

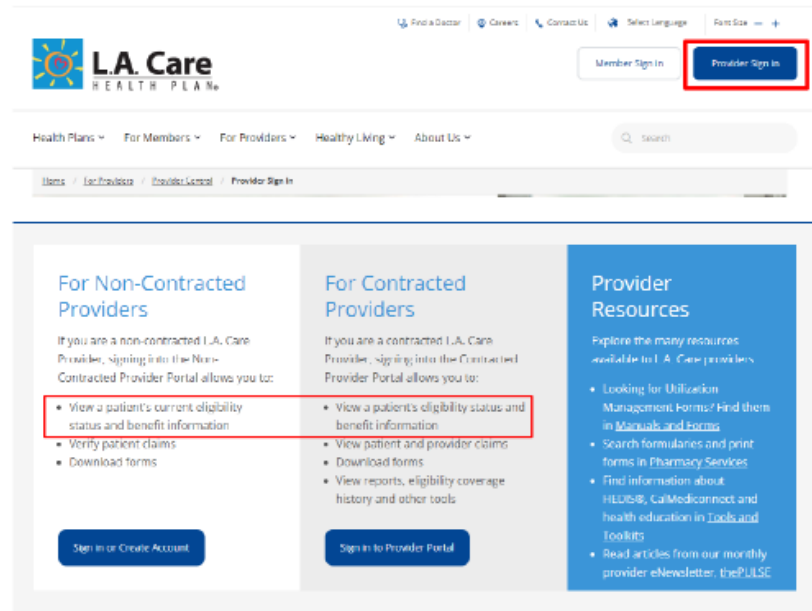
L.A. Care Health Plan

Emergency Department Protocols

Emergency health services are available and accessible 24 hours a day, seven (7) days a week to provide assistance in coordinating emergency services, higher level of care, and post-stabilization services. You may reach the UM Health Services Department number at 1-877-431-2273, follow the prompts.

To access these services, check member's eligibility to determine both coverage and provider group/network assignment (a.k.a. PPG):

- Log into the Contracted or Non-Contracted Provider portal: [L.A. Care Provider Central | L.A. Care Health Plan \(lacare.org\)](#)



Locate our Provider Portal Guide for assistance with access, common provider tasks, and resources: [ProviderPortal QuickReferenceGuide V1 \(lacare.org\)](#)

- Check eligibility under “Member eligibility Verification” tab for members assigned **PPG**
- Identify who is delegated by referring to our Provider Authorization and Billing Reference Guide under Providers Tab → Reference Guide: [Manuals and Forms | L.A. Care Health Plan \(lacare.org\)](#)

- Go to the “Hospital UM Contact Information – Cheat Sheet” for delegated fax numbers by referring to our Providers tab → Utilization Management Forms: [Manuals and Forms | L.A. Care Health Plan \(lacare.org\)](#)

Delegation Tips:

- You **MUST** check who is delegated to determine who is responsible for review
- Either PPG **OR** L.A. Care will be responsible for review, depending on assigned PPG.
- L.A. Care Direct Network as assigned PPG requires fax notification to L.A. Care

L.A. Care Medi-Cal	Eligible
Member ID: [REDACTED]	
Health Plan: L.A. CARE HEALTH PLAN	
PPG: LA CARE DIRECT NETWORK	
Affiliated Hospital:	
Primary Care Physician/Clinic: MEEHAN, PATRICK	
Primary Care Physician/Clinic Address: 135 E COMPTON BLVD, COMPTON, 90220 CA	
Primary Care Physician/Clinic Phone: (424) 296-3800	
Current Enrollment Effective Date: 01/01/2021	
Disenrollment Date:	
Renewal Date:	
California Children Services(CCS):	

L.A. Care Fax Inpatient Admission Notification

L.A. Care requests fax notification of Inpatient admission.

- Notification of Inpatient Admission, fax facesheet to: 1-877-314-4957
- Inpatient Admission clinical documentation, fax to: 1-213-438-5063

Post-Stabilization Services

To request post-stabilization services, **CALL** our 24 hour, 7 days a week call center 877-431-2273. Follow the prompts to access post-stabilization.

Information required:

- Member Name, Date of Birth and ID Number/CIN.
- Diagnosis
- Current level of care
- Age, Gender, past medical history, chief complaint, pertinent medical findings, and interventions
- Vital signs, physical exam, labs, diagnostic, medications
- Treatment, interventions, response to treatment, plan of care
- Anticipated discharge disposition

L.A. Care will process your authorization request for post-stabilization care within 30 minutes. The post-stabilization care must be medically necessary. This applies to a participating and non-participating providers.

