



LOMA LINDA UNIVERSITY
HEALTH CARE



WELCOME TO LLU HEALTH CARE

WE ARE HONORED THAT YOU HAVE CHOSEN
US TO BE YOUR TRUSTED CARE PROVIDER





Welcome Message

At Loma Linda University Healthcare, it has been our mission for over a century to keep our community healthy and whole. We are honored that you have chosen us as active partners in your own wellness. As your HMO, our world class network is yours when you need it. That includes primary and specialty care doctors to hospital care, emergency/urgent care, and more.

Our staff helps you get the care you need when you need it. You receive added support from our Managed Care team. This improves the already great service given by our hospital and clinic staff. As part of Loma Linda University Health, our team is ready to connect you with resources that can help you reach your best results. If you have any questions about your LLUHC enrollment, benefits, referrals or billing, please reach out to our Managed Care main line at **909.651.1700** or **888.558.8702** toll-free (TTY: **909.558.4006**). The Managed Care staff is committed to connecting you to solutions. The Managed Care line is open Monday through Thursday from 8am to 5pm, and on Fridays from 8am to 4pm.

Loma Linda University Healthcare could not have become the well-known center of health it is without the trust of our community. We thank you for trusting us to be your network of care. Again, welcome to Loma Linda University Health. We look forward to serving you.



Resources

Emergency Medical Services » **911**

National Suicide Prevention Lifeline » **800.273.8255 (TALK)**

Community Crisis Response Team | 7am – 10pm daily

Rialto » **909.421.9233**

Ontario » **909.458.9628**

High Desert » **760.956.2345**

Loma Linda University Medical Center » **909.558.4000**

Connect IE Mental Health Community Crisis Response Team

» **1.800.273.8255 or text HOME to 741741**

Food, Housing, & More » **connect.ie.org**

California Poison Control System » **800.222.1222**

ASPCA Animal Poison Control » **888.426.4435**

Anthem Blue Cross Member Service » **800.331.1476**

Anthem Blue Cross Nursing (24hr line) » **866.408.6131**

United Health Care Member Service » **833.387.0958**

United Health Care Nursing (24hr line) » **866.263.9168**

TTY/TDD users may call » **866.333.4823**

Language Assistance Services TDD or State Relay Number

» **800.735.2929**

Loma Linda Limited English Proficiency Services

» **877.558.6248**



Access to Transportation

You can contact your health plan using the number listed on your insurance card to find out what type of transportation your plan includes and how you can gain access to it.

1 Non-Emergency Medical Transportation

Includes ambulance, litter van and wheelchair van medical transportation services. This is for when the member's medical and physical condition is such that transport by ordinary means of public or private transportation is medically unwise. Transport is also required for the purpose of getting needed medical care, given by licensed providers.

2 Non-Medical Transportation

Transportation of Members to medical services by passenger car, taxicabs, or other forms of public or private transport. Doesn't include the transportation of sick, hurt, invalid, recovering, ill, or otherwise injured Members by non-emergency transport operated and ready in agreement with State and local laws, orders or rules.



Managed Care Contact & Info

HOURS & LOCATION

909.651.1700 or 888.558.8702

Mon–Thurs: 8am–5pm; Fri: 8am–4pm
1776 W. Park Avenue, Redlands, CA 92373

MEMBER SERVICES

855.558.2273 or 855.LLU.CARE

Member Services offers real time help with new member on-boarding, eligibility, benefits, member contact to the health plan, referral management, doctor office connection, member teaching and communication.

CLINICAL CARE

NURSING 909.651.1700

Whether inpatient, outpatient, or managing complex health issues, our clinical care team provides custom care to our members.

Inpatient » Case review with hospital staff, coordination of in-network transfers and release to home or skilled nursing facility, and direct request of benefits within the health plan.

Outpatient » Members are contacted within 48 business hours to help with any durable medical equipment referrals, helped to schedule a PCP or specialty appointment, and establish a medication agreement with our Pharmacy team.

Complex Case Management » One-on-one nursing guidance on reaching wellness goals, member specific care plan, and members set the how often with which they work with their nurse.

