

Member Handbook

ALL ABOUT YOUR HEALTH CARE BENEFITS



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Welcome!

Thank you for choosing Louisiana Healthcare Connections as your health plan!

Louisiana Healthcare Connections works with the Louisiana Department of Health (LDH) to provide health services to people enrolled in the Medicaid/LaCHIP program. Together with your doctor, we help manage your care and health. This makes it easier for you to get the care you need. Our job is to make sure you get the services you need to stay healthy.

ABOUT YOUR MEMBER HANDBOOK

This handbook tells you how Louisiana Healthcare Connections works and the services we offer. Your Member Handbook includes:

- Information about your benefits
- Your rights and responsibilities
- Member satisfaction
- How to choose your primary care provider (PCP)
- When to use urgent care instead of the emergency room

Please take time to look over your handbook. Keep it handy in case you need it.

OTHER FORMATS AND LANGUAGES

The information included in this handbook is about your Louisiana Healthcare Connections benefits. If you would like this handbook in large print, Braille or audio CD, or in a different language or another format, please call Member Services at 1-866-595-8133 (TTY: 711).

Important Contacts

YOUR PERSONAL CONTACTS

Your primary care provider: _____

Phone: _____

Your specialist: _____

Phone: _____

Your pharmacy: _____

Phone: _____

Your nearest urgent care clinic: _____

Phone: _____

CONTACTING LOUISIANA HEALTHCARE CONNECTIONS

Louisiana Healthcare Connections, P.O. Box 84180, Baton Rouge, LA 70884

Member Services 1-866-595-8133

TTY number 711

Fax 1-866-768-9374

Normal hours of operation are Monday through Friday, 7 a.m. to 7 p.m.

24/7 Nurse Advice Line 1-866-595-8133

TTY number 711

24/7 Mental Health and Addiction Crisis Line 1-844-677-7553

TTY number 711

Free rides for health and wellness needs 1-855-369-3723

TTY number 711

OTHER IMPORTANT PHONE NUMBERS

In an emergency Call 911

Pharmacy – Prime Therapeutics State Government Solutions (Prime Therapeutics), Louisiana
Medicaid’s pharmacy benefits manager:

24/7 Member Help Desk..... 1-800-424-1664

TTY number 711

Medicaid dental plans (dental services for members under age 21 and adult denture services):

DentaQuest..... 1-800-685-0143

TTY number 1-800-466-7566

MCNA Dental..... 1-855-702-6262

TTY number 1-800-955-8771

Adult Long Term-Personal Care Services (LT-PCS): Call the

Office of Aging and Adult Services (OAAS) 1-877-456-1146

Louisiana Problem Gamblers Helpline 1-877-770-STOP(7867)

Quit Now: Help to Stop Smoking.....1-800-784-8669(QUITNOW)

BREATHE Asthma Support Program 1-888-293-7020

To report fraud, waste and abuse to Louisiana Department of Health 1-800-488-2917

MEMBER SERVICES CAN HELP

Louisiana Healthcare Connections Member Services helps you with questions about your plan. If you have questions or if you need help understanding something, please call Member Services at 1-866-595-8133 (TTY: 711). Our fax number is 1-866-768-9374. You can also email us at MemberServices@LouisianaHealthConnect.com. We have a team of people ready to assist you! We can help you with:

- Finding a doctor or other provider
- Getting a new Louisiana Healthcare Connections Member ID card
- Understanding covered and non-covered benefits
- Filing a grievance or appeal

- Requesting a printed copy of our Provider Directory or Member Handbook
- Reporting potential fraud issues by a member or provider
- Updating your address, phone number and email address
- Receiving new member materials

We are open Monday through Friday from 7 a.m. to 7 p.m., excluding state holidays. You can also write to us at:

Louisiana Healthcare Connections
P.O. Box 84180
Baton Rouge, LA 70884

Louisiana Healthcare Connections will tell you about important changes in your benefits, health plan services or our provider network that may affect you. You will get a letter at least 30 days before any change(s) or as soon as possible.

24/7 NURSE ADVICE LINE

Our 24/7 Nurse Advice Line is your free, direct line to a Louisiana Healthcare Connections nurse. We are ready to answer your health questions 24 hours a day — every day.

Call 1-866-595-8133 (TTY: 711) with your health question. Our nurses speak English and Spanish. But if you speak a different language, just ask for a translator.

What can we help you with?

- Questions about your health and where you can get care
- Understanding how to take your prescription medicine
- Information about your pregnancy or other health conditions
- And more!

Do you have a medical emergency?

If you are not sure if you should go to the emergency room, call us. Our nurses will help you determine if you need emergency care, urgent care or primary care from your doctor.

LOUISIANA HEALTHCARE CONNECTIONS WEBSITE

Our website helps you get answers about your health care online. Please visit our website at LouisianaHealthConnect.com for information on your benefits and our services. You can find information about these topics and more:

- Member Handbook and Provider Directory
- Secure Member Portal with self-service features
- 24/7 free Nurse Advice Line
- 24/7 Mental Health and Addiction Crisis Line
- Your privacy rights and responsibilities
- How to report suspected fraud, waste and abuse
- How to find a doctor
- How to file grievances and appeals

Secure Member Portal

The Louisiana Healthcare Connections website has a “secure Member Portal.” By signing up and creating your own account, you can track your health benefits and exchange emails safely and securely with Member Services. The Member Portal is designed for your smartphone, too. So you can access all of these important functions without needing to install a separate app:

- Change your primary care provider (PCP)
- Check your My Health Pays™ rewards card balance
- Let us know when you are pregnant so you can access special pregnancy resources
- Let us know about your health by completing a Health Needs Assessment
- See services received, medical history and more
- Email Member Services
- View or print your Louisiana Healthcare Connections Member ID card
- Find self-management lessons and tools to help you with your health

To sign up for a Member Portal account, all you need is an email address, your date of birth and your Member ID number. Then, follow these steps:

1. Go to LouisianaHealthConnect.com/login
2. Choose “Member.” Then click the “Submit” button.
3. Click on “Create New Account.”

How Your Health Plan Works

YOUR MEMBER ID CARD


When you enroll in Louisiana Healthcare Connections, we will mail your Member ID card to you within 10 business days of being notified by LDH of your enrollment in our plan. This card identifies you as a Louisiana Healthcare Connections member. Keep your Member ID card with you at all times. Please show your Member ID card every time you go for any service covered by Louisiana Healthcare Connections. You must also keep your state-issued Medicaid ID card and Medicaid dental plan card with you to receive Medicaid benefits not provided by Louisiana Healthcare Connections. Anytime you receive a new Member ID card, please destroy your old one. If you lose your Member ID card or did not receive one, please call Member Services at 1-866-595-8133 (TTY: 711). We will send you a new ID card within 10 days.

You can also show or print your Member ID card from the Member Portal on our website, by visiting LouisianaHealthConnect.com/login. You can also view your digital Member ID card in the LA Wallet app. Download the app at lawallet.com.

Remember: Louisiana Healthcare Connections coverage is for you only. It is up to you to protect your Member ID card. No one else can use your Member ID card. It is against the law to give or sell your Member ID card to anyone. If this happens, you may be disenrolled from Louisiana Healthcare Connections and the state could charge you with a crime.

Sample Member ID Card

Front

 **louisiana healthcare connections™**


Name: JOHN SMITH
ID #: 1234567891011 **Effective:** 01/08/2020

Primary Care Provider: JANE DOE
PCP Phone/24 hours: (555) 555-1234 / (555) 555-1234
PCP Address: 1234 Main Street
City, LA 71234

Prime Therapeutics

RXBIN	RXPCN	RXGRP
025986	1214172240	LAMCOPBM

In an emergency, call 911 or go to the nearest emergency room.



Back

FOR MEMBERS

Member Services: 1-866-595-8133 (TTY: 711)

- Questions about your benefits
- 24/7 free nurse advice
- A ride to medical appointments
- Comments and complaints

24/7 Mental Health and Substance Use Crisis Support: 1-844-677-7553

Mailing Address:
Louisiana Healthcare Connections
P.O. Box 84180, Baton Rouge, LA 70884

Report Medicaid Fraud: 1-800-488-2917

Pharmacy Help: 1-800-424-1664

FOR PROVIDERS

Provider Services and Prior Authorization: 1-866-595-8133

Send Claims to:
Louisiana Healthcare Connections
Attn: Claims
P.O. Box 4040
Farmington, MO 63640-3826

EDI Payor ID: 68069

Pharmacy Help and Prior Authorization: 1-800-424-1664
Prime Therapeutics, P.O. Box 64811
St. Paul, MN 55164-0811

LouisianaHealthConnect.com

YOUR PROVIDER DIRECTORY

Your Provider Directory lists all the “in-network” providers you may choose from.

“In-network” refers to all the health care providers (such as a hospital or doctor) who have agreed to serve our members. Your Provider Directory includes information for how to reach doctors, hospitals, specialists, urgent care clinics and more.

You can use the online Provider Directory at findaprovider.LouisianaHealthConnect.com to search for providers by type, parish, language, gender and more. To request a printed Provider Directory, call Member Services at 1-866-595-8133 (TTY: 711) Monday – Friday, 7 a.m. to 7 p.m., and we will be happy to send you one.

You can also search for an in-network pharmacy by using Prime Therapeutics’ Find a Pharmacy tool at lamcopbmpharmacy.com/find-a-pharmacy. To request a printed Pharmacy Directory, call Prime Therapeutics’ 24/7 Member Help Desk at 1-800-424-1664 (TTY: 711).

Your Covered Benefits

BENEFITS DESCRIPTION


Louisiana Healthcare Connections covers a broad range of services for your health care needs. For a service to be covered, it must be listed in this section. Some services must be prescribed by your doctor. Some services must also be approved by Louisiana Healthcare Connections.

Louisiana Healthcare Connections covers all services specified in our agreement with LDH and as defined in the Louisiana Medicaid State Plan.

Service/Benefit	Covered Service/Benefit	Limits
Audiology Services and Hearing Aids 🌸	Hearing exams, treatment, and hearing aids and related supplies such as earpieces and batteries	Members ages 21 and older limited to one hearing exam per year and one hearing aid every two years
Basic Behavioral Health Services	Basic behavioral health services performed in a physician or medical office	Not limited by Louisiana Healthcare Connections
Chiropractic Services	Medically necessary manual manipulations of the spine	Age 20 and younger: authorization required. Age 21 and older: up to 18 sessions per year.
Crisis Services	Initial and follow-up care for a severe mental health problem or crisis, including at an emergency room, or medical or mental health clinic	Not limited by Louisiana Healthcare Connections
Dental Services for Children	Medicaid provides dental coverage for children through their Medicaid dental plan. For more information, contact your Medicaid dental plan. (Refer to the Dental Services section of this handbook for contact information.)	

Service/Benefit	Covered Service/Benefit	Limits
Denture Services for Adults	Medicaid provides denture coverage for adults through their Medicaid dental plan. For more information, contact your Medicaid dental plan. (Refer to the Dental Services section of this handbook for contact information.)	
Diabetic Supplies	Diabetic supplies such as glucose meters, test strips, transmitters and sensors, insulin pumps, control solution, ketone test strips, lancets and devices, pen needles, insulin pens, syringes	Certain supplies covered with a prescription when filled at an in-network pharmacy. Refer to the Medications section of this handbook for details.
Durable Medical Equipment	Medical equipment, appliances and supplies such as wheelchairs, bed rails, breast pumps, walkers and crutches	Certain limitations may apply; contact Member Services for details
Emergency Medical Services	Emergency room (ER) services	Not limited by Louisiana Healthcare Connections
End-Stage Renal Disease Services (Dialysis)	Dialysis treatment (including routine laboratory services), medically necessary non-routine lab services and medically necessary injections	Not limited by Louisiana Healthcare Connections
EPSDT/Well-Child Check-Ups	Medical screenings, vision screenings, hearing screenings, dental screenings, periodic and inter-periodic screenings, developmental and perinatal depression screenings	Covered for members under age 21
Family Planning Services	If performed at the following: doctor's office, family planning clinic, public health family planning clinic	Covered for women or men who have not previously had a medical procedure that would prevent pregnancy, such as tubal ligation, hysterectomy or vasectomy
Federally Qualified Health Center (FQHC)	Professional medical services performed at an FQHC or RHC	Not limited by Louisiana Healthcare Connections

Service/Benefit	Covered Service/Benefit	Limits
Rural Health Clinic (RHC)		
Home Health Services	Skilled nursing services; home health aides; physical, occupational or speech therapy; home infusion; wound therapy	Up to 12 hours per day, then authorization is required.
Hospice Care	Non-curative care that focuses on quality and comfort at the end of life	Not limited by Louisiana Healthcare Connections
Immunizations	All recommended immunizations are covered, including pneumonia, influenza (flu), chickenpox, shingles, meningitis, DTAP (diphtheria, tetanus and pertussis), MMR (measles, mumps and rubella), and hepatitis A and B. Additional immunizations not listed here may also be covered.	Not limited by Louisiana Healthcare Connections
Inpatient Hospital Services	Inpatient hospital care needed for the treatment of an illness or injury that can only be provided safely and adequately in a hospital setting, including basic services a hospital is expected to provide	Not limited by Louisiana Healthcare Connections
Inpatient Psychiatric Hospitals	Inpatient mental and behavioral health care	Not limited by Louisiana Healthcare Connections
Laboratory and X-ray Services	Most diagnostic testing and X-ray (radiological) services ordered by the attending or consulting physician	Not limited by Louisiana Healthcare Connections
Medical Transportation (Emergency)	Ambulance and helicopter	Not limited by Louisiana Healthcare Connections
Mental Health and Substance Use Rehabilitation Services	Community psychiatric support and treatment, crisis intervention, psychosocial rehabilitation services and ACT	Covered for members under age 21 and eligible adults

Service/Benefit	Covered Service/Benefit	Limits
Mental Health Services (Outpatient)	Services provided by psychologists, clinical social workers, professional counselors, marriage and family therapists, addiction counselors, advanced practice registered nurses and other behavioral health specialists	Not limited by Louisiana Healthcare Connections
Methadone Treatment	Administration of methadone and related clinical services	Covered for members under age 21 and eligible adults
Newborn Circumcision Benefits 	Circumcision is offered to newborn members during their hospital stay at birth, or in an office setting	Up to the member's first birthday
Nurse Midwife and Nurse Practitioner Services		Not limited by Louisiana Healthcare Connections
Nutritional/Dietician Consult Services	Nutritional consultation	Not covered for members age 21 and older
Outpatient Hospital Services	Diagnostic and therapeutic outpatient services including outpatient surgery and rehabilitation services, therapeutic and diagnostic radiology services, chemotherapy and hemodialysis	Not limited by Louisiana Healthcare Connections
Personal Care Services	Medically needed help to do the activities of daily living, like bathing, dressing, eating and bowel/bladder control	Not covered for members age 21 and older
Pharmacy Services	Prescription medicines	Some medicines require authorization. Some members may have small copays. Refer to the Medications section of this handbook for details.

