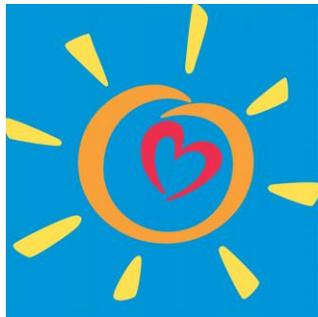


L.A. Care Provider Portal

Service Authorization Request (SAR)

Reference Guide



L.A. Care
HEALTH PLAN®

For All of L.A.

Service Authorization Request (SAR) Quick Reference Guide

The *Provider Portal Service Authorization Request (SAR) Reference Guide* is a tool created to assist providers through the step-by-step process of using the SAR form on the Provider Portal. The SAR form is used to request authorization for specific medical services or treatments for patients.

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All Available SARs

The Service Authorization Request (SAR) form is used to request authorization for specific medical services or treatments for patients. Below is the full list of SARs available in the L.A. Care Provider Portal. Note that this list is subject to change.

Inpatient Benefits & Services	Acute Rehab Unit
	ELDAIP
	Emergent Admission
	ICF/DD
	IP Admission
	IP Facility Auth
	Long Term Care
	LTACH
	Skilled Nursing
	Transplant
Outpatient Benefits & Services	Acupuncture
	Chiropractic
	Dialysis Services
	DME - Incontinent & Medical Supplies
	Hearing Aids / Services
	Home Health Services
	Home Infusion Services
	Hospice
	Imaging & X-Rays
	Lab Services
	Non-Emergency Medical Transport (NEMT)
	Orthotics & Prostheses
	OT - PT - ST Therapy Services
	Outpatient Facility
	Outpatient Services
	Palliative Care
	Radiation Therapy
	Sleep Study
	Specialist & Non-Physician Practitioner Services
	Specialty Care Referrals
Transgendered Services	
Vision Services	

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All below SARs without an asterisk* are able to be submitted in the Provider Portal.

CalAIM & Community Supports	Asthma Remediation
	Behavioral Health Treatment (BHT)
	Community Health Worker Benefit (>12 Visits)
	Community Health Worker Benefit (first 12 Visits)
	Community Transition Services (CTS)
	Day Habilitation*
	Enhanced Care Management (ECM)**
	Environmental Access Adaptation
	Housing Deposit*
	Housing Transition Navigation*
	Housing Tenancy and Sustaining Services*
	Medically Tailored Meals
	NFTD ALF
	Personal Homemaker Services
	Recuperative Care*
	Respite Care
Short-Term Post Hospitalization*	
Sobering Centers	
Street Medicine	

Service Authorization Types marked with * - Providers must continue to fax in SARs and will not be able to submit via the Provider Portal.

Service Authorization Types marked with ** -SAR submissions will redirect the user to the Therefore for form completion.

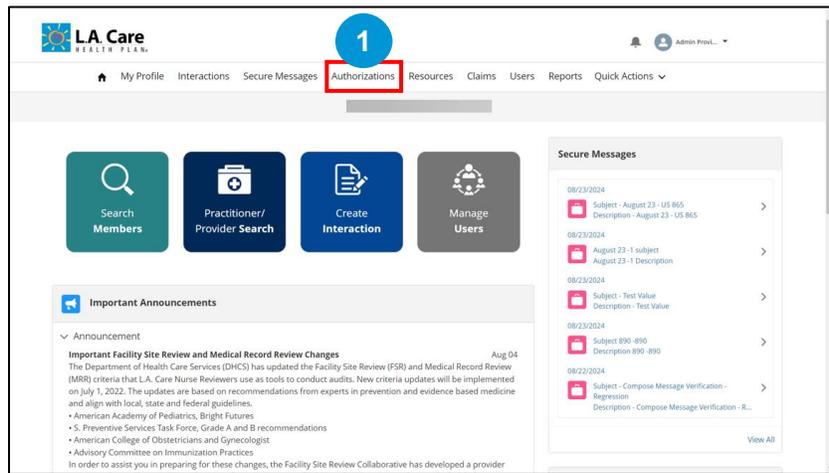
Access the Select Authorization Type Page

To submit a SAR form on a Provider Portal, you need to access the **Select Authorization Type** page. There are two ways to access the **Select Authorization Type** page:

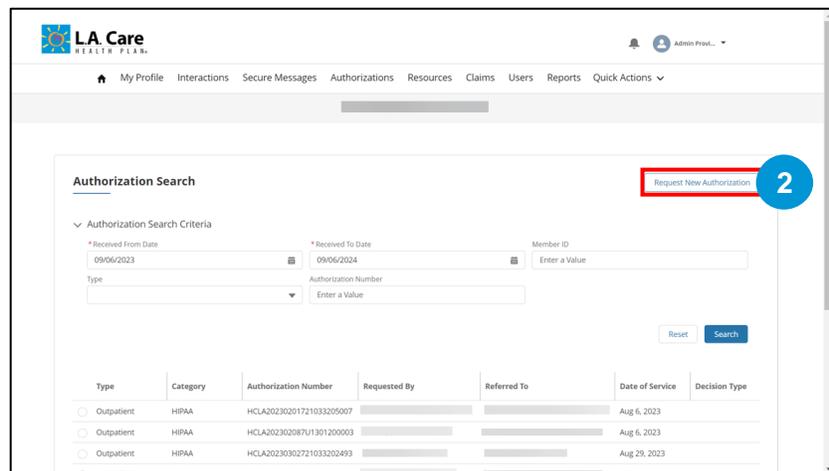
- From the Authorization Tab menu item on your homepage
- From the Authorization Tab within the Member Profile page

Access the Select Authorization Type Page from the Authorization Menu Item

Step 1: Click the **Authorizations** menu item on the Provider Portal Homepage to access the **Authorization Search** page.



Step 2: Click the **Request New Authorization** button to open the **Member Search** pop-up window.



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Step 3: On the **Member Search** pop-up window, input the search criteria for the Member for whom you wish to submit a SAR form.

Step 4: Click **Search** to view the search list.

Member Search

Select Member for this New Authorization
Before starting a new authorization flow, make sure to anchor the authorization to an existing member.

Member ID

-OR-

Last Name: Enter a value | Date of Birth: Choose a date

-OR-

Phone Number: Enter a value

Reset Search

Outpatient	HIPAA	HCLA	Date	
<input type="radio"/>	Outpatient	HIPAA	HCLA20230201721033205007	Aug 6, 2023
<input type="radio"/>	Outpatient	HIPAA	HCLA202302087U1301200003	Aug 6, 2023
<input type="radio"/>	Outpatient	HIPAA	HCLA20230302721033202493	Aug 29, 2023

Step 5: Scroll down to the **Results** section and select the Member for which you want to submit the SAR form.

Step 6: Click **Select** to open the **Select Authorization Type** page.

