



# Healthy Blue Member Handbook: Behavioral Health Services

For Mental Health and Substance Use  
Treatment Services

844-227-8350 (TTY 711)  
[myhealthybluela.com](https://myhealthybluela.com)



Healthy Blue



# Healthy Blue

## Healthy Blue

### Member Handbook: Behavioral Health Services For Mental Health and Substance Use Treatment Services

**844-227-8350 (TTY 711)**

10000 Perkins Rowe, Suite G-510  
Baton Rouge, LA 70810

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## Member Handbook

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TTY 711

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**Welcome to Healthy Blue!** You will receive your behavioral health services covered through Healthy Blue. This member handbook will tell you how to use Healthy Blue to receive the behavioral healthcare you need.

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## **WELCOME TO HEALTHY BLUE!**

### **Information about your new health plan**

Welcome to Healthy Blue. Healthy Blue is a Healthy Louisiana plan. We contract with the state to help you receive your mental health and substance use services.

Who can receive specialized behavioral health services through Healthy Blue?

- Individuals living in nursing facilities
- Individuals under the age of 21 living in intermediate care facilities for people with developmental disabilities (ICF/DD)
- Members who receive both Medicaid and Medicare unless living in an institution as listed above

This member handbook will help you understand your Healthy Blue mental health, alcohol, and substance use covered services. It also provides other details about your benefits.

### **What are behavioral health services?**

Behavioral health includes your emotional, psychological, and social well-being. Are you having trouble thinking? Are you feeling sad or anxious? Are you drinking too much alcohol or using other drugs? Are these issues interfering with your ability to go to work or school?

If you feel like this describes how you feel or act, you might need behavioral health services. We can help find out what services and treatment you need. Here are some signs or symptoms of behavioral health problems:

- Eating or sleeping too much or too little
- Pulling away from people and usual activities
- Having low or no energy
- Feeling numb or like nothing matters
- Having unexplained aches and pains
- Feeling helpless or hopeless
- Smoking, drinking, or using drugs
- Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared
- Yelling at or fighting with family and friends
- Experiencing severe mood swings that cause problems in relationships
- Having persistent thoughts and memories you can't get out of your head
- Hearing voices or believing things that are not true
- Thinking of harming yourself or others
- Inability to perform daily tasks, like taking care of your kids or getting to work or school

We can help you if:

- You have an alcohol or drug addiction.
- You have depression, anxiety, bipolar disorder, schizophrenia, or any other mental health diagnosis.
- You have children and have a substance use problem.
- You live in a nursing home and qualify for mental health, alcohol, and substance use services (we will help you determine this).
- You are pregnant and have any of the mental health, alcohol, and substance use issues listed above.
- You have a gambling problem.
- You are in need of permanent supportive housing (affordable housing with mental health and life skills support services).
- You leave a nursing home and need help with daily activities.
- You want to work and are part of the My Choice program.
- You are in a crisis and need help.

We can help your child if they have a mental health or substance use problem and receive services from the Department of Child and Family Services or the Office of Juvenile Justice.

## **How to receive help**

**If you're having an emergency, you should call 911 or go to the nearest hospital. You can go to any hospital for emergency care even if it's in a different city or state. Prior approval is not needed.**

**If you have an emergency and need transportation, call 911 for an ambulance.**

- Be sure to tell the hospital staff you are a Healthy Blue member.
- Get in touch with your provider as soon as you can so your provider can:
  - Arrange your treatment.
  - Help you receive the needed hospital care.

If you're suicidal, you can call the Behavioral Health Crisis Line at **844-812-2280 (TTY 711)** or **911**.

Here are some other ways to receive help when you need it, but don't need to go to the emergency room.

### **Healthy Blue Member Services**

You can call Member Services at **844-227-8350 (TTY 711)** Monday through Friday from 7 a.m. to 7 p.m., except for holidays. If you call after 7 p.m., you can leave a voicemail message. One of our Member Services representatives will call you back the next working day.

They can help answer your questions about:

- This member handbook.
- Member ID cards.

- Your doctors and other providers, including names, specialties, addresses, phone numbers, and professional qualifications.
- Provider visits.
- Behavioral healthcare benefits.
- How to receive approval for services.
- Grievances, complaints, and appeals.
- Rights and responsibilities.
- Case Management services.

You can also call us:

- To ask for a copy of the Healthy Blue Notice of Privacy Practices. This notice describes:
  - How medical information about you may be used and disclosed.
  - How you can gain access to this information.
- If you move. We will need to know your new address and phone number.
- If you want to ask for a copy of the member handbook in a preferred language.

You can also reach Member Services by sending:

- An email to [MPSPInquiries@healthybluel.com](mailto:MPSPInquiries@healthybluel.com)
- A fax to 504-836-8860
- A secured message on the member website through your secure account
- A letter to:  
Healthy Blue  
10000 Perkins Rowe, Suite G-510  
Baton Rouge, LA 70810

For members who do not speak English:

- We can help in many different languages and dialects.
- We can provide an interpreter for your provider visits. This will be at no cost to you.
- Please let us know if you need an interpreter at least 24 hours before your appointment.
- Call Member Services for more details.

For members who are deaf or hard of hearing:

- Call **711** for TTY.
- We will set up and pay for you to have a person who knows sign language help you during your doctor visits.

Please let us know if you need an interpreter at least 24 hours before your appointment.

### **Online and automated self-service features**

You can take advantage of these services online at **[myhealthybluel.com](http://myhealthybluel.com)**. Or you can call our automated line at **844-227-8350 (TTY 711)**. This is available 24 hours a day, seven days a week. You can:

- Choose or find a provider in the Healthy Blue network.
- Request an ID card.
- Update your address or phone number.
- Request a member handbook or provider directory.

## **24-hour Behavioral Health Crisis Line**

Call our 24-hour Behavioral Health Crisis Line for help at **844-812-2280 (TTY 711)** when you need it most. You can call the Behavioral Health Crisis Line 24 hours a day, seven days a week. If you're suicidal, you can call the Behavioral Health Crisis Line or **911**.

The following are signs that a person may be having a behavioral health crisis:

- Trouble coping with daily problems and activities
- Restlessness and pacing
- Suicidal or homicidal ideas or plans
- Hopelessness
- Social withdrawal
- Excessive fear, worry, or anxiety
- Chronic pain
- Changes in sleeping and/or eating habits
- Fatigue
- Extreme mood swings
- Getting angry or hostile easily
- Angry outbursts
- Racing thoughts, talking fast
- Threatening or aggressive behavior
- Alcohol or substance use
- Inappropriate sexual behavior
- Hearing voices others don't hear
- Believing others are plotting to harm them
- Grandiosity (feeling unrealistically powerful, important, and invincible)
- Seeing or hearing things that are not there

## **Be ready for bad weather or emergencies**

Visit **[getagameplan.org](https://getagameplan.org)** to learn about emergency action plans.

During a bad weather emergency, put these important things in waterproof storage to keep them safe:

- Healthcare records and ID papers
- Medicaid and Healthy Blue member ID cards
- Needed medicines and supplies

Whether you choose to stay home or leave, make sure you:

- Tell loved ones, as well as Healthy Blue, about your plans.
- Stay up-to-date on the latest weather reports.

**For information before, during, and after an emergency, visit or call:**

**Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP)**  
**225-925-7500**  
**[gohsep.la.gov](https://gohsep.la.gov)**

To access the local parish office information, go to **[gohsep.la.gov](https://gohsep.la.gov)** → Parish Contacts.



## Medicaid Dental Program

The Louisiana Department of Health (LDH) has selected DentaQuest and MCNA Dental Plans as its dental benefit program managers. They will be responsible for providing Medicaid dental benefits and services to eligible children and adults, effective January 1, 2021. Each plan will administer both the EPSDT Dental and Adult Denture Programs.

### DentaQuest

**800-685-0143**

**TTY: 800-466-7566**

Available Monday through Friday, 7 a.m. to 7 p.m.

dentaquest.com

### MCNA Dental

**855-702-6262**

**TTY: 800-846-5277**

Available Monday through Friday, 7 a.m. to 7 p.m.

mcnala.net

## Language assistance

Sometimes we will send you letters or information in the mail about your health plan. If you need these materials in another language, just call Member Services at **844-227-8350 (TTY 711)** Monday through Friday, 7 a.m. to 7 p.m.

**Do you need help with your healthcare, talking with us, or reading what we send you? Call us toll free at 844-227-8350 (TTY 711) to get this for free in other languages or formats.**

¿Necesita ayuda con su atención médica? ¿Necesita ayuda para leer lo que le enviamos o para hablar con nosotros? Llámenos al número gratuito 844-227-8350 (TTY 711) para conseguir esta información sin costo en otros idiomas o formatos.

## Other important phone numbers

Behavioral Health Support Groups		
Service	Information	Phone Number
Depression and Bipolar Support Alliance (DBSA)	This is a peer support group. The DBSA focuses on helping members with depression and bipolar disorder.	Baton Rouge <b>225-275-2778</b>  Metairie <b>504-286-1916</b> or <b>985-871-4360</b>  Monroe <b>318-542-4154</b> or <b>318-388-6088</b>

Behavioral Health Support Groups		
Service	Information	Phone Number
Families Helping Families	Families Helping Families are resource centers in your local community for individuals with disabilities and their families. Families Helping Families is run by both parents of children with disabilities and individuals with disabilities. See below for the names and phone numbers of centers in your area.	
Bayou Land Families Helping Families, Inc. Region 3 (South Central area)	Serving Assumption, Lafourche, St. Charles, St. James, St. John, St. Mary, and Terrebonne Parishes	<b>800-331-5570</b>
Families Helping Families of Acadiana Region 4 (Acadiana area)	Serving Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion Parishes	<b>800-378-9854</b>
Families Helping Families of Southwest Louisiana Region 5 (Southwest area)	Serving Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis Parishes	<b>800-894-6558</b>
Families Helping Families Region 6 (Central LA area)	Serving Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, and Winn Parishes	<b>800-259-7200</b>
Families Helping Families Region 7 (Northwest area)	Serving Bienville, Bossier, Caddo, Claiborne, Desoto, Natchitoches, Red River, Sabine, and Webster Parishes	<b>877-226-4541</b>
Families Helping Families of Northeast Louisiana Region 8 (Northeast area)	Serving Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll Parishes	<b>888-300-1320</b>
Northshore Families Helping Families Region 9 (Florida Parishes area)	Serving St. Tammany, Washington, Tangipahoa, St. Helena, and Livingston parishes	<b>800-383-8700</b>
Louisiana Federation of Families for Children's Mental Health	The Louisiana Federation of Families for Children's Mental Health helps families of children and youth with mental health needs.	<b>800-224-4010</b>

Behavioral Health Support Groups		
Service	Information	Phone Number
Mental Health America of Louisiana (MHAL)	MHAL helps promote mental health through its education, research, and services.	<b>800-241-6425</b>
NAMI Louisiana (National Alliance on Mental Illness)	NAMI Louisiana is a mental health organization that works to build better lives for the millions of Americans affected by mental illness.	<b>866-851-6264</b>

State Agencies		
Service	Information	Phone Number
Adult Protective Services (APS) Office of Aging and Adult Services Department of Health and Hospitals	Call to report abuse and neglect of adults who can't protect themselves.	Call the hotline 24 hours a day, seven days a week: <b>800-898-4910</b>
Child Protection Investigation, Child Welfare Department of Children and Family Services	The Child Protective Services program looks into reports of child abuse and neglect. The program provides helpful services to children and families.	<b>855-4LA-KIDS</b> <b>855-452-5437</b>
Louisiana Commission on Human Rights	The Louisiana Commission on Human Rights works to protect people from unlawful discrimination. If you think you are being discriminated against, you can call to file a complaint.	<b>888-248-0859</b>
Louisiana Medicaid Pharmacy Benefits Management Program	The Louisiana Medicaid Pharmacy Benefits Management Program offers prescriptions for Medicaid members.	<b>800-437-9101</b>

Job Help		
Service	Information	Phone Number
Disability Program Navigator Initiative	The Disability Program Navigator Initiative helps people with disabilities find work. Navigators can be found at Career Solutions Center locations throughout the state.	Baton Rouge <i>Wooddale Boulevard:</i> <b>225-925-4311</b> <i>Plank Road:</i> <b>225-358-4579</b>  New Orleans <b>504-568-7280</b>