For additional information, refer to California Health and Safety Code section 1371.4 and Welfare and Institutions Code section 14454, and consistent with 42 CFR Section 438.114. Effective May 3, 2023, Medi-Cal providers can also refer to [All Plan Letter \(APL\) 23-009 \(PDF\)](#), Authorizations for Post-Stabilization Care Services.

Higher Level of care (HLOC) transfer requests

To request a higher level of care or care authorization, do the following:

- To request higher level of care, **CALL** our 24 hour, 7 days a week call center 877-431-2273, follow the prompts or fax to: 1-213-438-2204.
- Locate our Higher level of care authorization [form](#) under For Providers tab → Utilization Management Forms: <https://www.lacare.org/providers/forms-manuals>

Information needed:

- Transferring MD First and Last Name & Phone Number
- Transferring Diagnosis:
- Reason for Higher level of care Request/ Service Needed:
- Level of Care:
- Procedure Code (if applicable):
- Pertinent clinicals: Age, gender, past medical history, chief complaint, Pertinent Findings and Interventions, Vital signs, Physical Exam, Labs, Diagnostic, Medications, Treatments, Interventions, Response to Treatment, Plan

Difficult Member Placement Assistance

L.A. Care provides assistance to help our providers when there are obstacles or challenges placing members in skilled nursing facilities when discharging from acute inpatient hospital. We want to support our providers in ensuring our members are discharged to the appropriate level of care at the appropriate time.

To request assistance with a Difficult Member placement.

Locate our Difficult Placement Authorization Request [Form](#) under For Providers tab → Utilization Management Forms: <https://www.lacare.org/providers/forms-manuals>

- Fill out the Difficult Placement Authorization request form in its entirety
- Refer to the Difficult Placement Referrals checklist for the list of items that need to be included in the referral packet.

- Fax in the Difficult Placement Request Form, complete referral packet, and include list of all the providers that declined including the reason they declined.
- Member must be stable for discharge
- A new updated referral packet will need to be faxed in weekly until placement is found
 - Fax: 213-438-5095

To request authorization that is needed to discharge from the acute inpatient hospital

- Locate our Hospital Priority & Type of Clinical Service Requested Form under For Providers tab → Utilization Management Forms: <https://www.lacare.org/providers/forms-manuals>
 - Fill out Hospital Priority & Type of Clinical Service Requested Form entirety
 - Provide the servicing provider and requesting provider, along with all provider contact information (name, address, phone, fax)
 - Discharge orders or services that are requested include level of care/CPT or HCPC codes/Units if applicable
 - Current clinical documentation to support medical necessity
 - Fax to: 1-213-438-5066.

Refer a Member for Enhanced Care Management Services (ECM):

- Learn more about ECM eligibility criteria, services, FAQs's, and to access the ECM Benefit Member Referral Form here: [Enhanced Care Management Eligibility | L.A. Care Health Plan \(lacare.org\)](#)

Refer a Member for Community Health Worker (CHW) Services:

- Learn more about CHW eligibility criteria, services and to access the Community Health Worker Benefit Recommendation Form: [Community Health Worker Services | L.A. Care Health Plan \(lacare.org\)](#)

***If you are in need of technical support, contact our Help Desk at **(213) 694-1250 ext. 4444**.

Information to L.A. Care Members



L.A. Care members can obtain a written referral or status of a referral by reaching out to their Primary Care Physician (PCP) or call L.A. Care Member Services 24 hours a day, 7 days a week, including holidays:

- Medi-Cal Member Services **1.888.839.9909** (TTY 711)
- L.A. Care Medicare Plus (HMO D-SNP) Member Services **1.833.522.3767** (TTY: 711)
- L.A. Care Covered/Direct Member Services **1.855.270.2327** (TTY 711)
- PASC-SEIU Member Services **1.844.854.7272** (TTY 711)

Other Care Options

L.A. Care Health Plan is here to help make sure you receive the best care and services you need. If you feel ill, please contact your primary care physician (PCP), or if you are unsure if you should visit the emergency room and need to speak to our nurse advice team, you can call us:

- Nurse Advise Line **1-800-249-3619** (TTY 711), 24 hours a day, 7 days a week, including holidays.

You may also go here [Member Documents | L.A. Care Health Plan \(lacare.org\)](#) for your health plan materials that explain your specific benefits and how to get care.

Department of Managed Health Care (DMHC) Help Center

Call **1-888-466-2219**, 24 hours a day, 7 days a week. The call is free. They can help you find health coverage or help if you have a health plan complaint. You can also visit the [DMHC website](#).