Member Search

-OR-

Last Name: Enter a value | Date of Birth: Choose a date

-OR-

Phone Number: Enter a value

Reset Search

Results

Full Name	Date of Birth	Phone Number	Member ID	Resident Addr...	Zip	LOB	PPG Sub Netw...	PCP	Primary Plan ...	Pla
	Oct 01, 19	(992)				MCLA			LA Care Medica...	Jul

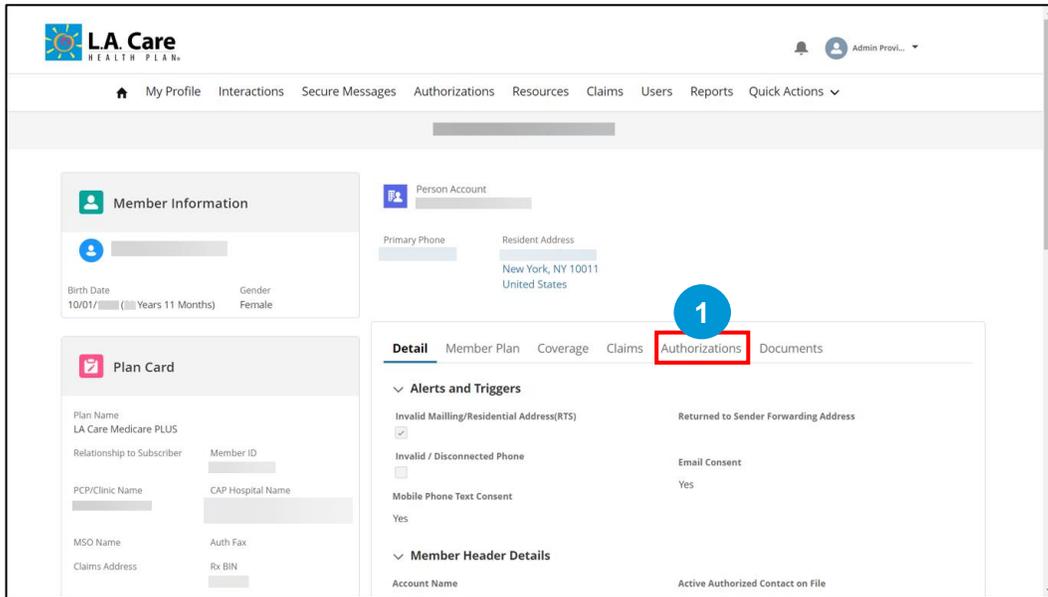
Select

L.A. Care Provider Portal

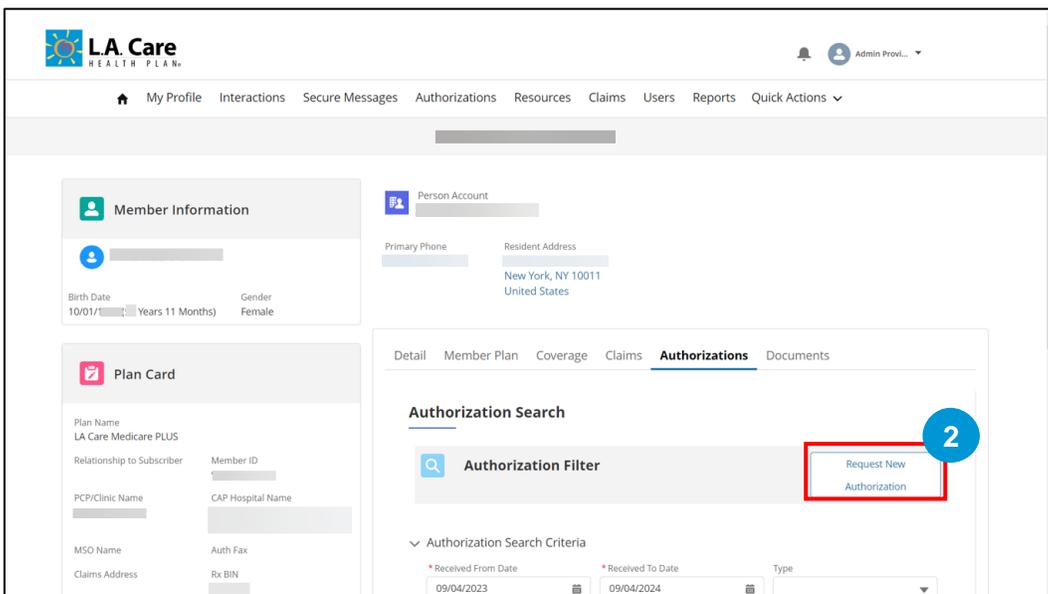
Service Authorization Request (SAR) Reference Guide

Access the Select Authorization Type Page from the Authorization Menu Item

Step 1: On the Member Profile page, click the **Authorizations** tab.



Step 2: Click the **Request New Authorizations** button to access the **Select Authorization Type** page.



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Service Authorization Request (SAR) Reference Guide

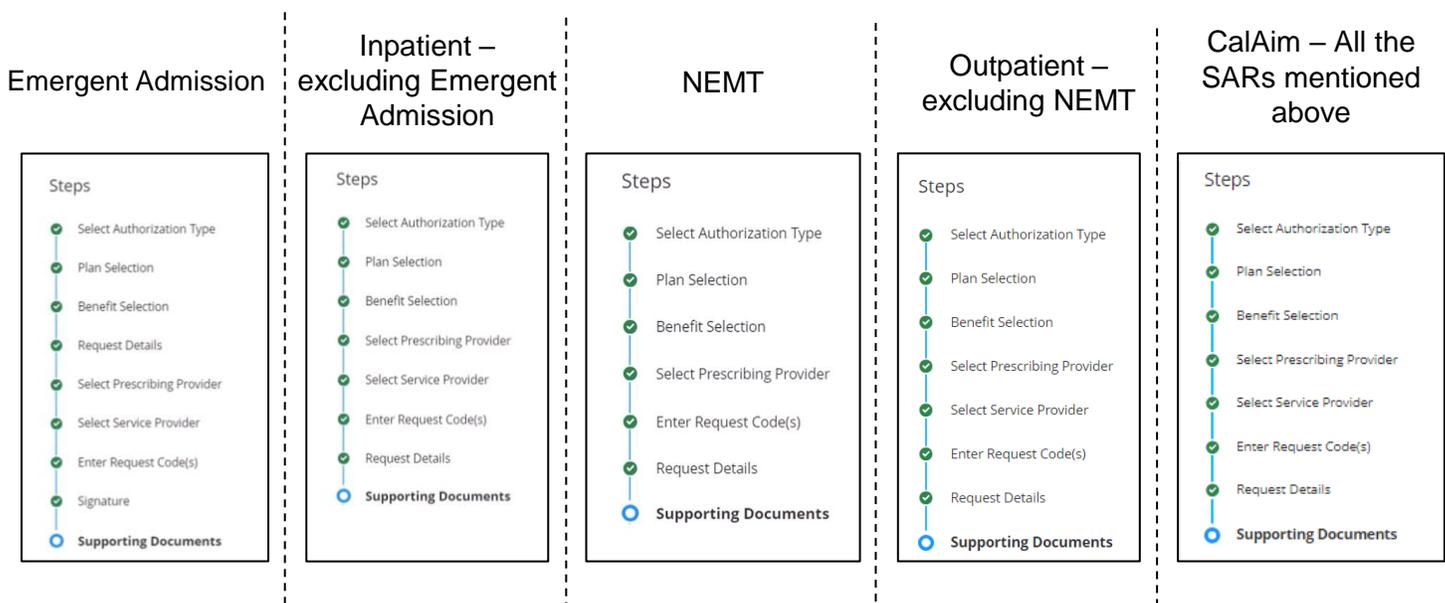
Submit SARs: Overview

Once you have navigated to the Select Authorization Type page either via the Authorization Tab on the homepage or the Member Profile page, you can submit any of the available SARs.