Service/Benefit	Covered Service/Benefit	Limits
Physician/Professional Services	Professional medical services including those of a physician, nurse midwife, nurse practitioner, clinical nurse specialist or physician assistant	Not limited by Louisiana Healthcare Connections
Podiatrist Services	Office visits, certain radiology and lab procedures and other diagnostic procedures	Not limited by Louisiana Healthcare Connections
Pregnancy-Related Services	Prenatal through postpartum	Not limited by Louisiana Healthcare Connections
Psychiatric Residential Treatment Facility	Mental and behavioral health care for youths in a residential setting	Covered for members under age 21
Psychiatry and Counseling (Outpatient)	Care and medicines from a doctor trained in mental and behavioral health care	Not limited by Louisiana Healthcare Connections
Sexually Transmitted Infection (STI) Services	Testing, counseling and treatment of all STIs and confidential HIV testing	Not limited by Louisiana Healthcare Connections
Substance Use Services	Counseling and treatment to help stop using alcohol or drugs, including treatment in a residential facility and detox services	Not limited by Louisiana Healthcare Connections
Surgical Dental Services (Adult)	Surgical treatment or oral surgery performed in a dental office; these services may be performed using local anesthesia and may require suturing	Not limited by Louisiana Healthcare Connections
Therapeutic Group Homes	Mental health treatment in a home-like setting	Covered for members under age 21
Transportation to Appointments	Non-emergency transportation to and from Medicaid-covered services	Not limited by Louisiana Healthcare Connections

Service/Benefit	Covered Service/Benefit	Limits
Therapy Services	<ul style="list-style-type: none"> · Occupational · Physical · Speech and language 	Not limited by Louisiana Healthcare Connections
Vision Services for Children	Examinations and treatment of eye conditions, including three pairs of eyeglasses per calendar year as well as routine screening, corrective and medical services	Members under age 21
Vision Services for Adults ✿	Examinations and treatment of eye conditions, including one pair of eyeglasses or annual supply of contacts per calendar year as well as routine screening, corrective and medical services	Members age 21 and older

✿ This symbol means this is an extra benefit available for Louisiana Healthcare Connections members. Call us at 1-866-595-8133 (TTY: 711) Monday – Friday, 7 a.m. to 7 p.m. if you need more information about self-referring for extra benefits.

NOTE: Certain services require your doctor to get authorization before delivering the service. If you would like to obtain or verify the status of a service needing authorization, you may contact Member Services at 1-866-595-8133 (TTY: 711). More information about prior authorizations is in the Prior Authorization for Services section of this handbook.

WELL-CHILD CHECK-UPS

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)/Well-Child Check-Ups are preventive care for children under the age of 21. Louisiana Healthcare Connections offers Well-Child Check-Ups to ensure the growth, health and safety of our young members, following the American Academy of Pediatrics Bright Futures schedule.

Well-Child Check-Ups are important for your child's health. Your child may look and feel well but may still have a health problem. Your child's primary care provider (PCP) wants to see them for regular check-ups, not just when they are sick.

During your child's Well-Child Check-Up, their PCP will check the following:

- Development
- Growth status
- Ears and eyes
- Diet
- Signs of autism
- Need for fluoride varnish
- Shot records
- Test records

Be sure to ask your child's PCP when they should have their next Well-Child Check-Up.

Dental Well-Child Care

Members under age 21 get dental screenings from their primary care provider. Their Medicaid dental plan provides additional benefits that cover most children's dental needs. These services come at no cost to you and include exams, cleanings, fillings and fluoride varnish* treatments.

To find a dentist, contact your Medicaid dental plan:

DentaQuest: 1-800-685-0143 (TTY: 1-800-466-7566), Monday – Friday,
7 a.m. to 7 p.m., dentaquest.com

MCNA Dental: 1-855-702-6262 (TTY: 1-800-955-8771), Monday – Friday,
7 a.m. to 7 p.m., mcnala.net

*Fluoride varnish is a protective coating a doctor puts on your child's teeth. It helps make the outer layer of their tooth enamel harder and stronger. Regular fluoride varnish treatments help protect against cavities and tooth decay. Members ages 6 months to 5 years can also get fluoride varnish treatments from their PCP if they are Smiles for Life certified. Learn more at LouisianaHealthConnect.com/fluoridevarnish.

MEDICATIONS

Prime Therapeutics State Government Solutions (Prime Therapeutics) manages pharmacy benefits for all Healthy Louisiana Medicaid health plans, including Louisiana Healthcare Connections. Many prescription and over-the-counter (OTC) medicines are covered when prescribed by a provider in our network and filled at a pharmacy in the Prime Therapeutics network. Your pharmacy benefit does not cover all medicines. Some medicines have limits or require prior authorization. See the Prior Authorization for Medications section of this handbook for more information.

For any pharmacy-related issues or questions, call Prime Therapeutics' 24/7 Member Help Desk at 1-800-424-1664 (TTY: 711).

Preferred Drug List

The *Louisiana Medicaid Single Preferred Drug List (Fee For Service and Managed Care Organizations)* is a list of drugs Louisiana Medicaid members can use if prescribed. All Healthy Louisiana Medicaid health plans, including Louisiana Healthcare Connections, follow this Preferred Drug List (PDL). The PDL applies to drugs you get from retail pharmacies. The PDL is not a complete list of covered drugs. It lists the preferred medications in the most common drug categories.

You can find a link to the current PDL at LouisianaHealthConnect.com/pharmacy. To have a printed copy mailed to you, call Prime Therapeutics at 1-800-424-1664 (TTY: 711).

Some medicines on the PDL may have limits like:

- Quantity limits
- Age limits
- Step therapy

The limits can be found in the PDL.

Filling a Prescription

You must have your prescriptions filled at an in-network pharmacy. You will need to have your prescription and your Louisiana Healthcare Connections Member ID card. If you need help finding an in-network pharmacy, call Prime Therapeutics at 1-800-424-1664 (TTY: 711). You can also search for an in-network pharmacy by using Prime Therapeutics' Find a Pharmacy tool at lamcopbmpharmacy.com/find-a-pharmacy. If you would like a printed

list of the in-network pharmacies you can use, call Prime Therapeutics at 1-800-424-1664 (TTY: 711).

Copayments (Copays)

For many members, medications are covered at no cost to you. Some members may need to pay for a small portion of their medications. This is called a “copay.” Louisiana Healthcare Connections pays for the rest of the cost. The table below lists copays based on the actual cost of the prescription.

Prescription Cost	Copay
\$5.00 or less	\$0.00
Between \$5.01 and \$10.00	\$0.50
Between \$10.01 and \$25.00	\$1.00
Between \$25.01 and \$50.00	\$2.00
More than \$50.01	\$3.00

There are no copays for:

- Emergency services
- Family planning supplies
- Certain preventive medications
- Vaccines received at a pharmacy
- Members who are pregnant*
- Children under the age of 21
- Members in a long-term care facility
- Members in hospice care
- Native American members
- Alaska Native members
- Home and Community Based Waiver recipients
- Women eligible for Medicaid due to breast or cervical cancer

The total amount you pay for medicine can't be more than five percent of your family's household income each month. Once you spend five percent of your monthly income on pharmacy copays, you will not have any copays for the rest of the month.

*Pregnant members must tell us they are pregnant to be eligible for no prescription copays. For more information, see the Pregnancy and Maternity Services section of this handbook.

Generic vs. Brand-Name Medicines

Generic drugs work the same and have the same active ingredients as brand-name drugs. Many covered generic drugs are listed in the Louisiana Medicaid Single PDL. Sometimes, when generic medicines are available, the brand-name medicine is not covered without prior authorization. If you and your provider feel a brand-name medicine is medically necessary, your provider should note that on the prescription.

Over-the-Counter (OTC) Medicine

Some OTC medicines are covered if your doctor writes you a prescription. If you need an OTC medicine that is not covered, you will have to pay for it. If you need a covered OTC medicine but don't have a prescription, you will have to pay for it.

Diabetic Supplies

The Louisiana Medicaid Single PDL also lists diabetic supplies that are covered with a prescription when filled at a pharmacy in Prime Therapeutics network. These include certain meters, test strips, pen needles, lancets, syringes and insulin pumps.

Medication and Counseling to Help You Quit Using Tobacco or Vaping

We cover some medicines and counseling to help you quit vaping, or smoking, dipping or chewing tobacco. A provider in the Louisiana Healthcare Connections network must write a prescription for medicines (i.e. gum, lozenges, pills, or patches). There are no copays for medications prescribed to help you quit smoking.

In addition to medications and counseling, members who use tobacco or nicotine are encouraged to stop through the following services:

Service	Description	Frequency
\$25 reward (see the section on "Earning My Health Pays Rewards")	For counseling or filling a prescription to help you quit smoking	Once annually
Craving to Quit program through Sharecare (our free health and wellness app)	21-day smoking and vaping cessation program that helps you quit for good	Once

Service	Description	Frequency
EX Program (formerly This is Quitting) truthinitiative.org/exprogram	Motivational text message support for quitting tobacco and vaping	Unlimited

Excluded Medicines

Some types of medicines are not covered (“excluded”). These include, but are not limited to, medicines for:

- Infertility or impotence
- Cosmetic purposes or hair growth
- Vitamins (except those approved by Healthy Louisiana Medicaid)

Louisiana Medicaid Lock-in Program

Louisiana Healthcare Connections tries to ensure prescription medicines are used safely and properly. If your medicine or pharmacy use puts you at risk, you may be placed in the Louisiana Medicaid Lock-in Program for at least two years.

If you are placed in the Louisiana Medicaid Lock-in Program, Louisiana Healthcare Connections will notify you by mail. You will be able to choose one pharmacy to fill all of your prescriptions. If you need specialty medications, you may choose a specialty pharmacy. You may also need to choose one PCP and up to three specialists as your lock-in providers. You should go to your lock-in providers to receive all of your medications. You will still be able to get all other Medicaid-covered services.

If you disagree with the lock-in decision, you (or someone you select to help you) may ask for an appeal. If you want to request an appeal, you must do so within 60 days from the date of your mailed lock-in notice.

This program can assist you in managing your medications to stay healthy. It can help reduce the risk of overdoses and injuries by medicines that are not safe when taken together.

MENTAL HEALTH AND SUBSTANCE USE

Behavioral health refers to mental health and substance use (alcohol and drug) treatment.

Sometimes, talking to friends or family members can help you work out a problem. When that is not enough, you should call your doctor or Louisiana Healthcare Connections.

We can provide support, talk to your providers/doctors, and connect you with mental health and substance use specialists to help you or your child. Our care managers can also offer support for members who are transitioning between care settings or levels of care.

You do not have to get a referral from your doctor for these services. You can go to any provider in our network for these services. Your providers will help to figure out which services might best meet your needs.

Louisiana Healthcare Connections covers these behavioral health services:

- Outpatient mental health and substance use services (counseling/therapy)
- Personal care services
- Psychiatry services and medication management
- Psychiatric inpatient hospital services
- Psychological testing
- Intensive outpatient (IOP) services for substance use treatment
- Non-hospital and inpatient residential detoxification, rehabilitation and halfway house
- Crisis services 24 hours a day, 7 days a week
- Psychiatric residential treatment for children and youths
- Rehabilitation services, like assertive community treatment (ACT)
- Referrals to other community resources

How do I know if I or my child needs help?

- Can't cope with daily life
- Feels very sad, stressed, worried or hopeless
- Not sleeping or eating well
- Wants to hurt themselves or others, or has thoughts about hurting themselves
- Troubled by strange thoughts (such as hearing voices)
- Drinking alcohol or using other substances
- Seems to be having problems at school
- Unable to concentrate

- You have been told by the school or day care that your child should see a doctor about mental health or substance use problems, including ADHD

When you have a mental health or substance use problem, we can help you find a provider who will be a good match for you. The most important thing is for you to have someone to talk to so you can work on solving your problems.

What do I do in a behavioral health emergency?

In a life-threatening emergency, call 988. The Suicide and Crisis Lifeline offers 24/7 call, text and chat access to trained counselors. They can help people experiencing a mental health crisis or emotional distress. You can also go to a crisis center or the nearest emergency room.

Remember, you do not have to wait for an emergency to get help. Call our Mental Health and Addiction Crisis Line at 1-844-677-7553 to get 24/7 free crisis support for help with depression, mental illness, substance use and other behavioral health needs.

Coordinated System of Care (CSoC)

The Coordinated System of Care (CSoC) is a program for children/youths with serious mental health and substance use challenges who are in out-of-home placement or are at risk of being removed from their home because of their behavior. CSoC works with the child and family to develop a plan to help keep the child/youth in their home and community. CSoC is supported by the state of Louisiana's child-serving agencies.

Each child/youth in CSoC and their family receives wraparound services to help coordinate their care. The facilitator in the wraparound agency will work with your family to develop one plan to help you provide for your child.

Family Support Organization

Every child/youth and family in the CSoC program also has access to additional special services, including those offered by the Family Support Organization. The Family Support Organization offers children/youths and their families support and training provided by parents with experience raising a child/youth with emotional challenges, as well as youths with personal experience living with behavior challenges. The role of the parent and youth support is to assist the child and parent in the home and community.

How do I know if CSoC might be right for my child?

- Child has had to live somewhere else because of their behavior
- Child has tried to hurt themselves or someone else

- Child is getting suspended and/or expelled from school
- Child is getting into trouble with the police

If you think CSoC might be right for your child or you want more information, call Member Services at 1-866-595-8133 or CSoC toll-free at 1-800-424-4399.

Louisiana Crisis Response System

The Louisiana Department of Health (LDH) and Office of Behavioral Health (OBH) have expanded crisis response services to parts of Louisiana:

- Mobile Crisis Response (MCR) — to give relief and resources where members are located during the first phase of a crisis
- Community Brief Crisis Support (CBCS) — available for 15 days, to help with behavioral health needs and treatment
- Behavioral Health Crisis Centers (BHCC) — walk-in services open 24 hours a day, 7 days a week, for temporary behavioral health crisis help
- Crisis Stabilization (CS) — short-term, bed-based services for crisis treatment and support of members at risk of hospitalization or institutionalization.

To access crisis services and the Louisiana Crisis Response System, call our 24/7 Mental Health and Addiction Crisis Line at 1-844-677-7553 (TTY: 711).

Recovery and Resilience

Helping you get and stay healthy — in mind, body, spirit and community — is our most important goal. For members who need mental health and substance use care, that means recovery and resiliency. Recovery and building resiliency will help you overcome mental health and substance use challenges and live the life you choose. This will let you live a life that has a sense of belonging, self-esteem, meaning and hope. And you will have the coping tools to deal with and overcome challenging situations in the future.

