Healthy Blue Member Handbook: Integrated Health Services

For Physical and Behavioral Health Services

844-521-6941 (TTY 711)

myhealthybluela.com

Healthy Louisiana

Healthy Blue

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For Physical and Behavioral Health Services

844-521-6941 (TTY 711)
3850 North Causeway Boulevard, Suite 1770
Metairie, LA 70002

myhealthybluela.com

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HEALTHY BLUE QUICK GUIDE

Read this quick guide to find out about:

- How to see a doctor and get medicines.
- Choosing a primary care provider (PCP).
- The difference between routine medical care and an emergency.
- Important phone numbers.
- Renewing your benefits.

Seeing the doctor

With Healthy Blue, you get a primary care provider (PCP). Your PCP is the family doctor or provider you'll go to for routine and urgent care. When you enrolled, you were given a PCP. To find or change a PCP, physical or behavioral health provider:

- Visit us online at **myhealthybluela.com**. Create a secure account by selecting **Register**. You'll need your member ID number. Once you create an account, you'll be able to choose your PCP online.
- Call Member Services at **844-521-6941 (TTY 711)**, Monday through Friday from 7 a.m. to 7 p.m.

To see the doctor, you can call his or her office directly and make an appointment. Don't forget to bring your Healthy Blue member ID card with you.

Medicines

When you go to your PCP or another provider, you might get a prescription for medicine. You have pharmacy benefits as part of your Medicaid plan. We will pay for your prescriptions, but you may have a small copay. A copay is the amount you may pay for a health service.

There are no copays for physical and behavioral covered services. Below is the copay list for drugs if you have Healthy Blue.

Cost of the drug	What you pay*
$10 or less	$0.50
$10.01-$25	$1.00
$25.01-$50	$2.00
Over $50	$3.00

* There are no copays for some members, including children, pregnant women, members in the hospital, members of a home- and community-based waiver, women who have Medicaid due to breast or cervical cancer, those getting hospice services or living in a long-term care facility, or Native American or Alaska Native members. There are also no copays for family planning services, emergency services, and for some preventive medicines.

Members with a household income that exceeds 5% of their family's monthly income are not required to make any copays. Once this limit has been reached, there are no copays for the rest of the month.

Prime Therapeutics State Government Solutions LLC provides pharmacy benefits for our members. You can use a pharmacy in their network when getting your prescriptions filled.

Prime Therapeutics State Government Solutions LLC is available 24/7 for questions about their pharmacy services. Call **800-424-1664** or visit them online at lamcopbmpharmacy.com.

After-hours, urgent, and emergency care

After-hours care

Call your PCP first to ask how to handle your health concern. If the office is closed, leave your name and phone number. Or call 24/7 NurseLine, even on holidays, at **866-864-2544 (TTY 711)**. You may also call our 24-hour Behavioral Health Crisis Line at **844-812-2280 (TTY 711)**.

The nurse will help you:

- Find a doctor after hours or on the weekend.
- Find an open urgent care center or walk-in clinic.
- Set up a visit with a doctor or your PCP.

Urgent care

If you have an injury or an illness that could turn into an emergency if not treated within 48 hours, you need urgent care. You don't need a referral to get urgent care. Urgent care can be used for things like:

- Throwing up
- Minor burns and cuts
- Earaches
- Low-grade fevers

Emergency

In an emergency, call **911** or go to the nearest hospital emergency room (ER). If you want advice first, call your PCP or 24/7 NurseLine.

No prior approval or referral is needed. Examples of emergencies are:

- Trouble breathing
- Chest pains
- Loss of consciousness
- Very bad bleeding or bad burns
- Shakes or seizures

Make sure you call your PCP within 24 hours after you go to the ER or if you are checked into the hospital. Your PCP will set up a visit with you for follow-up care.

What is an emergency?

If not seeing a doctor right away could end in death or very serious bodily harm, it's an emergency. If you think the problem is so severe that it may be life-threatening or cause

serious damage, there is a good chance it's an emergency.

What if I'm out of the area and need healthcare?
If it's an emergency, go to the nearest ER or call **911**. For urgent care, go to one of our network urgent care centers or call your PCP. You may also call 24/7 NurseLine at **866-864-2544 (TTY 711)** at any time for help.

We're a click or call away
Visit our member website at **myhealthybluela.com**. Here you can find doctors, read your Member Handbook available at no cost, and get other helpful information. You can also ask for a copy of your Member Handbook to be sent to you by email or mail.

Important phone numbers

Emergencies	**911**
Member Services	**844-521-6941 (TTY 711)** Monday through Friday from 7 a.m. to 7 p.m.
24/7 NurseLine	**866-864-2544 (TTY 711)** anytime, even on holidays, to speak with a nurse
24-hour Behavioral Health Crisis Line	**844-812-2280 (TTY 711)**
DentaQuest (Healthy Blue adult dental extra benefit. Eligible members are 21 years and older.)	**844-234-9835** **(TTY 800-466-7566)** Monday through Friday from 7 a.m. to 7 p.m.
DentaQuest EPSDT dental services Ages 0-20 Adult denture program 21 and older	**800-685-0143 (TTY 800-466-7566)** Monday through Friday from 7 a.m. to 7 p.m.
MCNA Dental EPSDT dental services Ages 0-20 Adult denture program 21 and older	**855-702-6262 (TTY 800-955-8771)** Monday through Friday from 7 a.m. to 7 p.m.
Superior Vision	**800-787-3157 (TTY 800-735-2258)** to find an eye doctor. Available Monday through Friday from 7 a.m. to 8 p.m.
MediTrans	**866-430-1101** to get a ride to your appointments. • Calls for routine reservations accepted Monday through Friday from 7 a.m. to 7 p.m. • Calls for urgent and same-day reservations, or to find out where your ride is are accepted 24/7.
Prescription drugs	**800-424-1664**, available 24/7

Reporting fraud, waste, and abuse	**866-847-8247 (TTY 711)** available 24/7

Renew your Medicaid or LaCHIP benefits on time

Keep the right care. Don't lose your healthcare benefits. You could lose your benefits even if you still qualify. Every year, you will need to renew your Healthy Louisiana benefits. If you don't renew your eligibility, you will lose your healthcare benefits. About 60 days before you have to renew, the Louisiana Department of Health will send you a letter about renewing. Read this letter and take the steps to renew. Make sure we have your current mailing address. If you move, call us at **844-521-6941 (TTY 711)**, Monday through Friday from 7 a.m. to 7 p.m., and let us know your new address.

Be ready for bad weather or emergencies
Visit 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

To access the local parish office information, go to **gohsep.la.gov** ➔ Parish Contacts.

SCHEDULE A WELLNESS CHECKUP WITH YOUR DOCTOR NOW

When is it time for a wellness visit?
It is important for all Healthy Blue members to have regular wellness visits. This way, your primary care provider (PCP) can help you stay healthy. When you become a Healthy Blue member, call your PCP and make the first appointment for you and your Healthy Blue family members before the end of 90 days.

Wellness care for children
Children need more wellness visits than adults. These wellness visits for children are part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) child health program for Healthy Louisiana program members under age 21. We encourage you to stay within the Healthy Blue network. However, EPSDT services will still be provided to you regardless of network. These services don't need prior approval or referral. Your child should get wellness visits at the times listed below:

- Newborn
- 3-5 days old
- 1 month old
- 2 months old
- 4 months old
- 6 months old
- 9 months old
- 12 months old
- 15 months old
- 18 months old
- 24 months old
- 30 months old
- 3 years old
- 4 years old
- 5 years old
- 6 years old

After age 6, you and your child should keep going to your PCP every year for wellness visits.

What if I become pregnant?
If you think you are pregnant, call your PCP or OB-GYN right away. This can help you have a healthy baby.

If you have any questions or need help making an appointment with your PCP or OB-GYN, please call Member Services at **844-521-6941 (TTY 711)**, Monday through Friday from 7 a.m. to 7 p.m.

Healthy Blue
Member Handbook/Evidence of Coverage
3850 North Causeway Boulevard, Suite 1770 • Metairie, LA 70002
844-521-6941 (TTY 711)
myhealthybluela.com

Welcome to Healthy Blue. You will get most of your healthcare services covered through Healthy Blue. This Member Handbook will tell you how to use Healthy Blue to get the 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 people who are eligible for Medicaid or LaCHIP get healthcare coverage. Healthy Blue accepts all eligible members in the order in which they apply, without restriction, unless authorized by Louisiana Department of Health. As a Healthy Blue member, you are eligible for all covered services including physical health and mental health services.

Our goal is to offer eligible Medicaid and LaCHIP enrollees:

- A patient-centered medical home that supports continued care.
- Preventive care with a focus on self-managing care to help improve quality of life.
- Information and resources to help you and your providers manage your care.

Who is eligible for Medicaid with Healthy Louisiana?

The Louisiana Department of Health, not Healthy Blue, makes all decisions for who is eligible for the Medicaid programs they offer. Medicaid gives access to medical services to those who qualify. To see the income guidelines, go to **ldh.louisiana.gov** ➔ Healthy Louisiana ➔ Medicaid ➔ See Eligibility Income Guidelines.

In Louisiana, you are eligible for Medicaid if you:

- Receive Supplemental Security Income (SSI).
- Receive financial help from the Office of Family Support (OFS) through the family independence temporary assistance program (FITAP).

You may also be eligible for Medicaid if you meet certain income requirements and:

- Are disabled according to the Social Security Administration's definition.
- Have corrected vision no better than 20/200.
- Are a low-income parent of children under age 19.
- Are a child under the age of 19 with a low-income parent.
- Are pregnant.
- Have no insurance and need treatment for breast and/or cervical cancer.
- Receive Medicare coverage and are low-income.

Who is eligible for the Act 421 Children's Medicaid Option (Act 421-CMO/TEFRA)?

Children with disabilities 18 years of age or younger, despite parental income or resources, may qualify for Act 421 Children's Medicaid Option, known as Act 421-CMO/TEFRA, regardless of resources, if they meet these eligibility requirements:

- Be a Louisiana resident.
- Be a United States citizen or qualified non-citizen.
- Have countable resources equal to or less than $2,000.
- Have countable income equal to or less than at or at the Special Income Level (SIL) for long-term care services (nursing facility, ICF/IID, and home- and community-based services), which is currently $2,523.

- Qualify as a disabled individual under section 1614(a) of the Social Security Act.
- Meet a level of care, assessed on an annual basis, provided in either an intermediate care facility for individuals with intellectual disabilities (ICF/IID), skilled nursing facility, or a hospital.
- Have care needs that can be provided safely and primarily at home at a lower cost than the cost of institutional care.

Medicaid expansion eligibility
Adults can also receive Medicaid with Medicaid expansion. You might be eligible for benefits if you:
- Are 19 to 64 years old.
- Meet citizenship requirements.
- Don't already qualify for Medicaid or Medicare.
- Have a household income less than 138% of the federal poverty level.

If you voluntarily enroll in a health plan with Healthy Louisiana, you:
- Can return to the standard Medicaid or LaCHIP plan for all state plan services other than specialized behavioral health and nonemergency medical transportation (NEMT) and nonemergency ambulance transportation (NEAT) services at any time. Once you decide to switch back it would be effective the next month.
- Have 90 days to switch to another plan from the time of enrollment.

The following populations may voluntarily enroll in a Healthy Louisiana health plan:
- Non-dually eligible individuals receiving services through the following Home- and Community-Based Waivers:
    - Adult Day Health Care (ADHC) – Direct care in a licensed adult day healthcare facility for adults who would otherwise require nursing facility services.
    - New Opportunities Waiver (NOW) – Services to help people who meet the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Level of Care criteria live as independently as possible.
    - Children's Choice (CC) – Supplemental support services to disabled children.
    - Residential Options Waiver (ROW) – Services to individuals living in the community who meet the ICF/IID level of care criteria.
    - Supports Waiver – Services for adults 18 years and older with a developmental disability which manifested before age 22.
    - Community Choices Waiver (CCW) – Services for seniors (age 65 and older), or persons with adult-onset disabilities (age 22 or older). Must meet nursing facility level of care criteria.
- Individuals under the age of 21 otherwise eligible for Medicaid who are listed on the Office for Citizens with Developmental Disabilities' Request for Services Registry

who are Chisholm Class Members.

This Member Handbook will help you understand your Healthy Blue health plan. It also provides other details about your benefits.

How to get help
If you're having an emergency, 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**.**

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 24-hour Behavioral Health Crisis Line at **844-812-2280 (TTY 711)** or **911**.