The submission process for the following SARs will generally follow a similar workflow, with minor variations in the steps and fields available at each step/page:

- Inpatient
- General/Outpatient
- CalAIM
 - Respite Care
 - Asthma Remediation
 - Behavioral Health Treatment (BHT)
 - Community Health Worker Benefit (>12 Visits)
 - Community Health Worker Benefit (first 12 Visits)
 - Community Transition Services
 - Environmental Access Adaptation
 - Medically Tailored Meals
 - NFTD ALF
 - Personal Homemaker Services
 - Sobering Centers
 - Street Medicine

Steps to Submit SARs on Provider Portal:



L.A. Care Provider Portal

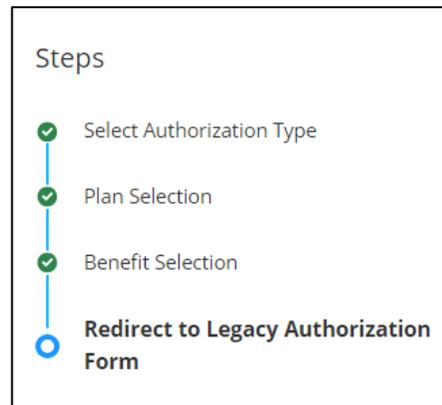
Service Authorization Request (SAR) Reference Guide

Redirecting to the Legacy Provider Portal:

For the select **CalAim SAR** listed below, you will be redirected to the Legacy Provider Portal, where you can follow the steps to submit:

- Enhanced Care Management (ECM)

Steps to submit the above-mentioned CalAim SARs on Provider Portal:



Submit by Fax Only:

For the select **CalAim SARs** listed below, please follow the process to submit via Fax:

- Recuperative Care
- Day Habilitation
- Housing Deposits
- Housing Transition Navigation
- Housing Tenancy and Sustaining Services
- Short Term Post Hospitalization

Steps to Submit SARs for Inpatient, Outpatient, and CalAim

Users will be able to view and follow the SARs workflow steps visible along the right side of the page.

Step 1: On the **Select Authorization Type** page, select the **Inpatient** option from the picklist in the **Select an Authorization Type** field.

On selecting the **Inpatient** option for the **Select an Authorization Type** field, the **Select a Request Type** field appears.

The screenshot shows the L.A. Care Health Plan user interface. At the top, there is a navigation bar with links for My Profile, Interactions, Secure Messages, Authorizations, Resources, Claims, Users, Reports, and Quick Actions. Below this is a header for "ALL FOR HEALTH HEALTH FOR ALL INC (1467971747)". The main content area is titled "Select Authorization Type" and displays the member name "KEVORK GHAZARIAN". There are two dropdown menus: "Select an Authorization Type:" and "Select a Request Type:". The "Select an Authorization Type:" dropdown is open, showing "Inpatient" selected. A blue circle with the number "1" is placed over the "Inpatient" option. A "Next" button is visible at the bottom right of the form area. On the right side, there is a "Steps" panel with three items: "Select Authorization Type" (selected), "Plan Selection", and "Benefit Selection".

Step 2: In the **Select a Request Type** field, select the **Emergent Admission** option from the picklist.

Step 3: Click **Next** to move to the Plan Selection step.

Note: If you select an internal plan, you will be directed to the Benefit Selection page. Whereas, if an external plan is selected, all the next steps are skipped, a case is directly created, and you will be directed to the Case Detail page.

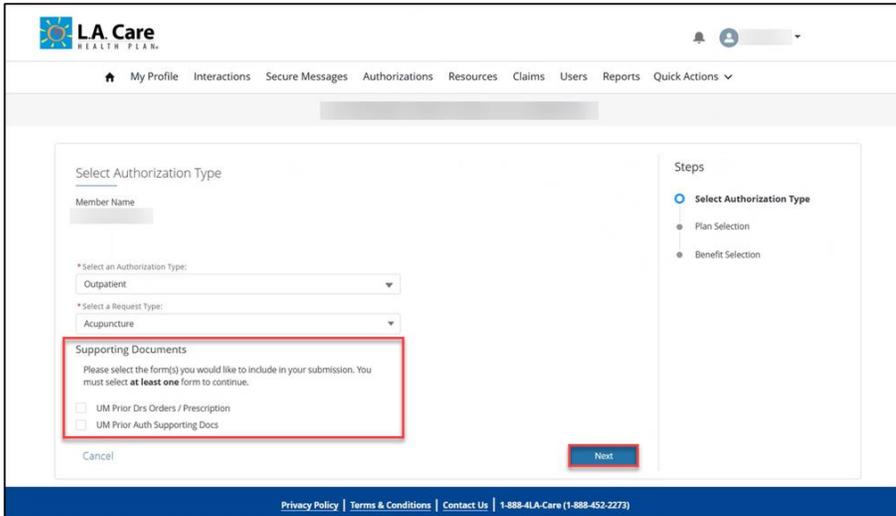
This screenshot shows the same "Select Authorization Type" form as the previous one, but with the "Select a Request Type:" dropdown menu open. The dropdown list includes options such as "Acute Rehab Unit", "Emergency Room Services (Emergent Admission)", "Inpatient Hospital Stays (Any Elective Admission)", "Intermediate Care Facility / DD", "Long Term Services & Supports", "LTACH", and "Skilled Nursing". The "Emergency Room Services (Emergent Admission)" option is highlighted with a red box and a blue circle with the number "2". The "Next" button is also highlighted with a red box and a blue circle with the number "3". The "Steps" panel on the right remains the same, with "Select Authorization Type" selected.

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After selecting an authorization type, select the appropriate request type (e.g., Emergent Admission, Inpatient, General/Outpatient, and NEMT). The system is intuitive and will display additional required fields based on your selection:

Complete all **supporting fields relating to uploading necessary documents, such as Clinical Notes, Face Sheets, PCS Form, DME Order, and/or Prescription Rx etc.** Incomplete entries or missing attachments may delay processing. Once complete, click **Next**.