Your mental health and substance use care should focus on recovery and resilience, and be:

- Self-led: As much as possible, we want you to control your own life and plan of care.
- Individualized: There are many possible ways to recover based on your unique strengths, needs, culture and background. Your plan of care should fit you.
- Empowered: You get to be a part of all decisions that affect your life and should be educated and supported to do so.
- Holistic: Your whole life is part of your recovery — mind, body, spirit and community.

- **Flexible:** Recovery is a journey, and there may be setbacks and learning experiences. That's okay.
- **Peer Supported:** Research shows that support from people who have faced similar challenges is an important part of recovery. Peers can provide support, understanding, skills and a sense of community.
- **Respectful:** Everyone involved in your care must respect you and protect you against discrimination and stigma. This includes Louisiana Healthcare Connections, your providers, friends and family, and — maybe most importantly — you.
- **Responsible:** Working toward recovery requires bravery and commitment. Ultimately, you must take responsibility for following your plan of care, taking medications, understanding your experience and working through the recovery process.
- **Hopeful:** People do overcome the challenges they face. Hope is the first step in the recovery process. Louisiana Healthcare Connections is here to help you find hope and the support you need to recover.

The Important Role of Family Support: When someone in your family has a mental health and substance use condition, you have an important role in helping them. Please take an active role in their care. Tell us about any changes you notice and about the care you think they may need. Tell us how we can better support you and your loved one. You play an important part in helping your loved one achieve their goals for a better life.

DENTAL SERVICES

Dental Benefits for Members Under Age 21

Members under age 21 get dental screenings from their primary care provider (PCP). Their Medicaid dental plan provides additional benefits that cover most children's dental needs. These services come at no cost to you and include exams, cleanings, fillings and fluoride varnish* treatments.

To find a dentist, contact your child's Medicaid dental plan:

DentaQuest: 1-800-685-0143 (TTY: 1-800-466-7566), Monday – Friday,
7 a.m. to 7 p.m., dentaquest.com

MCNA Dental: 1-855-702-6262 (TTY: 1-800-955-8771), Monday – Friday,
7 a.m. to 7 p.m., mcnala.net

*Fluoride varnish is a protective coating a doctor puts on your child's teeth. It helps make the outer layer of their tooth enamel harder and stronger. Regular fluoride varnish treatments help protect against cavities and tooth decay. Members ages 6 months to 5 years can also get fluoride varnish treatments from their PCP if they are Smiles for Life certified. Learn more at LouisianaHealthConnect.com/fluoridevarnish.

Adult Denture Services

Members who need dentures or denture repairs may qualify for coverage through their Medicaid dental plan. For more information, contact your Medicaid dental plan:

DentaQuest: 1-800-685-0143 (TTY: 1-800-466-7566), Monday – Friday,
7 a.m. to 7 p.m., dentaquest.com

MCNA Dental: 1-855-702-6262 (TTY: 1-800-955-8771), Monday – Friday,
7 a.m. to 7 p.m., mcnala.net

VISION SERVICES

Louisiana Healthcare Connections covers examinations and treatment of eye conditions. This includes vision correction and refraction error, regular eyeglasses when they meet a certain minimum strength requirement, medically necessary specialty eyewear and contact lenses (with prior authorization), and other related services that are medically necessary.

For members under age 21, covered vision services include:

- regular screening
- corrective and medical services
- up to three pairs of glasses per year

For adult members (age 21 and older), covered vision services include:

- annual eye exam and refraction
- treatment of eye conditions
- one pair of glasses or annual supply of contacts per year

FAMILY PLANNING SERVICES

Louisiana Healthcare Connections covers the following family planning services. You do not need a referral from a doctor to choose a family planning provider. These services are often provided by a primary care provider, obstetrician, gynecologist, nurse practitioner or certified nurse midwife:

- Medical history and physical exam
- Laboratory test routinely performed as part of an initial or regular follow-up visit/exam for family planning purposes (Pap smear; gonorrhea and chlamydia testing; syphilis serology; HIV testing; and rubella titer)
- Client education on reproductive anatomy and physiology, fertility regulation and sexually transmitted infection (STI) prevention
- Counseling to assist clients in reaching an informed decision
- Method counseling for results of history and physical exam, mechanism of action, side effects and possible complications
- Special counseling (when indicated) on pregnancy planning and management, sterilization, genetics and nutrition
- Pregnancy diagnosis, counseling and referral
- Certain birth control medications and procedures

Covered Birth Control Methods and Sterilization

Louisiana Healthcare Connections covers many types of birth control methods, including:

- Medications. You can find a list of covered birth control medications in the Louisiana Medicaid Single Preferred Drug List (PDL). See the Medications section of this handbook for more information on the PDL.
- Long-acting reversible contraceptives (LARCs). These include intrauterine devices (IUDs) and implants. These types of birth control prevent pregnancy for a long period of time without you needing to do anything. Because of this, LARCs are some of the most effective types of birth control. And they can be removed if you decide to get pregnant later.
- Permanent sterilization procedures for members ages 21 and older. These include vasectomies and tubal ligations. It also includes hysterectomies that are done for medically necessary reasons other than birth control. These procedures are considered not reversible.

The decision to be sterilized is up to you alone. Talk with your doctor about the sterilization procedure that's right for you. Be sure to discuss alternative methods of birth control, benefits, risks and your rights as a patient.

Before your procedure, your doctor will ask you to sign a consent form. This form states that you do not want to become pregnant or father children in the future. A blank consent form is included in the Forms section at the end of this handbook. You can cancel your consent at any time before your procedure. Your decision will not affect your Medicaid eligibility or benefits.

Related Exclusions

- Reversal of voluntary sterilization
- Infertility services including services, supplies or drugs related to the diagnosis or treatment of infertility
- Services or fees related to using a surrogate to achieve pregnancy
- Birth control devices, agents or preparations that, by law, do not require a prescription (except when given to you by a network provider during an office visit or if you access family planning such as the "Take Charge" program provided by full Medicaid)
- Hysterectomy procedures that are not medically necessary. This includes hysterectomy procedures performed only for the purpose of permanent sterilization.

EXCLUDED SERVICES

Services Not Covered

Louisiana Healthcare Connections does not pay for these services:

- Dental care for adults ages 21 and up
- Services or items used only for cosmetic purposes
- Experimental and/or investigational procedures drugs and equipment (Phase I and II clinical trials are considered experimental)
- Elective abortions (following Louisiana law and state regulations)
- Treatment for infertility
- Lasik surgery/keratotomy

This is not a complete list of excluded services. If you have a question about whether a service is covered, please call Member Services at 1-866-595-8133 (TTY: 711).

Medicaid-Covered Services

Medicaid gives you some services you may need using other companies. Louisiana Healthcare Connections does not cover the services listed below. But they are available to you through Medicaid. These services include:

- Coordinated System of Care (CSoC) Services for children with serious behavioral health challenges. You can learn more by calling 1-800-424-4399.
- Dental Services for Children (Under Age 21) and Adult Denture Services (Age 21+): Contact your Medicaid dental plan, Monday – Friday, 7 a.m. to 7 p.m.:
 - DentaQuest: 1-800-685-0143 (TTY: 1-800-466-7566), dentaquest.com
 - MCNA Dental: 1-855-702-6262 (TTY: 1-800-955-8771), mcnala.net
- Adult Long Term-Personal Care Services (LT-PCS): Call the Office of Aging and Adult Services (OAAS) at 1-877-456-1146.

If you have questions about any of these services, call Member Services at 1-866-595-8133 (TTY: 711). We will be glad to help you understand how to access these benefits. We can also help coordinate your care by providing required referrals and scheduling services.

How to Get Care

Louisiana Healthcare Connections works with a large group of primary care providers (PCPs), specialists, hospitals and other health care providers. This group is our “network.” If there is a PCP or other provider you are already seeing, be sure to check if they are in our network. In most cases, you will receive “in-network” care. That is not the case if you need urgent care or emergency care outside of your service area. Please refer to the Emergency Care section of this handbook for more details.

CHOOSING A PRIMARY CARE PROVIDER (PCP)

When you become a Louisiana Healthcare Connections member, you must choose a primary care provider, or we will assign you one. Your PCP will be your personal doctor. Your PCP is the main doctor you will see for yearly wellness check-ups, screenings, vaccinations, and minor illnesses and injuries.

You have the freedom to choose any PCP in our network. Your PCP can be the following type of provider:

- Pediatrician
- Family general practitioner
- Internist
- Obstetrician-gynecologist
- Specialist who performs PCP functions
- Nurse practitioner

If you want to know more about the PCP you would like to select, please call Member Services. You may also see a list of in-network PCPs on our website at findaprovider.LouisianaHealthConnect.com.

If you do not select a PCP, we will assign one to you. Your assignment will be based on:

- Claims history (if a PCP has seen you before)
- Family history with a PCP
- How close you live to an available PCP
- A PCP type that is right for you based on your needs

If you would like to change your PCP, Louisiana Healthcare Connections can help you. Simply fill out and return the “Request to Change My Primary Care Provider” form (in the Forms section of this handbook). You can also log in to the Member Portal to change your provider online or call Member Services at 1-866-595-8133 (TTY: 711).

After you notify us of your selection, you will receive a new Louisiana Healthcare Connections Member ID card with your PCP's name on it.

VISIT YOUR PCP WITHIN 60 DAYS

Once you have selected your primary care provider (PCP), make an appointment with them within 60 days. This will give you both a chance to get to know each other. Your PCP can give you medical care, advice and information about your health.

Call your PCP's office to make an appointment. Remember to bring your Louisiana Healthcare Connections Member ID card. If you need help getting an appointment with your PCP, please call Member Services at 1-866-595-8133 (TTY: 711).

Remember: You have unlimited visits to your PCP. Be sure to make an appointment with them when you feel sick and for annual wellness check-ups.

PCP Responsibilities

Your PCP will:

- Make sure you get all medically necessary services in a timely manner
- Follow up on the care you got from other medical providers
- Make referrals for specialty care and services
- Give any ongoing care you may need
- Keep your medical record up to date (keeping track of all the care you receive from your PCP and specialists)
- Provide services in the same manner as to all other patients
- Give you regular physical exams as needed
- Give preventive care visits and regular immunizations as needed
- Offer 24/7 contact information
- Discuss what advance directives are and file them in your medical record
- Treat you with respect and advocate for your health
- Offer the same appointment availability as to all other patients

Remember: Schedule an annual wellness check-up with your PCP within the first 60 days of choosing them. Then schedule a check-up every year to help you stay healthy or find health problems early, when they are easier to treat.

If you cannot keep an appointment, please call to cancel at least 24 hours in advance. If you need to change an appointment, call the doctor's office as soon as possible. They can make a

new appointment for you. If you need help getting an appointment, call Member Services at 1-866-595-8133 (TTY: 711).

Be honest with your doctor so they can help you. If you have questions about your health, your treatment or your medicines, ASK! Your doctor is there to help you.

After-Hours Appointments with Your PCP

You can call your PCP's office for information on receiving after-hours care in your area. If you have a medical problem or question, you may also call our 24/7 free Nurse Advice Line at 1-866-595-8133 (TTY: 711).

If you have an injury or illness that is not life-threatening but needs to be treated within 48 hours and you cannot wait for a visit to your doctor, you can use an urgent care clinic. For help finding urgent care, call us at 1-866-595-8133 (TTY: 711). Have your Louisiana Healthcare Connections Member ID card handy. The nurse may help you over the phone or help you find other care.

If you have an emergency, call 911 or go to the nearest emergency room.

If you cannot keep an appointment, please call the doctor's office to cancel at least 24 hours in advance. If you need to change an appointment, call the provider's office as soon as possible. They will make a new appointment for you. If you need help getting an appointment, call Member Services at 1-866-595-8133 (TTY: 711).

Note: Except for an emergency, family planning and newborn care for their first 30 days, all services must be obtained through a Louisiana Healthcare Connections in-network provider or an authorized out-of-network provider.

What to Do If Your PCP Leaves Our Network

If your PCP is planning to leave our provider network, we will send you a notice at least 15 calendar days before they plan to leave. We will automatically reassign you to another PCP and send you a new Member ID card. You can also change your PCP by logging into the Member Portal at LouisianaHealthConnect.com/login or by calling Member Services at 1-866-595-8133 (TTY: 711).

If you are in the middle of getting treatment from that provider, we will send you a letter 10 calendar days from the date we were made aware. You can continue coverage for health services by your PCP for at least 30 days after they have left our network. If you have been seeing a specialist who leaves our network, please call Member Services and we will work

with you to ensure your care continues. We will help you find another specialist in our network.

Continued coverage depends on the provider agreeing to:

- Accept payment from Louisiana Healthcare Connections at the rates they received as an in-network provider
- Follow the quality standards and provide necessary information related to care
- Follow the policies and procedures of Louisiana Healthcare Connections, including procedures regarding referrals, authorization requirements and treatment plans.

MAKING APPOINTMENTS AND GETTING CARE

To get many common types of care, all you need to do is choose an in-network provider and make an appointment. You can choose to get care from a different in-network PCP or specialist provider at any time.

No approval is required from your provider or from Louisiana Healthcare Connections for you to access these services:

- Visits to a PCP, pediatricians, family doctors or specialist doctors
- Urgent care
- OB-GYN care
- Behavioral health services (mental health and substance use services)
- Routine vision services

The following services are always covered whether or not the provider is in our network:

- Emergency services
- Family planning services and supplies
- Women's preventive health services

How to Make an Appointment

If you need help finding or choosing a provider, we'll be happy to help. Call us at 1-866-595-8133 (TTY: 711), Monday through Friday, 7 a.m. to 7 p.m. Or you can find a provider online at findaprovider.LouisianaHealthConnect.com. You can make an appointment by calling the provider during their business hours.

How to Change an Appointment

If you need to change your appointment, call your provider as soon as you know you need to reschedule. Your provider can then offer that appointment day or time to another patient.

How to Cancel an Appointment

Don't be a no-show! If you need to cancel your appointment, call your provider at least 24 hours in advance or as soon as you know you need to cancel. Your provider can then offer that appointment day or time to another patient.

Referrals

We do not require a referral from your PCP to see a specialist. However, some specialists may require a referral. If that is the case, they will tell you.

For some medical services, you may need a referral from your PCP. If you need one of these services, your PCP will coordinate your care and refer you to a provider. If you would like help finding an in-network provider, please call Member Services and we'll be happy to help.