		Job 1 Algiers <b>504-364-5625</b>  Houma <b>985-873-6855</b>  United Houma Nation <b>985-223-3093</b>
Emergency Psychiatric Services (EPS)	Suicide Prevention Lifeline	Call or Text: <b>988</b> <a href="https://suicidepreventionlifeline.org/chat">suicidepreventionlifeline.org/chat</a>
Louisiana Rehabilitation Services	Louisiana Rehabilitation Services assists people with disabilities in their desire to obtain or maintain employment and/or achieve independence in their communities by providing rehabilitation services and working cooperatively with business and other community resources.	New Orleans • Slidell: <b>504-838-5180</b> • West Bank: <b>504-361-6816</b>  Baton Rouge <b>225-295-8900</b>  Houma <b>985-857-3652</b>  Lafayette <b>337-262-5353</b>  Lake Charles <b>337-475-8038</b>  Alexandria <b>318-487-5335</b>  Shreveport <b>318-676-7155</b>  Monroe <b>318-362-3232</b>

Coordinated System of Care — Wraparound Agencies		
Service	Area Served	Phone Number
<b>Region 1</b> New Orleans and Jefferson Parish areas National Child and Family Services	Jefferson, Orleans, Plaquemines, and St. Bernard Parishes	<b>504-267-5819</b>
<b>Region 2</b> Baton Rouge area National Child and Family Services of Baton Rouge	Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, and West Feliciana Parishes	<b>225-456-2006</b>
<b>Region 3</b> Florida Parishes area Choices, Inc.	Livingston, St. Helena, Tangipahoa, Washington, and St. Tammany Parishes	<b>504-376-3895</b>

Coordinated System of Care — Wraparound Agencies		
Service	Area Served	Phone Number
<b>Region 4</b> Houma/Thibodeaux area Wraparound Services of Southeast LA	Assumption, St. James, St. John the Baptist, St. Charles, LaFourche, and Terrebonne Parishes	<b>985-232-3930</b>
<b>Region 5</b> Acadiana area Eckerd Wraparound Agency	Evangeline, Acadia, St. Landry, St. Martin, Iberia, Lafayette, St. Mary, and Vermillion Parishes	<b>337-678-3536</b>
<b>Region 6</b> Lake Charles area Choices, Inc.	Beauregard, Allen, Jefferson Davis, Calcasieu, and Cameron Parishes	<b>337-523-4289</b>
<b>Region 7</b> Alexandria area Eckerd Wraparound Agency	Avoyelles, Catahoula, Concordia, Grant, LaSalle, Vernon, Rapides, and Winn Parishes	<b>318-443-7900</b>
<b>Region 8</b> Shreveport area Choices, Inc.	Bienville, Bossier, Caddo, Caliorne, DeSoto, Jackson, Natchitoches, Red River, Sabine, and Webster Parishes	<b>318-205-8202</b>
<b>Region 9</b> Monroe area Wraparound Services of Northeast Louisiana	East Carroll, Franklin, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll Parishes	<b>318-654-4245</b>

### Personal disaster plan

Your health is important to us. To help you keep track of your health records, we offer you a way to keep them safe. Our online disaster plan can help you get ready before a disaster happens. All you need to do is follow these easy instructions:

1. Log in to the secure member website at **myhealthyblue.com**.
2. If you don't have a login, register with your Healthy Blue ID.
3. On the right side, select **Personal Disaster Plan**.
4. Fill in your health information and click the **Save** button.

Make sure your personal health records are current and safe today. It's just one more way Healthy Blue helps you have peace of mind.

### Your Healthy Blue member handbook

This handbook will help you understand your health plan. If you have questions or need help understanding or reading your member handbook, call Member Services at **844-227-8350 (TTY 711)** Monday through Friday, 7 a.m. to 7 p.m. We have this member handbook in:

- A large-print version.
- An audio-taped version.
- A braille version.

- A Spanish version.
- A Vietnamese version.

If you want a copy of this handbook in one of these versions, call Member Services.

## **Your Healthy Blue member ID card**

If you do not have your Healthy Blue ID card yet, you will receive it soon. You will also receive a Louisiana Medicaid ID card if you do not already have one.

- Please carry your Healthy Blue ID card and your Medicaid ID card with you at all times.
- Your Healthy Blue ID card can be used to receive services covered by Healthy Louisiana. It tells providers and hospitals:
  - You are a member of our health plan.
  - We will pay for the medically needed benefits listed in the section **Your Healthcare Benefits**.

Your Healthy Blue ID card shows:

- The date you became a Healthy Blue member.
- Your date of birth.
- Your Healthy Blue identification number.
- Phone numbers you need to know, such as:
  - Our Member Services department.
  - Reporting Medicaid Fraud and Abuse.
  - Filing a grievance.
  - Provider Services and prior authorization.
  - 24-hour Behavioral Health Crisis Line.
- What you need to do if you have an emergency.

Your Medicaid ID card can be used to receive services covered through Medicaid. These services are not covered under your Healthy Blue health plan. It is important to carry both your Medicaid ID card and your Healthy Blue ID card, as they're needed for different services.

If your Healthy Blue ID card is lost or stolen, call us right away at **844-227-8350 (TTY 711)** Monday through Friday, 7 a.m. to 7 p.m. We will send you a new one. If your Medicaid ID card is lost or stolen, call the Louisiana Medicaid and LaCHIP assistance line at **888-342-6207**.

## **YOUR PROVIDERS**

## Types of providers and services

	Description
Psychiatrist	Treats mental health conditions. Psychiatrists are medical doctors and can prescribe and monitor medications.
Licensed Mental Health Professional (LMHP) include: <ul style="list-style-type: none"> <li>— Medical psychologists</li> <li>— Licensed psychologists</li> <li>— Licensed Clinical Social Workers (LCSW)</li> <li>— Licensed Professional Counselors (LPC)</li> <li>— Licensed Marriage and Family Therapists (LMFT)</li> <li>— Licensed Addiction Counselors (LAC)</li> <li>— Advance practice registered nurses in the behavioral health field</li> </ul>	Works with members who have behavioral health concerns through individual, group, evaluations, and family therapy.
Intensive outpatient for mental health or substance use	Treatment provided in an organized non-residential treatment setting, often more than one time a week.
Therapeutic group homes	Treatment in a home-like setting with a small number of people who are experiencing problems similar to yours. These services are available to members younger than age 21.
Psychiatric residential treatment facilities	Inpatient help that may require longer than seven days to help you to return to the community. These services are available to members younger than age 21.
Free-standing psychiatric hospitals and distinct part psychiatric (DPP) units	Hospital with 24-hour support for people experiencing a mental health crisis.
Permanent supportive housing	Permanent housing with help from mental health and life skills services for eligible individuals needing a place to live.

## Second opinion

Our members have the right to ask for a second opinion about the use of any covered behavioral healthcare services. You can receive a second opinion from a network provider or a non-network provider if a network provider is not available.

Ask your provider to submit a request for you to have a second opinion. This is at no cost to you. Once the second opinion is approved:

- You will hear from your provider.
- Your provider will let you know the date and time of the appointment.
- Your provider will also send copies of all related records to the doctor who will provide the second opinion.

After your visit with the provider giving a second opinion, this provider will give you your results. This provider will also share the results with your first provider and Healthy Blue.

### **Out-of-network providers**

Out-of-network providers are those who do not have an agreement to work with Healthy Blue. Except for emergency care, you may have to pay for care from providers who are out of the network **if you or your provider does not have prior approval from Healthy Blue**. If you need covered healthcare services, you may be able to get **approval to get them from an out-of-network provider** at no cost to you, as long as they are medically necessary and not available in the network.

Healthy Blue may give you a referral to an out-of-network provider if the services you need are not available in-network or are located very far from your home. If we give you a referral to an out-of-network provider, we will pay for your care.

If you need help with out-of-network services, call **844-521-6941 (TTY 711)**.

### **If you had a behavioral health provider before you joined Healthy Blue**

If you're already seeing a behavioral health provider, you can look in the provider directory to see if that provider is in our network.

If your current provider is not our network, you can continue to see that provider for 30 days after you become a Healthy Blue member. After 30 days, you will need to see a provider in the Healthy Blue network.

It's easy to find a provider in our network. You can:

- Go to **myhealthybluea.com** to view the provider directory online.
- Call Member Services for help at **844-227-8350 (TTY 711)** Monday through Friday, 7 a.m. to 7 p.m. and let them know if you need help finding an in-network behavioral health provider.
- Call Member Services and ask for a copy of the behavioral health provider directory.

### **If your provider's office moves, closes, or leaves the Healthy Blue network**

Your provider's office may move, close, or leave our plan. If this happens, we'll:

- Call or send you a letter to tell you if you've seen the provider in the past 90 days. In some cases, you may be able to keep seeing this provider for care while you pick a new provider. Call Member Services to find out more about this or if you need help transferring your records.
- Help you pick a new provider. Just call Member Services at **844-227-8350 (TTY 711)**. Or go online to **myhealthybluea.com** to use our Find a Doctor tool.

### **Transitioning to an adult behavioral health provider**

It's important for you to receive the right care from your providers. As an adult, you can choose to change from a provider who specializes in care for children or teens to a provider who focuses on treating adults. We can help if you want to change. We can also help you transfer your medical records.



Start by asking your current behavioral health provider for a recommendation for a new adult behavioral health provider. We're here to help, too. You can change your behavioral health provider at any time. It's easy with our Find a Doctor tool. Or call Member Services at **844-227-8350 (TTY 711)** Monday through Friday, 7 a.m. to 7 p.m.

### **If you want to go to a provider who is not in the Healthy Blue network**

If you want to go to a provider who is not in our plan, talk to your current provider. Your Healthy Blue provider can take care of most of your healthcare needs, but you may also need care from other kinds of providers. If you need to see a provider out-of-network, you may need a referral so you can see the provider. In these cases, if you go to an out-of-network provider that your provider has not referred you to, the care you receive may not be covered by Healthy Blue. If you have any questions about this process, call Member Services at **844-227-8350 (TTY 711)** Monday through Friday, 7 a.m. to 7 p.m.

### **Indian Health Care Providers**

If you're an Indian\* and eligible, you can receive services from an Indian Health Care Provider (IHCP). \* This means:

- You can obtain services from an IHCP whether or not they're in our plan.
- You can access out-of-state IHCPs.
- An out-of-network IHCP can refer you to a provider who is part of our plan.
- You may choose an IHCP as your primary care provider (PCP) if they're able to provide PCP services.

#### **\* Definitions**

- **Indian or Native American** — Any individual defined at 25 U.S.C. 1603(13), 1603(28), or 1679(a), or identified eligible as an Indian, under 42 CFR 136.12.
- **Indian Health Care Provider (IHCP)** — A healthcare program operated by the Indian Health Service (IHS), by an Indian Tribe, Tribal Organization, or Urban Indian Organization (otherwise known as an I/T/U). These terms are defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

## **GOING TO YOUR PROVIDER**

### **Your first behavioral health appointment**

You should call your behavioral health provider to set up your first visit:

- If you are currently in behavioral health treatment, call your provider within 30 days of enrolling in Healthy Blue.
- If you want our help setting up your first visit, just call Member Services.

### **How to make an appointment**

It is easy to set up a visit with your behavioral health provider:

- Call the provider's office.
- Let the person you talk to know what you need (for example, a first visit or a follow-up visit).
- Tell the provider's office if you are not feeling well. This will let them know how soon you need to be seen.

If you need help, call Member Services. We will help you make the appointment.

## Wait times for appointments

We want you to be able to receive care at any time. When your provider's office is closed, an answering service will take your call. If it is not an emergency, someone should call you back to tell you what to do. Talk to your provider and set up an appointment. You will be able to see the provider as follows:

<b>Emergencies</b>	
Emergencies	Upon arriving at the service site
Follow-up emergency room (ER) visits	According to ER attending provider's discharge orders
<b>Behavioral health services</b>	
Behavioral health emergencies	Upon arriving at the service site
Emergency appointments	Made within one hour of request
Urgent care	Within 48 hours
Regular appointments	Within 14 business days
<b>Visits to a specialist*</b>	
Consults	Within one month of referral or as clinically stated
<b>Visits for lab and X-ray services</b>	
Regular appointments	Within three weeks
Urgent care or as clinically stated	Within 48 hours

\* Same-day, medically needed appointments are also available.

When you go to your provider's office for your appointment, you should not have to wait more than 45 minutes to be seen, including time in the waiting room and examination room, unless your provider is delayed. Your provider may be delayed if they need to work on an urgent case. If this happens, you will be told right away. If your provider expects the wait to be more than 90 minutes, you will be offered a new appointment.

## What to bring when you go for your appointment

When you go to your provider's office for your visit, be sure you bring:

- Your ID cards.
- Any medicines you take now.
- Any questions you may want to ask your provider.