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

Healthy Blue Member Services
You can call our Member Services department at **844-521-6941 (TTY 711)**, Monday through Friday, 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 with questions about:

- This member handbook.
- Member ID cards.
- Your doctors and other providers, including names, specialties, addresses, phone numbers, and professional qualifications.
- Provider visits.
- Healthcare benefits.
- Mental health services.
- Substance use treatment.
- Utilization or healthcare management processes.
- Wellness care.
- Special kinds of healthcare.
- Healthy living.
- Grievances, complaints, and appeals.
- Rights and responsibilities.
- Case management services.

Member Services can also help with information and access about auxiliary aids and services, such as qualified interpreters, transcription services, assistive listening devices for members and potential members, at no cost to you and upon request.

You can also call us:

- If you wish to request 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 get 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 our Member Services department by sending:

- An email to MPSInquiries@healthybluela.com.
- A fax to **504-836-8860**.
- A secured message on the member website through your secure account.
- A letter to: Healthy Blue
  3850 North Causeway Boulevard, Suite 1770
  Metairie, LA 70002

For members who do not speak English:

- You can get help obtaining information about benefits and access to medical services through bilingual staff or interpreter services in many different languages and dialects.
- We can help interpret for visits with your doctor 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**.
- 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 **myhealthybluela.com**. Or you can call our automated line at **844-521-6941 (TTY 711)**. This is available 24 hours a day, seven days a week. You can:

- Choose or find a primary care provider (PCP) in the Healthy Blue network.
- Change your PCP.
- Request an ID card.
- Update your address or phone number.
- Request a Member Handbook or provider directory.
- Request a new Prime Therapeutics State Government Solutions LLC pharmacy

directory by calling **800-424-1664** or visiting lamcopbmpharmacy.com.

24/7 NurseLine

Call 24/7 NurseLine at **866-864-2544 (TTY 711)** if you need to speak with a nurse for advice on:

- How soon you need to get care for an illness.
- What kind of healthcare you need.
- What to do to take care of yourself before you see the doctor.
- How you can get the care that is needed.

You can also call this same number if you need help setting up an appointment with a doctor for an urgent medical issue. 24/7 NurseLine is here for you 24 hours a day, seven days a week, 365 days a year.

We want you to be happy with all the services you get from our network of providers and hospitals. If you have any problems, please call us. We want to:

- Help you with your care.
- Help you correct any problems you may have with your care.

24-hour Behavioral Health Crisis Line

Call our 24-hour Behavioral Health Crisis Line at **844-812-2280 (TTY 711)** when you are having a mental or substance use crisis. You can call the 24-hour Behavioral Health Crisis Line 24 hours a day, seven days a week. If you're suicidal, you can call the 24- hour Behavioral Health Crisis Line or **911**.

The following are signs that a person may be having a mental health or a substance use 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
- 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 him or her
- Grandiosity (feeling unrealistically powerful, important, and invincible)

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 **844-521-6941 (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.

Other important phone numbers

Service	Information	Phone Number
Emergencies	Call or go to the nearest hospital emergency room.	**911**, available 24/7
24/7 NurseLine	Call for answers to your medical questions.	**866-864-2544 (TTY 711)**
24-hour Behavioral Health Crisis Line	We will help you with any behavioral health crisis.	**844-812-2280 (TTY 711)**, available 24/7
Healthy Louisiana Program	Call to: • Learn more about the Healthy Louisiana Program. • Find out if you qualify for Healthy Louisiana. • Update your phone number and address.	**888-342-6207** Monday through Friday from 8 a.m. to 4:30 p.m. **healthy.la.gov**
	Call to choose a Healthy Louisiana Plan.	**855-229-6848 (TTY 855-526-3346)** Monday through Friday from 8 a.m. to 5 p.m. **healthy.la.gov**
Louisiana Medicaid Customer Service Unit	Call the Medicaid Customer Service Unit toll-free hotline or visit your local Medicaid eligibility office to apply for benefits.	**888-342-6207** Monday through Friday from 8 a.m. to 4:30 p.m.
Behavioral healthcare	If you need mental health or substance use care, call for help.	**844-227-8350 (TTY 711)** Monday through Friday from 7 a.m. to 7 p.m.
Condition Care (CNDC) (Chronic Care Management)	If you would like information about our condition care programs, call and ask to speak with a CNDC case manager.	**888-830-4300 (TTY 711)** Monday through Friday from 8:30 a.m. to 5:30 p.m.

Service	Information	Phone Number
Pharmacy benefits and prescription drugs	If you would like information about your pharmacy benefit or prescription, call and speak with a Prime Therapeutics State Government Solutions LLC services associate.	**800-424-1664**, available 24/7
Reporting fraud, waste, and abuse	If you need to report fraud, waste, and abuse, contact Louisiana Medicaid.	**866-847-8247 (TTY 711)**, available 24/7
Care during pregnancy	If you have questions or need help making an appointment with your PCP or OB-GYN, call Member Services. This includes anyone experiencing anxiety or depression during or after pregnancy.	**844-521-6941 (TTY 711)** Monday through Friday from 7 a.m. to 7 p.m.
MediTrans*	If you need help getting transportation for medically needed appointments and treatments.	For reservations **866-430-1101** Monday through Friday from 7 a.m. to 7 p.m. For ride assistance **866-430-1101** and press option 2. Available 24/7.
Superior Vision	If you need help getting vision screenings, call Superior Vision.	**800-787-3157 (TTY 800-735-2258)** Monday through Friday from 7 a.m. to 8 p.m.
21 and older (Healthy Blue Value Added Benefit)	If you need help getting adult preventive dental care, call DentaQuest.	**844-234-9835 (TTY 800-466-7566)** Monday through Friday from 7 a.m. to 7 p.m.
DentaQuest	If you are age 20 or younger and need help with EPSDT dental services, call DentaQuest. If you are 21 and older and need help with the Adult Denture Program, call DentaQuest.	**800-685-0143 (TTY 800-466-7566)** Monday through Friday from 7 a.m. to 7 p.m.

Service	Information	Phone Number
MCNA Dental	If you are age 20 or younger and need help with EPSDT dental services, call MCNA Dental. If you are 21 and older and need help with the Adult Denture Program, call MCNA Dental.	**855-702-6262 (TTY 800-955-8771)** Monday through Friday from 7 a.m. to 7 p.m.

* 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.

Personal disaster plan
Your health is important to us. To help you keep track of your health records, Healthy Blue offers 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 **myhealthybluela.com**.
2. If you don't have a login, register with your Healthy Blue ID.
3. 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. We also 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 member ID card yet, you will get it soon. You will also get a Louisiana Medicaid ID card if you do not already have one.
- Please carry your Healthy Blue member ID card and your Medicaid ID card with you at all times.
- Your Healthy Blue member ID card can be used to get 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 member ID card shows:

- The name and address of your PCP.
- The phone number of your PCP, including an after-hours number.
- The date you became a Healthy Blue member.
- Your Healthy Blue identification number.
- Phone numbers you need to know, such as:
  - Our Member Services department.
  - 24/7 NurseLine.
  - 24-hour Behavioral Health Crisis Line.
  - Getting help with finding a network vision care provider.
  - Reporting Medicaid Fraud and Abuse.
  - Filing a grievance.
  - Provider services and preapproval.
  - Pharmacy benefit assistance.
- What you need to do if you have an emergency.

Your Medicaid ID card can be used to get 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 are needed for different services. If your card is issued without your PCP information, we'll send you a new one once you choose your PCP.

If your Healthy Blue ID card is lost or stolen, call us right away at **844-521-6941 (TTY 711)**. 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

We work with providers all across the state, including hospitals, doctors, nurse practitioners, therapists, and others. This is our network. Members can get healthcare from any provider in our network.

Picking a primary care provider

All Healthy Blue members must have a primary care doctor. This doctor is called a primary care provider (PCP). Your PCP will be your main doctor. They'll get to know you and your health history. They'll work with you, your family, caregivers, and legal guardians to make sure you get quality care.

- Your PCP must be in the Healthy Blue network unless you have other primary health insurance.
- Your PCP will give you all of the basic health services you need. They'll also send you to other doctors or hospitals when you need special medical services and behavioral health.

The name and phone number of your PCP are on your Healthy Blue ID card. You should have picked a PCP when you enrolled in Healthy Blue. If you didn't choose a

PCP, we assigned one to you who:

- Has given you care before based on claims history and/or a past association, is part of our network and is right for you based on your age and sex.
- Is assigned or was assigned to one of your current family members, is part of our network and is right for you based on your age or sex (if we do not find a PCP who was assigned to one of your family members, then we will assign one who is right for you based on your age and sex).
- Has demonstrated higher quality and efficiency performance than other participating PCPs near you, whenever possible.
- Is closest to where you live, based on required Medicaid guidelines.

If we assign a PCP to you, we also look at your language needs if we know them. If you are re-enrolled in Healthy Blue, you will be assigned to the PCP you had before unless:

- You ask for a new PCP.
- The PCP is not seeing new patients or has reached the highest number of patients they can see.

Members who are expectant moms can choose a PCP for their newborns by calling Member Services at **844-521-6941 (TTY 711)**. If you do not choose a PCP for your newborn, we will assign one as stated above. If we assigned a PCP to you or you wish to change your PCP, you can pick a new one. You can change your PCP anytime.

- Go to **myhealthybluela.com** for a current list of Healthy Blue network providers.
- You can request a printed copy of the Healthy Blue provider directory at any time by calling Member Services at **844-521-6941 (TTY 711)**.
- Call Member Services for help. We can also help you pick a PCP.

If you are already seeing a PCP, you can look in the provider directory to see if that provider is in our network. If so, you can tell us you want to keep that PCP. Your PCP can be any of the following, as long as they're in the Healthy Blue network:

- Family or general practitioners
- Advance nurse practitioner
- Internists
- Pediatricians
- Obstetricians or gynecologists (for women when they are pregnant)
- Attending specialists (for members with a range of disabilities, or acute or chronic conditions)
- Federally Qualified Health Centers and Rural Health Clinics

Family members do not have to have the same PCP.

Second opinion

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

Ask your PCP 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 PCP.
- Your PCP will let you know the date and time of the appointment.
- Your PCP 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 that 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 do 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 in a timely manner** at no cost to you as long as they are medically necessary and not available in the network. The plan will coordinate payment with the out-of-network practitioner and ensure that the cost to you is no greater than it would be if the service was provided in-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 different primary care provider before you joined Healthy Blue
You may have been seeing a PCP who is not in our network for an illness or injury before you joined Healthy Blue. In some cases, you may be able to keep seeing this PCP for care while you pick a new PCP.

- Call Member Services to find out more.
- Healthy Blue will make a plan with you and your providers. We will do this so we all know when you need to start seeing your new Healthy Blue network PCP.

If your primary care provider's office moves, closes or leaves the Healthy Blue network
Your PCP's office may move, close, or leave the Healthy Blue network. If this happens, we will:

- Call or send you a letter to tell you; in some cases, you may be able to keep seeing this PCP for care while you pick a new PCP; call Member Services to find out more about this or if you need help transferring your records.
- Help you pick a new PCP if you ask us for help; call Member Services.
- Send you a new ID card within 10 working days after you pick a new PCP.

How to change your primary care provider
If you need to change your PCP, you may pick another PCP from the network. You can change your PCP anytime. For a list of PCPs in our network, do one of the following:

- Look in the Healthy Blue provider directory that came with your new

member package.
- Go to **myhealthybluela.com** to view the provider directory or use our online Find a Doctor tool.
- Call Member Services for help at **844-521-6941 (TTY 711)** and let them know if you also need help transferring your medical records to your new PCP.

When you ask to change your PCP:
- We can make the change the same day you ask for it.
- The change will be effective right away.
- You will get a new ID card in the mail within 10 working days after your PCP has been changed.

Call the PCP's office if you want to make an appointment. The phone number is on your Healthy Blue ID card. If you need help, call Member Services. We will help you make the appointment.

Transitioning to an adult primary care provider
As you reach or your child reaches adulthood, healthcare needs start to change. By age 18, you or your young adult may want to find a primary care provider who treats adults. Adult PCP offices include:
- Family practice
- Internal medicine
- Gynecology

Start by asking your or your child's current PCP for a recommendation for a new adult PCP. We're here to help, too. You can change your PCP at any time.

If your primary care provider asks for you to be changed to another primary care provider
Your PCP may ask for you to be changed to another PCP. Your PCP may do this if:
- Your PCP does not have the right experience to treat you.
- The assignment to your PCP was made in error.
- You fail to keep your appointments.
- Your PCP agrees that a change is best for you.

If you want to go to a doctor who is not your primary care provider
If you want to go to a doctor who is not your PCP, talk to your PCP first. Your PCP can take care of most of your healthcare needs, but you may also need care from other kinds of providers. In most cases, your PCP can suggest a provider to see in the Healthy Blue network. 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 PCP has not referred you to, the care you get may not be covered by Healthy Blue.