The following services often require a referral from your PCP:

- Diagnostic tests (X-ray and lab)
- Scheduled outpatient hospital services
- Planned inpatient admission
- Clinic services
- Renal dialysis (kidney disease)
- Durable medical equipment (DME)
- Home health care

Appointment Waiting Times

In-network providers will keep reasonable operation hours and be available based on your medical needs. You should be given an appointment within the following time frames:

Emergency Care

Type of visit/admission/appointment	Access/timeliness standard
Emergency care	24 hours, 7 days/week, within 1 hour of request

Non-Emergency Care

Type of visit/admission/appointment	Access/timeliness standard
Urgent non-emergency care	24 hours, 7 days/week, within 24 hours of request
Non-urgent sick primary care	72 hours
Non-urgent routine primary care	6 weeks
After hours, by phone	Answer by live person or call-back from a designated medical practitioner within 30 minutes

Specialty Care

Type of visit/admission/appointment	Access/timeliness standard
Specialist appointments	1 month
OB-GYN pregnancy care, 1st trimester	14 days
OB-GYN pregnancy care, 2nd trimester	7 days
OB-GYN pregnancy care, 3rd trimester	3 days
OB-GYN care for high-risk pregnancy, any trimester	3 days
Family planning appointments	1 week

Behavioral Health

Type of visit/admission/appointment	Access/timeliness standard
Non-urgent routine behavioral health care	10 days
Urgent non-emergency behavioral health care	24 hours
Psychiatric inpatient hospital (emergency involuntary)	4 hours
Psychiatric inpatient hospital (involuntary)	24 hours
Psychiatric inpatient hospital (voluntary)	24 hours
ASAM level 3.3, 3.5 & 3.7	10 business days
Residential withdrawal management	24 hours when medically necessary
Psychiatric residential treatment facility (PRTF)	20 calendar days

In-Office Waiting Times

Type of visit/admission/appointment	Access/timeliness standard
Scheduled appointments	Less than a 45-minute wait in office

CONTINUITY AND TRANSITION FOR NEW MEMBERS

Sometimes new members are getting care from a provider who is not in the Louisiana Healthcare Connections network.

- New members may continue receiving care from their out-of-network provider for up to 30 days.
- New members receiving a prescription medicine that is not on the Louisiana Medicaid PDL may continue receiving that medicine for at least 60 days, if medically necessary.
- Members who are pregnant may keep the same provider until they have had their baby and completed their first postpartum visit.
- Members who are terminally ill may continue seeing their current primary care provider for their care.

If you have questions about continuing to receive care or medications, please call us at 1-866-595-8133 (TTY: 711). We will work with you to make sure you continue to receive needed care. If needed, we can help you find another provider in our network.

GETTING CARE WHEN YOU ARE OUT OF STATE

If you are out of state and have an emergency, call 911 or go to the nearest emergency room (ER). Be sure to call us and report your emergency within 48 hours. You do not need prior approval. We will cover only medically necessary emergency and urgent care services out of state. Be sure to show your Member ID card before receiving services.

There are three situations where you are covered for services outside of Louisiana:

- You are outside of Louisiana and have an urgent health problem or get sick and need medical care. You can go to an urgent care clinic or doctor's office where you are.
- You are out of state and you have a medical or mental health emergency. You can go to an out-of-state hospital, emergency room or urgent care clinic. Your follow-up care must be with a provider in the Louisiana Healthcare Connections network. You may also need to contact your doctor for a referral if you need to see a specialist.
- It is determined you need special care you cannot receive in Louisiana. If your special care is approved, the care you get in the other state will be covered.

Members are not covered for services received outside of the United States.

URGENT CARE AFTER HOURS

You should use urgent care when you have an injury or illness that is not life-threatening but needs to be treated within 48 hours and you cannot wait for a routine visit to your doctor.

When you need urgent care, follow these steps:

- Call your PCP. The name and phone number are on your Louisiana Healthcare Connections Member ID card. An after-hours number will also be listed. Your doctor may give you care and directions over the phone.
- If it is after hours and you cannot reach your PCP, call our 24/7 Nurse Advice Line at 1-866-595-8133 (TTY: 711). You will be connected to a nurse. Have your Louisiana Healthcare Connections Member ID card number handy. The nurse will help you over the phone or help you find other care.
- If you are experiencing a mental health or addiction crisis, do not wait to get help. Call 1-844-677-7553 to get 24/7 free crisis support for help with depression, mental health, substance use and other behavioral health needs.
- If you are told you need to see another provider or to go to the nearest ER, bring your Louisiana Healthcare Connections Member ID card.

EMERGENCY CARE

Only go to the emergency room (ER) if your provider tells you to go or if you have a life-threatening emergency. Emergency care is always covered by Louisiana Healthcare Connections. Emergency care includes medical services for an accident, injury or sudden medical condition. An emergency applies when lack of medical attention could risk your health, another person's health, or the health of your unborn child.

When to go to the ER:

- Broken bone, gun/knife wound, bad burns, or bleeding that will not stop
- You are pregnant and in labor and/or bleeding
- Severe chest pain, heart attack or trouble breathing
- Drug overdose or poisoning
- Shock, convulsions or seizures
- Suddenly unable to see, move or speak
- Suicidal or homicidal thoughts that you are worried you may act upon
- Mental health condition that makes you unable to care for yourself

When NOT to go to the ER:

- Flu, cold, sore throat or earache
- Sprain or strain
- Cut or scrape not requiring stitches
- To get more medicine or have a prescription refilled
- Diaper rash

Emergency rooms are only for emergencies. If you can, call your PCP first. If your condition is severe, call 911 or go to the nearest hospital. You do not need approval. If you are not sure if it is an emergency, call your doctor. Your doctor will tell you what to do. If your doctor is not available, a physician taking calls can help. There may be a message telling you what to do. You can also call our 24/7 free Nurse Advice Line at 1-866-595-8133 (TTY: 711) if you have questions.

It is okay if the hospital does not belong to the Louisiana Healthcare Connections network. You can use any hospital emergency room. You or someone acting on your behalf must call your primary care provider and Louisiana Healthcare Connections at 1-866-595-8133 (TTY: 711) within 48 hours of admission. This helps your doctor give any follow-up care you may need.

Out-of-Network Emergency Services

Out-of-network emergency services do not need approval from Louisiana Healthcare Connections. All other services from an out-of-network provider need prior authorization by Louisiana Healthcare Connections. We will check to see if there is an in-network provider who can treat your medical condition. If not, we will help you find an out-of-network provider.

IMPORTANT: You may have to pay for out-of-network services if you do not get prior authorization. If you have questions, call us at 1-866-595-8133 (TTY: 711).

Post-Stabilization 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 the Louisiana Healthcare Connections provider network. We will still cover post-stabilization services to make sure you are stable after an emergency.

Emergency Transportation

Louisiana Healthcare Connections covers emergency ambulance ground transportation to the nearest hospital for emergency care.

Ambulance transportation from one health care facility to another is covered only when:

- medically necessary
- arranged for and approved by an in-network provider

If you have an emergency and you need help getting to the ER, call 911.

ADVANCE DIRECTIVES

Advance directives protect your rights for medical care. All Louisiana Healthcare Connections adult members have a right to make advance directives for their health care decisions. This includes planning treatment before you need it.

To make an advance directive, complete the “State of Louisiana Declaration.” This is a legal document that combines the living will and health care power of attorney forms (see below for examples of different types of advance directives). This form and instructions can be found at lmhpco.org/page/AdvanceCarePlanning. You can also call Member Services at 1-866-595-8133 (TTY: 711) for help in finding the form. Once complete, ask your doctors/providers to put the form in your file.

Together with your doctor or other providers, you can make decisions to set your mind at ease. It can help your health care providers understand your wishes about your health. An advance directive will not take away your right to make your own decisions. Advance directives work only when you are unable to make your own decisions.

Examples of Common Types of Advance Directives Include:

Living will: Tells doctors what kind of medical care you want to receive (or not receive) if you are no longer able to communicate what you want. This lets you decide ahead of time which life-prolonging treatments you would want or not want, like feeding tubes, breathing machines, organ transplants or treatments to make you comfortable. A living will is used only when you are near the end of life and there is no hope for you to recover.

Health care power of attorney: Names someone who is allowed to make health care decisions for you if you are no longer able to communicate what you want.

“Do not resuscitate” (DNR) order: Tells health care providers not to give CPR if your heart and/or breathing stop. A DNR order is only about CPR. It does not provide instructions about other treatments.

LaPOST document: Tells doctors your wishes if you are no longer able to communicate what you want. The Louisiana Physician Orders for Scope of Treatment (LaPOST) document is used only when you are near the end of life and there is no hope for you to recover. It tells your doctor the kinds of treatments you would or would not want at the end of life. The document stays with you at all times. A doctor must follow your wishes in the LaPOST document. You or someone you choose can complete one with your doctor. For more information on the LaPOST document, visit la-post.org/consumers.

Advance directive for mental health treatment: Tells doctors your wishes for mental health treatment if you are no longer able to make decisions or communicate what you want. This lets you decide ahead of time which mental health treatments you would want or not want, including medications, short-term stay at a treatment center, electroshock therapy and outpatient services. You can also choose a person to make decisions for you if you are no longer able to make decisions or communicate what you want. This form cannot limit the state's authority to take you into protective custody or to involuntarily admit or commit you to a treatment facility. You can find this form and instructions on the Louisiana Department of Health's website, at [LDH.la.gov/page/mental-health-services](https://ldh.la.gov/page/mental-health-services).

You should not be discriminated against for having or for not having an advance directive. It's your choice. Whether or not you have an advance directive will not affect your benefits with Louisiana Healthcare Connections in any way.

Louisiana Healthcare Connections will tell you about any changes to state law affecting advance directives. We will send you this information as soon as possible but no later than 90 days after the date of change. Ask your provider or call Louisiana Healthcare Connections to find out more about advance directives. If your advance directive was not followed, please contact LDH's Health Standards Section at 1-225-342-0138 to file a complaint.

WHAT TO DO IF YOU GET A BILL

Be sure to talk with your provider about services that are covered and services that are not covered. You should not be billed for covered services as long as you follow plan rules. If you get a bill for a service covered by Louisiana Healthcare Connections, call your provider right away. Make sure they have all of your insurance information and know to bill Louisiana Healthcare Connections.

If you still get bills from the provider after you give your insurance information, call Member Services at 1-866-595-8133 (TTY: 711) for help. Do not pay the bill yourself. If you pay the bill yourself, we cannot pay you back.

If you ask for a service that is not covered, your provider will ask you to sign a statement saying you will pay for the service yourself. If you do so, then you have to pay the bill.

If you have any questions about a bill, you can call Member Services at 1-866-595-8133 (TTY: 711).

TRANSPORTATION FOR HEALTH NEEDS

If you do not have transportation, we can help you get to your appointments for Medicaid-covered services. There is no cost to you for this service.

Louisiana Healthcare Connections will provide transportation to providers up to a certain distance from your home. These limits are set by the Louisiana Department of Health's Medicaid medical service area standards. If you want to visit a provider outside of these limits, you may have to provide your own transportation.

Primary care providers (PCPs)

- If you live in an urban parish, the limit is 10 miles (one way).
- If you live in a rural parish, the limit is 30 miles (one way).

You can find a map of urban and rural parishes at:

[LDH.la.gov/assets/docs/BayouHealth/Dental/Louisiana_Rural_Parishes_Map.pdf](https://ldh.la.gov/assets/docs/BayouHealth/Dental/Louisiana_Rural_Parishes_Map.pdf)

Specialist providers

- The limit is 60 miles (one way) without authorization.

Transportation to providers over these limits requires approval from Louisiana Healthcare Connections. Call 1-855-369-3723 and tell the transportation service why you need to see this provider. They will contact us to ask for authorization for your trip.

To Schedule Transportation

There are two easy ways to schedule a ride to health appointments:

- Online: LouisianaHealthConnect.com/myride
- Phone: 1-855-369-3723, Monday – Friday, 7 a.m. to 7 p.m.

Call or go online at least 48 hours before your medical appointment to schedule a ride. You should be ready to leave two hours before your scheduled appointment. The driver will pick you up sometime during the two hours before your appointment.

Transportation requests not called in at least 48 hours in advance may be denied. This 48-hour notice does not apply to urgent medical appointments. It also does not apply to same-day appointments. A “same-day appointment” is when one provider refers you to another provider for an appointment on the same day.

For rides to urgent care

Call 1-855-369-3723, 24 hours a day, 7 days a week.

To check the status of a ride or book a return trip

Call 1-855-369-3723. Sign up for the text program to get alerts on your phone.

In an emergency

The transportation service is not for rides to the emergency room (ER). If you are having a health emergency, dial 911.

Information to Give Us When You Call

When you schedule your ride, please have the following information ready:

- Your first and last name
- Your Member ID number
- Your date of birth
- Your home address where we will pick you up
- A phone number where we can reach you about your appointment
- The date and time of your medical appointment
- Where you want to go and the complete physical address
- If this will be a recurring appointment (such as appointments for dialysis or physical therapy)
- If someone will be traveling with you (one person can ride with you to your appointment)

If you are having difficulty scheduling a ride, please contact Member Services at 1-866-595-8133 (TTY: 711) and we will be happy to assist you.

To Cancel Transportation

If you need to cancel your scheduled ride, please call 1-855-369-3723 as soon as possible.

Gas Reimbursement Program

Your friends or family members can get money for gas when they give you a ride to or from your doctor's appointment. This transportation benefit is called gas reimbursement.

Who can get gas reimbursement?

To get reimbursement, your driver must live at a separate address. Gas reimbursement will not be paid to drivers who live at the same address as the member. Also, members will not be reimbursed for driving themselves to appointments.

Your driver must also enroll in the Gas Reimbursement Program. Drivers must send in their Social Security number and copies of their driver's license, vehicle insurance and vehicle registration. The physical address on their driver's license must match the physical address on the driver's enrollment form.

To learn more about enrolling in the Gas Reimbursement Program and receiving payments, go to LouisianaHealthConnect.com/myride. Or call 1-855-369-3723 (TTY: 711), Monday – Friday, from 7 a.m. to 7 p.m.

How do I request gas reimbursement for my driver?

Once your driver is approved, get your trip number by calling 1-855-369-3723, Monday through Friday, from 7 a.m. to 7 p.m. Please call at least 48 hours (two days) before your appointment. When you go to your appointment, ask your doctor to sign your "Gas Reimbursement Payment Request" form. Then follow the submission instructions on the form.

TRANSLATIONS AND INTERPRETER SERVICES

Interpreter services are available at no cost to you. This includes sign language. It also includes real-time oral interpretation. Louisiana Healthcare Connections has a telephone language line available 24 hours a day, 7 days a week. We can help you talk with your doctors and other health care providers when another translator is not available.

Additionally, we'll gladly interpret or translate any of our member materials into your preferred language upon request.

To request an interpreter: Call Member Services at 1-866-595-8133 (TTY: 711) and tell us the language you speak. We will make sure an interpreter is on the phone with you when you call your health care provider or that an interpreter is available at your appointment.



Servicios de Intérprete (SPANISH)

Los servicios de interpretación se proporcionan sin costo para usted. Esto incluye lenguaje de señas. Además incluye interpretación oral en tiempo real. Louisiana Healthcare Connections tiene una línea telefónica para idiomas disponible las 24 horas del día, los siete días de la semana. Le podemos ayudar a conversar con sus médicos y otros proveedores de atención médica cuando no se encuentra disponible otro traductor.