If the appointment is for your child, be sure you bring:

- Your child's member ID cards.
- Any medicine they take now.
- Any questions you may want to ask your child's provider.

## **How to cancel an appointment**

If you make an appointment with your provider and then cannot go:

- Call the provider's office or call Member Services if you want us to cancel the appointment for you.
  - Try to call at least 24 hours before you are supposed to be there.
  - This will let someone else see the provider at that time.
- Tell the office to cancel the visit.
- Make a new appointment when you call.

If you need nonemergency transportation for a routine behavioral health visit, see page 21 for more information.

## **Disability access to Healthy Blue network providers and hospitals**

Healthy Blue network providers and hospitals help members with disabilities receive the care they need. Members who use wheelchairs, walkers, or other aids may need help making it to an office. If you need a ramp or other help:

- Make sure your provider's office knows this before you go there. This will help them be ready for your visit.
- Call Member Services if you need help talking to your doctor about your special needs.

## **WHAT DOES MEDICALLY NECESSARY MEAN?**

Your provider will help you receive the services you need that are medically necessary as defined below.

### **Medically necessary health services:**

- Are given by doctors and other providers and are considered to be the standard of care.
- Prevent or treat illness, help find out what's making you feel bad, or find out what's causing your pain.
- Should be person-centered and specific to your condition.
- Should not cost more than an alternative service or treatment recommendation.
- Have been approved by the Food and Drug Administration (FDA).
- Are not excluded from the Louisiana Medicaid covered benefits and services.
- Are not experimental, investigational, cosmetic, or outside the standard of care. These services will not be covered by Medicaid.

The following are excluded from Medicaid coverage and deemed not medically necessary:

- Experimental services
- Investigational services
- Non-Food and Drug Administration (FDA) approved services
- Cosmetic services

The Healthy Blue medical director, in talking with the Medicaid medical director, may decide to approve services on a case-by-case basis. The Healthy Blue medical director will request any exceptions to these exclusions in writing from the Medicaid medical director.

## **UTILIZATION MANAGEMENT NOTICE**

Sometimes, we need to make decisions about how we pay for care and services. This is called Utilization Management (UM). All UM decisions are based solely on a member's medical

needs and the benefits offered. The Healthy Blue policies do not support the under use of services through our UM decision guide. Providers and others involved in UM decisions do not receive any type of reward for denial of care or coverage.

## YOUR HEALTHCARE BENEFITS

### Your covered services

Below is a summary of the healthcare services and benefits Healthy Louisiana covers when you need them. Your provider will either:

- Give you the care you need.
- Refer you to a provider who can give you the care you need.

In some cases, your provider may need to receive prior approval from Healthy Blue before you can receive a benefit. Your provider will work with us to receive approval.

If you have a question or are not sure if we offer a certain benefit, or if there are coverage limits, you can call Member Services for help. Below is a list of the services covered under Healthy Blue.

Covered services	Coverage limits
<b>Applied behavioral analysis (ABA) services</b>	<p>Behavior analysis is based on a scientific study of how people learn. A number of research techniques have been developed to improve useful behavior (including communication) and reduce harmful behavior. Learn more on page 26.</p> <p>Covered services available to all members under the age of 21, but it must be deemed medically necessary. Prior approval is required.</p>
<b>Assisted therapy for methadone and opiate withdrawal</b>	<p>Covered services include:</p> <ul style="list-style-type: none"> <li>• Outpatient services.</li> <li>• Assistance with withdrawal from opiates.</li> <li>• Medication-Assisted Treatment (MAT), including Methadone treatment in Opioid Treatment Programs (OTPs).</li> </ul> <p>Available to members of all ages.</p>
<b>Basic behavioral health outpatient services</b>	<p>Provided in a PCP's office. This service is available to all members.</p>
<b>Clinical lab services, diagnostic testing, and radiology services</b>	<p>Must be ordered by a doctor. Covered services include:</p> <ul style="list-style-type: none"> <li>• Most diagnostic testing and radiology services ordered by your physician.</li> <li>• Portable (mobile) X-rays are covered only for members who are unable to leave their place of residence without special transportation help.</li> </ul> <p>Certain limits apply. Prior approval may be required.</p>

Covered services	Coverage limits
<b>Behavioral Health Crisis Care (BHCC)</b>	<p>An initial or emergent psychiatric crisis intervention response intended to provide relief, resolution, and intervention through crisis supports and services during the first phase of a crisis for adults.</p> <p>Operate twenty-four (24) hours a day, seven (7) days a week as a walk-in center providing short-term behavioral health crisis intervention.</p>
<b>Community Brief Crisis Support (CBCS)</b>	<p>A face-to-face, time-limited service provided to a member who is experiencing a psychiatric crisis until the crisis is resolved and the member can return to existing services or be linked to alternative behavioral health services.</p> <p>Available twenty-four (24) hours a day, seven (7) days a week.</p> <p>For members 21 years and over.</p> <p>Prior approval needed for this service.</p>
<b>Crisis intervention</b>	This service is available to all members.
<b>Crisis stabilization</b>	This service is available to all members.
<b>Emergency services</b>	<p>Covered services include emergency services given by a network or out-of-network provider when:</p> <ul style="list-style-type: none"> <li>• You have an emergency medical condition. An emergency is when you need to receive care right away, when you are in danger of hurting yourself or someone else, or if there is a risk of death.</li> <li>• Healthy Blue tells you to receive emergency services.</li> </ul> <p>The provider treating you will decide when you are stable for transfer or discharge.</p> <p><b>If you have an emergency, call 911 or go to the nearest hospital emergency room. You can go to any hospital for emergency care even if it's in a different city or state. Prior approval is not needed.</b></p>
<b>Individual Placement and Support (IPS) for Department of Justice (DOJ) Agreement Target Population</b>	<p>Helps members living with mental health conditions work at regular jobs of their choosing that exist in the open labor market and pay the same as others in a similar position, including part-time and full-time jobs.</p> <p>For members ages 21 and over.</p> <p>Prior approval needed for this service.</p>

Covered services	Coverage limits
<b>Inpatient psychiatric hospitalization</b>	This service is available to all members.
<b>Inpatient substance use detoxification</b>	This service is available to all members.
<b>Licensed Mental Health Professionals (LMHP)</b>	<p>Licensed Mental Health Professionals (LMHPs) are licensed by the state of Louisiana. They can help with outpatient counseling for mental health and substance use treatment and can include:</p> <ul style="list-style-type: none"> <li>• Psychiatrists</li> <li>• Licensed psychologists</li> <li>• Medical psychologists</li> <li>• Professional counselors</li> <li>• Clinical social workers</li> <li>• Addiction counselors</li> <li>• Marriage and family therapists</li> <li>• Advanced practice registered nurses (psychiatric specialists)</li> </ul>

<p><b>Medical transportation services</b></p>	<p>If you have an emergency, you should call <b>911</b> or go to the nearest hospital emergency room right away. If you want advice, call your PCP or 24/7 NurseLine at <b>866-864-2544 (TTY 711)</b>.</p> <p><b>Non-emergency medical transportation (NEMT)</b> This program provides rides when all other reasonable means of free transportation are unavailable to get you to an appointment for a covered service.*</p> <p>NEMT covers the least costly means of transportation available to the nearest available qualified provider of routine or specialty care within a reasonable distance. Covered services include medical transportation for:</p> <ul style="list-style-type: none"> <li>• Urgent care.</li> <li>• Nonemergencies, if you need a ride to and from a provider's office to receive covered services.</li> <li>• Nonemergency ambulance transportation. Prior authorization is needed.</li> <li>• Members under age 17 must be accompanied by an adult.</li> </ul> <p>If you need nonemergency transportation, call MediTrans at <b>866-430-1101</b> to set up a ride. For information about your ride after you set it up, please call <b>866-430-1101</b> and press option 2. <b>Rides must be set up at least 48 hours prior to the appointment.</b> Members will arrive at least 15 minutes, but no more than two hours before their appointment. Members will be picked up no more than two hours after the appointment.</p> <p><b>Gas reimbursement</b> As a member, your friends and family members are eligible to receive money for giving you rides to and from your doctor appointments. Gas reimbursement recipients cannot live at the same address as you. This includes parents currently reimbursed for giving rides to their kids. To qualify, you must complete an enrollment form, which includes the following information:</p> <ul style="list-style-type: none"> <li>• Full name of driver.</li> <li>• Mailing address of driver. The address listed on the gas reimbursement enrollment form must match the address on the driver's license. On the form, you can list a secondary mailing address. A post office box address is allowed.</li> <li>• Contact information of driver, including email and phone.</li> <li>• Social Security number of driver.</li> </ul>
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Covered services	Coverage limits
	<ul style="list-style-type: none"> <li>• No more than five Medicaid recipients for which they are authorized to drive.</li> <li>• Driver's license number (with a copy of the license attached to the enrollment form).</li> <li>• Vehicle information (copy on file to be compared to the proof of insurance).</li> <li>• Proof of insurance (copy of VALID insurance on file attached to the enrollment form).</li> </ul> <p>* Members living in residential facilities for behavioral health services may not be eligible for transportation services through Healthy Blue. Please check with your facility for more information.</p>
<b>Medicines</b>	<p>Members who only receive behavioral health services through Healthy Blue will receive their pharmacy benefits through Louisiana Medicaid Pharmacy Fee-For-Service Program. If you have questions, call <b>800-437-9101</b> for more information.</p> <p>You can also send an email to <a href="mailto:healthy@la.gov">healthy@la.gov</a> or go online to <a href="http://ldh.louisiana.gov">ldh.louisiana.gov</a> → Medicaid → Learn About Medicaid Pharmacy Benefits Management.</p> <p>If you have Medicare Part D Drug coverage, you will still receive your medicine reimbursed through your Part D plan.</p>
<b>Mental health rehabilitation services</b>	<p><b>Assertive Community Treatment (ACT)</b> ACT improves outcomes for people who are at the most high risk of psychiatric crisis and hospitalization. It can help you cope and relate to others and function at a higher level.</p> <p><b>Community Psychiatric Support and Treatment (CPST)</b> Services to help achieve identified goals from your recovery plan.</p> <p><b>Crisis Intervention</b> Immediate services to stop a member experiencing a mental health crisis from getting worse.</p> <p><b>Crisis Stabilization (CS) for youth and adolescents</b> Services to provide short-term and intensive supportive resources for youth members and their family. Out-of-home crisis stabilization to avoid inpatient/institutional treatment of the youth.</p> <p><b>Psychosocial Rehabilitation</b> Services designed to help improve the lives of our members with mental illness. Its goal is to teach emotional, cognitive, and social skills to help you live and work as independently as possible.</p> <p>Prior approval may be needed for these services.</p>



Covered services	Coverage limits
<b>Other evidence-based practice services</b>	<ul style="list-style-type: none"> <li>• Child/Parent Psychotherapy</li> <li>• Parent/Child Interaction Therapy</li> <li>• Preschool PTSD Treatment and Youth PTSD Appendix E-7 Treatment</li> <li>• Triple P – Standard Level 4</li> <li>• Trauma Focused-Cognitive Behavioral Therapy (TF-CBT)</li> <li>• EMDR Therapy</li> </ul> <p>Prior approval may be needed for these services.</p>
<b>Mobile Crisis Response (MCR)</b>	<p><b>Mobile Crisis Response (MCR):</b> Mobile service available as initial intervention for individuals in a self-identified crisis. Teams go to the individual where they are located in the community.</p> <p>Available 24 hours a day, 7 days a week.</p>
<b>Personal care services (PCS) for DOJ Agreement Target Population</b>	<p>PCS includes assistance and/or supervision necessary for members with mental illness to enable them to accomplish routine tasks and live independently in their own homes.</p> <p>Eligible members 21 and older who meet medical necessity criteria may receive personal care services (PCS) when recommended by the member's treating licensed mental health professional (LMHP) or physician within their scope of practice.</p>
<b>Permanent supportive housing</b>	<p>Permanent housing for eligible individuals needing an affordable, safe place to live with help from mental health and life skills services. You can also contact the state program at <b>844-698-9075</b> to see if you qualify.</p>
<b>Psychiatric residential treatment</b>	<p>This service is for members younger than age 21.</p>
<b>Psychological testing services</b>	<p>This service is for all members.</p>
<b>Substance use services</b>	<p>Covered services include:</p> <ul style="list-style-type: none"> <li>• Outpatient treatment.</li> <li>• Intensive outpatient treatment.</li> <li>• Residential services.</li> <li>• Inpatient detoxification.</li> <li>• Outpatient detoxification.</li> <li>• Peer support (ages 21 and older).</li> </ul> <p>These services help treat substance use problems and are available to all members in accordance with the American Society of Addiction Medicine (ASAM) levels of care.</p>

Covered services	Coverage limits
<b>Therapeutic Group Homes (TGH)</b>	This service is for members under the age of 21 and does not include room and board. TGH have a non-Medicaid funded room and board component that must be addressed prior to placement.
<b>Treatment by psychiatrists and licensed mental health professionals</b>	This service is available to all members.

