, provided by certified nurse midwives (CNM) and licensed midwives (LM).

Network: A group of doctors, clinics, hospitals, and other providers contracted with L.A. Care to provide care.

Network provider (or in-network provider): Go to "Participating provider."

Non-covered service: A service that L.A. Care does not cover.

Non-medical transportation: Transportation when traveling to and from an appointment for a Medi-Cal covered service authorized by a member's provider and when picking up prescriptions and medical supplies.

Non-participating provider: A provider not in the L.A. Care network.

Other health coverage (OHC): Other health coverage (OHC) refers to private health insurance and service payers other than Medi-Cal. Services may include medical, dental, vision, pharmacy, Medicare Advantage plans (Part C), Medicare drug plans (Part D), or Medicare supplemental plans (Medigap).

Orthotic device: A device used as a support or brace attached outside the body to support or correct a badly injured or diseased body part that is medically necessary for the medical recovery of the member.

Out-of-area services: Services while a member is anywhere outside of the L.A. Care service area.

Out-of-network provider: A provider who is not part of the L.A. Care network.

Outpatient care: When a member does not have to stay the night in a hospital or other place for the medical care that is needed.

Outpatient mental health services: Outpatient services for members with mild to moderate mental health conditions including:

- Individual or group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring medication therapy
- Psychiatric consultation
- Outpatient laboratory, supplies, and supplements

Palliative care: Care to reduce physical, emotional, social, and spiritual discomforts for a member with a serious illness. Palliative care does not require the member to have a life expectancy of 6 months or less.

Participating hospital: A licensed hospital that has a contract with L.A. Care to provide services to members at the time a member gets care. The covered services that some participating hospitals might offer to members are limited by L.A. Care's utilization review and quality assurance policies or L.A. Care's contract with the hospital.

Participating provider (or participating doctor): A doctor, hospital, or other licensed health care professional or licensed health facility, including sub-acute facilities that have a contract with L.A. Care to offer covered services to members at the time a member gets care.

Physician services: Services given by a person licensed under state law to practice medicine or osteopathy, not including services offered by doctors while a member is admitted in a hospital that are charged in the hospital bill.

Plan: Go to "Managed care plan."

Post-stabilization services: Covered services related to an emergency medical condition that are provided after a member is stabilized to keep the member stabilized. Post-stabilization care services are covered and paid for. Out-of-network hospitals might need pre-approval (prior authorization).

Pre-approval (prior authorization): The process by which a member or their provider must request approval from L.A. Care for certain services to make sure L.A. Care will cover them. A referral is not an approval. A pre-approval is the same as prior authorization.

Prescription drug coverage: Coverage for medications prescribed by a provider.

Prescription drugs: A drug that legally requires an order from a licensed provider to be dispensed, unlike over-the-counter ("OTC") drugs that do not require a prescription.

Primary care: Go to "Routine care."

Primary care provider (PCP): The licensed provider a member has for most of their health care. The PCP helps the member get the care they need.

A PCP can be a:

- General practitioner
- Internist
- Pediatrician
- Family practitioner
- OB/GYN
- Indian Health Care Provider (IHCP)
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Nurse practitioner
- Physician assistant
- Clinic

Prior authorization (pre-approval): The process by which a member or their provider must request approval from L.A. Care for certain services to ensure L.A. Care will cover them. A referral is not an approval. A prior authorization is the same as pre-approval.

Prosthetic device: An artificial device attached to the body to replace a missing body part.

Provider Directory: A list of providers in the L.A. Care network.

Psychiatric emergency medical condition: A mental disorder in which the symptoms are serious or severe enough to cause an immediate danger to the member or others or the member is immediately unable to provide for or use food, shelter, or clothing due to the mental disorder.

Public health services: Health services targeted at the whole population. These include, among others, health situation analysis, health surveillance, health promotion, prevention services, infectious disease control, environmental protection and sanitation, disaster preparedness and response, and occupational health.

Qualified provider: A doctor qualified in the area of practice appropriate to treat a member'scondition.

Reconstructive surgery: Surgery to correct or repair abnormal structures of the body to improve function or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by a congenital defect, developmental abnormalities, trauma, infection, tumors, or disease.

Referral: When a member's PCP says the member can get care from another provider. Some covered care services require a referral and pre-approval (prior authorization).

Rehabilitative and habilitative therapy services and devices: Services and devices to help members with injuries, disabilities, or chronic conditions to gain or recover mental and physical skills.

Routine care: Medically necessary services and preventive care, well-child visits, or care such as routine follow-up care. The goal of routine care is to prevent health problems.

Rural Health Clinic (RHC): A health center in an area that does not have many providers. Members can get primary and preventive care at an RHC.

Sensitive services: Services related to mental or behavioral health, sexual and reproductive health, family planning, sexually transmitted infections (STIs), HIV/AIDS, sexual assault and abortions, substance use disorder, gender affirming care, and intimate partner violence.

Serious illness: A disease or condition that must be treated and could result in death.

Service area: The geographic area L.A. Care serves. This includes the county of Los Angeles.

Skilled nursing care: Covered services provided by licensed nurses, technicians, or therapists during a stay in a skilled nursing facility or in a member's home.

Skilled nursing facility: A place that gives 24-hour-a-day nursing care that only trained health professionals can give.

Specialist (or specialty doctor): A doctor who treats certain types of health care problems. For example, an orthopedic surgeon treats broken bones; an allergist treats allergies; and a cardiologist treats heart problems. In most cases, a member will need a referral from their PCP to go to a specialist.

Specialty mental health services (SMHS): Services for members who have mental health services needs that are higher than a mild to moderate level of impairment.

Subacute care facility (adult or pediatric): A long-term care facility that provides comprehensive care for medically fragile members who need special services, such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management care.

Terminal illness: A medical condition that cannot be reversed and will most likely cause death within 1 year or less if the disease follows its natural course.

Tort recovery: When benefits are provided or will be provided to a Medi-Cal member because of an injury for which another party is liable, DHCS recovers the reasonable value of benefits provided to the member for that injury.

Triage (or screening): 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 your need for care.

Urgent care (or urgent services): Services provided to treat a non-emergency illness, injury or condition that requires medical care. Members can get urgent care from an out-of-network provider if in-network providers are temporarily not available or accessible.

L.A. Care Medi-Cal

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