Vamos a traducir nuestros materiales para miembros en su idioma preferido a petición.

Para solicitar un intérprete: Llame a Servicios para Miembros al 1-866-595-8133 (TTY: 711) y díganos qué idioma habla. Nos aseguraremos de que haya un intérprete en el teléfono con usted cuando llame a su proveedor de atención médica, o que esté disponible en su cita.

Language assistance is available in these languages (and others) by request:

- | | | |
|--------------------------|-------------------|--------------|
| • American Sign Language | • German | • Portuguese |
| • Arabic | • Hindi | • Russian |
| • Chinese | • Korean | • Spanish |
| • English | • Lao | • Vietnamese |
| • French | • Persian (Farsi) | |
| | • Polish | |

Help for Your Health

EARNING MY HEALTH PAYS™ REWARDS

Louisiana Healthcare Connections has a program that rewards our members for completing healthy activities. Each time you complete an eligible check-up, screening or wellness visit, Louisiana Healthcare Connections will add the reward dollars you have earned directly to your My Health Pays™ Visa® prepaid card.

How Do I Get a My Health Pays™ Card?

We will mail your My Health Pays™ Visa prepaid card to you after you complete your first healthy activity. You can keep earning My Health Pays™ rewards by completing more healthy activities. Every time you earn a reward, your reward dollars are added to the same card. So *don't throw it away!*

What Can I Buy with My Health Pays™ Reward Dollars?

Use your My Health Pays™ rewards to help pay for:

- Everyday items* at Walmart
- Utilities
- Transportation
- Cellphone bill
- Education
- Rent

How Do I Check My Card Balance?

Log in to your member account at LouisianaHealthConnect.com/login.

*This card may not be used to buy alcohol, tobacco, or firearms products.

This card is issued by The Bancorp Bank, N.A., Member FDIC, pursuant to a license from Visa U.S.A. Inc. Card cannot be used everywhere Visa debit cards are accepted. See Cardholder Agreement for complete usage restrictions.

Visit LouisianaHealthConnect.com/rewards for more details.

What Activities Are Eligible for My Health Pays™ Rewards?

You can earn rewards by completing health activities below. Your rewards will be added to your card once we are notified by your doctor.

Yearly Health Screenings

- \$50 — breast cancer screening: ages 50-74; one per year.
- \$50 — colorectal cancer screening: ages 45-75; one per year.
- \$50 — cervical cancer screening: ages 21-64; one per year.
- \$50 — diabetes care screenings: for members with diabetes, ages 18-75. Must complete all of the following in one calendar year: HbA1c test, kidney screening, retinopathy screening (dilated eye exam)
- \$25 — STI screenings: must complete all of the following in one calendar year: HIV 1 or 2 test, chlamydia screening, gonorrhea screening

Care for Pregnancy and New Moms

- \$30 — complete “Member Notification of Pregnancy” (NOP) form: Log in to your Member Portal account and complete online or call Member Services at 1-866-595-8133, Monday – Friday, 7 a.m. to 7 p.m.
- \$110 — prenatal visits: \$10 for each prenatal visit, up to 11 visits. Must complete member NOP first.
- \$50 — postpartum visit: between 7 and 84 days (1-12 weeks) after delivery. Must complete member NOP first.

Helping Your Child Stay Healthy

- \$30 — infant well visits: for completing six infant well-care visits by the 15-month birthday: at 2, 4, 6, 9, 12 and 15 months.
- \$25 — infant flu vaccination: for receiving two flu shots by the 2nd birthday
- \$25 — HPV vaccination for adolescents: for receiving both doses of the HPV vaccine by the 13th birthday

Making Healthy Changes

- \$25 — trying medication or counseling to help you quit using tobacco or vaping: for counseling or filling a prescription for a covered smoking cessation drug. One per year.

CASE MANAGEMENT

Some members have special health care needs, so Louisiana Healthcare Connections offers one-on-one help for a specific health condition or issue. Case management is designed to help our members be as healthy as possible. It provides special support and services such as education about lifestyle changes, home care or community resources for help.

Case management can include face-to-face, phone or virtual visits. There are also online lessons and tools to help with your health. You can find these in the Member Portal.

Should You Be in Case Management?

If you have special health care needs, our case managers are here for you and ready to help. Case management may be helpful if you:

- Have been diagnosed with a chronic condition, like asthma, diabetes, heart failure or COPD
- Have sickle cell anemia
- Have HIV or AIDS
- Have a mental, physical or developmental disability, or other special health care need
- Use the emergency room or have been admitted to the hospital multiple times in the last year
- Are pregnant and use illegal drugs or alcohol
- Have both mental health and substance use disorders
- Use intravenous drugs (injected with a syringe)
- Have been diagnosed with a serious mental illness, such as schizophrenia, bipolar disorder or major depression
- Have been diagnosed with autism spectrum disorder

What Is a Case Manager?

A case manager is your personal wellness coach. He or she works closely with you to plan your health goals and the steps needed to achieve them.

Our case management teams include:

- Registered nurses (RNs)
- Licensed social workers (LSWs)
- Licensed mental health professionals (LMHPs)

Your case manager will work with you and your providers to help you get the care you need. Together, they will develop your individualized plan of care.

If an alternative treatment plan may give you the most appropriate care, our medical director may authorize additional care when one or more of the following applies:

- You have a severe condition and are expected to require treatment for a long time
- The alternative services are a substitute for more costly covered services being provided or proposed
- The additional services are necessary
- You agree to the alternative treatment plan

Louisiana Healthcare Connections has the right to stop an alternative care plan if the care plan is no longer appropriate or doesn't work. The member will be notified by mail at least 10 days before a care plan is stopped. For more information, call Member Services at 1-866-595-8133 (TTY: 711) to speak with case management. We will help you find the right resources for your needs.

PREGNANCY AND MATERNITY SERVICES

There are things you can do to help have a safe pregnancy. See your doctor about any medical problems you have such as diabetes and high blood pressure. Do not use tobacco, alcohol or drugs now or while you are pregnant. You should see your doctor before becoming pregnant if you have experienced the following problems:

- Three or more miscarriages
- Premature birth (born before 38 weeks of pregnancy)
- Stillborn baby

When you are pregnant, keep the following in mind:

Go to the doctor (OB-GYN) as soon as you think you are pregnant. It is important for you and your baby's health to see a doctor as early as possible. Selecting a doctor to use for the whole time you are pregnant is especially important if you have had problems or a high-risk pregnancy in the past. It is even better to see your doctor before you get pregnant to get your body ready for pregnancy.

All pregnant members should choose a pediatrician for their baby before the baby is born. If you do not choose a pediatrician before your baby is 14 days old, we will choose one for you.

Healthier lifestyle habits can help you and your baby stay healthy. Healthier lifestyle habits include exercising, eating balanced healthy meals and sleeping 8-10 hours a night.

About Folic Acid

One important thing you can do to help prevent serious birth defects to your baby is to get enough folic acid. Folic acid is a B vitamin found mostly in leafy green vegetables. It is also found in enriched grains. Some foods with folic acid in them include:

- Orange juice
- Green vegetables
- Beans
- Peas
- Fortified breakfast cereals
- Enriched rice
- Whole-wheat bread

You should take folic acid before you become pregnant. It can be difficult to get enough folic acid from food alone. Ask your doctor about taking prenatal vitamins and see your doctor as soon as you think you may be pregnant.

Start Smart for Your Baby®

Start Smart for Your Baby is a program just for pregnant members and members with a newborn. It helps make sure you and your baby are healthy during your pregnancy and after you deliver. Information is provided by mail or by telephone. Our Start Smart staff can answer questions and give you support if you are having a problem. We can even arrange for a home visit if needed.

If you are pregnant and smoke, we can help you stop smoking. We have a special smoking cessation program for pregnant members available at no cost. The program has trained health care workers who are ready to work with you one-on-one. They will provide the education, counseling and support you need to help you quit smoking. Through regular phone calls, you and your health coach will develop a plan to make changes to help you stop smoking.

Are You Pregnant? Tell Us!

We have many ways to help you have a healthy pregnancy. But before we can help, we need to know if you are pregnant. Please tell us so we can set up the special care you and your baby need, and make sure you are eligible for no prescription copays.

To notify us of your pregnancy, you will need to fill out and submit the “Member Notification of Pregnancy” form. You can also earn \$30 in healthy rewards for turning in the form. You can do so by:

- Calling Member Services at 1-866-595-8133 (TTY: 711) Monday through Friday, 7 a.m. to 7 p.m. We can help you fill out and submit the form.
- Logging into our Member Portal at LouisianaHealthConnect.com/login. You can fill out and submit the form online.

Home Visiting Programs

Members who are pregnant and enrolled in case management can be connected to home-visiting programs where they will get help and guidance during pregnancy and newborn care. These programs are proven to improve prenatal and maternal health and birth outcomes as well as child health and development. Programs include:

- Louisiana Nurse-Family Partnership (NFP): provides guidance during pregnancy and newborn care
- Parents as Teachers (PAT): helps navigate services and keep babies on track for a healthy life

CHRONIC CARE MANAGEMENT

Louisiana Healthcare Connections offers chronic care management services to our members. These services help our members with a chronic condition improve their quality of life. Our health coaches coordinate care among you, your physicians and your specialists. They can also help you learn about your condition and coach you on self-care to improve your health.

Members with these conditions may benefit from chronic care management:

- ADHD
- Anxiety
- Asthma
- Chronic mental health condition
- Congestive heart failure
- Diabetes
- Depression
- Hemophilia
- Hepatitis C
- HIV and AIDS
- Hypertension
- Obesity/weight management
- Pain management
- Perinatal substance abuse disorder
- Sickle cell disease

Our health coaches will listen to your concerns and help you get the things you need. They will talk to you about:

- Understanding your condition and plan of care
- How to take your medicine
- What screening tests to get
- When to call your doctor or other health care provider

The goal of chronic care management is to help you understand and take control of your health. Better control means better health.

ADDITIONAL HEALTH SUPPORT

The following are extra benefits available for our members in care management. Talk with your care manager to see if these services may be able to help with your condition.

Alternatives to Opioids for Chronic Pain Management

Members with a chronic pain diagnosis or those at risk for developing chronic pain, regardless of age, can work with their care management team to receive alternatives to opioids for pain management. There are alternative treatments available if they are medically necessary to alleviate pain and restore activity levels.

Home-Based Asthma Interventions

Asthma can be made worse by things around the home, like mold. Members with asthma who are in care management can get extra help with these issues at home. This includes home-based services or products known to improve asthma, like mold cleanup and pest control. It also includes home asthma management education, like the Louisiana Department of Health's BREATHE program.

Help with Health-Harming Home Issues

Members active in care management and who agree to a home assessment may be eligible to receive healthy home support for specific services such as mold removal, pest control and utility connections to help with health-harming issues in their home.

Transportation for Health and Wellness Needs

This extra transportation benefit includes rides to locations that improve your health and well-being. This can include places such as food pantries, pharmacies, WIC appointments and

more. These transportation services are for members participating in care management, subject to availability, and all members under the age of 17 must be with an adult.

Connections Plus® cellphone program

Connections Plus® provides free smartphones and data plans to qualifying members participating in care management who are not eligible for the federal Lifeline* program. Connections Plus® helps members keep in contact with health care providers, care managers, telehealth services and 911.

* Lifeline is a federal program that lowers the monthly cost of phone or internet service. Eligibility is based on income or participation in a government assistance program, like Medicaid. Get more information, apply and find a Lifeline service provider at LifelineSupport.org.

Authorization and Medical Need

MEDICALLY NECESSARY SERVICES

Covered services you receive must be medically necessary. In other words, we want you to get the right care, at the right place, at the right time. To help ensure you are getting medically necessary care, we use standard guidelines. Any decisions we make with your providers about your health care will be based solely on how appropriate the care, setting or services are.

Louisiana Healthcare Connections does not reward providers or our staff for denying coverage or services. You may contact us to request any information about the structure and operation of Louisiana Healthcare Connections, as well as how we pay our providers.

This includes information about:

- How we work with other health plans if you have other coverage
- Results of member surveys
- How many members disenroll from Louisiana Healthcare Connections
- Benefits, eligibility, claims or participating providers

If you want to tell us ways to improve, please call Member Services at 1-866-595-8133 (TTY: 711).

PRIOR AUTHORIZATION FOR SERVICES

When you need care, always start with a call to your doctor. Some covered services may require prior authorization by Louisiana Healthcare Connections. A prior authorization decides if a service should be covered based on:

- whether the service is needed (medical necessity)
- whether the service is likely to be helpful (clinical appropriateness)

Your provider will give us information (over the phone or in writing) about why you need the service. We will look to see if the service is covered and ensure it is medically necessary. We will make the decision as soon as possible, based on your medical condition. Decisions are usually made within 14 calendar days.

If you need to be admitted to the hospital for an urgent medical need, the decision will be made within two calendar days. If you require ongoing inpatient care, the decision will be made within one calendar day.

Your provider can tell you if a service needs prior authorization. You can also call Member Services at 1-866-595-8133 (TTY: 711) to see if something needs prior authorization. We will let your provider know if the service is approved or denied. If you or your provider are not happy with the decision, you can request a second review. This is called an appeal. See the Member Satisfaction section of this handbook for more information.

Members can also ask us to approve services that need prior authorization. To make a service authorization request, call Member Services at 1-866-595-8133 (TTY: 711). You can also send this request in writing to: Louisiana Healthcare Connections, P.O. Box 84180, Baton Rouge, LA 70884. Or you can fax your request to 1-877-401-8170.

NOTE: Emergency room (ER) and post-stabilization services NEVER require prior authorization. If there are any major changes to the prior authorization process, we will inform our members and providers right away.

PRIOR AUTHORIZATION FOR MEDICATIONS

Some medications may require prior authorization by Prime Therapeutics before they are covered by your health plan. Prime Therapeutics handles prior authorizations for all Louisiana Medicaid health plans. Your provider can tell you if a medication needs prior authorization. You can also call Prime Therapeutics' 24/7 Member Help Desk at 1-800-424-1664 (TTY: 711) to see if a medication needs prior authorization.

If prior authorization is needed, your provider will give Prime Therapeutics information about why you need the medication. Prime Therapeutics will base its decision on the Louisiana Medicaid Single Preferred Drug List and the information provided by your doctor. Prime Therapeutics will let your provider know if the medication is approved or denied.

If you or your provider are not happy with the decision, you can request a second review from Louisiana Healthcare Connections. This is called an appeal. See the Member Satisfaction section of this handbook for more information about appeals.