\* Members living in residential facilities for behavioral health services may not be eligible for Healthy Blue transportation services. Please check with your facility for more information.

## Special care for pregnant members

### When you become pregnant

If you think you're pregnant, call your PCP or OB/GYN right away. While you're pregnant, you need to take good care of your health. You may be able to receive healthy food from the Women, Infants, and Children (WIC) program. Member Services can give you the phone number for the WIC program close to you. Just call us.

When you're pregnant, you must go to your PCP or OB/GYN at least:

- Every four weeks for the first six months.
- Every two weeks for the seventh and eighth months.
- Every week during the last month.

Your PCP or OB/GYN may want you to visit more than this based on your health needs.

### When you have a new baby

When you deliver your baby, you and your baby may stay in the hospital at least:

- 48 hours after a vaginal delivery.
- 72 hours after a cesarean section (C-section).

You may stay in the hospital less time if your PCP or OB/GYN and the baby's provider see that you and your baby are doing well. If you and your baby leave the hospital early, your PCP or OB/GYN may ask you to have an office or in-home nurse visit within 48 hours.

### Depression during pregnancy

Sometimes women can feel sad, confused, or depressed while pregnant. During pregnancy, your body goes through many changes. These changes can affect your brain and might lead to feeling sad or depressed. If you're feeling sad or depressed during your pregnancy, talk to your PCP or OB/GYN. Your PCP or OB/GYN can help you receive the help you need. If you are struggling with depression, talk to your doctor about what you're feeling. They can help you receive services, such as:

- Support groups
- Talking with a mental health provider
- Medicine
- Other kinds of treatment

## Postpartum depression (after your pregnancy)

Some women experience postpartum depression, or feel sad or depressed after they have a baby. Symptoms include:

- Crying
- Not being able to sleep or sleeping all of the time
- Not wanting to be around other people
- Not being able to think clearly
- Having no or low energy

If you have these symptoms, you should talk to your PCP or OB/GYN right away to receive the help you need. Or call Member Services at **844-227-8350 (TTY 711)** Monday through Friday, 7 a.m. to 7 p.m., and we will help you receive the services you need. If you have thoughts of harming yourself or your baby, you should talk to your PCP or OB/GYN right away, or go to the emergency room (ER).

## Neonatal Abstinence Syndrome

Neonatal abstinence syndrome (NAS) happens when babies are exposed to medicine or drugs in the womb and have withdrawal symptoms after birth. These symptoms can last a long time, and if they're severe, your baby may need hospital care for several weeks.

Babies with NAS may:

- Be born too early or too small.
- Have trouble eating and sleeping.
- May have vomiting, diarrhea, and high fever.
- Be irritable or fussy.
- Have poor growth, seizures, and dehydration.

If you're pregnant — or thinking about becoming pregnant — talk to your doctor about any medicines you're taking. You both can work together to decide what's best. Some medicines may cause your baby to have withdrawal symptoms after birth, even if you're taking them like your doctor prescribed. It may be best to wait until you stop taking the medicine before you have a baby.

Medicines that can cause NAS include:

Opioids — pain medicines	Hydrocodone (Vicodin <sup>®</sup> , Norco), oxycodone (OxyContin <sup>®</sup> , Percocet <sup>®</sup> ), codeine, morphine, and more
Sleep medicines	Zolpidem (Ambien <sup>®</sup> ), eszopiclone (Lunesta <sup>®</sup> ), and more
Benzodiazepines — mood medicines	Alprazolam (Xanax <sup>®</sup> ), temazepam (Restoril <sup>™</sup> ), and more
Substance treatment/maintenance medicines	Methadone or buprenorphine (Subutex, Suboxone)

If you're in treatment for substance use, your doctor can help you find ways to have a healthy pregnancy with a treatment plan.

## Applied behavioral analysis (ABA) services

We cover applied behavioral analysis (ABA) services for children and adolescent members up to age 21. ABA therapy is a set of behavior treatments that work to increase useful or desired behaviors. ABA applies scientific principles about learning and behavior to reduce behaviors that may be harmful or interfere with learning. ABA therapy is used to increase language and communication skills, to improve attention, focus, and social skills, and to decrease problem behaviors. ABA services may include:

- Assessment, evaluation, and reevaluation.
- Treatment intervention plan with measurable objective goals.
- Functional communication training.
- Self-monitoring and adaptive living skills.
- Language, verbal, and cognitive skills.
- Peer play and social skills.
- Prevocational and vocational skills.
- Parent training, family education, and counseling.
- Care coordination.

ABA services must be medically necessary for us to cover them. Your provider must request prior authorization and receive approval from Healthy Blue before providing ABA. Our ABA service providers must meet licensing requirements by the Louisiana State Board of Examiners of Psychologists, or be a Board Certified Behavior Analyst (BCBA®) licensed with the Louisiana Behavior Analyst Board (LBAB).

## Extra Healthy Blue benefits

Healthy Blue covers extra benefits eligible members cannot get from fee-for-service Medicaid. These extra benefits are called value-added services. We offer the following:

- Free adult dental care for members over age 21.
  - Dental exams and cleanings (twice a year).
  - X-rays once a year.

To make an appointment or find a dentist near you, call DentaQuest at **844-234-9835 (TTY 800-466-7566)**.

- Free adult vision care.
  - Eye exam once a year.
  - Glasses (frames and lenses) or contacts (up to a \$100 value) once a year.

To make an appointment or find an eye doctor near you, call Superior Vision at **800-787-3157 (TTY 800-735-2258)**.

- Healthy Rewards — dollars put onto a gift card when you go to doctor visits and screenings.
  - \$25 for provider follow-up after behavioral health hospitalization
- To join the Healthy Rewards program, visit your benefits page at **myhealthybluela.com**. From here, you can log in to your Benefit Reward Hub and visit the Healthy Rewards portal. You also can call **888-990-8681 (TTY 711)** Monday through Friday from 9 a.m. to 8 p.m. Eastern time.

- Respite care for homeless persons with that have been treated for a brief but severe episode of illness for conditions that are the result of disease or trauma, and during recovery from surgery. Healthy Blue will provide short-term respite care that allows rest and recovery in a safe environment for individuals who are experiencing homelessness or unstable housing and transitioning out of a hospital. We will match members to facilities based on medical care and service needs and support them by securing stable housing and reintegration. Members, case managers, and the social determinants of health multidisciplinary care team (comprised of UM coordinators, community health workers, medical directors, housing specialists, permanent supportive housing liaisons, addictionologists, community-based organizations, and the member's PCP) will work together to develop individualized plan of care. The program is for:
  - Members who may be experiencing housing insecurity and need supports of temporary housing and extra services after a hospitalization. And includes:
    - A location to recover your health that fits your specific medical needs.
    - Help with finding long-term housing.
    - Case management help with scheduling medical appointments.
    - Links to community resources, such as food and meal delivery or wellness essentials.
    - Housing assistance flexible support funds that can help you with rental or security deposits, home utilities, basic home modifications, or other household furnishing needs.
    - Transportation assistance.

Eligible members include those 18 and over experiencing homelessness or housing insecurity that need a safe place to recover after a hospital stay. (A team of medical directors, case management, and housing specialists will decide eligibility. limitations apply).

- Non-Pharmacologic Pain Management Program — Healthy Blue offers a whole-person care approach, using evidenced-based treatment modalities, for chronic pain management. Healthy Blue case managers will refer to the member's PCP to create an individualized pain management plan and provide program education to ensure the PCP understands all available services. Healthy Blue members must be enrolled in the program to receive benefits. The program offers:
  - \$150 worth of pain management aids like heating pads, cervical traction devices, lower back massagers, therapy lamps, lumbar supports, magnetic devices, TENS units, and pain-relieving creams for eligible members.
  - \$75 yearly for gym membership or in-home fitness supplies for eligible members.
  - Transportation to and from pain management appointments and services, and case management help with scheduling appointments for eligible members.
  - Acupuncture.
  - Chiropractic care.
  - Message therapy.
  - Epidural steroid and other pain-alleviating injections.
  - Medical hypnotherapy.
  - Osteopathic manipulative treatment.
  - Physiological therapy with biofeedback.

- Meditation app subscription for eligible members.
- Assistance with a safe place to recover after a hospital stay, and help finding and maintaining safe, stable housing for eligible members 18 and older.
- Links to community resources such as food and meal delivery or wellness essentials.
- Tobacco and Vaping Cessation for members 11 and older — Healthy Blue knows that quitting tobacco is a difficult and unique journey. Therefore, our Tobacco and Vaping Cessation program includes a host of supports like:
  - A plan for quitting.
  - Peer support.
  - Live chat coaching.
  - Educational and supportive text messaging.
  - Medication to help you quit.
- Community outreach and support — helping you access care and services beyond what is traditionally covered by the plan.
  - Community outreach events in the community at set times.
    - Free community back-to-school drives
    - Free community baby showers
    - Community health educators
    - Community diaper drives
- A free cellphone with free monthly minutes, data, and text message.
- 24/7 NurseLine to answer your health questions day or night.
- Up to eight hours of respite services each month for caregivers.
- WW® (formerly Weight Watchers®) meetings for eligible members ages 18 and older
- Healthy Families — a program to help families be fit and healthy.
- Online and mobile resources:
  - Community Resource Link: Need help finding housing, rides, or work? Community Resource Link is a site where you can search for free or low-cost local services. This easy-to-use search tool can help you find services and resources in your area. You just have to enter your ZIP code and select the type of service you're looking for. It's that easy. To learn more, visit [myhealthybluela.com](http://myhealthybluela.com) and select Community Resources, or call **844-227-8350 (TTY 711)** Monday through Friday, 7 a.m. to 7 p.m.

\* Subject to referral from care manager. Please contact the health plan for eligibility requirements and details for these benefits. Limitations apply.

We give you these benefits to help keep you healthy.

Here are some resources to help you quit smoking or receive help if you have a gambling problem:

- Quit With Us, LA — this website gives you the tools you need to break the habit. Visit [quitwithusla.org](http://quitwithusla.org) or call 800-QUIT-NOW.
- If you or someone you know has a gambling problem, call or text **877-770-STOP (7867)**. This helpline is available 24 hours a day, seven days a week. It's toll-free, confidential, and will connect you to care. You receive the services you need at no cost to you. Visit [ldh.la.gov/ProblemGambling](http://ldh.la.gov/ProblemGambling) for more information. Or for live chatting, visit [helpforgambling.org](http://helpforgambling.org).

## **SERVICES COVERED UNDER THE LOUISIANA STATE PLAN OR FEE-FOR-SERVICE MEDICAID**

Some services are covered by the Louisiana State Plan or fee-for-service Medicaid instead of Healthy Blue. These services are called carved-out services.

Even though we do not cover these services, your Healthy Blue provider will:

- Provide all required referrals.
- Assist in setting up these services.

These services will be paid for by the Louisiana Department of Health (LDH) on a fee-for-service basis. Carved-out benefits include:

- Services given through the LDH Early Steps program.
- School-based Individualized Education Plan services given by a school district.
- Health services for a member to help them stay in their home or community.
- Targeted case management services, including nurse family partnership.

For details on how and where to access these services, call Louisiana LDH at **888-342-6207**. Copays may apply for certain services.

## **Coordinated System of Care**

The Coordinated System of Care (CSoC) program can help eligible youth and their families receive the services they need to return or stay at home. A Coordinated System of Care helps young people experiencing significant behavioral health challenges receive the services needed.

Healthy Blue screens children to decide if they need these services. If your child meets one of the three criteria listed below, then we will refer you to the CSOC program managed by Magellan:

- Has your child done things that put them in danger? Run away from home? Done reckless things like riding on top of a car?
- Has your child ever threatened to hurt someone? Been in fights at school or home? Ever seriously hurt someone else?
- Has your child broken school rules or been in trouble with the law?

The system of care helps families and children:

- Have a stronger voice in their care.
- Become a partner in the treatment process.
- Return or stay at home.

Services available through the Coordinated System of Care include:

- Parent support and training
- Youth support and training
- Short-term respite
- Independent living/skills building

If you're eligible for the services, it's your choice if you want to be in the program.