Please read the section, **Specialists,** to learn more about referrals.

Picking an obstetrician or gynecologist

Female members can see a Healthy Blue network obstetrician and/or gynecologist (OB-GYN) for OB-GYN health needs. These services include:

- Well-woman visits
- Prenatal care
- Care for any female medical condition
- Family planning

You do not need a referral from your PCP to see an OB-GYN. If you do not want to go to an OB-GYN, your PCP may be able to treat you for your OB-GYN health needs.

- Ask your PCP if they can give you OB-GYN care. If not, you will need to see an OB-GYN.
- Choose an OB-GYN from the list of OB-GYNs in the Healthy Blue network. You can find the provider directory online at **myhealthybluela.com.**

While you are pregnant, your OB-GYN can be your PCP. Our nurses can help you decide if you should see your PCP or an OB-GYN. To speak with a nurse, call 24/7 NurseLine at **866-864-2544 (TTY 711)**. If you need help picking an OB-GYN, you can:

- Refer to the online Healthy Blue provider directory.
- Call Member Services.

Specialists

Your PCP can take care of most of your healthcare needs, but you may also need care from other kinds of providers. Healthy Blue offers services from many different kinds of providers who provide other medically needed care. These providers are called specialists because they have training in a special area of medicine. Examples of specialists are:

- Allergists (allergy doctors)
- Dermatologists (skin doctors)
- Cardiologists (heart doctors)
- Podiatrists (foot doctors)
- Behavioral health (mental health and substance use) providers

A referral is not needed to see an in-network specialist. Out-of-network specialists will need a referral.

Sometimes, a specialist can be your PCP. This may happen if you have a special healthcare need that is being taken care of by a specialist and they agree to be your PCP. You can talk to your PCP or call Member Services for more details.

For most services, you'll go to your PCP or another provider who works with Healthy Blue. But, there are some services that we'll pay for, even if you get them from a provider who's not in our plan. These are called self-referral services. These include:

- Family planning
- Pregnancy services
- Emergency services
- School-based health center services
- Behavioral health and substance use services

- Certain providers for children with special healthcare needs

We'll also pay for any related lab work and medicine you get from the same site you get the self-referral service.

GOING TO THE PRIMARY CARE PROVIDER

Your first primary care provider appointment

You should call your primary care provider (PCP) to set up your first visit.

- Call your PCP for a wellness visit (a general checkup) within 90 days of enrolling in Healthy Blue.
- If you have already been seeing the PCP who is now your Healthy Blue network PCP, call the PCP to see if it is time for you to get a checkup. If it is, set up a visit with your PCP as soon as you can.
- If you want our help setting up your first visit, just call Member Services at **844-521-6941 (TTY 711)**.

By finding out more about your health now, your PCP can take better care of you if you get sick.

How to make an appointment

It is easy to set up a visit with your PCP.

- Call the PCP's office. The phone number is on your Healthy Blue ID card.
- Let the person you talk to know what you need (for example, a checkup or a follow-up visit).
- Tell the PCP'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 get care at any time. When your PCP's office is closed, an answering service will take your call. If it is not an emergency, someone should call you back within 30 minutes to tell you what to do. Talk to your PCP and set up an appointment. You will be able to see the PCP as follows.

Emergencies	
Emergencies	Upon arriving at the service site
Follow-up emergency room (ER) visits	According to ER attending provider's discharge orders
Visits to your primary care provider*	
Nonurgent sick care	Within 72 hours or sooner if medical condition worsens into an urgent or emergency condition

Routine, nonurgent, or preventive care visits	Within six weeks
Urgent care	Within 24 hours
Visits to a specialist*	
Consults	Within one month of referral or as clinically stated
Visits for lab and X-ray services	
Regular appointments	Within three weeks
Urgent care or as clinically stated	Within 48 hours
Visits for initial prenatal care*	
Current members who are pregnant and in their first trimester	Within one month of request for an appointment (for nonemergency visits)
Current members who are pregnant and in their second trimester	Within seven days of request for an appointment (for nonemergency visits)
Newly enrolled and current pregnant women within their first trimester	Within 14 days of request of postmark date on your new member welcome packet
Newly enrolled and current pregnant women in the second trimester	Within seven days of postmark date on your new member welcome packet
Newly enrolled and current pregnant women in the third trimester	Within three days of postmark date on your new member welcome package
High-risk pregnancies	• Within three days of when Healthy Blue or the member's maternity care provider identifies a pregnant member as high-risk • Immediately, if there is an emergency
Behavioral health services	
Behavioral health emergencies	Upon arriving at the service site
Emergency appointments	Made within one hour of request
Care for not life-threating emergencies	Within six hours
Urgent care	Within 48 hours
Regular appointments	Within 14 business days
Initial visit for routine care	Within 10 business days

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

When you go to your PCP's or specialist'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 PCP or specialist may be delayed if they need to work in an urgent case. If this happens, you will be told right away. If your PCP or specialist 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 PCP'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 PCP.

If the appointment is for your child, be sure you bring your child's:
- Member ID card.
- Shot records.
- Any medicine they take now.

How to cancel an appointment
If you make an appointment with your PCP and then cannot go:
- Call the PCP'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 PCP at that time.
- Tell the office to cancel the visit.
- Make a new appointment when you call.

If you do not call to cancel your PCP visits over and over again, your PCP may ask for you to be changed to a new PCP.

How to get to a doctor appointment
Members ages 16 and older can call MediTrans toll free for help with getting a ride to medically needed appointments and treatments. Call:
- **866-430-1101** for reservations. Rides must be set up 48 hours prior to the appointment.
- **866-430-1101** and press option 2 for ride assistance.

You can also call Member Services for help. When you call, make sure you have this information:

- Your Healthy Blue member ID number. (This number is on the front of your Healthy Blue member ID card.)
- The address, ZIP code, and phone number where you want to be picked up.
- The name, address, ZIP code, and phone number of the doctor or other network provider you'll be seeing.
- Date and time of your appointment.
- If you use a wheelchair or other mobility equipment.
- For minors ages 16 and younger, the name of the adult who will go with the child.
- The name of the caregiver, if applicable.

These services can be in or out of the community where you live. See page 35 for more information on nonemergency transportation.

If you need to go to the hospital
You must use hospitals in the Healthy Blue plan unless you have an emergency, or you need a service you can only get somewhere else. These hospitals are listed in the provider directory. You can ask for a copy of the provider directory by calling Member Services at **844-521-6941 (TTY 711)**. Or view the directory online at **myhealthybluela.com**. Your PCP coordinates your care and will get approval from us if

you need to go to the hospital, unless it's an emergency. Your PCP will request approval and will get you admitted.

Disability access to Healthy Blue network providers and hospitals
Healthy Blue network providers and hospitals help members with disabilities get the care they need. Members who use wheelchairs, walkers or other aids may need help getting into 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 want help talking to your doctor about your special needs.

Indian Health Care Providers
If you're Indian and eligible, you can get 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).

WHAT DOES MEDICALLY NECESSARY MEAN?

Medically necessary means medical care or supplies your provider says are needed to prevent, diagnose, or treat your illness, injury, or disease. To be medically necessary, the care or supplies must be clinically appropriate and meet accepted standards of medicine. Medicaid does NOT pay for treatments that are experimental, non-FDA approved, investigational, or cosmetic.

Your primary care provider (PCP) will help you get the services you need that are medically necessary. Medically necessary health services:

- Are given by doctors and other providers and 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 underuse of services through our UM decision guide. Practitioners 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

Here is a summary of the healthcare services and benefits Healthy Blue covers when you need them. Your primary care provider (PCP) 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 PCP may need to get prior approval from Healthy Blue before you can receive a benefit. Your PCP will work with us to get 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. Here is a list of the services covered under Healthy Blue.

Covered services	Coverage limits
Ambulatory surgical services	Covered services include these medically needed services and treatment provided on an outpatient basis: • Preventive (immunizations and screenings for common diseases and cancers, interventions to manage chronic disease and reduce risks that come with them, and counseling to support healthy living and self-management of chronic disease). • Diagnostic (identifying a disease, condition, or injury from its signs and symptoms through health history, examination, and testing). • Therapeutic (things done to improve a diagnosed health concern. They include a number of things, like the use of prescription drugs to surgery to psychotherapy). • Rehabilitation (services ordered by the member's PCP to help them recover from an illness or injury. These services are provided by nurses and physical, occupational, and speech therapists). • Palliative care (specialized medical care for people living with a serious illness, such as cancer or heart failure).
Audiology services	Covered services for persons with speech, hearing, and language disorders, given by or under the guidance of an audiologist.
Ancillary medical services	Covered services include support services, other than room and board, given to hospital patients in the course of care, such as lab, radiology, and physical therapy services.
Behavioral health services	See the covered services in the **Behavioral Health Services** section.
Chiropractic services	Covered services include medically needed chiropractic services for Medicaid members under age 21 referred to a chiropractor as part of an EPSDT checkup. Certain limits apply. Prior approval may be required.

Covered services	Coverage limits
Clinic services (other than hospitals)	Covered services include items or services that are given both: • On an outpatient basis. • By or under the guidance of a physician in a facility that is not part of a hospital (e.g., mental health clinics, prenatal healthcare clinics, and family planning clinics).
Clinical lab services, diagnostic testing, and radiology services	Covered services include: - Inpatient and outpatient services. - Ordered or given by a network or non-network provider as required. • Clinical lab services and mobile X-rays for members who cannot leave their home without special transport or help to be able to get PCP-ordered lab services and X-rays. Certain limits apply. Prior approval may be required.
Communicable disease services	
Durable medical equipment (DME)	Covered services include medically necessary DME, appliances and assistive devices, which include but are not limited to: • Hearing aids. • Wheelchairs. • Bed rails. • Crutches. • Leg braces. • Ostomy supplies. • Disposable incontinence supplies and enteral formula. Certain limits apply. Prior approval may be required.

Covered services	Coverage limits
Emergency dental services *For adult preventive dental services, see the **Extra Healthy Blue benefits** section.	Emergency dental coverage limited to the emergency treatment of injury to natural teeth. Treatment includes, but is not limited to X-rays and emergency oral surgery to temporarily stabilize the member.
Emergency medical services An emergency is when you need to get care right away; if you do not get it, it could cause serious harm to you.	Covered services include emergency services given by a network or out-of-network provider under these conditions: • You have an emergency medical condition. • Healthy Blue tells you to get emergency services. The attending emergency physician or the provider treating you will decide when you are stable for transfer or discharge. You can go to any hospital for emergency care even if it's in a different city or state. Prior approval is not needed.
End-stage renal disease services	These services are covered for eligible child and adult members. These services may include dialysis treatment, medically necessary non-routine lab services, and medically necessary injections. Certain limits apply. Prior approval may be required.
Eye care and vision services * For adult vision services, see the **Extra Healthy Blue benefits** section.	Covered services include medically necessary vision services for members under the age of 21 that: • Are given by a licensed network ophthalmologist, optometrist, or optician. • Conform to accepted methods of screening, diagnosis, and treatment of: – Eye ailments. – Visual impairments or conditions. Certain limits apply. Prior approval may be required. These services may include regular eyeglasses when a certain minimum strength is met.

Covered services	Coverage limits
Family planning services	Family planning services are covered for members of childbearing age who choose to delay or prevent pregnancy. Services include: • Medical history and physical exam • Annual physical assessment • Lab tests performed as part of an initial or regular follow-up visit or exam for the purpose of family planning: – Pap smears – Gonorrhea and chlamydia testing – Syphilis serology – Human immunodeficiency virus (HIV) testing – Rubella titer • Education – Reproductive anatomy and physiology – Fertility regulation – STD transmission • Counseling — to help make an informed decision • Method counseling — to give results of history and physical exam, means of action, and the side effects and possible complications • Special counseling (when stated) — pregnancy planning and management, sterilization, genetics, and nutrition • Pregnancy diagnosis, counseling, and referral • Birth control • Cervical cancer screening and treatment • Voluntary sterilization for members over age 21 • Human papillomavirus (HPV) vaccine • Rides to family planning appointments Members do not need a referral for family planning services. Members may choose a network or non-network provider.

