PROGRAMS TO HELP YOUR PATIENTS MANAGE THEIR HEALTH

Care Management and Enhanced Care Management

Care coordination is available for all your L.A. Care Direct Network patients. We have teams of nurses, social workers, community health workers, as well as contracted community-based organizations ready to help your patients manage their health more effectively. The care coordination is conducted over the phone with your patients but may also include in-person visits by Enhanced Care Management vendors and community health workers.

L.A. Care Health Plan's Care Management and Enhanced Care Management teams work with your Direct Network patients to:

- Help them better understand their health conditions.
- Get the care they need to live safely and more independently.
- Decrease unwanted emergency room and hospital visits.
- Connect with benefits and resources your patients may be eligible for, such as transportation to medical office visits, caregiver assistance, or behavioral health services.

Please talk with your patients about care management and refer any you think will benefit from the additional support.
We work with Direct Network patients of all risk levels and needs and will automatically assign them to the most appropriate program.

The Care Management Referral Form is available on the L.A. Care website in the *Provider Forms and Manuals* section. Send the completed Referral Form to L.A. Care's CM Department via:

- Secure Fax: (213) 438-5077, or
- Encrypted Email*: cmreferral@lacare.org

We are also available by phone if you or your patient just want to know more about the Care Management program: (844) 200-0104

Transitional Care Services

The period following a hospital or nursing facility admission is often a difficult time of adjustment for patients. It is important for patients to see their physicians immediately following their discharges. In addition, L.A. Care also offers specialized post-discharge support for your patients who need it.

Any of your Direct Network patients who require additional help following a hospital or facility admission can be referred to the Transitional Care Services (TCS) Program for rapid assistance. They will receive coordination and support from a TCS Care Manager or TCS Community Health Worker to ensure all needed resources and services are received at home.

Refer your patients for TCS support within 30 days of discharge by contacting the TCS Program directly:

- TCS Phone: (888) 524-4832, or
- Encrypted Email*: TCS_Program@lacare.org

We appreciate your partnership in caring for our Direct Network patients. Together with your care, our Care Management and TCS programs can make a significant difference in how your patients cope with and manage their health conditions.

We look forward to working with you to help patients get better.

**Note: Emails sent containing Member Personal Health Information (PHI) must be securely encrypted.*

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