To find about eligibility for Coordinated System of Care services, call Member Services at **844-227-8350 (TTY 711)** Monday through Friday, 7 a.m. to 7 p.m. We can help arrange a screening.

If you are enrolled in the program, Magellan Health Services will help you receive your services. If you need help receiving services, call Magellan directly at **800-424-4489 (TTY 800-424-4416)** or visit [magellanoflouisiana.com](http://magellanoflouisiana.com).

## **PRIOR AUTHORIZATIONS**

Some Healthy Blue services and benefits require prior approval. This means that you and your provider must ask Healthy Blue to approve those services or benefits before you receive them.

These services do not require prior approval:

- Emergency services
- Post-stabilization services
- Urgent care

## **CASE MANAGEMENT**

Healthy Blue covers free case management services for members who meet certain at-risk population criteria.

In this process, a case manager will work with you and your family (or a representative) to review your strengths and needs. The review should result in a service plan that:

- You, your family or representative, and case manager agree on.
- Meets your behavioral health, functional, and social needs in the most unified setting.

The case manager can help with:

- Assessing your healthcare needs.
- Developing a plan of care with you.
- Giving you and your family the information and training needed to make informed decisions and choices.
- Giving providers the information they need about any changes in your health to help them in planning, delivering, and monitoring services.

In addition to case managers, we have community health workers (CHWs) that can help you with the following:

- Finding housing and food resources
- Going to doctor's appointments with you
- Finding a doctor for you
- Following up with you when you miss an appointment

To collect and assess this information, your case manager will conduct phone interviews or home visits with you or your representatives. To complete the assessment, the case manager will also receive information from your provider, specialists, and other sources to set up and decide your current behavioral health service needs.



You can also call Member Services if you think you need case management services. We will refer you to our Case Management department.

## **Chronic Care Management/Condition Care**

If you have a long-term health issue, you don't have to go at it alone. Our disease management program can help you get more out of life. The program is voluntary, private, and on hand at no cost to you. It's called the Condition Care (CNDC) program.

A team of licensed nurses, called CNDC case managers, are available to teach about your health issue and help you learn how to manage your health. Your primary care provider (PCP) and our CNDC team are here to help you with your healthcare needs. You can join the program if you have one of these conditions:

- Asthma
- Bipolar disorder
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure (CHF)
- Coronary artery disease (CAD)
- Diabetes
- HIV/AIDS
- Hypertension
- Major depressive disorder — child/adolescent and adult
- Schizophrenia
- Substance use disorder

## **How it works**

When you join one of our CNDC programs, a CNDC case manager will:

- Help you create health goals and make a plan to reach them.
- Coach you and support you through one-on-one phone calls.
- Track your progress.
- Give you information about local support and caregivers.
- Answer questions about your condition and/or treatment plan (ways to help health issues).
- Send you materials to learn about your condition and overall health and wellness.
- Coordinate your care with your healthcare providers, like helping you with:
  - Making appointments.
  - Making it to healthcare provider visits.
  - Referring you to specialists in our health plan, if needed.
  - Receiving any medical equipment you may need.
- Offer educational materials and tools for weight management and tobacco cessation (how to stop using tobacco like quitting smoking).

## **How to join**

We'll send you a letter welcoming you to a CNDC program if you qualify. Or, call us toll free at **888-830-4300 (TTY 711)** Monday through Friday from 8:30 a.m. to 5:30 p.m. When you call, we'll:

- Set you up with a CNDC case manager to get started.
- Ask you some questions about your or your child's health.
- Start working together to create your or your child's plan.

You can also email us at [ConditionCare-self-referral@healthybluelua.com](mailto:ConditionCare-self-referral@healthybluelua.com). Please be aware that emails sent over the internet are usually safe, but there is some risk third parties may access these emails without you knowing. By sending your information in an email, you acknowledge third parties may access these emails without you knowing.

You can choose to opt out of the program at any time. Please call us toll free at **888-830-4300 (TTY 711)** between 8:30 a.m. and 5:30 p.m. Monday through Friday to opt out. You may also call this number to leave a private message for your CNDC case manager anytime.

As Healthy Blue member enrolled in the CNDC program, you have certain rights and responsibilities.

You have the right to:

- Have information about Healthy Blue; this includes all Healthy Blue programs and services as well as our staff's education and work experience; it also includes contracts we have with other businesses or agencies.
- Refuse to take part in, or leave, programs and services we offer.
- Know who your case manager is and how to ask for a different case manager.
- Have Healthy Blue help you to make choices with your doctors about your healthcare.
- Learn about all CNDC-related treatments; these include anything stated in the clinical guidelines, whether covered by Healthy Blue or not; you have the right to talk about all options with your doctors.
- Have personal data and medical information kept private.
- Know who has access to your information, and know our procedures used to ensure security, privacy, and confidentiality.
- Be treated with courtesy and respect by Healthy Blue staff.
- File a complaint or grievance with Healthy Blue, and receive guidance on how to use the complaint or grievance process, including how long it will take us to respond and resolve issues.
- Receive information that is clear and easy to understand.

You are encouraged to:

- Follow healthcare advice offered by Healthy Blue.
- Give Healthy Blue information needed to carry out our services.
- Tell Healthy Blue and your doctors if you decide to disenroll from the CNDC program.

If you have one of these health issues, or would like to know more about our CNDC, please call **888-830-4300** Monday through Friday from 8:30 a.m. to 5:30 p.m.. Ask to speak with a CNDC case manager. Or you can leave a private message for your case manager 24 hours a day. You can also visit our website at [myhealthybluelua.com](http://myhealthybluelua.com) or call the CNDC if you would like a copy of CNDC information you find online. Calling can be your first step on the road to better health.

## Healthy Families Program

Healthy Families is a six-month program for ages 7–17 designed to assist families in obtaining a healthier lifestyle. This program provides families with fitness and healthy behavior coaching, written nutrition information, and online and community resources. For additional information or to enroll in the Healthy Families program, call us at **844-521-6941**.

## NEW TECHNOLOGY

The Healthy Blue medical director and our participating providers assess new medical advances (or changes to existing technology) in:

- Behavioral health procedures.
- Pharmaceuticals.

They also look at scientific literature and whether these new medical advances and treatments:

- Are considered safe and effective by the government.
- Give equal or better outcomes than the covered treatment or therapy that exists now.
- Are suited as covered benefits.

## HOW TO RECEIVE HELP FOR MENTAL HEALTH OR SUBSTANCE USE PROBLEMS

Sometimes people experience mental health or substance use that causes problems with their lives in some way — either at home, work, or school. These problems may last a long time or only a short time. In such cases, it may help to see a behavioral health provider. Some examples of behavioral health problems include:

- Possible depression (such as sadness, hopelessness, loss of interest in usual activities).
- Anxiety.
- Concerns about drug or alcohol use, or problems with gambling.
- Medication side effects or need for prescription help.
- Problems in thinking.

If you feel you need to see a behavioral health provider, call Member Services at **844-227-8350 (TTY 711)** Monday through Friday, 7 a.m. to 7 p.m.

## EMERGENCY CARE

**If you have an emergency, call 911 or go to the nearest hospital emergency room. You can go to any hospital for emergency care even if it's in a different city or state.**

What is a mental health or substance use emergency? An emergency is when you need to receive care right away. If you don't receive it, it could result in death or harm to yourself or others.

This means that someone with an average knowledge of health and medicine can tell the problem may threaten your life or cause serious harm to your body, or harm your unborn child if you are pregnant. Here are some examples of problems that are most likely emergencies:

- Thoughts of harming yourself or others, especially if you have a plan to do so
- Serious reactions to or side effects from medication
- Symptoms of withdrawal from drugs or alcohol
- Being very angry or showing aggressive behavior toward others for no reason

**If you have an emergency, call 911 or go to the nearest hospital emergency room.** You should be able to see a provider right away. The emergency provider who will be treating you will decide whether you are well enough to transfer or be discharged from the hospital. Healthy Blue will cover this expense based on what the provider decides.

If there is a question of whether you are stable, the provider treating you will make the final decision about your condition. Healthy Blue will agree with this decision.

If you want advice about emergency care, such as where to go for care, call your provider or the 24-hour Behavioral Health Crisis Line at **844-812-2280 (TTY 711)**. Medical emergencies do not need prior approval by Healthy Blue.

After you visit the emergency room:

- Call your current behavioral health provider, if you have one, as soon as you can.
- If you cannot call, have someone else call for you.
- For help in finding a behavioral health provider, you can call Healthy Blue at **844-227-8350 (TTY 711)**.

It is important that you receive the follow-up care you need. This is called **post-stabilization care**. You receive these services to help keep your condition stable. These services do not need prior approval by Healthy Blue.

### **How to receive healthcare when your provider's office is closed**

Except in the case of an emergency (see previous section), you should always call your provider first before you receive care. If you call your provider office when it is closed, leave a message with your name and a phone number where you can be reached. If it is not an emergency, someone should call you back to tell you what to do. You may also call the 24-hour Behavioral Health Crisis Line 24 hours a day, seven days a week for help at **844-812-2280**.

**If you think you need emergency services (see previous section), call 911 or go to the nearest emergency room right away.**

### **How to receive healthcare when you are out of town**

- If you need emergency services when you are out of town or outside of Louisiana,\* go to the nearest hospital emergency room, or call **911**. You have the right to use any hospital or other medical emergency care facility. This is called out-of-area care.
- If you need urgent care:
  - Call the 24-hour Behavioral Health Crisis Line.
- If you need routine care like a checkup:
  - Call Healthy Blue Member Services at **844-227-8350 (TTY 711)** Monday through Friday, 7 a.m. to 7 p.m.

**\* If you are outside of the United States and receive healthcare services, the services will not be covered by Healthy Blue or fee-for-service Medicaid.**

### **How to receive healthcare when you cannot leave your home**

If you cannot leave your home, we will find a way to help take care of you. Call Member Services right away. We will put you in touch with a case manager who will help you receive the medical care you need.

## **MEDICINES**

You receive your pharmacy benefits through Louisiana Medicaid Pharmacy Fee-For-Service Program. To learn more about your Medicaid pharmacy benefits, visit

<https://ldh.la.gov/index.cfm/page/358>. For general pharmacy questions, call **800-437-9101** or send an email to [healthy@la.gov](mailto:healthy@la.gov).

If you have Medicare Part D Drug coverage, you will still receive your medicine reimbursed through your Part D plan.

## **Indian Health Service/Tribal/Urban Indian Health Program (I/T/U) Pharmacies**

Only Native Americans and Alaska Natives can use the Indian Health Service/Tribal/Urban Indian Health Program (I/T/U) Pharmacies in our plan. Other members may be able to go to these pharmacies under special circumstances like emergencies.

To learn more about these pharmacies, contact your service coordinator, the I/T/U pharmacy listed in your provider directory, or call Member Services at **844-227-8350 (TTY 711)**, Monday through Friday, 7 a.m. to 7 p.m.

## **MAKING A LIVING WILL (ADVANCE DIRECTIVE)**

Emancipated minors and members over 18 years old have rights under advance directive law.

It may be a hard subject to talk about, but it's important to talk about the care you want with your family and provider. Then you can put your wishes in writing. This way, your family will not have to guess or make hard decisions about what care you want if you are unable to speak for yourself.

You may have serious concerns about the care you receive, such as:

- If your medical and spiritual needs will be by healthcare provider.
- The quality of your medical care.
- Spending long periods of time on life support.
- The emotional and financial stress end-of-life can cause your family.

An advance directive will give you, your family, and your provider the chance to talk about your medical, physical, and spiritual needs when it comes to your care. There are two main types of advance directives:

- A living will — this lets you state what kind of care you want and don't want.
- A durable power of attorney — this lets you name a person to make decisions for your when you can't.

If you wish to sign a living will or durable power of attorney, you can:

- Ask your primary care provider (PCP) for a living will or durable power of attorney form.
- Fill out the form by yourself, or call us for help.
- Take or mail the completed form to your PCP or specialist. Your PCP or specialist will then know what kind of care you want to receive.

You can change your mind any time after you have signed a living will or durable power of attorney:

- Call your PCP or specialist to remove the living will or durable power of attorney from your medical record.

- Fill out and sign a new form if you wish to make changes in your living will or durable power of attorney.

If the wishes stated in your advance directive are not followed, you can file a complaint with the Office of Health Standards (Louisiana's Survey and Certification agency) by calling **225-342-0138**. If you need help executing an advance directive, call our Member Services team at **844-227-8350 (TTY 711)** and we can help you. We're here to help Monday through Friday, 7 a.m. to 7 p.m.