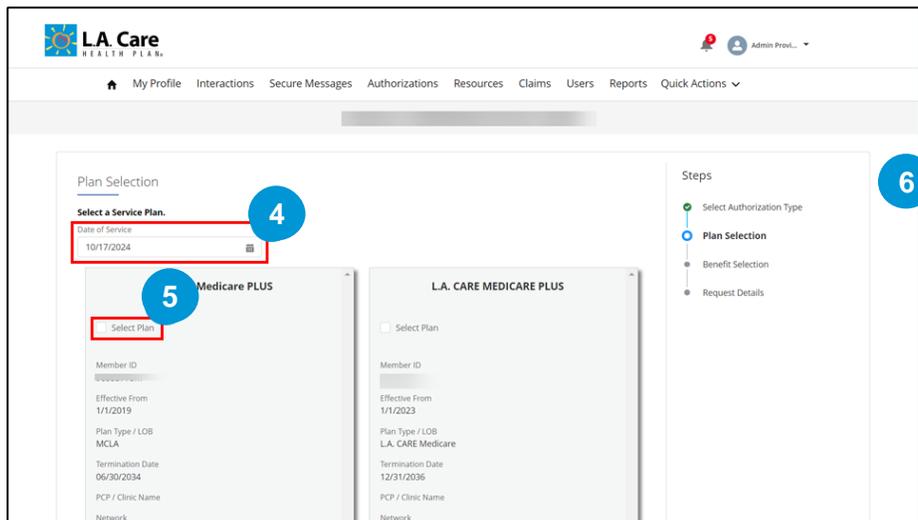


Step 4: The **Plan Selection** page displays. Here, the **Date of Service** field is auto-populated with the current date. You can update the date as per your requirement in this field.

Step 5: Select the **Select Plan** checkbox of the required plan from the available options.

Step 6: Scroll down to access the **Next** button

Note: If the **Benefit Category** field is auto-populated with **Other Coverage Benefits or Services**, it indicates that the planned benefit does not exist. You will also receive an error warning, and you cannot proceed further with submitting the authorization request.



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Step 7: The **Benefit Selection** page displays. Here, the **Benefit Category** field and the **Benefit Detail** field is auto-populated based on the authorization type and request type, respectively. Next, click **Select**.

Benefit Selection

Select a Benefit for your Authorization.

Information for Providers:
To ensure payment, Providers are required to confirm member eligibility prior to providing services as payment is made only if the member is eligible at the time of service.
Please note that authorization for services is not a guarantee of payment. All claims submitted for services are subject to claims payment and Payment Integrity policies. Please contact the L.A. Care Provider Call Center at 1-877-431-2273 if you have any questions.

* Benefit Category
Inpatient Benefits & Services

* Benefit Detail
Emergency Room Services (Emergent Admission)

Select 7

Authorization Information

Responsible Party
Authorization Fax

Steps

- Select Authorization Type
- Plan Selection
- Benefit Selection
- Request Details

Step 8: The **Plan Selection** page displays. Here, the **Date of Service** field is auto-populated with the current date. You can update the date as per your requirement in this field.

Note: If the **Responsible Party** under the **Authorization Information** section is not L.A. Care, the next steps will be skipped, a case is directly created, and the user will be redirected to the **Case Details** page with a notification message.

Select a Benefit for your Authorization.

Information for Providers:
To ensure payment, Providers are required to confirm member eligibility prior to providing services as payment is made only if the member is eligible at the time of service.
Please note that authorization for services is not a guarantee of payment. All claims submitted for services are subject to claims payment and Payment Integrity policies. Please contact the L.A. Care Provider Call Center at 1-877-431-2273 if you have any questions.

* Benefit Category
Inpatient Benefits & Services

* Benefit Detail
Emergency Room Services (Emergent Admission)

Select

Authorization Information

Responsible Party
LA CARE HEALTH PLAN

Authorization Fax

Claim Information

Responsible Party
LA CARE HEALTH PLAN

Claims Address

Electronic Payer ID
LACAR

Claims Status Phone Number

Cancel Previous Next 8

Steps

- Select Authorization Type
- Plan Selection
- Benefit Selection
- Request Details

Privacy Policy | Terms & Conditions | Contact Us | 1-888-4LA-Care (1-888-452-2273)

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Service Authorization Request (SAR) Reference Guide

Step 9: The **Request Details** page displays. On this page, enter the appropriate values in the mandatory fields (marked with asterisk) such as **Priority**, **Admission Date**, **Length of Stay**, and **Level of Care**.

Step 10: Click **Next** to proceed further.

Note: You can add additional information for the request in the **Comments** field and MRN in the **Submitter's Medical Record Number (MRN)** fie.

If the **Observation** option is selected as **Level of Care**, a case will be directly created as **Observation** doesn't require any prior authorization.

The screenshot displays the 'Request Details' page in the L.A. Care Provider Portal. The form is divided into several sections:

- Member Information:** Member ID (99787745G), Member Name (YAN FEN CHEN), PCP (L.A. CARE HEALTH PLAN), and Date of Birth (07/07/1946).
- Priority:** A dropdown menu with 'Routine' selected, highlighted with a red box and a blue circle labeled '9'.
- Admission Date:** A date field with '05-13-2025' entered, highlighted with a red box and a blue circle labeled '9'.
- Length of Stay:** A text field with '3' entered, highlighted with a red box and a blue circle labeled '9'.
- Level of Care:** A dropdown menu with 'IP LEVEL OF CARE' selected, highlighted with a red box and a blue circle labeled '10'. The dropdown list includes options like 'ICF-DD-HABILITATIVE', 'ICF-DD-NURSING', 'CU/CCU', 'IP LEVEL OF CARE', 'IP SKILL IP LEVEL OF CARE', and 'IP SKILLED/LEVEL II'.
- Emergency Admission Details:** Status (New), Subject (Emergent Admission Authorization), and a Comments field.
- Navigation:** A 'Cancel' button and a 'Next' button (partially visible).
- Progress Indicator:** A vertical bar on the right side shows the current step 'Request Details' as active, with other steps like 'Select Authorization Type', 'Plan Selection', and 'Benefit Selection' marked as completed.

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Step 11: If an option other than Observation is selected in the Level of Care field, you will be directed to the **Select Prescribing Provider** page. On this page, you need to search and select the required Prescribing Provider/Practitioner.

To select the required practitioner, enter the information in the **Provider NPI, Practitioner Last Name, Practitioner Type, and Specialty** fields under the **Practitioner Search** tab. To select the required provider, enter the information in the **Provider NPI, Provider Name, Provider Type, and Specialty** fields under the **Provider Search** tab.

The search results will be displayed under the search fields for both Practitioner Search and Provider Search.

Step 12: Click **Search** to view the search results.

