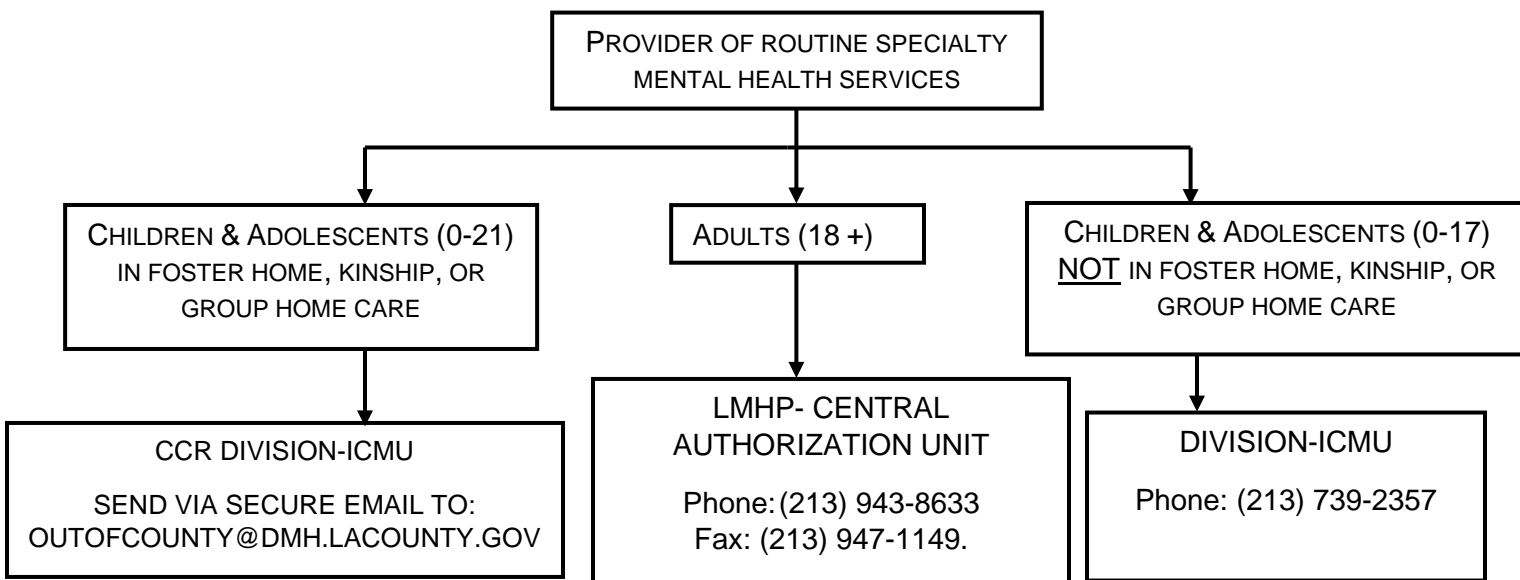


**FIGURE A: OUT-OF-COUNTY FLOW CHART**

**LOS ANGELES COUNTY MEDI-CAL BENEFICIARY  
/OUT-OF-COUNTY PROVIDER**



**OUT-OF-COUNTY BENEFICIARY/  
LMHP NETWORK PROVIDER**