Covered services	Coverage limits
Federally Qualified Health Centers	Services offered through a Federally Qualified Health Center (FQHC) are covered if you: • Live in the service area of the FQHC. • Request these services. Certain limitation apply. Prior approval may be required. We will cover access to covered services offered through a non-network FQHC if a network FQHC is not on hand in the service area where you live. If you need help finding an FQHC in our network, call **844-521-6941 (TTY 711)**, Monday through Friday from 7 a.m. to 7 p.m.
Home health extended services	For eligible members from ages 0-20. Prior approval is required.
Home health services	• The service is given under the direction of a physician to keep a member from: – Going back in the hospital. – Being institutionalized. • The service may also include: – Skilled nursing – Aide visits – Therapies Supplies and home health aide services
Hospice services	Covered service for members who are terminally ill and have a prognosis of six months or less. – Prior approval required.
Inpatient hospital services	Covered services include: • A semiprivate room for: – Routine care – Surgical care – Obstetrics and newborn nurseries – Behavioral health emergency and/or crisis services A private inpatient room is covered if a member's medical condition requires isolation. • Nursing services • Dietary services • Ancillary services, such as: – Lab – Radiology – Pharmacy – Medical supplies Blood and blood by-products

Covered services	Coverage limits
Immunizations	– Please see the **Wellness Care for Children and Adults** Section.
Lab and X-ray services	Services include medically needed lab and radiology services ordered by a Healthy Blue network doctor. These services are also part of emergency care.
Medical transportation services	If you have an emergency, you should call **911** or go to the nearest hospital emergency room right away. If you want advice, call your PCP or 24/7 NurseLine at **866-864-2544 (TTY 711)**. **Nonemergency medical transportation (NEMT)** This program provides rides when all other reasonable means of free transportation are unavailable to get you to an appointment for a covered service.* 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: • Urgent care. • Nonemergencies if you need a ride to and from a provider's office to obtain covered services. • Nonemergency ambulance transportation. Pre-approval is needed. Members under age 17 must be accompanied by an adult. If you need nonemergency transportation, call MediTrans at **866-430-1101** to schedule a ride. Calls for routine reservations accepted Monday through Friday from 7 a.m. to 7 p.m. **Rides for routine medical visits must be set up at least 48 hours prior to the appointment.** Calls for urgent and same-day reservations, or to find out where your ride is are accepted 24/7. For details about your ride after you set it up, please call **866-430-1101** and choose option 2. Members will arrive at least 15 minutes, but no more than two hours, before their appointment. Following the appointment, members will be picked up within two hours. **Gas reimbursement**

	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: • Full name of driver • Mailing address on the form must match the address on the driver's license. You may also list a secondary address on the form. This can be a post office box address. • Contact information of driver, including email and phone • Social Security number of driver • No more than five Medicaid recipients for which they are authorized to drive • Driver's license number (with a copy of the license attached to the enrollment form) • Vehicle information (copy on file to be compared to the proof of insurance) • Proof of insurance (copy of VALID insurance on file attached to the enrollment form) For help submitting an enrollment form, please call **866-430-1101**. * 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.

Covered services	Coverage limits
Medicines	Healthy Blue follows the Louisiana Department of Health's list of preferred drugs. This list is called a Preferred Drug List (PDL). The covered medicines on the PDL include prescriptions and certain over-the-counter medicines. • All Healthy Blue network providers have access to this drug list. • Certain medicines on the PDL need prior approval. • Medicines that are not listed on the PDL may need prior approval. Here's a list of things to remember: • You can get prescriptions filled at Prime Therapeutics State Government Solutions LLC network pharmacies. • The Prime Therapeutics State Government Solutions LLC pharmacy network includes most major pharmacy chains and many independent community pharmacies. Your pharmacist may authorize a 3-day emergency supply of medicine while you are waiting to get prior authorization.
Nurse-midwife services	These services are covered for eligible child and adult members. Certain limits apply. Prior approval may be required.

Organ transplant and related services	Services for members diagnosed with certain medical conditions include:
	• Reviewing pretransplant inpatient or outpatient needs
	• Searching for donors
	• Choosing and getting organs/tissues
	• Preparing for and performing transplants, including:
	  • Heart – Bone marrow
	  • Kidney – Small bowel
	  • Liver – Pancreas
	  • Lung
	
	• Outpatient follow-up care
	Certain limits apply. Prior approval may be required.

Covered services	Coverage limits

Outpatient hospital services	Covered services include:
	• Any of the above inpatient services that can be properly given on an outpatient or ambulatory basis, such as:
	• Nursing services
	• Dietary services
	• Ancillary services, such as:
	  • Lab
	  • Radiology
	  • Pharmacy
	  • Medical supplies
	  • Blood and blood by-products
	• Observation services, if needed to decide whether a member should be admitted for inpatient care.
	
	Certain limits apply. Prior approval may be required.

Pediatric day healthcare	Covered services include medically necessary pediatric day healthcare for members ages 0-20. • Up to seven days a week • Up to 12 hours a day • Round trip transportation These services require prior approval.
Personal care services	Covered services include personal care services for members at least 21 years of age with mental illness who require assistance with: • Basic personal care-toileting and grooming activities. • Assistance with bladder and/or bowel requirements or problems. • Assistance with eating and food preparation. • Accompanying, not transporting to medical appointments (recipient only). • Performance of light household chores (recipient only). • Grocery shopping, including personal hygiene items. • These services require prior approval and must meet medical necessity criteria.

Covered services	Coverage limits
Physician/Professional services	Covered services include services performed in a physician's office such as: • Medical assessments • Treatments • Surgical services Prior approval may be required for certain services. In-office waiting time for scheduled appointments should not go past 45 minutes, including time in the waiting room and examining room unless the previous patient needs more time. If a provider is delayed, patients will be told right away. If the wait is expected to be more than 90 minutes, members will be offered a new appointment. Covered service also includes: • 24/7 NurseLine — access to licensed nurses who can answer questions about members' health 24 hours a day, seven days a week, 365 days a year.
Podiatry services	These services are covered for eligible child and adult members. Certain limits apply. Prior approval may be required.
Post-stabilization care services	Post stabilization services are needed after an emergency to help "stabilize" your condition. Post stabilization services do not require Prior Authorization. It does not matter whether you receive emergency care in or out of our provider network. We will still cover post stabilization services to make sure you are stable after an emergency. If your PCP or another network provider tells you to get emergency care in or out of the Healthy Blue network, we will cover: • The screening exam. • Other medically needed emergency services. • Emergency medical transport, including hospital-to-hospital ambulance transport for a behavioral health condition. We will cover these services even if your condition does not qualify as an emergency. Prior approval is not required.

Covered services	Coverage limits
Pregnancy-related services: **Prenatal care services**	**Prenatal care services** Covered services include: • First-time prenatal visits for newly enrolled members • Pregnant members can be seen by an OB-GYN as soon as: – 14 days within their first trimester – Seven days within their second trimester – Three days within their third trimester Members with high-risk pregnancies can be seen within three days or immediately if there is an emergency. • Offering direct access to routine OB-GYN services within the Healthy Blue network; the OB-GYN will contact the member's PCP to let the PCP know: – These services are being given. – The OB-GYN will manage this care with the PCP. • Arranging a risk assessment for all pregnant members • Ensuring high-risk pregnant members in need of further assessment or care have access to maternal fetal medicine specialists • Ensuring the PCP or OB-GYN counsels a pregnant member about plans for her child, such as: – Choosing the family practitioner or pediatrician who will perform the newborn exam – Choosing a PCP to give follow-up pediatric care to the child once the child is enrolled in Healthy Louisiana – Letting her know about the Women, Infants, and Children (WIC) program to help her take good care of her health and eat healthy foods – Learning about the CenteringPregnancy® program, a group support program to help pregnant members have a healthy baby

Covered services	Coverage limits
Pregnancy-related services: Maternity services	Covered services include: • Coverage for a hospital stay after a normal vaginal delivery for no less than 48 hours for the mother and newborn child • Coverage for a hospital stay after a Cesarean section for no less than 96 hours for the mother and newborn child • Prior approval is not required for normal vaginal and cesarean deliveries. The hospital must tell Healthy Blue of a delivery stay that goes past 48 hours for vaginal delivery and 96 hours for C-section. The hospital must also give updates about the patient's care.
Pregnancy-related services: Postpartum care services	Covered services include: • Post-operative care visit after a C-section delivery • Postpartum care visit 1-12 weeks after delivery • Postpartum outreach to help schedule postpartum visits 7-84 days after delivery • Standard electric breast pump for breastfeeding mothers • Hospital grade electric breast pump for mothers who wish to breastfeed but aren't able to due to the mother's or infant's medical condition If needed, rental fees for long-term hospital grade electric breast pump are covered when the member qualifies.
Perinatal Depression Screening	Covered services include: • Edinburg Postnatal Depression Scale (EPDS) • Patient Health Questionnaire 9 (PHQ-9) Patient Health Questionnaire 2 (PHQ-2) and, if positive, a full PHQ-9

Covered services	Coverage limits
Pregnancy-related services: Preconception/interconception care	Covered services for women of reproductive age include ensuring the member's PCP or OB-GYN: • Discusses the member's plan for future pregnancy on an annual basis during routine OB-GYN care • Offers family planning and/or interconception health services based on the member's desire for future pregnancy • Members are encouraged to seek family planning services within the Healthy Blue provider network to ensure continued care • Helps the member achieve her plan with the best health status in the short term • Provides education and resources about family planning to the member
Rehabilitation therapy services	Covered services include: • Physical therapy • Occupational therapy • Speech therapy These therapies must: • Be prescribed by your PCP or attending physician for an acute condition. • Make it possible for you to improve as a result of rehab.
Respiratory therapy services	These services are covered on an inpatient or outpatient basis. Services must be: • Prescribed by your PCP or attending physician. • Needed to restore, maintain, or improve respiratory function.
Rural Health Clinic services	Access to core services offered through a Rural Health Clinic (RHC) are covered if you: • Live in the service area of the RHC. • Request these services. Certain limitation apply. Prior approval may be required. We will cover access to covered services offered through a non-network RHC if a network RHC is not on hand in the service area where you live. If you need help finding an RHC in our network, call **844-521-6941 (TTY 711)**, Monday through Friday from 7 a.m. to 7 p.m.

Covered services	Coverage limits
School-based health clinic services	Covered services include those Medicaid services offered within a school setting to Medicaid-eligible children under age 21. We will work with school-based providers and Healthy Blue providers to support: • Case management. • Referrals. Members may get these services without a referral.

Sterilization	Sterilization means a medical procedure, treatment, or operation that causes a person to no longer be able to reproduce.
	
	Requirements include:
	• The person to be sterilized must give informed consent not less than 30 full calendar days (or not less than 72 hours in the case of a premature delivery or abdominal surgery), but not more than 180 calendar days before the date of the sterilization
	• A new consent form is required if 180 days have passed before the surgery is given.
	• The consent for sterilization cannot be obtained while the patient is in the hospital for labor, childbirth, or abortion, or is under the influence of alcohol or other substances that affects a patient's awareness.
	• The person to be sterilized must:
	  • Be at least 21 years old at the time consent is received.
	  • Be mentally competent.
	  • Not be in an institution (i.e., not involuntarily confined or kept under a civil or criminal status in a correctional or rehab facility or confined in a mental hospital or other facility for the care and treatment of mental illness).
	  • Give informed consent on the approved Sterilization Consent Form.

Covered services	Coverage limits
Quit smoking	Provided for members over the age of 18. One-on-one coaching over the phone to help make positive behavior changes to reduce and stop tobacco use. Members can enroll once every three years.
Women's health services	**OB-GYN services** Covered services for female members include: • A minimum of two routine annual visits; the second visit must be based on medical need • Follow-up treatment given after either routine visit if the care relates to: – A condition diagnosed or treated during the visits. – A pregnancy. **Limited abortion services** Services are restricted to these reasons: • A physician has found and confirms in writing, on the basis of his or her judgment, the life of the pregnant woman would be in danger if the fetus were carried to term. • In the case of ending a pregnancy due to rape or incest, these requirements must be met: – The member must report the act to a law enforcement official unless the treating physician confirms in writing, in his or her expert opinion, the victim was not physically or psychologically able to report the rape or incest. The report of the act to the law enforcement official or the treating physician's statement that the victim was not able to report the rape or incest must be submitted to Healthy Blue. – The member must confirm that the pregnancy is the result of rape or incest; this certification must be witnessed by the treating physician. – The Office of Public Health Certification of Informed Consent — abortion form must be witnessed by the treating physician; the provider must attach this form to their claim form.

Covered services	Coverage limits
	Hysterectomies Hysterectomies are covered when they are nonelective and medically needed. The following requirements must be met: • The person or her representative must be told orally and in writing this procedure will leave the person unable to reproduce. • The person or her representative, if any, must sign and date an Acknowledgement of Receipt of Hysterectomy Information form prior to the hysterectomy. This form: – Must be obtained despite diagnosis or age. – Can be submitted after surgery **only if** it clearly states the patient was told before surgery, she would be left unable to reproduce. – Is not required if the person was sterile prior to the hysterectomy. • Required a hysterectomy due to a life-threatening emergency and the physician decided prior acceptance was not possible.

Healthcare benefits and services not covered by Healthy Blue

There are some services not covered by Healthy Blue. For more information about services that aren't part of your benefits, please call Member Services at **844-521-6941 (TTY 711)**.