SECOND MEDICAL OPINION

You have the right to a second opinion by another doctor at no cost to you. If you would like a second opinion, tell your provider. You must get your second opinion from a doctor who is in our network. Or you can get prior approval from Louisiana Healthcare Connections to see a provider who is not in our network. Louisiana Healthcare Connections will pay for a second opinion from a doctor outside of the network if one is not available in our network. Your provider will then review the second opinion and decide on the best treatment plan.

FINDING NEW TREATMENTS FOR BETTER CARE

Louisiana Healthcare Connections has a committee of physicians who review new treatments for illnesses. They review studies from other physicians and scientific agencies. The new treatments covered by Louisiana Medicaid are shared with Louisiana Healthcare Connections providers. This lets them give the best and most current treatment to you.

Member Satisfaction

We hope our members will always be happy with our providers and with us. If you are not happy, we want to know! Louisiana Healthcare Connections has steps for handling problems you may have.

Louisiana Healthcare Connections offers our members the following processes to achieve member satisfaction:

- Member Advisory Council
- Quality Improvement Program
- Member satisfaction surveys
- Appeal process and State Fair Hearing for appeals
- Grievance process

MEMBER ADVISORY COUNCIL

You can help Louisiana Healthcare Connections improve the way our health plan works. Through our Member Advisory Council, we give members like you the chance to share your thoughts and ideas with us. The Member Advisory Council meets at least four times a year.

At these meetings, you have a chance to discuss the services you receive. You can also tell us how we are doing. You may ask questions or share any concerns you have about the services you are receiving. Would you like to join? Just call Member Services at 1-866-595-8133 (TTY: 711) to join the Member Advisory Council.

QUALITY IMPROVEMENT PROGRAM

Louisiana Healthcare Connections is committed to providing quality health care for you and your family. Our goal is to improve your health and help you with any illness or disability. Our programs follow the National Committee on Quality Assurance (NCQA) and Institute of Medicine (IOM) priorities.

To help promote safe, reliable, quality health care, our programs include:

- Conducting a review of doctors and providers when they become part of the Louisiana Healthcare Connections network
- Making sure members have access to all types of health care services

- Providing members with support and education about general health care and specific diseases
- Sending reminders to members to get annual tests like adult physicals, cervical cancer screenings or breast cancer screenings
- Looking into any member concerns regarding care received

Louisiana Healthcare Connections believes your input can help improve our services. We send out a member survey each year asking you questions about your experience with the health care and services you are receiving. We hope you will take the time to send us your answers.

APPEALS

An appeal is a request to review a service that has been denied, limited, reduced or terminated. Appeals may be filed by a member (or parent or guardian of a minor member), a representative named by a member, or a provider acting on behalf of a member. An appeal gets us to review a denial decision to make sure it was the right decision.

You can appeal a decision that:

- Denies the care requested
- Decreases the amount of care provided
- Ends care that was previously approved
- Denies payment for care you may have to pay for

These types of decisions are called “adverse actions.” If any of these actions occur, we will send you a letter explaining what the decision is and why we made that decision. It will also include information about your appeal rights.

You may file an appeal within 60 calendar days from the date on the adverse-action letter. You may also request copies of any documentation Louisiana Healthcare Connections used to make the decision about your care or appeal. You can also request a copy of your member records.

We maintain records of each appeal, as well as all responses, for six years.

We will not hold it against you or treat you differently in any way if you file an appeal.

How to File an Appeal

To file an appeal by phone, call Member Services at 1-866-595-8133 (TTY: 711). You can also file an appeal in writing, to: Louisiana Healthcare Connections, P.O. Box 84180, Baton Rouge, LA 70884. Or you can fax your appeal to 1-877-401-8170.

Louisiana Healthcare Connections will acknowledge your appeal within five days of receiving it. We will give you a written decision within 30 days from the date of your appeal. If more than 30 days is required, we may request an extension from LDH. We will have to tell them why we want the extension and how the extension is in the member's (your) best interest. You may also request an extension (up to 14 days) if more time is needed. You can request an extension by calling 1-866-595-8133 (TTY: 711) and asking for the appeals department.

Who May File an Appeal?

- You, the member (or parent or guardian of a minor member)
- A person named by you (your representative)
- A provider acting for you

You must give written permission if someone else files an appeal for you. You can give someone this permission using the "Appeal Representative" form. We will mail a copy of this form along with all adverse-action letters. You can also get this form from our website (LouisianaHealthConnect.com) or in the Forms section of this handbook. If you want to allow someone to appeal on your behalf, an "Appeal Representative" form must be sent in with your appeal, within 60 calendar days of the date on the adverse-action letter.

If you need help filing your appeal, call Member Services at 1-866-595-8133 (TTY: 711), Monday to Friday, 7 a.m. to 7 p.m.

Continuing to Receive Services

You may ask to continue receiving care related to your appeal while we review. You must make this request within 10 days after receiving your adverse-action letter.

IMPORTANT: You may have to pay for this care if the final appeal decision is not in your favor.

Fast Appeal Decisions

If your medical condition is considered urgent, we will make a decision about your appeal much faster. You may need a fast decision if, by not getting the requested services, one of the following is likely to happen:

- You will be at risk of serious health problems, or you may die
- You will have serious problems with your heart, lungs or other body parts
- You will need to go into a hospital

Your doctor must agree that you have an urgent need. If you feel you need a fast appeal decision, call 1-866-595-8133 (TTY: 711) and ask for the appeals team. Our medical director will make a decision on your request, and we will let you know within 72 hours (3 days).

State Fair Hearing for Appeals

If you are dissatisfied with an appeal decision, you may request a State Fair Hearing. In a State Fair Hearing, the secretary of LDH will make a final decision on whether services will be provided. You must complete the Louisiana Healthcare Connections appeals process before you can request a State Fair Hearing.

You may request a State Fair Hearing within 120 days of the date of the notice of resolution on your appeal. Processing time for a State Fair Hearing can take up to 90 days from the date of receipt. If you request a State Fair Hearing and want the services being denied to continue, you should file a request within 10 days from the date you receive our decision. If the State Fair Hearing finds our decision was right, you may be responsible for the cost of the continued services.

To request a State Fair Hearing:

- By mail: Division of Administrative Law,
P.O. Box 4189, Baton Rouge, LA 70821-4189
- By phone: 1-225-342-5800 or by fax: 1-225-219-9823
- Online: adminlaw.state.la.us/HH.htm

The “Request for State Fair Hearing” form is in the Forms section of this handbook and on our website.

For more information about the State Fair Hearing process, contact the Health and Hospitals section of Division of Administrative Law at 1-225-342-5800.

Legal Services

You have the right to be represented by an attorney during an appeal or State Fair Hearing. Free or low-cost legal services may be available through the Legal Services Corporation. There are two organizations serving Louisiana:

Acadiana Legal Services Corporation

Parishes served: Acadia, Allen, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Carroll, Evangeline, Franklin, Grant, Iberia, Jackson, Jefferson Davis, Lafayette, La Salle, Lincoln, Madison, Morehouse, Natchitoches, Ouachita, Rapides, Red River, Richland, Sabine, St. Landry, St. Martin, St. Mary, Tensas, Union, Vermilion, Vernon, Webster, West Carroll, Winn.

How to apply:

- By phone: 1-866-275-2572
- Online: la-law.org
- In person: They have offices in Alexandria, Franklin, Lafayette, Lake Charles, Monroe, Natchitoches and Shreveport. You can find the addresses at la-law.org/get-in-touch.

Southeast Louisiana Legal Services Corporation

Parishes served: Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Jefferson, Lafourche, Livingston, Orleans, Plaquemines, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Tammany, Tangipahoa, Terrebonne, Washington, West Baton Rouge, West Feliciana.

How to apply:

- By phone: 1-844-244-7871
- Online: slls.org
- In person: They have offices in Baton Rouge, Covington, Gretna, Hahnville, Hammond, Houma and New Orleans. You can find the addresses at slls.org/en/contact-us.

Disability Rights Louisiana

Disability Rights Louisiana (DRLA) helps protect the rights of people with mental or physical disabilities. They offer advice, information, training and legal help. You can reach DRLA:

- Online: disabilityrightsla.org
- By phone: 1-800-960-7705
- By email: info@disabilityrightsla.org
- In person by making an appointment at one of their office locations:

New Orleans
8325 Oak Street
New Orleans, LA 70118

Lafayette
201 Rue Iberville #100
Lafayette, LA 70508

GRIEVANCES

Grievances are spoken or written complaints submitted to Louisiana Healthcare Connections by you or your authorized representative. These complaints may concern any action of Louisiana Healthcare Connections, including, but not limited to:

- prior authorization requirements
- quality of care
- administrative processes or operations

Louisiana Healthcare Connections wants to resolve any concerns you may have. We will not hold it against you or treat you differently if you file a grievance.

How to File a Grievance

You can file a grievance by calling us at 1-866-595-8133 (TTY: 711). You can also file your grievance by mail or by fax to:

Louisiana Healthcare Connections
ATTN: Grievances
P.O. Box 84180
Baton Rouge, LA 70884

Fax: 1-877-401-8170

Be sure to include:

- Your first and last name
- Your Medicaid ID number
- Your address and telephone number
- What you are unhappy with
- What you would like to have happen

You can file a grievance at any time. If you file a written grievance, we will send you a letter within five days letting you know we have received it.

Louisiana Healthcare Connections maintains records of each grievance, as well as all responses, for six years.

If someone else is going to file a grievance for you, we must have your written permission for that person to file your grievance. You can call Member Services to receive a form or go to LouisianaHealthConnect.com. The “Appeal Representative” form (found in the Forms section of this handbook) can be used to give the right to file your grievance or appeal to someone else.

If you have any proof or information supporting your grievance, you may send it to us, and we will add it to your case. You may send this information to Louisiana Healthcare Connections by fax or by mail. You may also request to receive copies of any documentation Louisiana Healthcare Connections used to make the decision about your care or grievance.

You can expect a resolution and a written response within 90 days of your grievance. Most grievances are resolved within 30 days.

We will not hold it against you or treat you differently in any way if you file a grievance. We want to know your concerns so we can improve our services.

How to File a Pharmacy-Related Grievance

Grievances related to your pharmacy benefits must be sent to Prime Therapeutics State Government Solutions (Prime Therapeutics).

You can file a grievance with Prime Therapeutics by:

- Calling Prime Therapeutics’ 24/7 Member Help Desk at 1-800-424-1664 (TTY: 711)

- Mailing your grievance to:

Prime Therapeutics
Attn: GV — 4201
P.O. Box 64811
St. Paul, MN 55164-0811

- Faxing your grievance to 1-800-424-7402

REPORTING ALLEGED MARKETING VIOLATIONS

Louisiana Healthcare Connections follows LDH guidelines regarding marketing to potential members. If you become aware of an activity by any Medicaid health plan that could be against LDH guidelines, please fill out LDH’s “Marketing Complaint Submission Form” (found at [LDH.la.gov/healthylamarketingcomplaint](https://ldh.la.gov/healthylamarketingcomplaint) and in the Forms section of this handbook) and they will investigate.

Prohibited activities include:

- Any mail, email, phone calls or door-to-door visits from any Medicaid health plan other than Louisiana Healthcare Connections
- Attaching a Medicaid application to marketing materials
- Displaying or distributing marketing materials in a hospital emergency department
- Distributing information that is false, confusing, misleading or intended to defraud members
- Helping someone enroll in Medicaid
- Comparing themselves to other Medicaid health plans by name
- Charging members for items or services at events
- Charging members a fee to use their website
- Trying to sell members commercial insurance plans

REPORTING WASTE, ABUSE AND FRAUD

Louisiana Healthcare Connections is serious about finding and reporting waste, fraud and abuse. Our staff is available to talk to you about this, or you can tell LDH about it.

To speak with Louisiana Healthcare Connections, call our Compliance Department at 1-866-595-8133 (TTY: 711).

To speak with LDH, call their waste, fraud and abuse hotline at 1-800-488-2917 or visit their website at [LDH.la.gov/reportproviderfraud](https://ldh.la.gov/reportproviderfraud).

Fraud means a member, provider or other person is misusing the Louisiana Medicaid program resources. This could include things like:

- Giving someone your Member ID card so they can get services under your name
- Using another person's Member ID card to get services under their name
- A provider billing for the same service twice
- A provider billing for a service that never happened

Your health care benefits are given to you based on your eligibility for the program. You must not share your benefits with anyone. If you misuse your benefits, you could lose them. LDH may also take legal action against you if you misuse your benefits.

If you think a provider, member or other person is misusing Medicaid benefits, please tell us right away. Louisiana Healthcare Connections will take your call seriously, and you do not need to give your name.

MEMBER RIGHTS AND RESPONSIBILITIES

As a member, you have certain rights. Louisiana Healthcare Connections also expects its providers to respect and honor your rights:

- To be treated with respect and dignity.
- To receive the right to privacy and non-discrimination as required by law.
- To join your providers in making decisions about your health care.
- To refuse any medical service, diagnosis, treatment or health service if you or your parent/guardian objects based on religious or other grounds.
- To discuss treatment options, regardless of cost or benefit coverage.
- To seek a second opinion.
- To receive information about Louisiana Healthcare Connections, including:
 - Structure and operations
 - Services and service utilization plans
 - Practitioners and providers
 - Physician incentive plans
 - Member rights and responsibilities

- To make recommendations regarding Louisiana Healthcare Connections member rights and responsibilities.
- To get information about available experimental treatments and clinical trials and how such research may be accessed.
- To obtain assistance with care coordination from your provider(s).
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- To express a concern about or appeal a Louisiana Healthcare Connections decision or the care it provides and to get a response in a reasonable period of time.
- To look at and get a copy of your medical records as permitted by law (one copy free of charge each year) and request they be amended or corrected.
- To make an advance directive.
- To file any complaint about not following your advance directive with LDH.
- To choose a provider who gives you care whenever possible and appropriate.
- To receive accessible health care services comparable in amount, duration and scope to those provided under Medicaid fee-for-service and sufficient in amount, duration and scope to be reasonably expected to achieve the purpose for which the services are furnished.
- To receive appropriate services not denied or reduced solely because of diagnosis, type of illness or medical condition.
- Freedom to exercise the rights described herein without any adverse effect on your treatment by LDH, Louisiana Healthcare Connections, and its providers or contractors.
- To receive all written member information from Louisiana Healthcare Connections:
 - At no cost to you
 - In the prevalent non-English languages of its members in the service area
 - In other ways, to help with the special needs of members who may have trouble reading the information for any reason
- To receive oral interpretation services free of charge for all non-English languages, not just those identified as “prevalent.”
- To be notified that oral interpretation services are available and how to access them.
- To get help from both LDH and its enrollment broker in understanding the requirements and benefits of Louisiana Healthcare Connections.