More resources and help are available if you face health risk due to your individual money-based or social status. Please call 855.558.2273 for more information.

FINANCIAL MANAGEMENT

909.651.1701

Our financial management department is available to answer any questions you may have about monetary responsibility for co-insurance and co-pays, where you stand relating to your max out of pocket (MOOP), and explain why you may have received a denial for out of network services. Financial management will also support in the organization of benefits if a member has more than one health plan.

INTERNAL AUTHORIZATION

909.651.1700

Internal approval processing coordinates with our clinical team to process doctor referrals to specialists, durable medical equipment providers, home health agencies, transportation companies for inpatient discharges to skilled nursing facilities, and more. They will contact you on the status of any referrals through MyChart, as well as any letters and verbal questions. Internal approval serves as an external provider contact to answer questions and partner to promise quick processing of requests.

NETWORK MANAGEMENT

855.558.2273

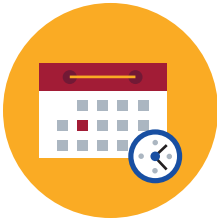
Our administrative and network management team serves as a resource and tries to establish and maintain contracts with external health care providers. It is also their job to measure population health in order to educate, monitor and aid internal partners. This helps make sure members receive high quality, safe, patient centered care.



Comprehensive Annual Visits



One of the many valuable resources we offer to you is a yearly “Comprehensive Visit”. This is a special time set aside for you and one of our providers to go over your health status in detail and make a custom care plan.



We will be reaching out to you to set up an appointment to complete your “Comprehensive Visit”. We encourage you to contact our scheduling team at **909.558.6813** to set this appointment up as soon as possible. Appointments are filling up fast.



We are grateful you have chosen to partner with our team. We look forward to seeing you soon!

The yearly Comprehensive Visit is a chance for your doctor to get to know you and your current health status. This includes taking an in-depth history, completing a physical exam along with any shots you may need, and reviewing any outside records. Please call the Managed Care office at **909.558.6813** to make an appointment for your yearly Comprehensive Visit within 90 days of the start date of your enrollment to LLUHC.

When you arrive for your appointment, please:

- » Have a list of your previous doctors with phone numbers so that we can request a copy of your past medical records.
- » Bring a list of all current medicines that you take, or your medicine bottles.
- » If you are diabetic and getting supplies now, let the doctor know that you need a new referral order. (Call the Managed Care office and we will explain the process to you).
- » Review the information on our laboratory and urgent care services, Managed Care (HMO) Patient information booklet, and requesting information from Loma Linda University Health.

In order to make best use of your health care, it is very important that you become familiar with the systems, policies and benefits listed in your health plan handbook.

Please read your health plan handbook and benefits carefully. Failure to follow the system and not knowing your benefit coverage can result in delays in getting needed health care and in unnecessary costs to you.



MyChart



Call **877.558.0090** for help setting up your **MyChart** account.



MyChart gives you easy access to all of your health resources from your computer or mobile device.

- » Schedule appointments
- » Video visits
- » Online check-in
- » Wait list for earlier appointment
- » Grant proxy access
- » Prescription refills
- » Communicate with your provider
- » Test results & doctor's notes
- » Online bill pay



Sign up and take charge of your health. You can also download the **MyChart App** and access these tools from anywhere. Scan the QR code for step-by-step instructions.





Telemedicine

Telemedicine is a general term that covers all the ways you and your doctor can use technology to talk to you without being in the same room. It includes phone calls, video visits, emails, and text messages.

Video Visits

A video visit is just like an in-person appointment with your provider, but online. You'll use a computer, smartphone or tablet to see and speak with your provider. Your provider can identify illnesses, recommend treatments or prescribe medicines just like in a regular appointment. Your video visit will also last about as long as an in-person visit.

Schedule video visits for yourself or anyone in your care by calling your provider's office or using **MyChart**. If you are do not know who to contact, call **877.628.1356** and you will be directed to the scheduling office. Video visits are available for almost every specialty. Your doctor's office can help you decide if a video visit is right for your care. Medical procedures, testing or imaging appointments usually require an in-person visit. Video visits are not for emergency care. If you are having an emergency, call **911**.