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:
  - $20 incentive for well-child visits from birth through age 15 months (up to $120 for six visits)
  - $20 incentive for well-child visits for ages 16 months to 30 months (up to $40 for two visits)
  - $25 incentive for yearly well-child visits for ages 30 months to 9 years
  - $25 incentive for yearly adolescent well visits for ages 10-20 years
  - $15 for yearly adult-wellness visits for ages 21 and older
  - $25 for a diabetic HbA1c screening
  - $25 for a diabetic eye exam
  - $5 for completing a "What do you know about diabetes?" quiz
  - $10 for quarterly (up to $40 per year) high blood pressure medication pharmacy fills.
  - $25 for a provider follow-up after behavioral health hospitalization (within 30 days of discharge)
  - $25 for cervical cancer screening for members who complete their pap smear (one per a 36-month period)
  - $10 for sexually transmitted infection (STI) screening, ages 16 and older
  - $10 for completion of your Health Needs Assessment within 90 days of enrollment
  - $25 for getting a flu shot

  Sign up today. Call **888-990-8681 (TTY 711)** or visit the Benefit Reward Hub at **myhealthybluela.com** to enroll.

- Programs and incentives for pregnant women and new moms:
  - $25 for pregnant members and new moms with our New Baby, New Life℠ program who go to a prenatal visit in their first trimester or within the first 42 days of enrollment
  - $50 for new moms for going to their postpartum visit 7-84 days after delivery
  - Free portable crib or infant car seat after completing seven required pre-natal visits
  - My Advocate® — a program for eligible pregnant members to get tips on how to have a healthy pregnancy. New moms will also get tips on caring for her new baby.
  - Family planning kit to help you have a healthy pregnancy when you're ready. Kit includes condoms, digital pregnancy test, and more.
  - Routine circumcisions for boys within the first 30 days of life. Medically necessary circumcisions are covered with no age limit.
- Maternal and early childhood visiting program — Healthy Blue recognizes and honors the existing successful home visiting programs in Louisiana. We work collaboratively with Nurse Family Partnership and Healthy Start to leverage their extensive knowledge and resources. Our shared goals focus on improving maternal and child health, preventing child abuse and neglect, reducing crime and domestic violence, increasing family education and earning potential, promoting child development and readiness to participate in school, and connecting families to

needed community resources and supports. The program includes:
  - Referrals to the Nurse Family Partnership or Healthy Start
  - In-home visits to provide guidance on preventive health services, prenatal and postpartum healthcare services from healthcare providers, nutrition, and health harming factors along with information that will focus on your child's physical and mental health development
  - In-home postpartum visit and counseling
  - Home delivered meals for postpartum members with gestational diabetes
  - Baby Essential Bundle – select free items necessary for your baby like a baby monitor, diapers, breastfeeding support kit, and more
  - Transportation to and from supported services such as Lamaze, doula, birthing appointments, and more
  - Members must be actively engaged in the program to receive benefits
- Healthy lifestyle and weight management programs:
  - Booster seat after completing required well-child visits from birth to 6 years
  - Vouchers for 13-week membership to WW®* (formerly known as Weight Watchers®*) program for eligible members ages 18 and older
  - Healthy Families — a program to help families get fit and stay healthy. The program is for child members ages 7 to 13 identified by the case management (CM) department as overweight or at-risk due to a family history of co-morbid conditions and who, along with their family, agree to participate in the program. The child and family needs to actively participate to remain enrolled.
- 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.

- 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
- Healthy Homes Program — The program will help you identify and remediate health-harming factors in your home and includes:
  - Tier 1 supports
    - Home assessment
    - Housing support services: home safety benefit, utility assistance, rental assistance, legal aid, and tobacco cessation
  - Tier 2 supports
    - Repair work plan
    - Repair contractor and coordination
    - Repair and remediation services
  - Quality assurance inspection
- Healthy Homes Asthma Program — an asthma intervention program to address home-based, environmental asthma triggers. Open to all members diagnosed with asthma. Active participation in case management asthma program required. The program includes:
  - Tier 1 supports
    - Home visit environmental assessment
    - Up to $200 for asthma mitigation supplies
    - Care coordination
  - Tier 2 supports
    - Repair work plan
    - Repair contractor and coordination
    - Repair and remediation services
    - Quality assurance inspection
- Respite care for homeless persons 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. Members who may be experiencing housing insecurity and need supports of temporary housing and extra services after a hospitalization. The program 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 older 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.

- Circumcision for members within first 30 days of life and medically necessary circumcisions at any age
- Community outreach and support — helping you access care and services beyond what is traditionally covered by the plan:
  - 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 messages
  - Low copays for over-the-counter medicine with a prescription from a doctor
  - 24/7 NurseLine to answer your health questions day or night

- Online resources:
  - Community Resource Link — Need help finding housing, rides, work, or more? 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** and select Community Resources or call **844-521-6941 (TTY 711)**.

We give you these benefits to help keep you healthy.

* WW® is the registered trademark of Weight Watchers International, Inc.

BEHAVIORAL HEALTH SERVICES

What are behavioral health services?

Behavioral health services are defined as health care for emotional, psychological, substance use, and psychiatric problems. It is part of your health plan.

They include 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 work or school? Have your friends or family been avoiding you and telling you to get help?

If 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 more than usual
- 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 a gambling problem.
- You have depression, anxiety, bipolar disorder, schizophrenia, or any other mental health diagnosis.
- You have children and have a substance use problem.
- Your child gets services from the Department of Family and Child Services, or the Office of Juvenile Justice and your child doesn't qualify for specialized mental health services.
- You are pregnant and have any of the mental health, alcohol, and substance use issues listed above.
- You are in need of permanent supportive housing (deeply affordable housing with mental health and life skills supports).

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.

Here are some resources to help you quit smoking or get help if you have a gambling problem.

- Quit With Us, LA — this is a website that can give you the tools you need to break the habit. Visit **quitwithusla.org** or call **800-Quit-Now (784-8669).**
- 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 get the services you need at no cost to you. Visit **ldh.la.gov/ProblemGambling** for more information. Or for live chatting, visit **helpforgambling.org**.

Types of behavioral health providers and services

Below is a summary of the behavioral healthcare providers, 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 get prior approval from Healthy Blue before you can receive a benefit. Your provider will work with us to get 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. The list that follows has the services covered under Healthy Blue.

	Description
Psychiatrist	Treats mental health conditions. Psychiatrists are medical doctors and can prescribe and monitor medications.
Licensed Mental Health Professional (LMHP) includes: — Medical psychologists — Licensed psychologists — Licensed Clinical Social Workers (LCSW) — Licensed Professional Counselors (LPC) — Licensed Marriage and Family Therapists (LMFT) — Licensed Addiction Counselors (LAC) — Advance practice registered nurses in the behavioral health field	— Works with members who have behavioral health concerns through individual, group, evaluations, and family therapy.
Intensive outpatient for mental health and 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 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 **844-698-9075** to see if you qualify.

Covered services	Coverage limits
Assisted therapy for methadone and opiate withdrawal	Covered services include: • Outpatient services. • Assistance with withdrawal from opiates. Available to members of all ages. • Medication-assisted treatment (MAT) including Methadone treatment in Opioid Treatment Programs (OTPs).
Applied behavioral analysis (ABA) services	Covered service available to all members under the age of 21, but it must be deemed medically necessary. Prior approval is required. Read more later in this section.
Basic behavioral health outpatient services	Provided in a PCP's office. This service is available to all members.
Clinical lab services, diagnostic testing, and radiology services	Must be ordered by a doctor. Covered services include: • Most diagnostic testing and radiological services ordered by your physician. • Portable (mobile) X-rays are covered only for members who are unable to leave their place of residence without special transportation help. Certain limits apply. Prior approval may be required.
Crisis intervention	This service is available to all members.
Crisis stabilization	This service is available to all members.
Emergency ancillary medical services	Emergency ancillary services are provided in a hospital by a network or out-of-network provider when: • You have an emergency medical condition. An emergency is when you need to get care right away, when you are in danger of hurting yourself or someone else, or if there is a risk of death. • Healthy Blue tells you to get emergency services. The provider treating you will decide when you are stable for transfer or discharge. Prior approval is not needed.
Crisis Stabilization (CS) for youth and adolescents	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.

Covered services	Coverage limits
Individual Placement and Support (IPS)	Eligible members who meet medical necessity criteria may receive IPS when recommended by an LMHP or physician within their scope of practice. Members must be: • At least 21 years of age. • Transitioned from a nursing facility or been diverted from nursing facility level of care through the My Choice Louisiana program. Services are subject to prior authorization. Providers shall submit sufficient documentation to determine medical necessity.
Inpatient psychiatric hospitalization	This service is available to all members.
Medicines	Healthy Blue follows the Louisiana Department of Health's list of preferred drugs. This list is called a Preferred Drug List (PDL). The covered medicines on the PDL include prescriptions and certain over-the-counter medicines. • Certain medicines on the PDL need prior approval. • Medicines that are not listed on the PDL may need prior approval. • You can get prescriptions filled at Prime Therapeutics State Government Solutions LLC network pharmacies. • The Prime Therapeutics State Government Solutions LLC pharmacy network includes most major pharmacy chains and many independent community pharmacies. • Your pharmacist may authorize a 3-day emergency supply of medicine while you are waiting to get prior authorization.

Covered services	Coverage limits
Mental health rehabilitation services	**Assertive Community Treatment (ACT)** 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. **Community Psychiatric Support and Treatment (CPST)** Services to help achieve identified goals from your recovery plan. **Crisis Intervention** Immediate services to stop a member experiencing a mental health crisis from getting worse. **Psychosocial Rehabilitation** 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. Prior authorization may needed.
Peer Support Services	• Covered for ages 21 and older. Prior authorization may be needed for these services.
Mobile Crisis Response (MCR)	• A crisis response intended to provide relief, resolution and intervention through crisis supports and services during the first phase of a crisis in the community. • Face-to-face and time limited. • For members ages 21 and older. Available 24 hours a day, seven days a week.
Personal care services (PCS)	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. 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.
Psychiatric residential treatment	Non-hospital facilities that provide intensive inpatient services to individuals under the age of 21 who have various behavioral health issues.

Covered services	Coverage limits
Psychological testing services	This service is for all members.
Substance use services	Covered services include: • Outpatient treatment. • Intensive outpatient treatment. • Residential services. • Inpatient Detoxification. • Outpatient Detoxification. 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.
Therapeutic Group Homes (TGH)	This service is for members under the age of 21 and does not include room and board.

Applied behavioral analysis (ABA) services
ABA therapy is a set of behavior treatments that work to increase useful or desired behaviors for children and adolescent members up to age 21. 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. Provider-based ABA services may include:

- Assessment, evaluation, and reevaluation
- Behavior treatment plan
- 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

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 these services. 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).