## **ADVANCE DIRECTIVE FOR MENTAL HEALTH TREATMENT**

A mental health advance directive is a document that says what kind of medical care you want to receive if you aren't able to make a decision for yourself.

This will help your family or caregivers know what treatment you want or don't want from psychiatrists or other mental health providers. This will also tell your providers and health plan who you chose to make your care decisions for you.

Do you have questions about the advance directive for mental health treatment? Call the **Mental Health Advocacy Service at 800-428-5432**.

## **GRIEVANCES AND APPEALS**

You have the right to tell us if you are not happy with your care or the coverage of your healthcare needs. These are called grievances and appeals.

If you have any questions or concerns about your Healthy Blue benefits, please call Member Services at **844-227-8350 (TTY 711)** Monday through Friday, 7 a.m. to 7 p.m. Or you can write us. You can call or send us a written request. See "Filing a grievance with Healthy Blue" below for more details.

If you're having trouble receiving a service, you or your provider might need a prior authorization (an OK) from us first. You or your provider can call or submit a request for authorization of services. For more information, see the Prior Authorization section.

### **Grievances**

If you have questions or concerns about your quality of care, try to talk to your provider first. If you still have questions or concerns with our services, quality of care, our network providers, or things like rudeness of a provider or a Healthy Blue associate, call us. We can help you file a grievance. You will not be treated differently for filing a grievance.

If your problem has to do with a denial of your healthcare benefits, you or a representative of your choice needs to file an appeal instead of a grievance. See the next section on Medical Appeals to learn more.

### **Filing a grievance with Healthy Blue**

Member Services will be happy to help you prepare and submit your grievance. You or a representative of your choice can call, fax, mail, or file in-person any time you were aware of the problem:

- Call Member Services at **844-227-8350 (TTY 711)** and file a grievance over the phone or ask for help with filling out a grievance form; include information such as the date the problem happened and the people involved.
- File your grievance by fax to 888-708-2584.
- Send your letter to or visit in person:

Grievance Department  
 Healthy Blue  
 10000 Perkins Rowe, Suite G-510  
 Baton Rouge, LA 70810

When we receive your grievance, our grievance coordinator will:

- Send you a letter within five business days to let you know we received your grievance.
- Look into your grievance when we receive it.
- Send you a letter within 90 calendar days of when you first told us about your grievance. It will tell you the decision made by Healthy Blue and all the information that we received.

If your grievance is urgent, we will respond within 72 hours of when you tell us about it.

## Appeals

There may be times when we say we will not pay for all or part of the care your provider recommended. If we do this, you (or your provider on your behalf and with your written consent) can appeal the decision.

An appeal is when you ask Healthy Blue to look again at the care your provider asked for and we said we will not pay for. You must file for an appeal within 60 calendar days of the date on our first notice that says we will not pay for a service. An appeal can be filed by:

- You.
- Your representative or a person helping you.
- The provider taking care of you at the time.

If you want your provider to file an appeal for you, they must have your written permission.

During the appeals process, you have the opportunity to examine your case file, including any medical records or other documents which may be considered for the appeal.

To continue receiving services that we have already approved, but may be part of the reason for your appeal, you or your provider must file the appeal:

- Within 10 calendar days from the date on the notice to you to let you know we will not pay for the care that has already been approved.
- Before the date the notice says your service will end.

You can appeal our decision in three ways:

1. You can call Member Services toll free at **844-227-8350 (TTY 711)** Monday through Friday, 7 a.m. to 7 p.m. If you call us, we will send you a letter to let you know we got your request for an appeal. We will include an appeal form for you to complete. Filling in all of the form gives us the information we need to help you complete your appeal. You don't have to fill in all of the information to file an appeal if you don't know all of the answers. Let us know if you want someone else to help you with the appeal process, such as a family member, friend, or your provider.

2. You can send us a letter or the appeal form to the address below.
  - Include information such as the care you are looking for and the people involved.
  - Have your doctor send us your medical information about this service:  
Central Appeals Processing  
Healthy Blue  
P.O. Box 62429  
Virginia Beach, VA 23466-2429

3. You can fax us a letter or the appeal form to **888-873-7038**.

When we receive your appeal, we will send you a letter within five calendar days. The letter will let you know we got your appeal.

After we receive your appeal:

- A different provider than the one who made the first decision will look at your appeal.
- We will send you and your provider a letter with the answer to your appeal. We will do this within 30 calendar days from when we receive your appeal. This letter will:
  - Let you and your provider know what we decide.
  - Tell you and your provider how to find out more about the decision and your rights to a fair hearing.

If you have more information about your appeal:

- You may ask us to extend the appeals process for 14 days if you know more information that we should consider.
- We will let you or the person you asked to file the appeal for you know in writing the reason for the delay.

You may also ask us to extend the process if you know more information that we should consider. After you have gone through all of the Healthy Blue appeal process, you may ask the state for a state fair hearing. See the **State Fair Hearings** section for more details.

## **Expedited appeals**

If you or your provider feels that taking the time for the standard appeals process, which is usually 30 calendar days, could seriously harm your life or your health, we will review your appeal quickly. We will call you and let you know the answer to your expedited appeal. We will also send you a letter. We will do this within three calendar days.

You'll only have a short amount of time to give us evidence for your appeal. You may give this in person or in writing. We'll call you if we need more information. Please respond to our request timely so we can process your appeal quickly.

If we do not or your provider does not feel your appeal needs to be reviewed quickly, we will:

- Call you right away to let you know your appeal does not meet the criteria for an expedited review.
- Send you a letter within two calendar days to let you know that your appeal will be reviewed within 30 calendar days.

If the decision on your expedited appeal upholds our first decision and we will not pay for the care your doctor asked for, we will call you and send you a letter. This letter will:



- Let you know how the decision was made.
- Tell you about your rights to request a state fair hearing.

## **Payment appeals**

A payment appeal is when your provider asks Healthy Blue to look again at the service we said we would not pay for. Your provider must ask for a payment appeal within 30 days of receiving the Explanation of Benefits (EOB).

If you receive a service from a provider and we do not pay for that service, you may receive a notice from Healthy Blue called an Explanation of Benefits (EOB). **This is not a bill.** Some reasons we may not pay for a service:

- It is not a covered service.
- Prior approval was not received.
- It wasn't deemed medically necessary.

If you ask for a service that is not covered by Medicaid, you will have to pay the bill.

The EOB will tell you:

- The date you received the service.
- The type of service.
- The reason we cannot pay for the service.

The provider, healthcare place, or person who gave you this service will receive a notice called an explanation of payment.

**If you receive an EOB, you do not need to call or do anything at that time, unless you or your provider wants to appeal the decision.**

To file a payment appeal, your provider can mail the request and information for the service to:  
 Provider Payment Dispute  
 Healthy Blue  
 P.O. Box 61599  
 Virginia Beach, VA 23466-1599

## **Continuation of benefits**

If you request to continue your benefits during the appeal process, we will continue coverage of your benefits until one of the following occurs:

- You withdraw your request for an appeal.
- An appeal decision is reached and is not in your favor.
- The approval ends or the approved service limits are met.

If a decision is made in your favor as a result of the appeal process, we will:

- Start to cover services as quickly as you have need for care and no later than 10 calendar days from the date we receive written notice of the decision.
- Approve and pay for the services we denied coverage of before.

You may have to pay for the cost of any continued benefit if the final decision is not in your favor.

## State fair hearings

After you have gone through the Healthy Blue appeal process, you have the right to ask for a state fair hearing. You must ask for a state fair hearing within 120 calendar days from the date on the notice from Healthy Blue that tells you the result of your appeal. If you wish to continue benefits during the state fair hearing, the request should be submitted within 10 calendar days from the date you receive the notice from Healthy Blue that tells you the results of your appeal.

You can ask for a state fair hearing in one of several ways:

- Call Member Services toll-free at **844-227-8350**. We will file it for you.
- Or send a letter to:  
Division of Administrative Law — Health and Hospitals Section  
P.O. Box 4189  
Baton Rouge, LA 70821-4189
- You can also file over the phone by calling the Division of Administrative Law (DAL) at **225-342-5800** or fax your request to **225-219-9823**.
- Or go online to [adminlaw.state.la.us/HH.htm](http://adminlaw.state.la.us/HH.htm) to fill out a Member State Fair Hearing Request Form.

Once the DAL receives your letter:

- DAL will submit a copy of the request to the Healthy Blue Appeals department.
- DAL will notify the Louisiana Department of Health (LDH) that a state fair hearing request has been filed.
- Healthy Blue will send DAL a copy of your appeal, the information we used to make our decision, and a copy of the notice of decision sent to you.

An administrative law judge at the DAL will conduct the state fair hearing. When the hearing is finished, the Secretary of LDH will report the results of the hearing decision to you, Healthy Blue, and LDH. If you have any questions about your rights to appeal or request a fair hearing, call Member Services at **844-227-8350 (TTY 711)** Monday through Friday, 7 a.m. to 7 p.m.

## Continuation of benefits

If you request to continue your benefits during the state fair hearing process, we will continue coverage of your benefits until one of the following occurs:

- You withdraw your request for a fair hearing.
- A fair hearing decision is reached and is not in your favor.
- The approval ends or the approved service limits are met.

If a decision is made in your favor as a result of the fair hearing, we will:

- Start to cover services as quickly as you have need for care, and no later than 10 calendar days from the date we receive written notice of the decision.
- Approve and pay for the services we denied coverage of before.

You may have to pay for the cost of any continued benefit if the final decision is not in your favor.

## OTHER INFORMATION

## **If you move**

Please call Member Services at **844-227-8350 (TTY 711)** right away to let us know. This way, you will keep receiving the information you need about your health plan.

Healthy Blue will let the Louisiana Department of Health (LDH) know of your address change.

You will continue to receive behavioral healthcare services through us in your current area until the address is changed. You must call Healthy Blue before you can receive any services in your new area unless it is an emergency.

Please also let Healthy Blue know if you have a change in:

- Family size.
- Living arrangements.
- Parish of residence.

This will help make sure we send you the right information about your healthcare. We will let LDH know of the change. You can also call the Medicaid Customer Service Unit toll-free hotline at **888-342-6207**, 7 a.m. to 6 p.m., or you can visit a regional Medicaid eligibility office or the Louisiana Medicaid website at [ldh.la.gov/mymedicaid](http://ldh.la.gov/mymedicaid) to report these changes.

## **Renew your Medicaid or LaCHIP benefits on time**

**Keep the right care.** Do not lose your healthcare benefits! You could lose your benefits even if you still qualify. Every year, you need to renew your Healthy Louisiana benefits. If you do not renew your eligibility, you will lose your healthcare benefits.

If you have questions about renewing your benefits, you can go to or call your local LDH office. We want you to keep receiving your healthcare benefits from us as long as you still qualify. Your health is very important to us.

## **If you are no longer eligible for Medicaid or LaCHIP**

You will be disenrolled from Healthy Blue if you are no longer eligible for Medicaid or LaCHIP benefits. If you are ineligible for Medicaid for two months or less, and then become eligible again, you will be re-enrolled in Healthy Blue.

## **The Louisiana Health Insurance Premium Payment Program (LAHIPP)**

LAHIPP helps Medicaid-eligible household members receive coverage by the family's employer-sponsored private insurance policy. The program may pay some or all of the monthly payments for you and your family if you have insurance available through your job and someone in the family has Medicaid. If you're a Medicaid member, you will also be able to have health insurance.

LAHIPP recipients receive medical and emergency ambulance services through Molina, and Behavioral Health Services and nonemergency services from us. We will pay the remaining balance after your primary carrier pays, but you still must follow the policies of the primary plan. We will not pay for services denied by your primary plan except in special circumstances.

**We'll cover some services that your private insurance may not, including:**

- Therapeutic Group Home.
- Assertive Community Treatment per diem.

- Crisis Stabilization.
- Psychosocial Rehabilitation Services.
- Community Psychiatric Support and Treatment.
- Multi-systemic Therapy.
- Crisis Intervention Mental Health Services.

## **How to disenroll from Healthy Blue**

If you do not like something about Healthy Blue, please call Member Services. We will work with you to try to fix the problem.

- If you are a new member and choose Healthy Blue during the initial choice period, you can switch health plans during your first 90 days of enrollment.
- Members who change MCO/SMO's during the Open Enrollment period will be granted a 90-day grace period to change plans beginning on the effective date of their new plan, 1/1. The confirmation notices will include language informing the members that they have from 1/1 to 3/31 to request a plan change.

You may request to transfer to another health plan at any time. However, you may be required to provide proof or detailed information that good cause exists for your request to be processed.