For more information and steps on how to prepare for a video visit, scan the QR code.



HMO & PCP's

Explanation of an HMO

HMO stands for *Health Maintenance Organization*. HMO plans offer a wide range of healthcare services through a network of providers who agree to supply services to members. With an HMO you will have coverage for a wider range of preventive healthcare services than you would through another type of plan. Loma Linda University Healthcare (LLUHC) is your network for care. It is important to use your network for all services. You'll likely have no coverage for services given by out-of-network providers or for services done without a proper referral from your PCP. Don't worry! If you are not sure of where to go, or how to access your network, call the Managed Care line at **909.651.1700**. They are glad to help you.

Role of a PCP

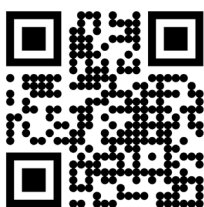
As a member of an HMO, you will need to choose a *primary care physician* (PCP). Your PCP will take care of most of your healthcare needs. A primary care doctor practices general healthcare, dealing with a wide variety of health concerns for patients. They are usually the first person you talk to if you have a health concern. They also take continuing responsibility for providing complete care. This care may include chronic, preventive and serious care in both inpatient and outpatient settings. You will always need to visit your primary care doctor for any referrals to specialty clinics covered by your plan.



Lab Locations

For all lab locations, please call **909.558.4400**

QUEST DIAGNOSTICS



Loma Linda University Health partners with Quest Diagnostics for some lab services. For locations you can visit their website at www.questdiagnostics.com or check your MyChart for information on your lab results.

LOMA LINDA

Faculty Medical Clinics | Lab Collection Center

11370 Anderson St., Ste. 1400 | Loma Linda, CA 92354

M–Th: 5:30am–5:30pm; Fri: 5:30am–3pm; Sun: 7am–1pm
Closed Saturdays & Holidays

Professional Plaza | Lab

25455 Barton Rd., Ste. 104A | Loma Linda, CA 92354

M–F: 5:30am–5:30pm, Closed for lunch 11:30am–12pm
Closed Weekends & Holidays

BEAUMONT/BANNING

LLU Health Beaumont – Banning | Lab

81 S. Highland Springs Ave., Ste. 1400 | Beaumont, CA 92223

M–F: 7am–4:30pm; Closed Weekends & Holidays



Urgent Care Resources

Knowing whether an event is urgent versus an emergency saves you both time and money. Urgent Care Clinics offer lower wait times, ability to schedule appointments, and lower co-pays than the Emergency Room. Urgent Care is for events that can't wait for a doctor's visit and aren't emergent. Visit either of our LLUH urgent care locations or one of our many partnership locations with SoCal Emergency Medicine Urgent Care Clinics.

1 LLU Faculty Medical Group Urgent Care

25828 Redlands Blvd., Ste. 103
Redlands, CA 92373

909.558.6856

Mon–Fri: 8am–7pm
Sat, Sun & Holidays: 8am–3pm

www.lluh.org/urgentcare

Preferred location: Low wait times and appointment options



2 LLU East Campus Advanced Urgent Care

25333 Barton Rd.,
Loma Linda, CA 92354

909.558.6641

Open daily: 24 hours

www.lluh.org/urgentcare



3 SoCal Emergency Medicine Urgent Care

All Locations Open Daily: 9am–9pm

Visit www.socalem.com to check-in online or view live wait times and more information on each location.



Moreno Valley » **951.243.2200** » 27640 Eucalyptus Ave.

Norco » **951.272.6500** » 1295 Hammner Ave., Ste. C

Redlands » **909.335.1900** » 301 W. Redlands Blvd.

Riverside » **951.429.6002** » 18876 Van Buren Blvd, Ste. 101

Yucaipa » **909.797.8900** » 33494 Oak Glen Rd.

Colton » **909.639.8800** » 1181 N Mt. Vernon Ave.

Urgent Care Services

This is just a guide, please call 911 if you are unsure.