Helpful resources

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 **225-275-2778** Metairie **504-286-1916** or **985-871-4360** Monroe **318-542-4154** or **318-388-6088**

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	**800-331-5570**
Families Helping Families	Families Helping Families are resource centers in your local communities 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.	
Families Helping Families of Acadiana Region 4 (Acadiana area)	Serving Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion parishes	**800-378-9854**
Families Helping Families of Southwest Louisiana Region 5 (Southwest area)	Serving Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis parishes	**800-894-6558**
Families Helping Families Region 6 (Central LA area)	Serving Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, and Winn parishes	**800-259-7200**
Families Helping Families Region 7 (Northwest area)	Serving Bienville, Bossier, Caddo, Claiborne, Desoto, Natchitoches, Red River, Sabine, and Webster parishes	**877-226-4541**

Families Helping Families of Northeast Louisiana, Inc. Region 8 (Northeast area)	Serving Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll parishes	**888-300-1320**
Northshore Families Helping Families Region 9 (Florida Parishes area)	Serving St. Tammany, Washington, Tangipahoa, St. Helena, and Livingston parishes	**800-383-8700**
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.	**800-224-4010**
Mental Health America of Louisiana (MHAL)	MHAL helps promote mental health through its education, research, and service.	**800-241-6425**

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.	**866-851-6264**

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: **800-898-4910**
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.	**855-4LA-KIDS** **855-452-5437**
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.	**888-248-0859**
Prime Therapeutics State Government Solutions LLC	Prime Therapeutics State Government Solutions LLC provides pharmacy benefits to full Medicaid and LaCHIP members.	**800-424-1664**

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 Wooddale Boulevard: **225-925-4311** Plank Road **225-358-4579** New Orleans **504-568-7280** Algiers **504-364-5625** Houma **985-873-6855** United Houma Nation **985-223-3093**
Emergency Psychiatric Services (EPS)	Suicide Prevention Lifeline	Call or Text: **988** suicidepreventionlifeline.org/chat

Louisiana Rehabilitation Services	Louisiana Rehabilitation Services assists persons 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: **504-838-5180** • West Bank: **504-361-6816** Baton Rouge **225-295-8900** Houma **985-857-3652** Lafayette **337-262-5353** Lake Charles **337-475-8038** Alexandria **318-487-5335** Shreveport **318-676-7155** Monroe **318-362-3232**

Coordinated System of Care — Wraparound Agencies		
Service	**Area Served**	**Phone Number**
Region 1 New Orleans and Jefferson Parish areas National Child and Family Services	Jefferson, Orleans, Plaquemines, and St. Bernard Parishes	**504-267-5819**
Region 2 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	**225-456-2006**
Region 3 Florida Parishes area Choices, Inc.	Livingston, St. Helena, Tangipahoa, Washington, and St. Tammany Parishes	**504-376-3895**
Region 4 Houma/Thibodeaux area Wraparound Services of Southeast LA	Assumption, St. James, St. John the Baptist, St. Charles, Lafourche, and Terrebonne Parishes	**985-232-3930**
Region 5 Acadiana area Eckerd Wraparound Agency	Evangeline, Acadia, St. Landry, St. Martin, Iberia, Lafayette, St. Mary, and Vermillion Parishes	**337-678-3536**
Region 6 Lake Charles area Choices, Inc.	Beauregard, Allen, Jefferson Davis, Calcasieu, and Cameron Parishes	**337-523-4289**
Region 7 Alexandria area Eckerd Wraparound Agency	Avoyelles, Catahoula, Concordia, Grant, LaSalle, Vernon, Rapides, and Winn Parishes	**318-443-7900**
Region 8 Shreveport area Choices, Inc.	Bienville, Bossier, Caddo, Caliorne, DeSoto, Jackson, Natchitoches, Red River, Sabine, and Webster Parishes	**318-205-8202**
Region 9 Monroe area Wraparound Services of Northeast Louisiana	East Carroll, Franklin, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll Parishes	**318-654-4245**

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 PCP or specialist 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 the 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 get 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 him or her in danger? Run away from home? Done reckless things like riding on top of a car?
- Has your child ever threatened to hurt themselves, or someone else? 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:

- A care plan for members.
- Support and training for youth, parents, and caregivers.
- Short term respite care.
- Independent living/skills building for youth age 14 or older.

If you are or your child is eligible for the services, it's your choice to be in the program. To find out about eligibility for Coordinated System of Care services, call Member Services at **844-521-6941 (TTY 711)** Monday through Friday from 7 a.m. to 7 p.m. We can help arrange a screening. If you're enrolled in the program, Magellan Health Services will help you get services**.**

If you need help getting services, call Magellan directly at **800-424-4489 (TTY 800-424-4416)** or visit **magellanoflouisiana.com**.

THE LOUISIANA HEALTH INSURANCE PREMIUM PAYMENT PROGRAM (LAHIPP)
LAHIPP helps Medicaid-eligible household members get 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
- Pediatric Day Healthcare (PDHC)

PRIOR AUTHORIZATIONS
Some Healthy Blue services and benefits listed in the covered benefits may require pre approval. This means that your provider and/or you must ask Healthy Blue to approve those services or benefits before you get them. Please ask your provider for more information, or contact us Monday through Friday, 7 a.m. to 7 p.m. To speak with a UM representative, please call **844-521-6941 (TTY 711).**

These services do not require prior approval:
- Emergency services
- Post-stabilization services
- Urgent care
- Family planning services
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Time frames for prior authorization requests:
- **Standard Service Authorization (Preservice)**: Eighty percent (80%) of standard service authorizations within two (2) business days of obtaining appropriate documentation that may be required.
- **Inpatient Hospital Service Authorization (Pre Service):** One Hundred percent (100%) of inpatient hospital service authorizations within two (2) calendar days of obtaining appropriate documentation.

**All Standard Service Authorization determinations made no later than fourteen (14) calendar days.*

- **Concurrent:** One hundred percent (100%) of concurrent review determinations

within one (1) calendar day of obtaining the appropriate medical information.

- **Expedited:** One hundred (100%) of expedited service authorizations as expeditiously as the Member's health condition requires, but no later than seventy-two (72) hours after receipt of the request.

**Expedited is when the provider indicates or Healthy Blue determines following Standard Service authorization timeframes could seriously jeopardize the member's life; health; or ability to attain, maintain, or regain maximum function.*

- **Retrospective:** One hundred (100%) of retrospective review determinations within thirty (30) calendar days of obtaining the results of any appropriate medical information.

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 medical, functional, social, and behavioral health 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.
- Follow-up care within 72 hours of discharge for a behavioral health-related diagnosis.
- Aftercare planning for members prior to discharge from a 24-hour facility for behavioral healthcare.

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

- Going to doctor appointments with you.
- Finding a doctor for you, including specialists.
- Following up with you when you miss an appointment.
- Finding housing, food, and other basic needs resources.

To collect and assess this information, your case manager or community health worker will conduct phone interviews or home visits with you or your representatives. To complete the assessment, the case manager will also get information from your primary care provider (PCP) and specialists and other sources to set up and decide your current medical and nonmedical service needs.

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

NEW TECHNOLOGY

Advances in medical technology bring new treatments to the market all the time. We want to make sure you have access to medical and behavioral health treatments that are safe and effective. So, we review them to make sure they are safe and effective, and they work the way they are supposed to.

We use the following in our review process:

- Scientific literature
- Peer-reviewed medical journals
- Nationally recognized guidelines by accredited medical specialty societies
- Current medical community standards
- Government regulatory bodies, such as the Food and Drug Administration (FDA)
- Medical experts in the condition the new treatment is for

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

- Medical procedures.
- Behavioral health procedures.
- Pharmaceuticals.
- Devices.

They also look at scientific literature and these new medical advances and treatments to see if these advances are suited as covered benefits, and if they:

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

DIFFERENT TYPES OF HEALTHCARE

Routine, urgent, and emergency care: What is the difference?

Routine care

In most cases when you are not feeling well and need medical care, you call your primary care provider (PCP) to make an appointment. Then you go to see your PCP. This type of care is known as **routine care**.

Some examples are:

- Most minor illnesses and injuries
- Regular checkups
- Anxiety, depression, or dealing with stress

You should be able to see your PCP within six weeks for routine care. For behavioral healthcare, you should be able to see your behavioral health provider within 14 days for routine care.

But this is only part of your PCP's job. Your PCP also takes care of you before you get sick. This is called **wellness care**. See the **Wellness Care for Children and Adults** section in this handbook.

Urgent care
Some injuries and illnesses are not emergencies, but can turn into emergencies if they are not treated within 24 hours. This type of care is called **urgent care**. Some examples are:

- Throwing up
- Minor burns or cuts
- Earaches
- Headaches
- Sore throat
- Fever over 101 degrees Fahrenheit
- Muscle sprains/strains

If you need urgent care:

- Call your PCP. Your PCP will tell you what to do.
- Follow your PCP's instructions. Your PCP may tell you to go to:
  - His or her office right away.
  - Some other office to get immediate care.
  - The emergency room at a hospital for care; see the next section about emergency care for more details.

You can also call 24/7 NurseLine at **866-864-2544 (TTY 711)** if you need advice about urgent care. You should be able to see your PCP within 24 hours for an urgent care appointment.

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 an emergency? An emergency is when you need to get care right away. If you don't get it, it could cause your death. It could cause very serious harm to your body. 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:

- Trouble breathing
- Chest pains
- Loss of consciousness
- Very bad bleeding that does not stop
- Very bad burns
- Shakes called convulsions or seizures
- Thoughts of killing yourself or someone else

You should be able to see a physician 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 doctor 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 PCP or 24/7 NurseLine at **866-864-2544 (TTY 711)**. Medical emergencies do not need prior approval by Healthy Blue. After you visit the emergency room:

- Call your PCP as soon as you can.
- If you cannot call, have someone else call for you.

Your PCP will give or set up any follow-up care you need. This is called **post-stabilization care**. You get these services to help keep your condition stable. These services do not need prior approval by Healthy Blue.

How to get healthcare when your primary care provider's office is closed
Except in the case of an emergency (see previous section), you should always call your primary care provider (PCP) first before you get medical care. If you call your PCP's 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 24/7 NurseLine 24 hours a day, seven days a week for help at **866-864-2544 (TTY 711)**.

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

How to get 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 your PCP. If your PCP's office is closed, leave a phone number where you can be reached. Your PCP or someone else should call you back within 30 minutes.
  - Follow your PCP's instructions. You may be told to get care where you are if you need it right away.
  - Call 24/7 NurseLine if you need help.
- If you need routine care like a checkup:
  - Call your PCP.
  - Call 24/7 NurseLine if you need help.

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

Self-referral services
For most services, you'll go to your PCP or another provider who works with Healthy Blue. But, there are some services that we'll pay for, even if you get them from a provider who's not in our plan. These are called self-referral services. These include:

- Family planning
- Pregnancy services

- Emergency services
- School-based health center services
- Behavioral health and substance use services
- Certain providers for children with special healthcare needs

We'll also pay for any related lab work and medicine you get from the same site you get the self-referral service.

How to get 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 get the medical care you need.

WELLNESS CARE FOR CHILDREN AND ADULTS

All Healthy Blue members need to have regular wellness visits with their primary care provider (PCP). During a wellness visit, your PCP can see if you have a problem. If you do, your PCP can help you before it is a bad problem.

When you become a Healthy Blue member:
- Call your PCP.
- Make your first appointment within 90 days.

Wellness care for children

Why well-child visits are important for children
Children need more wellness visits than adults. These wellness visits for children are for anyone in Medicaid that is under 21 years old. Babies need to:
- See their PCP at least seven times by the time they are 12 months old.
- Go more times if they get sick.

Your child may have special needs or an illness like asthma or diabetes. If so, one of our case managers can help your child get checkups, tests and shots. Your child can get checkups from his or her PCP or any Healthy Blue network provider. You do not need a referral for these visits.

At these wellness visits, your child's PCP will:
- Make sure your baby is growing well.
- Help you care for your baby, and talk to you about what to feed your baby and how to help your baby go to sleep.
- Discuss how your baby grows and develops at different stages and what you can do to help and how to prevent childhood accidents and diseases.
- Answer questions you have about your baby.
- See if your baby has any problems that may need more healthcare.
- Give your baby shots that will help protect him or her from illnesses.

When your child should get wellness visits

Well-child care in your baby's first year of life
The first well-child visit will be in the hospital. This happens right after the baby is born. For the next seven visits, you must take your baby to his or her PCP's office. Bright Futures/American Academy of Pediatrics (AAP) recommends setting up a visit with the doctor when the baby is:

- Between 3-5 days old
- 1 month old
- 2 months old
- 4 months old
- 6 months old
- 9 months old
- 12 months old

Well-child care in your baby's second year of life
Starting in your baby's second year of life, they should see the doctor at least four more times:

- 15 months
- 18 months
- 24 months
- 30 months

Well-child care for children ages 3 through 20
Your child should see the doctor again at ages 3, 4, and 5. Be sure to set up these visits. It is important to take your child to his or her PCP when scheduled. From ages 6 through 20, your child should see his or her PCP at least one time each year for a well-child checkup.

Blood lead screening
Your child's PCP will begin to screen your child for lead poisoning at every well-child visit. Your child's PCP will give your child a blood lead test at 12 and 24 months unless your child's PCP decides it should be done at other times. Your child's PCP will also give your child blood lead tests between 3 and 6 years of age if they have not been tested before.

Your child's PCP will take a blood sample by pricking your child's finger or taking blood from his or her vein. The test will tell if your child has lead in their blood.

Vision screening
Your child's PCP should check your child's vision at every well-child visit. The American Academy of Pediatrics Bright Futures program recommends that children have their eyes checked by a pediatrician at the following ages:

- Newborn
- By 6 months of age
- Starting at 1 to 2 years
- At 3 to 4 years
- At 5 years and older

Hearing screening

Your child’s PCP should check your child’s hearing at every well-child visit. These checkups may include a physical exam of the ear that checks for excess wax, fluid, or signs of infection. The American Academy of Pediatrics Bright Future schedule recommends more thorough hearing tests at ages 4, 5, 6, 8, and 10. Tests should be done more often if your child has symptoms of hearing loss.

Dental screening

Your child’s PCP should check your child’s teeth and gums as part of each well-child visit. The American Academy of Pediatric Bright Future program recommends by 12 months of age, a child should be seen by a dentist every 6 months or according to a schedule recommended by the dentist, based on the child's individual needs.

Immunizations (shots)

It is important for your child to get shots on time. Follow these steps:

1) Take your child to the doctor when his or her PCP says a shot is needed.
2) Use the table below as a guide to help you keep track of the vaccines your child needs.

