



## CONTRACTED PROVIDER AUTHORIZATION/BILLING FAQS When L.A. Care is Financially Responsible

DEPARTMENT	CONTACT INFORMATION	ONLINE MATERIALS	
		(links to plan-specific provider materials)	
Member Services/Member Eligibility  • Member plan eligibility  • Resources for patients	NAME: L.A. Care Member Services PHONE: 1-888-839-9909 TTY: 1-866-522-2731 FAX: N/A EMAIL: N/A HOURS: 8 am – 5 pm	Cal MediConnect: http://www.calmediconnectla.org/providers/benefits  L.A. Care Medi-Cal http://www.lacare.org/members/member- docs/member-handbooks	
*Only when L.A. Care is responsible  • Prior authorizations  • Converting TARs to plan authorizations  • Continuity of Care (COC)  Please note if there are separate individuals to contact regarding prior vs. regular authorizations, or for different types of authorizations (e.g., outpatient vs. inpatient)	NAME: L.A. Care Utilization Management PHONE: 877-431-2273 Inpatient FAX: 877-314-4957 Outpatient Fax: 213-438- 5777 COC Unit PHONE: 1-855-351- 9251 COC Email: COC@lacare.org HOURS: 24 hours	*Refer to delegation matrix on L.A. Care's website for detailed information regarding the entity responsible for authorizing services.  Generally, PPGs/IPAs in the CMC network are responsible for authorizing all services (with the exception of Behavioral Health, Chiropractic, Dental, Transportation, and Vision)  Check Eligibility to verify IPA  Utilization Management Authorization Form: http://www.lacare.org/providers/provider-resources/provider-forms  COC Resources: http://www.calmediconnectla.org/continuity-care	
Claims/Billing	NAME: L.A. Care Claims	* Refer to delegation matrix on Provider Portal for detailed information regarding the entity responsible for	





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*Only when L.A. Care	Department	paying claims.
<ul> <li>s responsible</li> <li>Submitting claims</li> <li>Receiving payments</li> </ul>	PHONE: 888-452-2273  ADDRESS: PO BOX 811580 Los Angeles, CA 90081	Generally, PPGs/IPAs in the CMC network are responsible for paying all professional claims. At times, L.A. Care, or the CMC member's capitated hospital (if applicable) is responsible for paying all facility or ancillary provider claims (with the exception of Long Term Care (LTC), Behavioral Health, Chiropractic, Dental, Transportation, and Vision).  Check Eligibility to verify IPA  Claims Resource: <a href="http://www.lacare.org/providers/claims-and-icd-10/submitting-claim">http://www.lacare.org/providers/claims-and-icd-10/submitting-claim</a>
Long-Term Services & Supports Providers	NAME: L.A. Care Managed Long Term Services and Support (MLTSS)	Managed Long Term Services and Support Resources: <a href="http://www.lacare.org/members/member-services/medi-cal-ltss">http://www.lacare.org/members/member-services/medi-cal-ltss</a>
<ul> <li>LTSS care management</li> <li>LTSS contracting</li> <li>LTSS authorizations</li> <li>Converting TARs to plan authorizations</li> </ul>	PHONE: 855-427-1223  FAX: 213-438-4877  EMAIL: mltss@lacare.org  HOURS: 8 am - 5 pm	
<ul> <li>BH access and care coordination</li> <li>BH provider support</li> <li>BH education &amp; training.</li> </ul>	NAME: Beacon Health Strategies  PHONE: 877-344-2858 (24 hours referral)  L.A. Care's Behavioral Health Provider Support Line: 844-858-9940  FAX: 213-438-5093  EMAIL: behavioralhealth@lacare.org  HOURS: 8am – 5pm	http://www.lacare.org/providers/behavioral-health/behavioral-health-services  Specialty BH Services  http://www.lacare.org/providers/behavioral-health/specialty-mental-health-services
Care Management	NAME: L.A Care Case	Case Management Resources:





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Make a referral	Management PHONE: 1-844-200-0104 FAX: 213-438-5077 EMAIL: cmreferral@lacare.org HOURS: 8 am - 5 pm	http://www.lacare.org/providers/provider-resources/provider-faqs
Provider Contracting  Contracts Delegation Information	NAME: Norma Carrillo PHONE: 213-694-1250 x4233 FAX: 213-438-5016 EMAIL: ncarrillo@lacare.org HOURS: 7:30 am – 3:30 pm	Tools and resources for contracted providers are available on our Provider Portal.  Join our Network: http://www.lacare.org/providers/join-our-network/become-a-provider
<ul><li>Provider Relations</li><li>Provider Support</li></ul>	NAME: L.A. Care Provider Relations Department PHONE: 213-694-1250 x4719 FAX: 213-438-5032 EMAIL: ProviderRelations@lacare.org HOURS: 8 am - 5 pm	Provider Relations can provide access to the portal. Please request access via the Provider Relations email.  Provider Resources: http://www.lacare.org/providers/provider-resources/cmc-provider-resources
Cal MediConnect Program Lead	NAME: Maria Lackner PHONE: 213-694-1250 x4010 EMAIL: mlackner@lacare.org	http://www.calmediconnectla.org/