Sprains, strains and/or possible broken bones



Mild headaches and/or classic migraines



Sore throats, coughs and/or asthma



Ear and eye infections



Fever or flu symptoms/shot



X-ray and lab testing



Laceration repair, minor burns and/or stitches



Rashes, insect bites, and/or allergies



Emergency Room Resources

Loma Linda University Medical Center

11234 Anderson St.
Loma Linda, CA 92354

909.651.7233 (adult emergency)

909.651.6233 (pediatric emergency)

Emergency care is available 24/7

www.lluh.org/services/emergency-room



Our emergency branches are staffed by a team of experts. This includes board-certified emergency medicine doctors, emergency and trauma nurses and a lots of other specialists. Our team treats more than 75,000 patients each year, including up to 3,000 of the most critical trauma patient cases.

As one of the area's two Level 1 trauma centers, we provide San Bernardino, Riverside, Inyo and Mono counties the most advanced trauma care available. We also provide patients quick care for serious strokes and heart attacks as a chosen Comprehensive Stroke Center and Chest Pain Center.



You can access our separate adult and pediatric emergency rooms from Prospect Avenue. A patient drop-off and pick-up area is available near the entrance. After drop-off, parking is available in parking structure P4 across the street on Barton Road.

Emergency Room Services

This is just a guide, please call 911 if you are unsure.



Trauma, head injury, seizure and/or loss of consciousness



Drug overdose and/or attempted suicide



Chest pain or other heart attack and/or stroke symptoms



Severe abdominal pain, shortness of breath, and/or vomiting



Serious lacerations, severe bleeding, and/or broken bones



Primary Care & Clinic Sites

LOMA LINDA

Internal Medicine

11370 Anderson St.
Loma Linda, CA 92354

877.558.6248

M–Th: 8am–5pm
Fri: 8am–12pm

ABC PMG ID#: X6A
UHC PMG ID#: 44700022

Family Medicine

25455 Barton Rd.
Loma Linda, CA 92354

909.558.6600

M–Th: 8am–7pm
Fri: 8am–4pm

ABC PMG ID#: X6H
UHC PMG ID#: 44700013

REDLANDS

Internal Medicine | Peds.

25828 Redlands Blvd, Ste.
101, Redlands, CA 92373

909.558.6600

M–Th: 8am–5pm
Fri: 8am–4pm

ABC PMG ID#: X6H
UHC PMG ID#: 44700162

Family Medicine

25828 Redlands Blvd, Ste.
102, Redlands, CA 92373

909.307.0964

M–Th: 8am–7pm
Fri: 8am–4pm

ABC PMG ID#: X6L
UHC PMG ID#: 44700163



PCP On-Call & After Hours Care

You can check your health insurance card for a nursing care line or ask for the on-call primary care provider at **909.558.4000**.

BEAUMONT

Family Medicine

81 S. Highland Springs
Beaumont, CA 92223

951.846.2611

M–Th: 8am–5pm
Fri: 8am–4pm

ABC PMG ID#: 8VT
UHC PMG ID#: 44700084

HIGHLAND

Internal Medicine | Peds.

7223 Church St.
Highland, CA 92346

909.425.3939

M–Th: 8am–5pm
Fri: 8am–2pm

ABC PMG ID#: X6K
UHC PMG ID#: 44700065

MORENO VALLEY

Internal Medicine | Peds.

11411 Heacock St.
Moreno Valley, CA 92557

951.247.5809

M–Th: 8am–5pm
Fri: 7:30am–4pm

ABC PMG ID#: X6J
UHC PMG ID#: 44700063

Scan the QR code for a list of our Medicare Advantage Primary Care Physicians.





Contracted Providers

We partner with multiple contracted providers to get you better access to the care you need. Our outside vendors include providers for physical therapy, diabetic supplies, and durable medical equipment.

1 Physical Therapy



Luna is an in-home service where the physical therapist comes to you. Luna matches you with a therapist who is an expert in your condition. This service allows you to receive care on your schedule and prescribes you in-app exercises to work on between sessions. Visit www.getluna.com to check availability, or you can call/text **909.675.1169** to learn more.