**If you need to be disenrolled from Healthy Blue at any time, please call Healthy Louisiana Enrollment Center at 855-229-6848, TTY 855-LAMed4Me (855-526-3346).**

The following circumstances are cause for disenrollment:

- We don't, because of moral or religious objections, cover the service you seek.
- You need related services to be performed at the same time, not all related services are available in our plan and your PCP or another provider determines that receiving the services separately would subject you to unnecessary risk.
- Our contract with LDH is terminated.
- Poor quality of care.
- Lack of access to our core benefits and services covered.
- Documented lack of access within the MCO to providers experienced in dealing with the member's healthcare needs.
- Your active specialized behavioral health provider ceases to contract with us.
- Any other reason deemed to be valid by LDH.

You can disenroll without cause:

- During the 90 day opt-out period following initial enrollment for voluntary members.
- During the 90 days following the postmark date of your notification of enrollment.
- Once a year during your enrollment period.
- Upon automatic re-enrollment if a temporary loss of Medicaid eligibility has caused you to miss the annual disenrollment opportunity.
- If LDH imposes the intermediate sanction provisions specified in 42 CFR §438.702(a) (3).

## **Reasons why you can be disenrolled from Healthy Blue**

There are several reasons you could be disenrolled from Healthy Blue without asking to be disenrolled. Some of these are listed below. If you have done something that may lead to disenrollment, we will contact you. We will ask you to tell us what happened.

You could be disenrolled from Healthy Blue if:

- You are no longer eligible for behavioral health services through Healthy Blue.
- You move out of the Healthy Blue service area.
- You let someone else use your Healthy Blue member ID card.
- You try to hurt a provider, a staff person, or Healthy Blue associate.
- You steal or destroy property of a provider or Healthy Blue.
- You try to hurt other patients or make it hard for you or other patients to receive the needed care.

If you have any questions about your enrollment, call Member Services. If you are disenrolled, or if our contract is terminated, you may be able to continue to receive healthcare services. To find out more about LDH's policy on this, just call Member Services at **844-227-8350 (TTY 711)** Monday through Friday, 7 a.m. to 7 p.m.

### **If you receive noncovered services**

We cover your services when you are enrolled with our plan and:

- Services are medically necessary.
- Services are listed under the **Covered Services** section of this handbook.

If you receive services that aren't covered by Healthy Blue, you must pay the full cost yourself. If you are not sure and want to know if we will pay for any medical service or care, just call Member Services. You also have the right to ask for this in writing. If we say we will not pay for your services, you have the right to appeal our decision. Find more information about your appeal rights and how to receive help with filing an appeal in the **Grievances and Appeals** section of this handbook.

### **If you receive a bill**

Always show your Healthy Blue member ID card when you:

- See a provider.
- Go to the hospital.
- Go for tests.

Even if your provider told you to go, you must show your Healthy Blue member ID card to make sure you are not sent a bill for services covered by Healthy Blue.

If you do receive a bill, send it to us with a letter saying you have been sent a bill. Send the letter to the address below:

Claims

Healthy Blue

P.O. Box 61010

Virginia Beach, VA 23466-1010

You can also call Member Services for help.

### **If you have other health insurance (coordination of benefits)**

Please call Healthy Blue Member Services if you or your children have other insurance, including employer-sponsored insurance. Healthy Blue will be secondary to that insurance.

Because you already have other insurance, we will not assign you a primary care provider (PCP) from our network. Ask your primary insurance carrier for a PCP if you don't already have one. See your PCP for all of your routine healthcare needs and checkups.

Always show your Healthy Blue and other health insurance cards when you see a provider, go to the hospital, or go for tests. The other insurance plan needs to be billed for your healthcare services before Healthy Blue can be billed. Healthy Blue will work with the other insurance plan on payment for these services.

You should also call Healthy Blue Member Services right away if you have:

- A Workers' Compensation claim.
- A pending personal injury or medical malpractice lawsuit.
- Been involved in an auto accident.

## **Changes in your Healthy Blue coverage**

Sometimes, Healthy Blue may have to change the way we work, your covered services, or our network providers and hospitals. LDH may also change the covered services that we arrange for you. We will mail you a letter when we make changes in the services that are covered. Your provider's office may move, close, or leave our network. If this happens, we will call or send you a letter to tell you about this.

You can call Member Services if you have any questions. Member Services can also send you a current list of our network providers. If you have just transferred from — or are about to transfer to — another health plan, please notify us so we can assist with transitioning your care. Please contact the Healthy Blue Case Management department at **877-440-4065, ext. 106-103-5145**, Monday through Friday, 7 a.m. to 4:30 p.m.

## **How to tell Healthy Blue about changes you think we should make**

We want to know what you like and do not like about Healthy Blue. Your ideas will help us make Healthy Blue better. Please call Member Services to tell us your ideas. You can also send a letter to:

Healthy Blue  
P.O. Box 62509  
Virginia Beach, VA 23466-2509

## **Member advisory committees**

Healthy Blue has a group of members who meet quarterly to give us their ideas. These meetings are called member advisory meetings. This is a chance for you to find out more about us, ask questions, and give us suggestions for improvement. If you would like to be part of this group, call Member Services. We also send surveys to some members. The surveys ask questions about how you like Healthy Blue. If we send you a survey, please fill it out and send it back. Our staff may also call to ask how you like Healthy Blue. Please tell them what you think. Your ideas can help us make Healthy Blue better.

## **How Healthy Blue pays providers**

Different providers in our network have agreed to be paid in different ways by us. Your provider may be paid each time they treat you (fee-for-service). Or your provider may be paid a set fee each month for each member whether or not the member actually receives services (capitation).

These kinds of pay may include ways to earn more money. This kind of pay is based on different things, like how happy a member is with the care or quality of care. It is also based on how easy it is to find and receive care.

If you want more details about how our contracted providers or any other providers in our network are paid, please call the Healthy Blue Member Services department or write to us at:  
Healthy Blue  
P.O. Box 62509  
Virginia Beach, VA 23466-2509

## **Domestic violence**

Domestic violence is abuse. Abuse is unhealthy. Abuse is unsafe. It is never OK for someone to hit you. It is never OK for someone to make you afraid. Domestic violence causes harm and hurt on purpose. Domestic violence in the home can affect your children, and it can affect you. If you feel you may be a victim of abuse, call or talk to your provider. Your provider can talk to you about domestic violence. They can help you understand you have done nothing wrong and do not deserve abuse.

Safety tips for your protection:

- Call 911 or go to the nearest hospital if you need emergency care. Please see the section **Emergency care** for more information.
- Have a plan on how you can find a safe place (like a women's shelter or a friend or relative's home).
- Pack a small bag and give it to a friend to keep until you need it.

If you have questions or need help, call the National Domestic Violence hotline number at **800-799-7233 (TTY 800-787-3224)**.

## **Minors**

For most Healthy Blue members under age 18 (minors), our network doctors and hospitals cannot give them care without a parent or legal guardian's consent. This does not apply if emergency care is needed. Parents or legal guardians also have the right to know what is in their child's medical records, except for information about the following:

- Birth control
- Sexually transmitted infections (STIs)

Minors can ask their provider not to tell their parents about their medical records, but the parents can still ask the provider to see the medical records. If the providing doctor feels it is in the minor's best interest, they can decide to tell the parent or legal guardian about the minor's treatment.

These rules do not apply to emancipated minors. Members under age 18 may be emancipated minors if they:

- Are married.
- Are pregnant.
- Have a child.

Emancipated minors may make their own decisions about their medical care and the medical care of their children. Parents no longer have the right to see the medical records of emancipated minors. Parents or guardians have the right to refuse medical service, diagnoses, or treatment for their child on moral or religious grounds.

## **YOUR RIGHTS AND RESPONSIBILITIES AS A HEALTHY BLUE MEMBER**

### **Your rights**

As a Healthy Blue member, you have the right to:

- **Privacy**  
Be sure your medical record is private; be cared for with dignity and without discrimination. That includes the right to:
  - Be treated fairly and with respect.
  - Know your medical records and discussions with your providers will be kept private and confidential.
  - The right to receive a copy of your medical records (one copy free of charge); the right to request that the records be amended or corrected.
- **Take part in making decisions about your healthcare**  
Consent to or refuse treatment and actively take part in treatment decisions. You can refuse medical service or treatment at any time on religious grounds. In the case of a child, the parent or guardian may refuse treatment for the child.
- **Participate with your practitioners to make decisions about your healthcare**
- **Receive counseling or referral services that are not covered by Healthy Blue**
  - If you need counseling or referral services that are not covered by Healthy Blue due to moral or religious objections, call the enrollment broker. For information on how to receive these services, call **855-229-6848 (TTY 855-526-3346)**.
- **Receive care without restraint**  
Not be restrained or secluded if doing so is:
  - For someone else's convenience.
  - Meant to force you to do something you do not want to do.
  - To get back at you or punish you.
- **Have access to behavioral healthcare services**  
Receive behavioral healthcare services that are similar in amount and scope to those given under fee-for-service Medicaid. That includes the right to:
  - Receive healthcare services that will achieve the purpose for which the services are given.
  - Receive services that are fitting and are not denied or reduced due to:
    - Diagnosis.
    - Type of illness.
    - Medical condition.
- **Receive all information in a manner that may be easily understood**  
Be given information in a manner and format you can understand. That includes:
  - Enrollment notices.
  - Information about your health plan rules, including the healthcare services you can receive and how to receive them.
  - Treatment options and alternatives, regardless of cost or whether it is part of your covered benefits.



- A complete description of disenrollment rights at least annually.
- Notice of any key changes in your benefits package at least 30 days before the effective date of the change.
- Information on the grievance, appeal, and state fair hearing procedures.
- A list of your member rights and responsibilities.
- **Receive a member welcome packet at least once a year if you need it, including a copy of the member handbook.**
- **Discuss appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.**
- **Receive information about the Healthy Blue health plan prior to joining Healthy Blue.**  
Receive information about Healthy Louisiana, the organization, its practitioners, and providers offered through Healthy Blue so that you can make an informed choice. That includes:
  - Basic features of Healthy Louisiana.
  - The populations that may or may not enroll in the program.
  - The responsibility of Healthy Blue to arrange care in a timely manner.
- **Receive information on Healthy Blue services**  
Receive information on Healthy Louisiana services offered through Healthy Blue. That includes:
  - Covered benefits.
  - Procedure for receiving benefits, including any prior approval requirements.
  - Any copay requirements.
  - Service area.
  - Names, locations, phone, and non-English languages spoken by current contracted providers, including, at a minimum:
    - Behavioral health providers.
    - Specialists.
    - Hospitals.
  - Any restriction on your freedom of choice of network providers.
  - Names of providers who are not accepting new patients.
  - Benefits not offered by Healthy Blue but that members can obtain and how to receive them; this includes how transportation is offered.
  - Service utilization policies.
  - Request a copy of our guidelines by calling Member Services.
  - Member rights and responsibilities.
- **Receive information on emergency and after-hours coverage**  
Receive detailed information on this coverage. That includes:
  - What constitutes an emergency medical condition, emergency services, and post-stabilization services (Post-stabilization care services are Medicaid covered services that you receive after emergency medical care. You receive these services to help keep your condition stable.)
  - Post-stabilization rules (rules for Medicaid covered services you receive after emergency medical care.)
  - Notice that emergency services do not require prior approval.
  - The process and procedures for receiving emergency services.
  - The locations of any emergency settings and other sites where providers and hospitals furnish emergency and post-stabilization covered services.
  - Your right to use any hospital or other setting for emergency care.

- **Get the Healthy Blue policy on referrals**  
Receive the Healthy Blue policy on referrals for specialty care and other benefits not given by your behavioral health provider.
- **Get help from LDH and the Enrollment Broker**  
Know the requirements and benefits of the Louisiana Medicaid CCN program.
- **Get oral interpretation services.**  
Receive oral interpretation services. That includes the right to:
  - Receive these services free of charge for all non-English languages, not just those known to be common.
  - Be told these services are offered and how to access them.
- **Exercise your rights without adverse effects**  
Exercise your rights without adverse effects on the way Healthy Blue, our providers, or LDH treats you. That includes the right to:
  - Tell us your complaint or file an appeal about Healthy Blue or the care or services you receive from our providers.
  - Make recommendations regarding your rights and responsibilities as a Healthy Blue member.