Practitioner Search | Provider Search

Line of Business: MCLA | Contracting Status: Participating

Practitioner Details:

Practitioner First Name	Practitioner Last Name	Provider ID (Site ID)	Practitioner Type
Enter a Value	Enter a Value	Enter a Value	Any Type

State License Number	NPI	Tax ID / EIN	Zip Code
Enter a Value	Enter a Value	Enter a Value	Enter a Value

Accepting New Patients Requirements: No Preference | Languages Spoken: No Preference | Gender: No Preference

Coverage and Care Requirements:

Network	Speciality
LA CARE	Any Speciality

Reset | Search

Practitioner Search | **Provider Search**

Line of Business: MCLA | Contracting Status: Participating

Provider Details:

Facility Name	NPI	Tax ID / EIN	Provider Type
Enter a Value	Enter a Value	Enter a Value	Any Type

Facility Services	State License Number	Zip Code	Provider Medicare Number
Any Service	Enter a Value	Enter a Value	Enter a Value

Site ID: Enter a Value

Coverage and Care Requirements:

Network	Speciality
LA CARE	Any Speciality

Reset | Search

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Service Authorization Request (SAR) Reference Guide

Step 13: Scroll down to access the **Practitioner** or **Provider Result** section. In this section, select the **Select Practitioner** or **Select Provider** radio button for the required Practitioner or Provider, respectively.

Step 14: Click **Next** to proceed further.

Gender: Male, State License Number, Contracting Status: Participating

Select Practitioner

NPI, Line of Business: MCLA, Network, Practitioner Type, Specialty

Provider Address, Phone, Provider ID (Site ID), Accepting New Patients Requirements, Languages Spoken: Armenian, English

Gender: Male, State License Number, Contracting Status: Participating

Select Practitioner **13**

Previous Page 1 of 3 Next **14**

Select Provider

Facility Address, Site ID, NPI, Line of Business: MCLA, Provider Type, Phone

Specialty, Network, Facility Service, Tax ID / EIN, Provider Medicare Number

State License Number, Contracting Status: Participating

Select Provider **13**

Previous Page 1 of 1 Next **14**

Step 15: The **Select Service Provider** page displays. On this page, you can view the details of the Selected Prescribing Provider, such as Name, Site ID, Address, and Fax Number. Next, you need to search for and select the required Service Provider/Practitioner using the Practitioner Search or Provider Search. (Note: not applicable to CalAIM SARs.)

Step 16: Click **Search** to view the Practitioner Search Results.

Select Service Provider

Member ID, Member Name, PCP, PPG: LA CARE DIRECT NETWORK, Date of Birth: 09/11/19, Priority: Urgent, Submitter's Medical Record Number (MRN)

Selected Prescribing Provider, Prescribing Provider Site ID, Prescribing Provider Address, Prescribing Provider Fax Number: Not Available

Practitioner Search, Provider Search

Provider NPI, Practitioner Last Name, Practitioner Type: Any Type, Specialty: Any Specialty

Reset Search **16**

Steps: Select Authorization Type, Plan Selection, Benefit Selection, Request Details, Select Prescribing Provider, **Select Service Provider**, Enter Request Code(s), Signature, Supporting Documents

Cancel Previous Next

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Service Authorization Request (SAR) Reference Guide

Step 17: Scroll down to access the **Practitioner Result** section. In this section, select the **Select Practitioner** radio button for the required Provider.

Step 18: Click **Next** to proceed further.

The screenshot shows a form titled "Practitioner Result" with a "Select Practitioner" radio button highlighted by a red box and a blue circle with the number 17. Below the form, the "Next" button is highlighted by a red box and a blue circle with the number 18. The form contains the following fields:

Field	Value
NPI	[Redacted]
Line of Business	L.A. CARE Medicare
Network	[Redacted]
Practitioner Type	PRIMARY CARE PHYSICIAN
Specialty	
Provider Address	[Redacted] United States
Phone	[Redacted]
Provider ID (Site ID)	[Redacted]
Accepting New Patients Requirements	Not accepting new patients
Languages Spoken	English
Gender	
State License Number	A152130
Contracting Status	Participating

At the bottom of the form, there are "Previous" and "Next" buttons. The "Next" button is highlighted with a red box and a blue circle with the number 18. A "Cancel" button is also visible at the bottom left.

Step 19: The **Enter Request Code(s)** page displays. On this page, you can also view the details of the Selected Service Provider, such as Name, Site ID, Address, and Fax Number. Next, enter **ICD10 Diagnosis Code**. The **ICD10 Diagnosis Code Description** field will be auto-populated as per the entered ICD10 Diagnosis Code.

Note: You can click **Add** if you want to add multiple revenue code.

The screenshot shows the "Enter Request Code(s)" page. The "Selected Service Provider" section is highlighted with a red box. The "ICD10 Diagnosis Code" field is highlighted with a red box and a blue circle with the number 19. The "ICD10 Diagnosis Code Description" field is auto-populated with "STAPHYLOCOCCAL ARTHRITIS, RIGHT SHOULDER". The "Add" button is also highlighted with a red box.

The form contains the following fields:

Field	Value
Date of Birth	[Redacted]
Submitter's Medical Record Number (MRN)	[Redacted]
Selected Prescribing Provider	[Redacted]
Prescribing Provider Address	[Redacted]
Selected Service Provider	[Redacted]
Service Provider Address	[Redacted]
Priority	Urgent
Prescribing Provider Site ID	[Redacted]
Prescribing Provider Fax Number	Not Available
Service Provider Site ID	[Redacted]
Service Provider Fax Number	Not Available

Below the form, there is a section titled "Please enter ICD10 Code(s) below" with an "Add" button. The "ICD10 Diagnosis Code" field is highlighted with a red box and a blue circle with the number 19. The "ICD10 Diagnosis Code Description" field is auto-populated with "STAPHYLOCOCCAL ARTHRITIS, RIGHT SHOULDER".

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Step 20: Scroll down and enter **Revenue Code**. The **Revenue Code Description** field will be auto-populated as per the entered **Revenue Code**. This step is optional.

Step 21: Click **Next** to proceed further.

Note: You can click **Add** if you want to add multiple revenue code.

Also Note: If all the ICD10 Code(s) and Revenue Code(s) added on the **Enter Request Code(s)** page don't require authorization, a message will appear confirming that. On clicking **Next**, all the next step will be skipped, and a case will be directly created.

Please enter ICD10 Code(s) below

Add

*ICD10 Diagnosis Code ⓘ

ICD10 Diagnosis Code Description

STAPHYLOCOCCAL ARTHRITIS, RIGHT SHOULDER

Please enter Revenue Code(s) below

Add

Revenue Code

Revenue Code Description

Reserved

Cancel Previous Next

Step 22: On the **Signature** page, select the **I have verified the below Provider Information for accuracy** checkbox.

Step 23: If applicable, click the **Enter Alternate Prescribing Provider Information** and enter the prescribing provider information in **Street 1**, **Street 2**, **City**, **State**, **Zip**, and **Alternate Service Provider Fax** fields.