IMMUNIZATION (SHOT) SCHEDULE FOR CHILDREN

AGE ➡ VACCINE ⬇	Birth	1 mo	2 mo	4 mo	6 mo	12 mo	15 mo	18 mo	19-23 mo	2-3 years	4-6 years	7-10 years	11-12 years	13-18 years
Hepatitis B	HepB	HepB			HepB							HepB series if not given		
Rotavirus			Rota	Rota	Rota if needed									
Diphtheria, tetanus, pertussis			DTaP	DTaP	DTaP		DTaP				DTaP		Tdap	Tdap if not given
Haemophilus influenzae type b			Hib	Hib	Hib if needed	Hib								
Pneumococcal			PCV	PCV	PCV	PCV				PPSV if high-risk		PPSV if high-risk		
Inactivated poliovirus			IPV	IPV	IPV						IPV	IPV series if not given		
Influenza					Influenza (yearly)						Influenza (yearly)			
Measles, mumps, rubella						MMR					MMR	MMR series if not given		
Varicella						Varicella					Varicella	Varicella series if not given		
Hepatitis A						HepA (2 doses)				HepA series if high-risk				
Meningococcal										MCV4 if high-risk			MCV4	MCV4 if not given
Human papillomavirus													HPV	HPV series if not given

Wellness care for adults

Adult well-care visits are an important part of your overall health. This preventive care helps to find problems early, so they will be easier to treat. Your PCP is the main doctor for this type of care. They will work with you to make sure you stay healthy.

Below are suggested reminders of preventive care measures for adults. These reminders do not mention every screening. Talk to your doctor about your specific healthcare needs. Ask them about which exams or tests that are right for you, when to receive them, and how often. Depending on your health, personal, and family risk factors, your doctor may recommend preventive care outside of the normal recommendations.

The guidelines below are based on state-specific criteria and tips from health experts including the Centers for Disease Control and Prevention (CDC) and the American Cancer Society (ACS).

Screenings (Both men and women)

Exam type	**Who needs it?**
Blood pressure check	Members age 18+
Cholesterol screening	At-risk members age 20+
Diabetes screening	At-risk members age 45+
Colorectal cancer (CRC) screening	At-risk members: May need to begin screenings before age 50
Other cancer screenings	Based on member's personal health history
Depression	Members should talk to their PCP if they have been feeling down or sad
Problem drinking and substance use screening	Members should share any history of drug or alcohol with their PCP
Screening for sexually transmitted diseases (STDs)	Members who are sexually active

Women's recommendations

Exam type	**Who needs it?**
Mammogram	Members age 40+
Clinical breast exam	Members age 20+
Cervical cancer screening	Members age 21+
Osteoporosis screening	Members age 65+

Men's recommendations

Exam type	**Who needs it?**
Prostate cancer screening	Members age 55+
Abdominal aortic aneurysm	Members age 65+

When you miss or your child misses one of your wellness visits

If you don't or your child doesn't get a wellness visit on time:

- Set up a visit with the PCP as soon as you can.
- Call Member Services if you need help setting up the visit.

If your child has not visited their PCP on time, Healthy Blue will send you a postcard

reminding you to make your child's wellness appointment.

SPECIAL KINDS OF HEALTHCARE

Special care for pregnant members

New Baby, New Life℠ is the Healthy Blue program for all pregnant members. It is very important to see your primary care provider (PCP) or obstetrician or gynecologist (OB-GYN) for care when you are pregnant. This kind of care is called prenatal care. It can help you have a healthy baby. Prenatal care is always important even if you have already had a baby. With our program, members receive health information and up to $75 in rewards for getting prenatal and postpartum care.

Our program also helps pregnant members with complicated healthcare needs. Nurse case managers work closely with these members to provide:

- Education.
- Emotional support.
- Help in following their doctor's care plan.
- Information on services and resources in your community, such as transportation, Women, Infants, and Children (WIC), breastfeeding, and counseling.

Our nurses also work with doctors and help with other services members may need. The goal is to promote better health for members and the delivery of healthy babies.

Quality care for you and your baby

At Healthy Blue, we want to give you the very best care during your pregnancy. That's why you will also be part of My Advocate®, which is part of our New Baby, New Life program. My Advocate gives you the information and support you need to stay healthy during your pregnancy.

Get to know My Advocate

My Advocate delivers maternal health education by phone, smartphone app or web portal that is helpful and fun. If you choose the phone version, you will get to know Mary Beth, My Advocate's automated personality. Mary Beth will respond to your changing needs as your baby grows and develops. You can count on:

- Education you can use.
- Communication with your case manager based on My Advocate messaging should questions or issues arise.
- An easy communication schedule.
- No cost to you.

With My Advocate, your information is kept secure and private. Each time Mary Beth calls, she'll ask you for your year of birth. Please don't hesitate to tell her. She needs the information to be sure she's talking to the right person.

Helping you and your baby stay healthy

My Advocate calls give you answers to your questions, plus medical support if you need it. There will be one important health screening call followed by ongoing educational

outreach. All you need to do is listen, learn and answer a question or two over the phone. If you tell us you have a problem, you'll get a call back from a case manager. My Advocate topics include:

- Pregnancy care
- Postpartum care
- Well-child care

When you become pregnant

If you think you are pregnant:

- Call your PCP or OB-GYN right away. You do not need a referral from your PCP to see an OB-GYN.
- Call Member Services if you need help finding an OB-GYN who works with Healthy Blue.

Visit our Pregnancy and Wellness page at **myhealthybluela.com** for information and resources on how to keep you and your baby healthy. You can access education, including:

- Self-care information about your pregnancy
- Details on My Advocate® that tells you about the program and how to enroll and get health information to your phone by automated voice, web, or smartphone app
- Healthy Rewards program information on how to redeem your incentives for prenatal, postpartum and well-baby care
- Education on having a healthy baby, postpartum depression, and caring for your newborn, with helpful resources

If you would like to receive pregnancy information by mail, please call Member Services at **844-521-6941 (TTY 711)**.

While you are pregnant, you need to take good care of your health. You may be able to get healthy food from WIC. Member Services can give you the phone number for the WIC program close to you.

When you are pregnant, you'll need to go to your PCP or OB-GYN at least:

- Every four weeks for the first six months.
- Every two weeks for the seventh and eight 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.

After you have your baby, you must:

- Call Healthy Blue Member Services as soon as you can to let your case manager know you had your baby. We will need details about your baby.
- Call your Medicaid agency to apply for Medicaid for your baby.

After you have your baby

If you were enrolled in My Advocate and received educational calls during your pregnancy, you will now get calls on postpartum and well-child education up to 12 weeks after your delivery.

It's important to set up a visit with your PCP or OB-GYN after you have your baby for a postpartum checkup. You may feel well and think you are healing, but it takes the body at least six weeks to mend after delivery.

- The visit should be done between 1 to 12 weeks (7-84 days) after you deliver.
- If you delivered by C-section, your PCP or OB-GYN may ask you to come back for a one or two week post-surgery checkup. This is not considered a postpartum checkup. You will still need to go back and see your provider within 12 weeks or 84 days after your delivery for your postpartum checkup.

Tobacco cessation support for pregnant and new moms

Our priority is to make sure both you and your baby are healthy. Healthy Blue provides tobacco cessation counseling to help you quit smoking or quit using other tobacco products. This counseling is available to Healthy Blue members during pregnancy and up to 60 days postpartum (after pregnancy).

Members can receive four sessions of one-on-one counseling, with two quit attempts per year (up to eight sessions per year). Healthy Blue may cover extra counseling if your provider feels it is medically necessary. You must receive counseling from your primary care provider (PCP) or obstetrical provider (OB). You can work with another healthcare provider if you have a referral from your PCP or OB. If you need help for a tobacco free life, talk to your provider during your next visit.

You can learn more about your covered services and benefits in your Healthy Blue member handbook. If you have questions, send us a secure note anytime through your online account at **myhealthybluela.com** or call **844-521-6941 (TTY 711)**.

Chronic Care Management/Condition Care

Our Condition Care, or chronic care management, program can help you learn more about your health, keeping you and your needs in mind at every step. Our team includes registered nurses called condition care case managers. They'll help you learn how to better manage your condition, or health issue. You can choose to join a condition care program at no cost to you.

What programs do we offer?

You can join a Condition Care program to get healthcare and support services if you have any 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 condition care programs, a Condition Care 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.
    - Getting to healthcare provider visits.
    - Referring you to specialists in our health plan, if needed.
    - Getting 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).

Programs are also available for:
- Hepatitis C.
- Sickle cell.

Our condition care team will work with your PCP to help you with your healthcare needs.

How to join
We'll send you a letter welcoming you to a condition care 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 Condition Care 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 **Condition-Care-Self-Referral@healthybluela.com**.*

* Please be aware that emails sent over the internet are usually safe, but there is some risk third parties may access (or get) these emails without you knowing. By sending your information in an email, you acknowledge (or know, understand) 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 Condition Care case manager anytime.

As a Healthy Blue member enrolled in the condition care 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 disenroll from programs and services we offer.
- Refuse to take part in or disenroll from programs and services we offer on religious grounds; in the case of a child, the parent or guardian can refuse.
- Know which staff members arrange your healthcare services and who to ask for a change.
- Have Healthy Blue help you to make choices with your doctors about your healthcare.
- Learn about all condition care-related treatments; these include anything stated in the clinical guidelines, whether covered by Healthy Blue or not; you have the right to discuss all options with your doctors.
- Have personal and medical information kept private under HIPAA; know who has access to your information; know what Healthy Blue does to keep it 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 get guidance on how to use the complaint or grievance process, including how long it will take us to respond and resolve issues.
- Get information that is clear and easy to understand.

Healthy Blue covers all Louisiana state-required Medicaid services, but if you feel there are services not covered because of moral or religious objections, you may contact the enrollment broker for information. For information on how to get these services, call **855-229-6848 (TTY 855-526-3346)**.

You are encouraged to:

- Listen to and know the effects of accepting or rejecting healthcare advice.
- Provide Healthy Blue with information needed to carry out our services.
- Tell Healthy Blue and your doctors if you decide to disenroll from the condition care program.

If you have one of these conditions or would like to know more about condition care, please call **888-830-4300**, Monday through Friday from 8:30 a.m. to 5:30 p.m. Ask to speak with a Condition Care case manager. Or you can leave a private message for your case manager 24 hours a day. You can also visit our website at **myhealthybluela.com**. You can call condition care if you would like a copy of condition

care 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 members ages 7 to 17. This helps families get and stay healthy. Families get 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 **844-421-5661 (TTY 711)**.

Medicines

If you have questions about your drug coverage, call Pharmacy Member Services at **833-207-3114 (TTY 711)**.

Copays
A copay is the amount you may pay for a health service. Some medications and beneficiaries are subject to copays.

There are no copays or deductibles for physical and behavioral covered services.

Below is the copay list for drugs if you have Healthy Blue.

Cost of the drug	What you pay*
$10 or less	$0.50
$10.01-$25	$1
$25.01-$50	$2
Over $50	$3

There are no copays for some members, including children, pregnant women, members in the hospital, members of a home- and community-based waiver, women who have Medicaid due to breast or cervical cancer, those getting hospice services or living in a long-term care facility, or Native American or Alaska Native members. There are also no copays for family planning services, emergency services, and for some preventive medicines.

Members with household income that exceeds 5% of their family's monthly income are not required to pay make any no copays. Once this limit has been reached, there are no copays for the rest of the month.

About the Preferred Drug List (PDL)

Pharmacy access and pharmacy network

Prime Therapeutics State Government Solutions LLC has a robust network of pharmacies where you can get your prescriptions filled. The directory can be searched real-time, online using geolocation technology at lamcopbmpharmacy.com. There is also a full PDF directory on the website, or one can be mailed to you by calling the Pharmacy Call Center. **Available services (PDL, prior authorizations, pharmacy utilization management (UM) strategies, excluded services, etc.)**

- Preferred Drug List (PDL) — The PDL is available online at lamcopbmpharmacy.com or can be mailed to you by calling the Pharmacy Call Center at **800-424-1664**.
- Prior authorizations (PAs) — Prime Therapeutics has comprehensive systems and extensive clinical expertise to ensure eligible beneficiaries receive necessary care through the appropriate use of medications.
- Pharmacy UM strategies — The PDL will be used with each prior authorization review that is completed by the Prime Therapeutics Pharmacy Services team.