## **Your responsibilities**

As a Healthy Blue member, you have the responsibility to:

- **Learn about your rights**  
Learn and understand each right you have under the Medicaid program. That includes the responsibility to:
  - Ask questions if you do not understand your rights.
  - Learn what choices of health plans are available in your area.
- **Learn and follow your health plan and Medicaid rules**  
Abide by the health plan Medicaid policies and procedures. That includes the responsibility to:
  - Carry your Healthy Blue and Medicaid ID cards at all times when receiving healthcare services.
  - Let your health plan know if your ID card is lost or stolen.
  - Never loan, sell, or give your ID card to anyone else. Doing so could result in loss of eligibility or legal action.
  - Let your health plan know right away if you have a Worker's' Compensation claim or a pending personal injury or medical malpractice lawsuit or been involved in an auto accident.
  - Learn and follow your health plan and Medicaid rules.
  - Learn and follow plans and instructions for care, as agreed upon with your doctors.
  - Make any changes in your health plan and provider in the ways established by Medicaid and by the health plan.
  - Keep scheduled appointments.
  - Cancel appointments in advance when you cannot keep them.
  - Always contact your behavioral health provider first for your nonemergency medical needs.
  - Understand when you should and should not go to the emergency room.

- **Tell your providers about your healthcare needs**

Share information relating to your health status with your behavioral health provider and become fully informed about service and treatment options. That includes the responsibility to:

- Tell your behavioral health provider about your health.
- Talk to your providers about your healthcare needs and ask questions about the different ways healthcare problems can be treated.
- Help your providers access your medical records.
- Provide your providers with the right information.
- Follow the prescribed treatment of care recommended by the provider or let the provider know the reasons the treatment cannot be followed as soon as possible.

- **Take part in making decisions about your health**

Actively participate in decisions relating to service and treatment options, make personal choices, and take action to maintain your health. That includes the responsibility to:

- Work as a team with your provider in deciding what healthcare is best for you.
- Participate in developing mutually agreed-upon treatment goals with your doctors.
- Understand how the things you do can affect your health.
- Do the best you can to stay healthy.
- Treat providers and staff with respect.

Call Healthy Blue Member Services at **844-227-8350 (TTY 711)** if you have a problem and need help.

Healthy Blue provides health coverage to our members on a nondiscriminatory basis, according to state and federal law, regardless of gender, sex, sexual preference, race, color, creed, age, religion, national origin, ancestry, marital status, program membership, or physical, behavioral, or mental disability or type of illness or condition.

## **REPORTING FRAUD, WASTE, AND ABUSE**

If you know someone who is misusing (through fraud, abuse, and/or overpayment) the Medicaid or LaCHIP program, you can report them.

**To report doctors, clinics, hospitals, nursing homes, or behavioral health enrollees, write or call Healthy Blue at:**

Special Investigations Unit  
Healthy Blue  
P.O. Box 62509  
Virginia Beach, VA 23466-2509

If you wish to remain anonymous, you can call the Special Investigations Unit (SIU) Hotline at **866-847-8247**. Or go to the reporting website at [myhealthybluelua.com/pages/WFA.aspx](https://myhealthybluelua.com/pages/WFA.aspx).

Suspensions of fraud and abuse can be emailed directly to the Healthy Blue Corporate Investigations department at [medicaidfraudinvestigations@healthybluelua.com](mailto:medicaidfraudinvestigations@healthybluelua.com) or go online at **myhealthybluelua.com**. Then choose **Report Waste, Fraud & Abuse** to report details about a possible issue. This information is sent directly to the email address above, which is checked every business day.

**You can also call the Louisiana Medicaid Fraud and Abuse Hotline at 800-488-2917.**

**HOW TO REPORT SOMEONE WHO HAS NOT FOLLOWED REQUIRED MARKETING GUIDELINES**

Healthy Louisiana plans must follow certain marketing guidelines. Healthy Louisiana plans can't do things such as:

- Market directly to a potential member.
- Say anything negative about the other Healthy Louisiana plans.
- Help a member enroll in Medicaid.

If you know someone who has done any of these things, you must report the incident to the Louisiana Department of Health (LDH) by completing the LDH Healthy Louisiana Marketing Complaint form.

To request a form, contact LDH at **888-342-6207**. You may also access the form online at [ldh.la.gov/HealthyLaMarketingComplaint](http://ldh.la.gov/HealthyLaMarketingComplaint).

Please call Member Services at **844-227-8350 (TTY 711)** if you would like more information on:

- How Healthy Blue works.
- How we're structured.
- Our physician incentive plans.
- Our service utilization policies.

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**We hope this handbook has answered most of your questions about Healthy Blue. For more information, call the Healthy Blue Member Services department at 844-227-8350 (TTY 711) Monday through Friday, 7 a.m. to 7 p.m.**



**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION WITH REGARD TO YOUR HEALTH BENEFITS. PLEASE REVIEW IT CAREFULLY.**



## **HIPAA notice of privacy practices**

The original effective date of this notice was April 14, 2003. This notice was most recently revised in June 2022.

**Please read this notice carefully. This tells you who can see your protected health information (PHI). It tells you when we have to ask for your OK before we share it. It tells you when we can share it without your OK. It also tells you what rights you have to see and change your information.**

Information about your health and money is private. The law says we must keep this kind of information, called PHI, safe for our members. That means if you're a member right now or if you used to be, your information is safe.

We get information about you from state agencies for Medicaid and the Children's Health Insurance Program after you become eligible and sign up for our health plan. We also get it from your doctors, clinics, labs, and hospitals so we can OK and pay for your healthcare.

Federal law says we must tell you what the law says we have to do to protect PHI that's told to us, in writing or saved on a computer. We also have to tell you how we keep it safe. To protect PHI:

- On paper (called physical), we:
  - Lock our offices and files
  - Destroy papers with health information so others can't get it
- Saved on a computer (called technical), we:
  - Use passwords so only the right people can get in
  - Use special programs to watch our systems
- Used or shared by people who work for us, doctors, or the state, we:
  - Make rules for keeping information safe (called policies and procedures)
  - Teach people who work for us to follow the rules

### **When is it OK for us to use and share your PHI?**

We can share your PHI with your family or a person you choose who helps with or pays for your healthcare if you tell us it's OK. Sometimes, we can use and share it **without** your OK:

- **For your medical care**
  - To help doctors, hospitals, and others get you the care you need
- **For payment, healthcare operations, and treatment**
  - To share information with the doctors, clinics, and others who bill us for your care
  - When we say we'll pay for healthcare or services before you get them

- To find ways to make our programs better, and to support you and help you get available benefits and services. We may get your PHI from public sources, and we may give your PHI to health information exchanges for payment, healthcare operations, and treatment. If you don't want this, please visit [myhealthybluela.com/la/privacy.html](http://myhealthybluela.com/la/privacy.html) for more information.
- **For healthcare business reasons**
  - To help with audits, fraud and abuse prevention programs, planning, and everyday work
  - To find ways to make our programs better
- **For public health reasons**
  - To help public health officials keep people from getting sick or hurt
- **With others who help with or pay for your care**
  - With your family or a person you choose who helps with or pays for your healthcare, if you tell us it's OK
  - With someone who helps with or pays for your healthcare, if you can't speak for yourself and it's best for you

We must get your OK in writing before we use or share your PHI for all but your care, payment, everyday business, research, or other things listed below. We have to get your written OK before we share psychotherapy notes from your doctor about you.

You may tell us in writing that you want to take back your written OK. We can't take back what we used or shared when we had your OK. But, we will stop using or sharing your PHI in the future.

#### **Other ways we can — or the law says we have to — use your PHI:**

- To help the police and other people who make sure others follow laws
- To report abuse and neglect
- To help the court when we're asked
- To answer legal documents
- To give information to health oversight agencies for things like audits or exams
- To help coroners, medical examiners, or funeral directors find out your name and cause of death
- To help when you've asked to give your body parts to science
- For research
- To keep you or others from getting sick or badly hurt
- To help people who work for the government with certain jobs
- To give information to workers' compensation if you get sick or hurt at work

#### **What are your rights?**

- You can ask to look at your PHI and get a copy of it. We will have 30 days to send it to you. If we need more time, we have to let you know. We don't have your whole medical record, though. **If you want a copy of your whole medical record, ask your doctor or health clinic.**
- You can ask us to change the medical record we have for you if you think something is wrong or missing. We will have 60 days to send it to you. If we need more time, we have to let you know.
- Sometimes, you can ask us not to share your PHI. But we don't have to agree to your request.
- You can ask us to send PHI to a different address than the one we have for you, or

in some other way. We can do this if sending it to the address we have for you may put you in danger.

- You can ask us to tell you all the times over the past six years we've shared your PHI with someone else. This won't list the times we've shared it because of healthcare, payment, everyday healthcare business, or some other reasons we didn't list here. We will have 60 days to send it to you. If we need more time, we have to let you know.
- You can ask for a paper copy of this notice at any time, even if you asked for this one by email.
- If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us.

### **What do we have to do?**

- The law says we must keep your PHI private, except as we've said in this notice.
- We must tell you what the law says we have to do about privacy.
- We must do what we say we'll do in this notice.
- We must send your PHI to some other address, or in a way other than regular mail if you ask for reasons that make sense, like if you're in danger.
- We must tell you if we have to share your PHI after you've asked us not to.
- If state laws say we have to do more than what we've said here, we'll follow those laws.
- We have to let you know if we think your PHI has been shared improperly.

### **Contacting you**

We, along with our affiliates and/or vendors, may call or text you using an automatic telephone dialing system and/or an artificial voice. We only do this in line with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be reached by phone, just let the caller know, and we won't contact you in this way anymore. Or you may call 844-203-3796 to add your phone number to our Do Not Call list.

### **What if you have questions?**

If you have questions about our privacy rules or want to use your rights, please call Member Services at **844-521-6941**. If you're deaf or hard of hearing, call **TTY 711**.

### **To see more information**

To read more information about how we collect and use your information, your privacy rights, and details about other state and federal privacy laws, please visit our Privacy webpage at [myhealthybluela.com/la/privacy.html](https://myhealthybluela.com/la/privacy.html).

### **What if you have a complaint?**

We're here to help. If you feel your PHI hasn't been kept safe, you may call Member Services or contact the U.S. Department of Health and Human Services. Nothing bad will happen to you if you complain. Visit the Filing a Complaint page at [hhs.gov/hipaa/filing-a-complaint/index.html](https://hhs.gov/hipaa/filing-a-complaint/index.html)

**Write to or call the U.S. Department of Health and Human Services:**

Office for Civil Rights  
U.S. Department of Health and Human Services  
1301 Young St., Ste. 1169  
Dallas, TX 75202  
Phone: 800-368-1019  
TDD: 800-537-7697  
Fax: 214-767-0432

We reserve the right to change this Health Insurance Portability and Accountability Act (HIPAA) notice and the ways we keep your PHI safe. If that happens, we'll tell you about the changes in a newsletter. We'll also post them on the web at [myhealthybluela.com/la/privacy.html](http://myhealthybluela.com/la/privacy.html).

**Race, ethnicity, language, sexual orientation, and gender identity**

We get race, ethnicity, language, sexual orientation, and gender identity information about you from the state Medicaid agency and the Children's Health Insurance Program. We protect this information as described in this notice.

We use this information to:

- Make sure you get the care you need.
- Create programs to improve health outcomes.
- Create and send health education information.
- Let doctors know about your language needs.
- Provide interpretation and translation services.

We do **not** use this information to:

- Issue health insurance.
- Decide how much to charge for services.
- Determine benefits.
- Share with unapproved users.

**Your personal information**

We may ask for, use, and share personal information (PI) as we talked about in this notice. Your PI is not public, and tells us who you are. It's often taken for insurance reasons.

- We may use your PI to make decisions about your:
  - Health
  - Habits
  - Hobbies
- We may get PI about you from other people or groups like:
  - Doctors
  - Hospitals
  - Other insurance companies
- We may share PI with people or groups outside of our company without your OK in some cases.
- We'll let you know before we do anything where we have to give you a chance to say no.
- We'll tell you how to let us know if you don't want us to use or share your PI.

- You have the right to see and change your PI.
- We make sure your PI is kept safe.

This information is available for free in other languages. Please contact Member Services at **844-521-6941 (TTY 711)** Monday through Friday from 7 a.m. to 7 p.m.

**Do you need help with your healthcare, talking with us, or reading what we send you? Call us toll free at 844-521-6941 (TTY 711) to get this for free in other languages or formats.**

¿Necesita ayuda con su atención médica? ¿Necesita ayuda para leer lo que le enviamos o para hablar con nosotros? Llámenos al número gratuito 844-521-6941 (TTY 711) para conseguir esta información sin costo en otros idiomas o formatos.

**myhealthybluela.com**

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

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10000 Perkins Rowe, Suite G-510 • Baton Rouge, LA 70810

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