

Learn About Your Coverage



L.A. Care
Covered™ Direct



When you join L.A. Care, and then every year after, you will get a package of important information about your health care coverage. Please read it and if you have questions, call us at **1.855.270.2327 (TTY 711)** 24 hours a day, 7 days a week. **Visit L.A. Care's website at lacare.org for the information listed below and more:**

Basic Information

- What benefits and services are covered
- What benefits and services are not covered
- How your health plan makes decisions about when new treatments will become benefits
- What care you can and cannot get when you are out of Los Angeles County or the L.A. Care network
- How to access care when you are out of Los Angeles County
- How to change or get care from your primary care physician (PCP)
- How to get information about doctors
- How to get a referral for specialty care, behavioral health care services or to go to the hospital
- What to do when you need care right away or when the office is closed
- What to do if you have an emergency
- How to get prescriptions filled, other pharmacy program information and updates

- Co-payments and other charges
- What to do if you get a bill
- Submitting a complaint
- How to keep you and your family healthy
- How your health plan evaluates new technology to decide if it should be a covered benefit

Special Programs

L.A. Care has the following special programs:

- Quality Improvement Programs to tell us how we can improve quality of care, safety and services for our members. These programs tell us how to measure our progress so that we can meet our goals and provide quality services and decide what we may need to change
- Care Management Programs for members who have ongoing medical needs
- Programs to better manage diseases, like diabetes and/or asthma



How Decisions Are Made About Your Care

- How our doctors and staff make decisions about your care is based only on need and benefits. We do not encourage doctors to provide less care than you need and doctors are not paid to deny care.
- How to reach us if you want to know more about how decisions are made about your care
- How to appeal a decision about your care, including external independent review



L.A. Care Has a List of Covered Drugs Called a Formulary

- The Formulary is updated and posted monthly, and you can find it and updates on our website at [lacare.org](https://www.lacare.org).
- Certain covered drugs have restrictions such as Step Therapy (ST), Quantity Limits (QL), and/or require a Prior Authorization (PA).
- FDA approved generic drugs will be used in most situations, even though the brand-name drug is available.
- If your drug is non-Formulary, or has a restriction, your doctor will need to submit a request to L.A. Care. Each request will be reviewed based on individual patient need.
- To see a full list and explanation of the pharmaceutical management procedures and restrictions, visit L.A. Care's website at [lacare.org](https://www.lacare.org).



Member Issues

- Your rights and responsibilities as a health plan member
- How to complain when you are unhappy
- What to do if you are disenrolled from your plan
- How L.A. Care protects and uses your personal health information
- How to get help if you speak a different language

Getting Referrals to Specialized Care

Member Fact Sheet

If your doctor wants you to see a specialist or get care somewhere else, this fact sheet will help you understand the process for getting the care you need.

Why do I need specialized care?

Your primary care provider, or PCP, is the first person you go to when you need health care. He or she makes sure you get the right care, in the right place, and at the right time.

Your PCP may want you to see a “specialist”, an expert in one part of the body or one type of illness. Examples are cardiologists and surgeons. Your PCP may also want you to go to a hospital, clinic, or other place for tests like lab work or x-rays. This is called “specialized care.”

What is a referral and why do I need one?

If you need specialized care, your PCP must ask for approval before you go. This request is known as a “referral.” This helps make sure you are sent to the right specialist or place to meet your needs.

Some specialized care may not need a referral. Your PCP will tell you if you need a referral.

How long does the referral process take?

Most referrals take one week to process. In some cases, your PCP may ask for a “rush” referral, which will take three (3) days. The time you must wait before you are seen depends on the availability of the specialist or place, on your need for treatment and the law.

How will I know if my referral has been approved?

Once your referral is approved, the specialist or place will let you know when your appointment is. If your referral is not approved, you will get a letter telling you why. If you do not agree with this, you may file a complaint or appeal with L.A. Care.

How long will it take to get an appointment?

The time you must wait before you are seen depends on the availability of the specialist or place, on your need for treatment and the law. If your appointment does not work you can ask for a different day or time. Talk to your PCP if you think you are not being seen soon enough.

Can I find my own specialist or place?

Most of the time your PCP will send you to a colleague that he or she already works with. This makes it easier for your PCP and the specialist or place to communicate with each other and get you the care you need. Talk to your doctor before he or she makes the referral if you want to go somewhere else.

What if I need help?

You may need help getting an appointment or talking to the specialist in your language. You may think the specialist is too far away. The first thing you should do if you need help is talk to your doctor.



Discrimination Is Against the Law

L.A. Care Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. L.A. Care Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

L.A. Care Health Plan

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides 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 our **Member Services** Department at **1.855.270.2327 (TTY 711)**.

If you believe that L.A. Care Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance/complaint with the Civil Rights Coordinator of L.A. Care Health Plan. You have two options in which you may file a grievance/complaint:



**You may call in a grievance/complaint at
Member Services Department – 1.855.270.2327 (TTY 711)**



Or you may send in a written grievance/complaint to:

Civil Rights Coordinator
c/o Compliance Department
L.A. Care Health Plan
1055 West 7th Street, 10th Floor
Los Angeles, CA 90017

Email: civilrightscoordinator@lacare.org

If you need help filing a grievance/complaint, the Civil Rights Coordinator via the Member Services Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201

If you would like paper copies, please call us at **1.855.270.2327 (TTY 711)**, 24 hours a day, 7 days a week and holidays.



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