When a prior authorization is required, Prime Therapeutics must approve the provider's request before you will be able to fill your medication at your preferred, in-network pharmacy. Excluded services:

- Drugs for the treatment of obesity, (with the exception of Orlistat)
- Drugs for the treatment of infertility
- Drugs for the treatment of erectile dysfunction
- DESI drugs or drugs that may have been determined to be identical, similar, or related
- Drugs that are eligible to be covered by Medicare Part D
- Over-the-counter drugs that are not listed in accordance with paragraph C of OAC rule 5160-9-03
- Drugs being used for indications not approved by the Food and Drug Administration (FDA) unless supported by compelling clinical evidence

Emergency outpatient drugs

Medications that require a clinical PA may be eligible for an emergency supply when the pharmacist cannot reach the prescriber and deems the situation an emergency. These include:

- Claims indicating emergency situations should be dispensed in at least a 72-hour (3-day) supply and up to a 14-day supply.
- Emergency fills will be limited to two fills per rolling 30 days, per drug strength. Once this limit is exceeded, claims will deny NCPDP 76 – Plan Limitations Exceeded and the pharmacy must call the Call Center for any further consideration.
- Beneficiaries are exempt from paying copayments for emergency situations.

Refills

If you need refills of medicines that require prior authorization, you may be able to get a temporary 3-day supply until a prior authorization is obtained from your doctor. To do so, visit a network pharmacy and show your member ID card. Talk to your doctor about your prescription options.

Maintenance medications

To find out which medicines are available with a 90-day supply, you can contact: Prime Therapeutics State Government Solutions LLC Member Services at **800-424-1664**.

- Talk with your pharmacist. Your pharmacist can call your doctor to get a new prescription for a 90-day supply.

- Talk with your doctor. Your doctor can write you a new 90-day supply prescription for your medicine. We've let your doctor know about this change to your pharmacy benefit.

For more information, speak with your doctor or pharmacist, call Prime Therapeutics State Government Solutions LLC Member Services at **800-424-1664**, or visit lamcopbmpharmacy.com.

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 Prime Therapeutics State Government Solutions LLC at **800-424-1664** or go to lamcopbmpharmacy.com. The I/T/U pharmacy listed in this provider directory, or call Member Services at **844-521-6941 (TTY 711)**, Monday through Friday from 7 a.m. to 7 p.m.

SPECIAL HEALTHY BLUE SERVICES FOR HEALTHY LIVING

Health information

Learning more about health and healthy living can help you stay healthy. Here are some ways to get health information:

- Ask your primary care provider (PCP).
- Call us. 24/7 NurseLine is available 24 hours a day, seven days a week to answer your questions. They can tell you:
  - If you need to see your PCP.
  - How you can help take care of some health problems you may have.

Health education classes

Healthy Blue works to help keep you healthy with our health education programs. We can help you find classes near your home. You can call Member Services to find out where and when these classes are held.

Some of the classes include:

- Our services and how to get them
- Childbirth
- Diabetes Education
- Infant care
- Parenting
- Pregnancy
- Quitting cigarette smoking
- Protecting yourself from violence
- Other classes about health topics

Some of the larger medical offices (like clinics) in our network show health videos. They

talk about immunizations (shots), prenatal care and other important health topics. We hope you will learn more about staying healthy by watching these videos. We will also mail a member newsletter to you twice a year. This gives you health news about well care and taking care of illnesses. It gives you tips on how to be a better parent and other topics.

Community events
Healthy Blue sponsors and participates in special community events and family fun days where you can get health information and have a good time. You can learn about topics like:

- Healthy eating
- Asthma
- Stress

You and your family can play games and win prizes. People from Healthy Blue will be there to answer your questions about your benefits, too. Call Member Services to find out when and where these events will be.

Domestic violence
Domestic violence is abuse. Abuse is unhealthy. Abuse is unsafe. It is never okay for someone to hit you. It is never okay 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 PCP. Your PCP 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:

- If you are hurt, call your PCP.
- 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 get to a safe place (like a women's shelter or a friend's 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 24/7 NurseLine at **866-864-2544 (TTY 711)**.
- 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's 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 PCP not to tell their parents about their medical records, but the parents can still ask the PCP 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.

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 met by your healthcare provider.
- The quality of your medical care.
- Spending long periods of time on life support.
- The emotional or 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 end-of-life 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 you 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 get.

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 **844-521-6941 (TTY 711)** and we can help you. We're here to help Monday through Friday from 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 get 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 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

If you have any questions or concerns about your Healthy Blue benefits, please call Member Services at **844-521-6941 (TTY 711)**, Monday through Friday from 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 getting 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 PCP 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 need to file an appeal instead of a grievance. See the next section on Appeals to learn more.

Filing retail pharmacy grievances

Prime Therapeutics State Government Solutions LLC handles retail pharmacy grievances for the Healthy Louisiana Medicaid program. You can file your retail pharmacy grievance with Prime Therapeutics State Government Solutions LLC using one of these ways:

- Phone: **800-424-1664**
- Fax: 800-424-7402
- Online: lamcopbmpharmacy.com
- Mail:
  Prime Therapeutics State Government Solutions LLC
  Attn: GV – 4301
  P.O. Box 64811
  St. Paul, MN 55164-0811

Filing a grievance with Healthy Blue

Member Services will be happy to help you prepare and submit your grievance verbally and in writing. You or a representative of your choice can call, fax, mail or file in person at any time:

- Call Member Services at **844-521-6941 (TTY 711)** Monday through Friday from 7 a.m. to 7 p.m. and file a grievance orally 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
  P.O. Box 62429
  Virginia Beach, VA 23466

When we get 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 get 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 from the receipt of 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.

- Your PCP or the provider taking care of you at the time.

If you want your PCP 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 either:

- Within 10 calendar days from the receipt of 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 **844-521-6941 (TTY 711)**, Monday through Friday from 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. The call is enough to start the appeal, but 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. The form can be helpful, but it is not required. 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 get your appeal, we will send you a letter within five business 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 get 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.

You will have continued coverage pending the outcome of an appeal or State Fair Hearing. You may be responsible for the cost associated with continued coverage if the appeal decision is adverse.

You may be required to pay the cost of services provided while the appeal of State Fair Hearing is pending.

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 no more than seventy-two (72) hours.

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 get 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 medical 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 72 hours from the date we get 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 entire 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 receipt of the appeal 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 get the letter 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 **844-521-6941 (TTY 711) Monday through Friday from 7 a.m. to 7 p.m.** 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 orally 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** to fill out a Member State Fair Hearing Request Form.

Once the DAL gets 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 **844-521-6941 (TTY 711)**, Monday through Friday from 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 72 hours from the date we get 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 **844-521-6941 (TTY 711)**, Monday through Friday from 7 a.m. to 7 p.m. right away to let us know. This way you will keep getting 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 get healthcare services through us in your current area until the address is changed. You must call Healthy Blue before you can get 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 get 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** from 8 a.m. to 4:30 p.m., or you can visit a regional Medicaid eligibility office or the Louisiana Medicaid website at **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 will 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 getting 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. If possible, you will be given the same primary care provider (PCP) you had when you were in Healthy Blue before.

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.
- If you are a current Healthy Louisiana member and wish to choose Healthy Blue or a new managed care organization during your annual open enrollment, you 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 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.

The following circumstances are cause for disenrollment:

- We don’t cover the service you seek because of moral or religious objections.
- 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 as determined by LDH.
- Lack of access within the MCO to providers experienced in dealing with the member's specific 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. For more information about voluntary enrollment members, see page 12.
- 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).
- When LDH has imposed sanctions on the MCO (consistent with 42 CFR 438.702[a][4].
- After LDH notifies Healthy Blue that it intends to terminate the contract as provided by 42 C.F.R. §438.722.

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

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 Medicaid.
- Move out of the Healthy Blue service area.
- Let someone else use your Healthy Blue member ID card.
- Are admitted to an intermediate care facility for people with developmental disabilities (for members over age 21).
- Enter into involuntary custody or are incarcerated.

If you have any questions about your enrollment, call Member Services.

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 get 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 get help with filing an appeal in the **Grievances and Appeals** section of this handbook.

If you get 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 get 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. Or you can call Member Services to ask for a Healthy Blue PCP. 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 Worker's 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 PCP'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.

We can also help you pick a new PCP. You can call Member Services if you have any questions. Member Services can also send you a current list of our network PCPs. 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 Louisiana 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 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 gets 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 get 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

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 with your practitioners.**
  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 get these services, call **855-229-6848 (TTY 855-526-3346)**.
- **Make recommendations regarding the health plans member rights and responsibilities policy.**
- **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 healthcare services**
  Get healthcare services that are similar in amount and scope to those given under fee-for-service Medicaid. That includes the right to:
  - Get healthcare services that will achieve the purpose for which the services are given.
  - Get 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 get, and how to get 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.

- **Have a candid discussion about appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.**
- **Get information about the Healthy Blue health plan prior to joining Healthy Blue.**
  Receive information about Healthy Louisiana 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, the organization, its practitioners, and providers offered through Healthy Blue. That includes:
  - Covered benefits.
  - Procedure for getting benefits, including any prior approval requirements.
  - Any copay requirements.
  - Service area.
  - Names, locations, phone numbers, and non-English languages spoken by current contracted providers, including, at a minimum:
    - primary care 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 get them; this includes how transportation is offered.
  - Service utilization policies.
  - Request a copy of our guidelines by calling Member Services.
  - Member rights and responsibilities.
- **Get 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 get 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 getting 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 primary care provider (PCP).
- **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.
- **Voice or file complaints or appeals about the health plan or the care it provides.**
- **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 getting 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 PCP 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 PCP first for your nonemergency medical needs.
  - Be sure you have approval from your PCP before going to a specialist.
  - 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 PCP and become fully informed about service and treatment options. That includes the responsibility to:
  - Tell your PCP 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 get your medical records.
- Provide your providers with the right information (to the extent possible) that the health plan and its practitioners and providers need in order to provide care.
- Follow the prescribed treatment plans and instructions for care that you have agreed to with your practitioner. 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 your health problems and participate in developing mutually agreed upon treatment goals, to the degree possible.
  - Do the best you can to stay healthy.
  - Treat providers and staff with respect.

Call Healthy Blue Member Services at **844-521-6941 (TTY 711)**, Monday through Friday from 7 a.m. to 7 p.m. 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
We are committed to protecting the integrity of our health care program and the effectiveness of our operations by preventing, detecting and investigating fraud, waste and abuse. Combating fraud, waste and abuse begins with knowledge and awareness.

- *Fraud* — Any type of intentional deception or misrepresentation made with the knowledge that the deception could result in some unauthorized benefit to the person committing it—or any other person. It includes any act that constitutes Fraud under applicable federal or state law.
- *Waste* — includes overusing services, or other practices that, directly or indirectly, result in unnecessary costs. Waste is generally not considered to be driven by intentional actions, but rather occurs when resources are misused.
- *Abuse* — Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to benefit programs, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care; it also includes beneficiary practices that result in unnecessary cost to the benefit program.

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

To report doctors, clinics, hospitals, nursing homes, or Medicaid or LaCHIP

enrollees, write or call Healthy Blue at:
Special Investigations Unit
Healthy Blue Louisiana
740 W. Peachtree St. NW
Atlanta, GA 30308

You can report your concerns by:

- Visiting our fighthealthcarefraud.com education site; at the top of the page click "Report it" and complete the "Report Waste, Fraud and Abuse" form
- Calling Customer Service
- Calling the SIU hotline: **866-847-8247 (TTY 711)**
- One of the methods on the myhealthybluela.com website fraud reporting page.

You can also call the Louisiana Medicaid Department of Health hotline: **800-488-2917**
Or use one of the other methods listed on their website.

HOW TO REPORT SOMEONE WHO HAS NOT FOLLOWED REQUIRED MARKETING GUIDELINES

MCOs in Louisiana must follow certain marketing guidelines. MCOs can't do things such as:

- Market directly to a potential member.
- Say anything negative about the other MCOs.
- 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.

Please call Member Services at **844-521-6941 (TTY 711)**, Monday through Friday from 7 a.m. to 7 p.m. if you would like more information on:

- How Healthy Blue works.
- How we're structured.
- Our physician incentive plans.
- Our clinical practice guidelines and how to request them by mail, fax or email.
- Our service utilization policies.

FREQUENTLY ASKED QUESTIONS INDEX

What do I do if:

What does:

When should I:

What happens:

Do I need:

- Prior authorization?

- Two cards?

- Special permission for my medication?

What should I:

- Expect during a visit?

- Take with me to an appointment?

We hope this Member Handbook has answered most of your questions about Healthy Blue. For more information, call the Healthy Blue Member Services department at 844-521-6941 (TTY 711).

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** 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 ensure internal protection of oral, written and electronic PHI across the health plan.
- 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.
- Healthy Blue complies with all applicable federal and state laws.

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**.

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/hapax/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**.

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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3850 North Causeway Boulevard, Suite 1770 • Metairie, LA 70002

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