Signature

Please review all Prescribing and Service Provider Information, and utilize the accordions to enter Alternative Information as necessary. The entered alternative provider information will persist on this authorization request.

I have verified the below Provider Information for accuracy.

Member Name
ANOUD M HADDADIN

Enter Alternate Prescribing Provider Information

Street 1
ABC Street

Street 2
Strt 2

City
C City

State
CA

Zip
54657

Alternate Service Provider Fax
(876) 646-4354

Selected Service Provider
AAA COMPREHENSIVE HEALTHCARE, INC.

Service Provider Site ID

Service Provider Address
7451 LANKERSHIM BLVD NORTH HOLLYWOOD, California 91605 United States

Service Provider Fax Number
Not Available

Steps

- Select Authorization Type
- Plan Selection
- Benefit Selection
- Request Details
- Signature
- Supporting Documents

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Step 24: Similarly, click the **Enter Alternate Service Provider Information** and enter the service provider information in **Street 1, Street 2, City, State, Zip,** and **Alternate Service Provider Fax** fields.

Step 25: Select the attestation checkbox as highlighted below.

Step 26: Click **Next** to proceed further.

Enter Alternate Service Provider Information

Street 1: 67 street Street 2: Street2

City: City City State: SE

Zip: 65635 Alternate Service Provider Fax: (867) 566-3467

I attest that I have used all reasonable diligence in preparing the response, I have reviewed this entry, and all attached documents, where applicable and to the best of my knowledge the information contained herein is true and complete.

Name: Thomas Seger PP
Title: Principal
Date / Time Submitted: 11/8/2024 7:6

By continuing to the next section, a case will be created.

Cancel Next

Step 27: The **Supporting Documents** page displays and click on **Download Request Details** to download the short form to complete and upload the document. Next, select the **I attest that I have uploaded all required documentation for this Authorization request** checkbox.

Step 28: Next, click **Log In** to log into the **OnBase Integration for Salesforce** platform and upload the supporting document.

Supporting Documents

Member ID: [redacted] Member Name: [redacted]

PCP: [redacted] POC: LA CARE DIRECT NETWORK

Date of Birth: 09/11/1988 Length of Stay: 3

Admission Date: 2024-11-08

Action Required: Upload Prescription / Doctor's Orders
To proceed with the selected Authorization Request, please upload the necessary Prescription from your Prescribing Provider.

I attest that I have uploaded all required documentation for this Authorization request.

OnBase Integration for Salesforce

Log In

Click Log In to enter the application.

Log In

Cancel Previous Submit

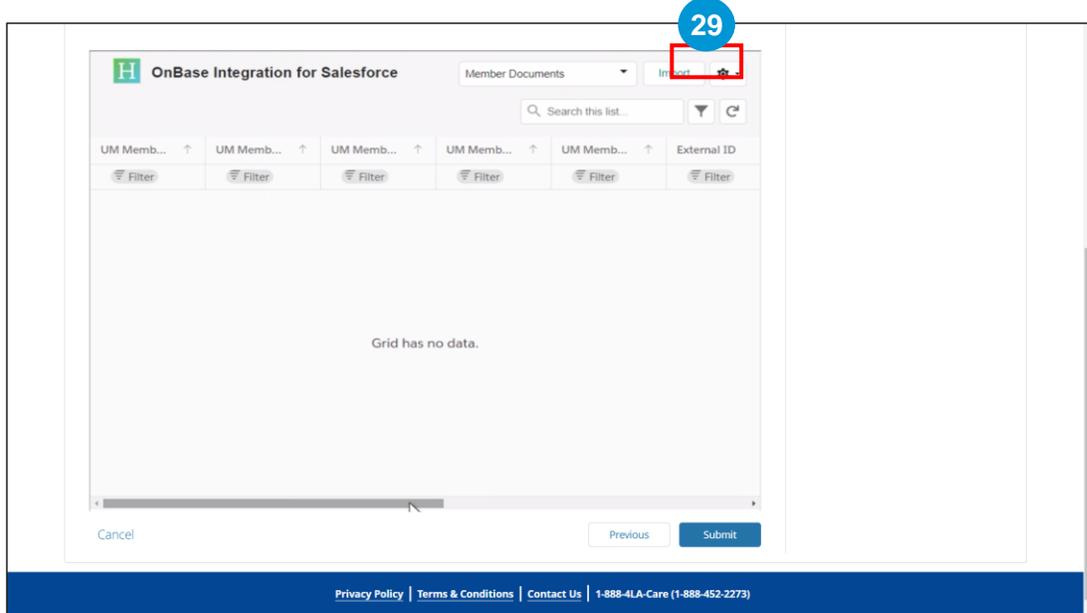
Steps

- Select Authorization Type
- Plan Selection
- Benefit Selection
- Request Details
- Select Prescribing Provider
- Select Service Provider
- Enter Request Code(s)
- Signature
- Supporting Documents

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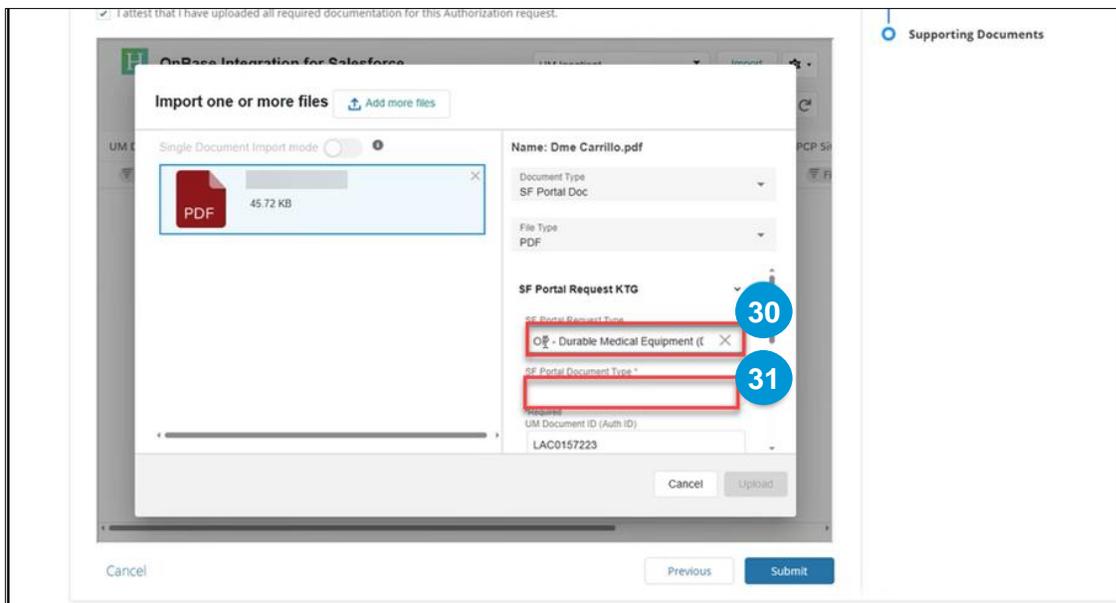
Service Authorization Request (SAR) Reference Guide

Step 29: Once you have successfully logged into the OnBase Integration for Salesforce platform, click **Import** to upload the supporting documents. A pop-up window will appear where you can select the supporting documents from your system that you want to upload.