2 Diabetic Testing Supplies



All test strips, monitors, and lancets must be obtained through **Byram Healthcare » 877.902.9726**. This is a mail order pharmacy. Your supplies will be delivered to your home. Please call the Managed Care office at **909.651.1700** for more information and to have your doctor place a new order. You may be monetarily responsible if you get supplies somewhere else. (e.g. Rite Aid, Walgreens, Walmart, etc.)

3 Durable Medical Equipment

If you have questions about which durable medical equipment (DME) vendor you are being referred to, visit the MyChart app or call the Managed Care Utilization Management team at **909.651.1700**, Monday through Thursday, 8am to 5pm or Friday 8am to 4pm.

NuMotion » **800.500.9150** » electronic wheelchairs only

Advanced Diabetes/North Coast Medical Supply
» **866.422.4866** » accepts all health plans

SG Homecare » **949.474.2050** » accepts all plans except Anthem Blue Cross and Blue shield

SuperCare » **800.206.4880** » accepts all health plans

West Coast DME (Ortho Kinetix) » **909.477.3117**
» accepts all health plans

4 Home Health Agencies

Anthem Blue Cross

NorthStar » **909.895.8841**

Mission » **888.871.0766**

United Health Care

Tarlani » **818.241.4444**

Presidential » **909.945.7087**

Lake Arrowhead » **909.337.5655**



Advanced Directive



An *advance directive* refers to a legal document that explains how you want medical decisions about you to be made if you cannot make the decisions yourself. An advance directive lets your health care team and loved ones know what kind of health care you want, or who you want to make decisions if you are unable to do so.

- » Discuss your decisions and wishes with your significant other or partner, family members, close friends, your health care provider, and/or your lawyer.

- » Carefully choose someone you believe will be able to carry out your wishes and select a back-up person. Provide them and other loved ones a copy of your advanced directive.

- » Do not lock your advance directive in a safe-deposit box, home safe, or filing cabinet that only you can open. Let your loved ones know where your original copies are and if your wishes change.

- » Be sure your health care team has your advance directive in their records. You may also keep copies of your advance directive in easy-to-find places. This is so that someone else can find it if you are in the hospital and need it.



Complex Case Management

We're here with constant support when you're suffering from a long-lasting condition. Complex Case Management is an optional program offered to our members who need the support of a case manager. This program helps members with self-management of their long-lasting conditions and going through the health care system. Our complex case management team includes clinical professionals who offer you personal, one-on-one guidance focused on keeping you out of the hospital or emergency room. Your nurse checks in with you often to help you put your health first, make your appointments, and take away things stopping you from following your care plan. Members are offered to enroll into the program and assigned a case manager who will be their point of contact for care-related questions. The case manager will test and monitor members' care, organize care with the doctors and help with finding the right community resources as needed to improve their health results. Members can be referred to complex case management program by their primary care doctor.



Care Planning



Care Monitoring



Care Coordination



Denials & Appeals

Utilization Management decision making, guidelines, monetary reward statement, and staff availability

» Utilization Management decision making is based on review of the appropriateness of care and services. Requests for coverage are reviewed to decide that the service is a covered benefit under the terms of the patient's plan and is being delivered the same as established guidelines. In the event a request for coverage is denied, the patient (or a doctor acting on behalf of the patient) may ask to review this decision through the appeal process defined by the health plan. After completing the appeal process, the patient may ask for a review of certain denials by an external review organization that uses independent doctor reviewers. LLUHC does not specifically reward its workers conducting utilization reviews for issuing denials of coverage or service care. The utilization management decision makers do not receive monetary rewards which would encourage decisions that result in underutilization but are trained to focus on the risk of underutilization. Doctors are given independence and fairness in making referral decisions that will not affect hiring, payment, firing, promotion, or any other like matters. Referral decisions will not compromise member healthcare. However, LLUHC policies do not stop the use of appropriate rewards for developing well-organized, appropriate care.