As a member, you also have certain responsibilities:

- To inform Louisiana Healthcare Connections of the loss or theft of your Member ID card.
- To present your Member ID card when using health care services.
- To be familiar with Louisiana Healthcare Connections procedures to the best of your abilities.
- To call or contact Louisiana Healthcare Connections to obtain information and have questions clarified.
- To provide in-network providers with accurate and complete medical information.
- To follow prescribed treatment of care recommended by a provider or letting them know the reason(s) treatment cannot be followed, as soon as possible.
- To make every effort to keep scheduled appointments and follow-up appointments, and access preventive care services.
- To live a healthy lifestyle and avoid behaviors known to be bad for your health.
- To provide accurate and complete information to all health care providers.
- To become knowledgeable about Louisiana Healthcare Connections' coverage provisions, rules and restrictions.
- To ask questions of your providers to determine the potential risks, benefits and costs of treatment alternatives, and to make care decisions after weighing all factors.
- To understand your health problems and participate in developing mutually agreed upon treatment goals with your provider to the highest degree possible.
- To follow the grievance process established by Louisiana Healthcare Connections (and as outlined in this handbook) if there is a disagreement with a provider.

YOUR DIGITAL HEALTH RECORDS

Since July 1, 2021, a new federal rule named the Interoperability and Patient Access Rule (CMS 915 F) has made it easier for members to get their health records when they need it most. You now have full access to your health records on your mobile device, which lets you manage your health better and know what resources are open to you.

The new rule makes it easy to find information on paid and denied claims, medication coverage, health care providers and specific parts of your clinical information. You can get information for dates of service on or after January 1, 2016. For more info, visit your online member account at member.LouisianaHealthConnect.com.

Eligibility Information

GENERAL ELIGIBILITY

Louisiana Healthcare Connections is a health plan available through the Louisiana Department of Health (LDH). Louisiana Healthcare Connections does not decide Medicaid eligibility. LDH decides your Medicaid eligibility. The Social Security Administration (SSA) decides eligibility for Supplemental Security Income (SSI).

You may call the Medicaid Eligibility Office toll-free at 1-888-342-6207 for more information on your eligibility.

MAJOR LIFE CHANGES

Certain major life changes may affect your eligibility with Louisiana Healthcare Connections. If you have a major life change, please call the Medicaid Customer Service toll-free hotline at 1-888-342-6207, visit a local Medicaid eligibility office, or go to the Louisiana Medicaid Self-Service Portal at MyMedicaid.la.gov within 10 days after the change happens.

Some examples of major life changes include:

- A change in your name
- A change in your job
- A change in ability/disability

You should call your Medicaid Eligibility Office toll-free at 1-888-342-6207 if you have a change in your family size. This might mean your family got bigger because of a birth or a marriage. You should also report when your family gets smaller. This may be because a family member dies or moves away.

There are other life changes you should tell Louisiana Healthcare Connections about. If you move to a different address or become pregnant, please tell us as soon as you can. This will help us continue to provide services to you. If you are pregnant, we can also provide special support to help you and your baby stay healthy. If you move addresses or become pregnant, call Member Services at 1-866-595-8133 (TTY: 711).

OTHER INSURANCE

If you have other insurance, please call Member Services at 1-866-595-8133 (TTY: 711) and tell us. We will send all bills to the correct place for payment. We will inform LDH of your other insurance. This will help us coordinate your health care coverage, so your medical services are paid.

Workers' Compensation

Louisiana Healthcare Connections will not pay for work-related injuries covered by workers' compensation. We will provide the health care services you need while there are questions about an injury being work-related. Before Louisiana Healthcare Connections will do this, you must agree to give us all information and documents needed to recover costs for any services provided.

Any pending personal injury or medical malpractice lawsuit, or auto accident claim should be reported to Louisiana Healthcare Connections immediately. This may involve insurance coverage through other companies and will help get your medical services paid.

OPEN ENROLLMENT

Open enrollment is when you can decide to either stay with Louisiana Healthcare Connections or choose a different health plan. Open enrollment happens only once a year. If you want to change your health plan during open enrollment, please call 1-855-229-6848, Monday through Friday from 8 a.m. to 5 p.m., or visit MyPlan.Healthy.la.gov. If you do not choose a new health plan during open enrollment, you will automatically keep your membership with Louisiana Healthcare Connections.

NEWBORN ENROLLMENT

If you are a member of Louisiana Healthcare Connections when your baby is born, your baby is also covered by our plan. Sometimes there may be a waiting period to get your newborn's Medicaid ID activated. During this time, you will not be responsible for the cost of covered services. Louisiana Healthcare Connections will cover services that are appropriately authorized.

RENEWING YOUR COVERAGE

Medicaid enrollees must renew their coverage every year. When it's time for you to renew your Medicaid, you'll get a letter in the mail from the Louisiana Department of Health. It will include a paper renewal form pre-filled with your information.

1. First, check that the information is correct. If you need to make changes, just write them in the spaces provided.
2. Update your household and jobs. You can add additional people in your household or list another job.
3. Sign the form and return it. Even if all the information on your pre-filled form is correct, you still need to sign and return it to renew your Medicaid.
4. Complete your renewal process by the due date on your letter. If you miss the deadline, your coverage will end.

There are four ways to renew your coverage:

- Online: MyMedicaid.la.gov
- By phone: Louisiana Medicaid Hotline 1-888-342-6207, Monday – Friday, 8 a.m. to 4:30 p.m.
- By mail: Medicaid Application Office, P.O. Box 91278, Baton Rouge, LA 70821-9893
- In person: Contact your Medicaid regional office for assistance.
LDH.la.gov/medicaidoffices

DISENROLLMENT

You may change health plans (“disenroll”) during open enrollment or the first 90 days of your membership with Louisiana Healthcare Connections. You can disenroll without cause:

- During the first 90 days of enrollment
- During the annual open enrollment period
- Upon automatic re-enrollment, if a temporary loss of Medicaid eligibility has caused the member to miss the annual open enrollment period

If you are a voluntary opt-in member, you may disenroll from your health plan at any time, effective the earliest possible month the action can be taken. If you disenroll from your health plan, you may re-enroll only during the annual open enrollment period.

Disenrolling for cause at any time

You can ask to disenroll at any time for the following reasons:

- You move out of Louisiana
- You feel you received poor care
- You feel you received poor access to services
- You need related services performed at the same time and not all related services are available within Louisiana Healthcare Connections, and your PCP or other provider determines receiving the services separately would subject you to unnecessary risk
- You have a documented lack of access within Louisiana Healthcare Connections to providers experienced in dealing with your health care needs
- Your active specialized behavioral health provider ceases to be in our network

How to Disenroll

You may request disenrollment (with or without cause) in writing or by calling 1-855-229-6848, Monday through Friday from 8 a.m. to 5 p.m. You can also visit MyPlan.Healthy.la.gov and use the self-service portal. Doctors who accept Medicaid may be “in-network” only for certain Medicaid health plans. Before you change to a new health plan, you should check to see if your primary care provider is in the other plan’s network.

If you request disenrollment with cause, you must give the reason you are requesting disenrollment. The reason must be on the list of “for cause” reasons above. If your request to change health plans is denied, you may appeal by using the State Fair Hearing process.

Involuntary Disenrollment for Cause

Louisiana Healthcare Connections may request disenrollment of a member in writing to the enrollment broker. Louisiana Healthcare Connections may request disenrollment at any time for any of the following reasons:

- Member is abusive, threatening or acts violent
- Member allows someone else to use their Louisiana Healthcare Connections Member ID card
- Member is in prison
- Member moves out of state
- Member is placed in a long-term care nursing facility, ICF/DD facility

Louisiana Healthcare Connections may not request disenrollment of a member due to:

- A pre-existing medical condition, a health diagnosis or a change in health status
- Utilization of medical services
- Diminished medical capacity
- Refusal of medical care or diagnostic testing
- Uncooperative or disruptive behavior resulting from special needs
- An attempt to exercise rights under the grievance and appeals system
- A request to change providers

Termination of Health Plan Contract

If the Louisiana Department of Health decides to end a Medicaid health plan's contract, it will send the members of that health plan a written notice. The notice will let members know how to disenroll without cause. It will also tell members their options for receiving Medicaid services. For more information about this policy, contact the Louisiana Medicaid Customer Service Hotline at 1-888-342-6207 (TTY: 1-800-220-5404), Monday through Friday, 8 a.m. to 5 p.m. Or go to the Healthy Louisiana website, Healthy.la.gov.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective October 1, 2024

For help to translate or understand this, please call Member Services at 1-866-595-8133 (TTY: 711). Interpreter services are available to you free of charge.

Si necesita ayuda para traducir o entender este texto, por favor llame al telefono: 1-866-595-8133 (TTY: 711).

Covered Entity's Duties

Louisiana Healthcare Connections is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Louisiana Healthcare Connections is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices related to your PHI, abide by the terms of the Notice that is currently in effect, and notify you in the event of a breach of your unsecured PHI.

This Notice describes how we may use and disclose your PHI. It also describes your rights to access, amend and manage your PHI and how to exercise those rights. All other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization.

Louisiana Healthcare Connections reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have as well as any of your PHI we receive in the future.

Louisiana Healthcare Connections will promptly revise and distribute this Notice whenever there is a material change to the following:

- The uses or disclosures
- Your rights
- Our legal duties
- Other privacy practices stated in the notice

We will make any revised Notices available on our website or through a separate mailing. We will also mail you or email you a copy upon request.

Internal Protections of Oral, Written and Electronic Personal Health Information (PHI)

Louisiana Healthcare Connections protects your PHI. We are also committed in keeping your race, ethnicity, and language (REL), and sexual orientation and gender identity (SOGI) information confidential. We have privacy and security processes to help.

These are some of the ways we protect your PHI:

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to know.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

Permissible Uses and Disclosures of Your PHI

The following is a list of how we may use or disclose your PHI without your permission or authorization:

Treatment — We may use or disclose your PHI to a physician or other health care provider providing treatment to you, to coordinate your treatment among providers, or to assist us in making prior authorization decisions related to your benefits.

Payment — We may use and disclose your PHI to make benefit payments for the health care services provided to you. We may disclose your PHI to another health plan, to a health care provider, or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include processing claims, determining eligibility or coverage for claims, and reviewing services for medical necessity.

Health Care Operations — We may use and disclose your PHI to perform our health care operations. These activities may include providing customer service, responding to complaints and appeals, and providing care management and care coordination. In our health care operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates.

We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its health care operations. This includes the following:

- Quality assessment and improvement activities
- Reviewing the competence or qualifications of health care professionals
- Care management and care coordination
- Detecting or preventing health care fraud and abuse

Your race, ethnicity, language, sexual orientation, and gender identity are protected by the health plan's systems and laws. This means information you provide is private and secure. We can only share this information with health care providers. It will not be shared with others without your permission or authorization. We use this information to help improve the quality of your care and services.

This information helps us to:

- Better understand your health care needs.
- Know your language preference when seeing health care providers.
- Provide health care information to meet your care needs.
- Offer programs to help you be your healthiest.

This information is not used for underwriting purposes or to make decisions about whether you are able to receive coverage or services.

Group Health Plan/Plan Sponsor Disclosures — We may disclose your protected health information to a sponsor of the group health plan, such as an employer or other entity that is providing a health care program to you, if the sponsor has agreed to certain restrictions on how it will use or disclose the protected health information (such as agreeing not to use the protected health information for employment-related actions or decisions).

Other Permitted or Required Disclosures of Your PHI

Appointment Reminders/Treatment Alternatives — We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us or to provide you with information regarding treatment alternatives or other health-related benefits and services, such as information on how to stop smoking or lose weight.

As Required by Law — If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI information to the extent that the use or disclosure

complies with such law and is limited to the requirements of such law. If two or more laws or regulations governing the same use or disclosure conflict, we will comply with the more restrictive laws or regulations.

Public Health Activities — We may disclose your PHI to a public health authority for the purpose of preventing or controlling disease, injury, or disability. We may disclose your PHI to the Food and Drug Administration (FDA) to ensure the quality, safety or effectiveness of products or services under the jurisdiction of the FDA.

Victims of Abuse and Neglect — We may disclose your PHI to a local, state, or federal government authority, including social services or a protective services agency authorized by law to receive such reports if we have a reasonable belief of abuse, neglect, or domestic violence.

Judicial and Administrative Proceedings — We may disclose your PHI in response to an administrative or court order. We may also be required to disclose your PHI to respond to a subpoena, discovery request, or other similar requests.

Law Enforcement — We may disclose your relevant PHI to law enforcement when required to do so for the purposes of responding to a crime.

Coroners, Medical Examiners and Funeral Directors — We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties.

Organ, Eye and Tissue Donation — We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking or transplantation of cadaveric organs, eyes, and tissues.

Threats to Health and Safety — We may use or disclose your PHI if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

Specialized Government Functions — If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities.

We may also disclose your PHI to authorized federal officials for national security concerns, intelligence activities, the Department of State for medical suitability determinations, the protection of the president, and other authorized persons as may be required by law.

Workers' Compensation — We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Emergency Situations — We may disclose your PHI in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previously identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interest. If the disclosure is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.

Inmates — If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with health care; to protect your health or safety; or the health or safety of others; or for the safety and security of the correctional institution.

Research — Under certain circumstances, we may disclose your PHI to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your PHI.

Uses and Disclosures of Your PHI That Require Your Written Authorization

We are required to obtain your written authorization to use or disclose your PHI, with limited exceptions, for the following reasons:

Sale of PHI — We will request your written authorization before we make any disclosure that is deemed a sale of your PHI, meaning that we are receiving compensation for disclosing the PHI in this manner.

Marketing — We will request your written authorization to use or disclose your PHI for marketing purposes with limited exceptions, such as when we have face-to-face marketing communications with you or when we provide promotional gifts of nominal value.

Psychotherapy Notes — We will request your written authorization to use or disclose any of your psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment, or health care operation functions.

You have the right to revoke your authorization, in writing at any time except to the extent that we have already used or disclosed your PHI based on that initial authorization.

Your Rights

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us. Our contact information is at the end of this Notice.

Right to Request Restrictions — You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment, or health care operations, as well as disclosures to persons involved in your care or payment of your care, such as family members or close friends. Your request should state the restrictions you are requesting and state to whom the restrictions apply. We are not required to agree to this request. If we agree, we will comply with your restriction request unless the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or health care operations to a health plan when you have paid for the service or item out of pocket in full.

Right to Request Confidential Communications — You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the reason for your request, but you must state that the information could endanger you if the communication means or location is not changed. We must accommodate your request if it is reasonable and specifies the alternative means or location where your PHI should be delivered.

Right to Access and Receive a Copy of your PHI — You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. If we deny your request, we will provide you a written explanation and will tell you if the reasons for the denial can be reviewed. We will also tell you how to ask for such a review or if the denial cannot be reviewed.