Step 30: Once you have selected the supporting documents from your system, the **Import one or more files** window appears. Next, **click your cursor in the SF Portal Request Type** field (**Note: do not backspace or clear the contents of this field**)

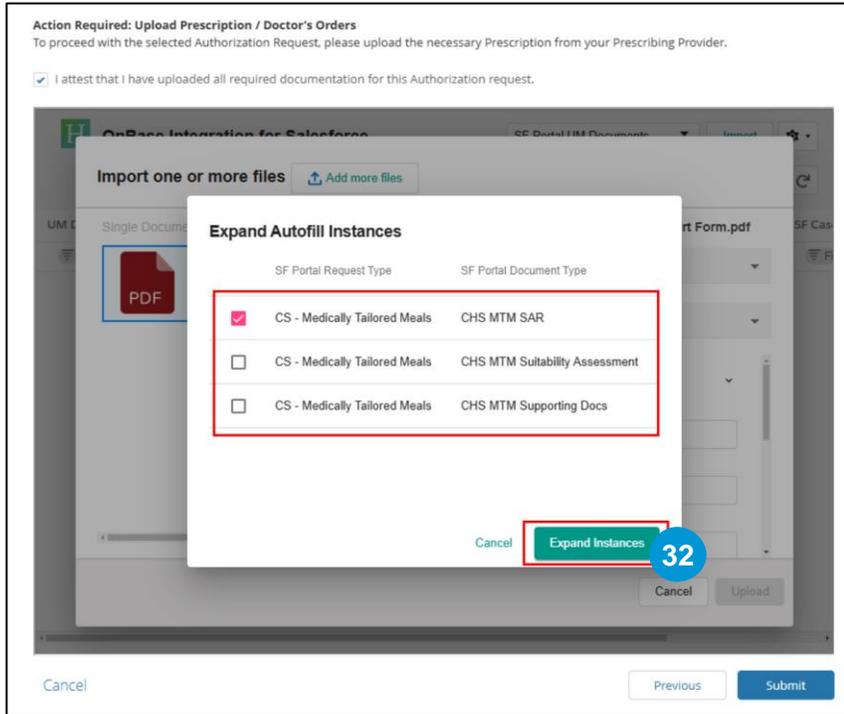
Step 31: Next, select the document type from the **SF Portal Document Type** dropdown.



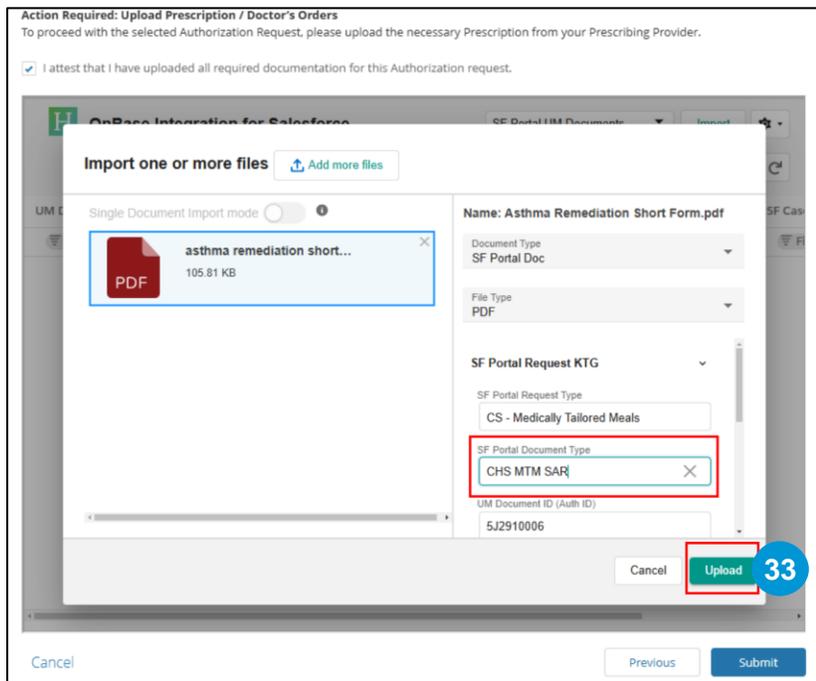
L.A. Care Provider Portal

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Step 32: Select the relevant document type and confirm selection by clicking **Expand Instances**.



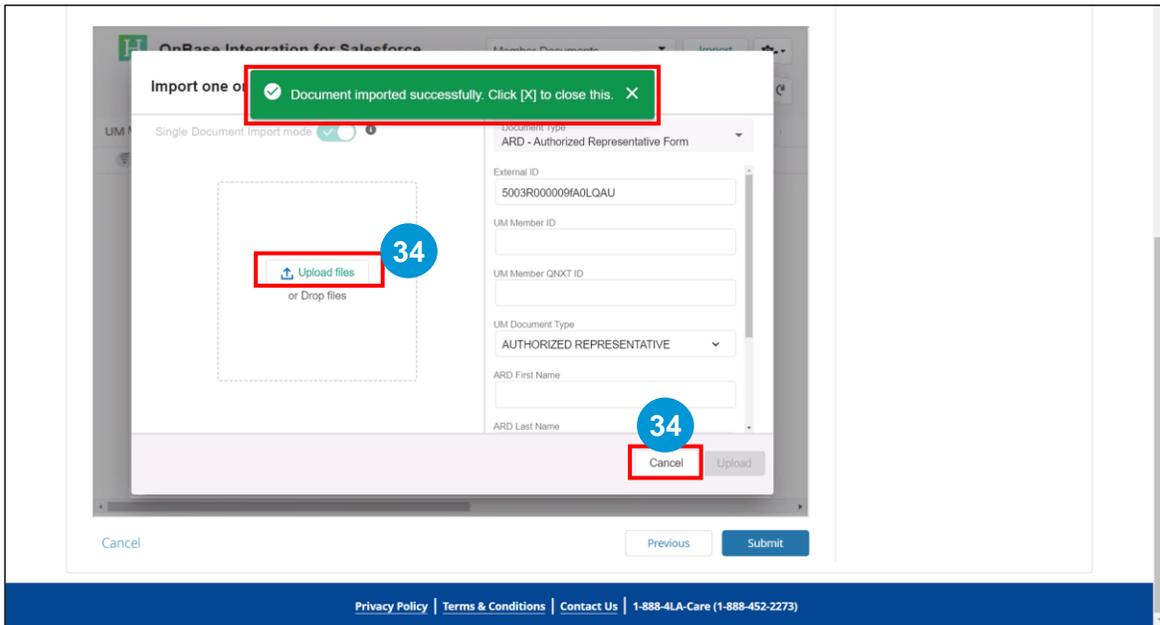
Step 33: Click **Upload** to attach the document to the authorization request.