- » The guidelines used by LLUHC utilization management include CareWeb QI (a web-based product from MCG - formerly Milliman Care Guidelines), Medicare coverage guidelines, Health Plan policies and coverage guidelines, California Department of Health Care Services (DHCS) coverage guidelines, Apollo Managed Care guidelines and the LLUHC established clinical practice and referral guidelines. Use of standards when reviewing requested services will follow the grading made by CMS, DMHC and/or health plans.
- » All guidelines, the Utilization Management policies and the current Utilization Management Plan are available for review by contacting the Managed Care office at **909.651.1700** or extension 21700 or may be viewed on the PolicyTech webpage tab on the One Portal.
- » If you have any questions about denial decisions, you may contact doctor reviewers by calling **909.651.1743**. CA Health & Safety Code **§ 1363.S(a)** and **§ 1367.01(b)**
- » The steps to begin the appeals process can be found in the denial letter you got. As your medical group we cannot submit the appeal for you. We can help explain the process. If you need assistance, please contact Managed Care Utilization Management at **909.651.1700**.



Rights & Responsibilities

As your medical group, Loma Linda University Health encourages your right to be informed.



If you wish to file a written complaint or make a verbal complaint, please contact the Patient Services offices at **909.558.2802**. The Patient Services office will document your complaint/grievance. Then they will forward it to the Quality Management (QM) department for quick processing and resolution.



If you would like information about the LLUH QM program, please contact the Quality Management department through the Patient Services offices at **909.558.2802**.



If you are unsure about the process for filing an appeal after a service request has been denied, please contact the Managed Care department at **909.651.1700**. All denials letters include the information for reviewing a decision. Your health plan is the first point of contact for filing an appeal.



If you would like information about the LLUH Utilization Management program, or if you would like a copy of the grading used for deciding covered health care services specific to a process or illness please contact the Managed Care department at **909.651.1700**.



The doctors at LLUH do not get rewarded for making decisions about your health care and are not banned from supporting their patients. Doctors are given independence and fairness in making referral decisions that will not affect hiring, payment, firing, promotion, or any other like matters. LLUH staff confirms that member healthcare is not compromised. If you would like a copy of the affirmative statement about rewards and the non-interference policy, you may ask for the statement through the department at **909.651.1700**.



Remember to always get approval from LLUH before looking for care outside of the LLUH network as you may be held responsible for payment. This includes any services from a Veteran's Administration location.



Managed Health Care Department

The California Department of Managed Health Care is responsible for regulating health care service plans.

» The department has a toll-free telephone number **888.466.2219** and a TDD line **877.688.9891** for the hearing and speech impaired. The department's Internet Web site **www.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online. You can also visit **www.healthhelp.ca.gov** for the health care help center.

» If you have a complaint against your health plan, you should first telephone your health plan. TTY/TDD users may call **866.333.4823** and use your health plan's grievance process before contacting the department. Using this complaint process does not exclude any possible legal rights or fixes that may be available to you. If you need help with a complaint involving an emergency, a complaint that has not been correctly resolved by your health plan, or a complaint that is not resolved for more than 30 days, you may call the department for assistance.

» You may also qualify for an Independent Medical Review (IMR). If you are qualified, the IMR process will provide a fair review of medical decisions made by a health plan related to the medical need of a proposed service or treatment, coverage decisions for treatments that are experimental or investigative in nature and payment arguments for emergency or urgent medical services.



ERISA, Codes, & Resources

1 ERISA

A statement of the members right to bring a civil action may include the following: You may have the right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act (ERISA) if you are enrolled with your Health Plan through an employer who is subject to ERISA. First, be sure that all needed reviews of your claim appeal have been completed and your claim has not been approved. Then talk to with your employer's benefit plan manager to decide if your employers benefit plan is ruled by ERISA. You and your Health Plan may have other optional other argument resolution options, such as medication.

2 Diagnosis/Treatment Codes

Member can get, upon request, a written statement describing the availability of identifying a disease and treatment codes and their related meaning.

3 Consumer Resources

Other resources to help you: Do you have questions about your appeal rights or this notice? Need help with an appeal? You can get help from the Consumer Assistance Program (CAP) in California by contacting **800.927.4357**.



Keep in Touch



Visit us online at
OpenEnrollment.lluh.org



Follow us on Facebook
[@LLUHManagedCare](https://www.facebook.com/LLUHManagedCare)



MyChart



Quarterly Member Newsletter



LOMA LINDA UNIVERSITY
HEALTH CARE

**Many Strengths.
One Mission.**