L.A. Care Provider Portal

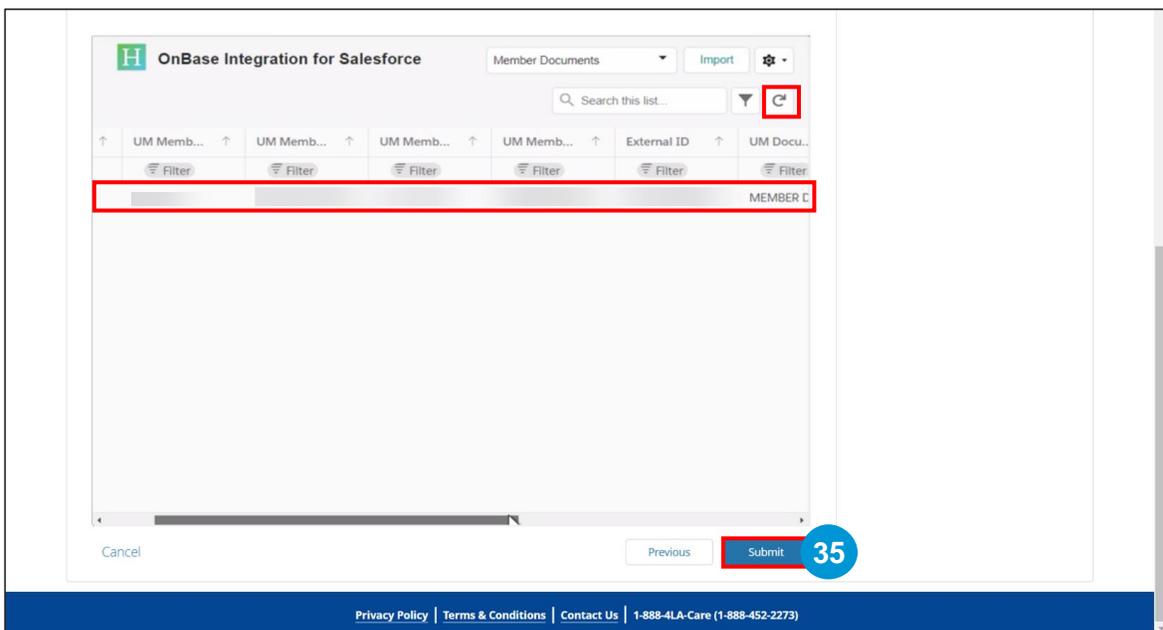
Service Authorization Request (SAR) Reference Guide

Step 34: Once you have uploaded the document, a message appears confirming that the Document was imported successfully. Add additional files using the **Upload files** button or click the **Cancel** button if you are done adding files to close the window.



Step 35: The recently uploaded file is now displayed under the **OnBase Integration for Salesforce** section. Next, click **Submit**.

Note: If the file does not appear in this section after a successful upload, select **SF Portal UM Document**, and click the **Refresh** icon.



L.A. Care Provider Portal

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The **Case Details** page displays. A message appears confirming that the authorization request has been created successfully. On this page, you can review the case details.

The screenshot shows the L.A. Care Health Plan Case Details page. At the top, there is a navigation bar with the L.A. Care logo and a menu including My Profile, Interactions, Secure Messages, Authorizations, Resources, Claims, Users, Reports, and Quick Actions. A green notification banner at the top center reads "Authorization 00038999 Created Successfully". Below the navigation bar, the case information is displayed, including the Case ID (00038999), Type (Submit Authorization Request), Status (Completed), and Sub Status (API Successful). The page is divided into sections: Detail, Authorization Details, and Supporting Documents. The Case Information section is expanded, showing details such as Account Name, Case Owner (Name1 TestPP1), Type (Submit Authorization Request), Request Type (Emergent Admission), Authorization Number, Date/Time Opened (10/8/2024, 11:12 PM), Status (Pending), Authorization Type (Inpatient), Case Number (00038999), and Subject (Emergent Admission Authorization).

Redirecting to the Legacy Service Authorization System: ECM

An important callout is the difference in the **Enhanced Care Management** SAR which will redirect users to the Legacy Service Authorization System.

Users will select the Authorization Type / Request Type and Plan using the same general steps as for other SARs. This will take users to the Benefit Selection page.

On the **Benefit Selection** page, the **Benefit Category** and **Benefit Detail** fields is auto-populated based on the authorization type and request type, respectively. Next, click **Select**.

The **Authorization Information** and **Claim Information** sections are auto-populated based on the selection in the **Benefit Detail** field. Click **Next** to proceed further.

Benefit Selection

Select a Benefit for your Authorization.

Information for Providers:
To ensure payment, Providers are required to confirm member eligibility prior to providing services as payment is made only if the member is eligible at the time of service. Please note that authorization for services is not a guarantee of payment. All claims submitted for services are subject to claims payment and Payment Integrity policies. Please contact the L.A. Care Provider Call Center at 1-877-431-2273 if you have any questions.

* Benefit Category
Medi-Cal Only - CalAIM & Community Supports

* Benefit Detail
Enhanced Care Management (ECM)

Select

Authorization Information

Responsible Party: LA CARE HEALTH PLAN
Authorization Fax: 213-438-5063

Claim Information

Responsible Party: LA Care Health Plan
Claims Address: LACare Claims P.O. Box 811580 Los Angeles, CA 90081
Electronic Payer ID: LACAR
Claims Status Phone Number: (888) 4LA-Care (452-2273)

Cancel Previous Next

Privacy Policy | Terms & Conditions | Contact Us | 1-888-4LA-Care (1-888-452-2273)

Steps

- Select Authorization Type
- Plan Selection
- Benefit Selection
- Redirect to Legacy Authorization Form

On clicking **Next**, the redirect to the **Legacy Service Authorization System** page displays. On this page, select the **Click to Submit Online ECM Service Request** button and you will be redirected to the Legacy Service Authorization System login page.

After logging into the Legacy Service Authorization System using your login credentials, you can perform the steps to submit the ECM SAR.

Redirect to Legacy Authorization Form

Enhanced Care Management - Service Authorization Form

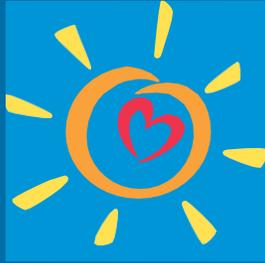
Login to L.A. Care's Legacy Provider Portal Required - Please have your original Portal ID / Password ready to access this feature.

Click to Submit Online Service Authorization Request

Cancel Previous Finish

Steps

- Select Authorization Type
- Plan Selection
- Benefit Selection
- Redirect to Legacy Authorization Form



L.A. Care
HEALTH PLAN®

For All of L.A.