Right to Amend your PHI — You have the right to request that we amend, or change, your PHI if you believe it contains incorrect information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request for certain reasons, for example if we did not create the information you want amended and the creator of the PHI is able to perform the amendment. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision,

and we will attach your statement to the PHI you request that we amend. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Right to Receive an Accounting of Disclosures — You have the right to receive a list of instances within the last 6-year period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, health care operations, or disclosures you authorized and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fees at the time of your request.

Right to File a Complaint — If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone using the contact information at the end of this Notice.

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling 1-800-368-1019, (TTY: 1-866-788-4989) or visiting: www.hhs.gov/hipaa/filing-a-complaint.

WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.

Right to Receive a Copy of this Notice — You may request a copy of our Notice at any time by using the contact information listed at the end of the Notice. If you receive this Notice on our website or by electronic mail (e-mail), you are also entitled to request a paper copy of the Notice.

Contact Information

Questions about this Notice: If you have any questions about this Notice, our privacy practices related to your PHI, or how to exercise your rights, you can contact us in writing. You can also contact us by phone. Use the contact information listed below.

Louisiana Healthcare Connections
ATTENTION: Privacy Official
P.O. Box 84180
Baton Rouge, LA 70884

Toll-free phone number:
1-866-595-8133
TTY: 711
Fax: 1-866-768-9374

Using Your Rights

You have a right to receive a copy of this Notice at any time. We reserve the right to change the terms of this Notice.

Any changes in our privacy practices will apply to all the health records we keep. We will make any revised Notices available on our website or through a separate mailing. If you have any questions about this Notice or how we use or share your health records, please call Member Services at 1-866-595-8133 (TTY: 711) Monday through Friday from 7 a.m. to 7 p.m.

If you believe your privacy rights have been violated, you may write a letter of complaint to:

Louisiana Healthcare Connections
ATTENTION: Privacy Official
P.O. Box 84180
Baton Rouge, LA 70884
Phone: 1-866-595-8133 (TTY: 711)
Fax: 1-866-768-9374

You may also contact the secretary of the U.S. Department of Health and Human Services:

Office for Civil Rights
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C., 20201
Phone: 1-800-368-1019
TTY: 1-866-788-4989
Online: www.hhs.gov/hipaa/filing-a-complaint

Glossary

APPEAL: A step you can take to ask Medicaid to change its mind when it decides it will not pay for care you need.

BEHAVIORAL HEALTH SERVICES: Health care for emotional, psychological, substance use and psychiatric problems. It is part of your health plan.

COPAYMENT: Money you have to pay out of your pocket before you can see a health provider.

CONTINUITY OF CARE: If your primary care provider sends you to a specialist, your primary care provider will stay involved and keep up with all your medical/dental treatments.

CARE COORDINATION: Your primary care provider works with you and other providers to make sure that all your providers know about your health problems.

DENTAL PLAN: A plan that helps you pay for dental care, procedures and preventive care. It will pay for the benefits that it says are covered in their Member Handbook.

DURABLE MEDICAL EQUIPMENT: Equipment ordered by your physician that helps you at home. This includes wheelchairs, hospital beds, canes, crutches, walkers, kidney machines, ventilators, oxygen, monitors, pressure mattresses, lifts, nebulizers, etc.

EMERGENCY MEDICAL CONDITION: A health problem that needs immediate medical attention. An example includes a health problem that can cause you (or your unborn child, if you are pregnant) serious harm.

EMERGENCY DENTAL CONDITION: A health problem that needs immediate dental attention. An example includes a dental problem that can cause you serious harm.

EMERGENCY MEDICAL TRANSPORTATION: Ambulance.

EMERGENCY ROOM CARE: Care for an emergency medical or dental condition that is too serious to be treated in a clinic or urgent care center.

EMERGENCY SERVICES: Inpatient and outpatient medical or dental care by a health care provider to screen, evaluate and/or stabilize your emergency medical or dental condition.

EXCLUDED SERVICES: Care that is not paid for by Medicaid.

GRIEVANCE: A report that you can make if you are not happy with the quality of care you got or if you think a provider or someone at the clinic was rude or denied you access to the care you needed.

HABILITATION SERVICES AND DEVICES: Health care services that help you keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities.

HEALTH INSURANCE: A plan that helps you pay for health care visits, procedures, hospital stays and preventive care. It will pay for the high-cost expenses and routine screenings that it says are covered.

HEALTH PLAN: A group of doctors, hospitals and other providers who work together to help you get the health care services you need. They may provide physical health services, like doctor, hospital and emergency room visits; X-rays and prescriptions; and non-emergency medical transportation. They may also provide mental health or substance use disorder services, like psychotherapy or crisis intervention.

HEALTH RISK ASSESSMENT: A form you fill out to tell about your health and health behavior. Health providers use the information to figure out whether you are at risk of getting certain diseases or medical or dental conditions.

HOME HEALTH CARE: A wide range of health care given in your home to treat an illness or injury. Examples include care for a wound, patient education, checking your blood pressure and breathing, and checking on you after you get out of the hospital.

HOSPICE SERVICES: Hospice is to keep you comfortable and as free as possible from pain and symptoms when you have a terminal illness. Hospice helps you have a good quality of life for the time remaining. Most hospice care happens at home or it can be given in a hospital or special facility. Hospice is for patients likely to die within six months if their disease runs its normal course.

HOSPITALIZATION: When you are checked into a hospital for care.

HOSPITAL OUTPATIENT CARE: Care given at a hospital that your doctor does not expect will need an overnight stay. In some cases, you may stay overnight without being registered as an inpatient. Examples include same-day surgery and blood transfusions.

MEDICALLY NECESSARY: Medical or dental 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.

NETWORK OR PROVIDER NETWORK: The group of providers linked to your health plan who provide primary and acute health care.

NON-PARTICIPATING PROVIDER: A physician that is not part of your provider network.

PHYSICIAN SERVICES: Care provided by a physician.

PLAN: See Health Plan.

PREAUTHORIZATION: Getting permission for specific health or dental services before you receive them so that Medicaid will pay for the care.

PARTICIPATING PROVIDER: A provider who works for your health plan or is linked to your health plan.

PREMIUM: The amount of money you must pay for your health care plan.

PRESCRIPTION DRUG COVERAGE: The medicines your plan will pay for that your provider prescribes that have to be filled by a pharmacy.

PRESCRIPTION DRUGS: These are medicines your provider prescribes that have to be filled by a pharmacy.

PRIMARY CARE PHYSICIAN: The doctor who is responsible for your health care. This doctor may also refer you to a specialist or admit you to a hospital.

PRIMARY CARE PROVIDER: A physician, nurse practitioner or physician assistant who manages your health care needs. This includes preventive care and care when you are sick. The primary care provider may treat you, refer you to a specialist or admit you to a hospital.

PRIMARY CARE DENTIST: The dentist who is responsible for your dental care. This dentist may also refer you to a specialist.

PROVIDER: An individual, clinic, hospital or other caregiver approved by Medicaid to provide health care.

REHABILITATION SERVICES AND DEVICES: Care and items that help restore your health and functions. Examples include cardiac rehab (for your heart), pulmonary rehab (to help you breathe better) and physical or speech therapy. These include exercise, education and counseling. These are usually provided in a hospital outpatient setting but can be offered in a skilled nursing facility.

SKILLED NURSING CARE: A high level of nursing care. Nurses help to manage, observe and evaluate your care.

SPECIALIST: A health professional who is educated and trained to have in-depth knowledge of how to care for certain medical or dental problems. Physician specialist examples include cardiologist (heart doctor), pulmonologist (lung doctor), nephrologist (kidney doctor) and surgeon.

URGENT CARE: Medical care to treat an illness or injury that needs quick attention but that is not a medical emergency. Examples include stomach pain, dizziness that will not go away or a suspected broken bone. Urgent care requires face-to-face medical attention within 24 hours of noticing the urgent problem.

Forms

- Grievance or Appeal
- Concerns and Recommendations
- Appeal Representative
- Request for State Fair Hearing
- LDH Marketing Complaint Submission
- Member Notification of Pregnancy
- LDH Health Needs Assessment
- Request to Change My Primary Care Provider (PCP)
- Consent for Sterilization

Grievance or Appeal

HELP US IMPROVE HOW WE SERVE YOU

We hope our members will always be happy with our providers and with us. But if you are not happy, we want to know so we can resolve any concerns you have. To file a grievance or appeal, please complete this form and send it to us within 60 days of the event or denial letter. If you don't want to use this form, you can mail us a letter that includes in information below instead. Thank you!

Member Name: _____

Member ID #: _____

Member Address: _____

City: _____ State: _____ Zip: _____

Member Phone: _____

Tracking Number (if applicable; found in upper left corner of denial letter): _____

Description of your grievance or appeal (you can attach more pages if needed):

Signature (Member or Member's Representative): _____

Daytime Phone: _____ Date: _____



SEND YOUR COMPLETED FORM TO:

Louisiana Healthcare Connections, ATTN: Quality
P.O. Box 84180, Baton Rouge, LA 70884

Or fax to: 1-877-401-8170



HAVE QUESTIONS OR NEED HELP?

Call us at 1-866-595-8133 (TTY: 711), Monday through Friday, 7 a.m. to 7 p.m.

Concerns and Recommendations

HELP US IMPROVE HOW WE SERVE OUR MEMBERS

We're always looking for ways to improve, so if you have concerns or ideas, please let us know! If you don't want to use this form, you can mail us a letter that includes in information below instead. Thank you!

Member Name: _____

Member #: _____

Member Address: _____

City: _____ State: _____ Zip: _____

Member Phone: _____

Tracking Number (if applicable; found in upper left corner of denial letter): _____

Your concern or recommendation (you can attach more pages if needed):

Signature (Member or Member's Representative): _____

Daytime Phone: _____ Date: _____



SEND YOUR COMPLETED FORM TO:

Louisiana Healthcare Connections, ATTN: Member Services
P.O. Box 84180, Baton Rouge, LA 70884

Or fax to: 1-866-768-9374



HAVE QUESTIONS OR NEED HELP?

Call us at 1-866-595-8133 (TTY: 711), Monday through Friday, 7 a.m. to 7 p.m.

Appeal Representative

ALLOW SOMEONE TO HELP WITH YOUR APPEAL

You may have someone else act on your behalf in an Appeal. The person you list below will be accepted as your Representative. We cannot speak with anyone acting on your behalf until we receive this form.

I, _____, want the following person to act for me in my appeal.
I understand that my personal health information related to my appeal may be given to my Representative.

Member ID #: _____

Representative Name: _____

Representative's Address: _____

City: _____ State: _____ Zip: _____

Representative's Phone: _____

Brief description of the appeal for which Appeal Representative will be acting on your behalf:

Signature of Member (or Guardian): _____ Date: _____

*Relationship to Member: ☐ Self ☐ Parent ☐ Guardian

Representative's Signature: _____ Date: _____

*Relationship to Member: ☐ Self ☐ Parent ☐ Guardian ☐ Other: _____



SEND YOUR COMPLETED FORM TO:

Louisiana Healthcare Connections, ATTN: Appeals
P.O. Box 84180, Baton Rouge, LA 70884

Or fax to: 1-877-401-8170



HAVE QUESTIONS OR NEED HELP?

Call us at 1-866-595-8133 (TTY: 711), Monday through Friday, 7 a.m. to 7 p.m.

Request for State Fair Hearing

Member Name: _____

Member ID #: _____

Member Address: _____

City: _____ State: _____ Zip: _____

Member Phone: _____

I wish to appeal the decision made by Louisiana Healthcare Connections on my case because:

Member Signature: _____ Date: _____

Authorized Representative Information

If the member has authorized a representative to request a State Fair Hearing, please complete this section.

Representative Name: _____

Representative Social Security #: _____

Representative Address: _____

City: _____ State: _____ Zip: _____

Representative Phone: _____

Representative Signature: _____ Date: _____



MAIL THIS FORM AND YOUR NOTICE OF ADVERSE ACTION LETTER TO:

Division of Administrative Law—Health and Hospitals Section

P.O. Box 4189, Baton Rouge, LA 70821-4189

Or fax to: (225) 219-9823

The postmark when you mail this form will be the date of your Appeal request. After you ask for a State Fair Hearing, the Division of Administrative Law will send you a Notice by mail of the date, time and location of your State Fair Hearing. If you are unable to mail or fax the attached form, you can request a State Fair Hearing by calling (225) 342-5800 or going to: www.adminlaw.state.la.us/HH.htm.

Marketing Complaint Submission Form

Revision 10/2018

FOR LDH USE ONLY	
STAGE OF REVIEW	DATE
<input type="checkbox"/> Form Received at LDH	
<input type="checkbox"/> Investigation Begins	
<input type="checkbox"/> Sanctions Applied	
<input type="checkbox"/> Response Sent to Complainant	
<input type="checkbox"/> Investigation Closed	
Marketing Complaint Tracking #:	

COMPLAINANT CONTACT INFORMATION		
Complainant Name/Title/Organization:		
Address:		
Phone:	E-mail:	Fax:
COMPLAINT DETAILS		
Parties to the Alleged Violation: <i>(violator, witnesses and others)</i>		
Date/Time/Frequency of Alleged Violation:		
Location of Alleged Violation: <i>(facility name including location – address, unit, room, floor)</i>		
Narrative/specifics of alleged violation: <i>(Please attach any documentation to support this allegation and attach additional pages if more space is needed)</i>		
Why is this alleged violation a violation of the Marketing Policy and Procedures? <i>(Please include citations to specific policies and procedures)</i>		
What harm has resulted due to this alleged violation? <i>(such as misrepresentation, unfair advantage gained)</i>		
What is the complainant's expectation/desire for resolution/remedy, if any?		
LDH FINDINGS		
LDH Investigator Signature: <i>(at completion of investigation)</i>	Date:	



Member Notification of Pregnancy



This form is confidential. If you have any problems or questions, please call Louisiana Healthcare Connections at 1-866-595-8133 (TTY/TTD: 711). This form is also available online at www.louisianahealthconnect.com.

***Member ID #:**

Your First Name:

Your Last Name:

***Your Birth Date MMDDYYYY:**

Gender Identification:

Phone Number:

Mailing Address:

City:

State:

Zip Code:

Email Address:

Race/Ethnicity (select all that apply):

☐

White

☐

Black/African American

☐

Decline to share

☐

American Indian/Native American

☐

Asian

☐

Native Hawaiian or Other Pacific Islander

☐

Hispanic or Latino

☐

Other

If other ethnicity, please specify:

What Provider/Clinic is helping me during my pregnancy:

First Name:

Last Name:

Phone Number:

Clinic Name (if applicable):

My Current Situation

Please check this box if you would answer no to any of the below:

☐

I have a phone.

I feel good about where I live.

I feel safe at home and with the people in my life.

I have transportation for my daily needs.

I have enough food for me and my family each day.

I am able to pay my utility bills (gas, water, electric, etc).

My Current Pregnancy Information

I have been to my first prenatal visit?

☐

Yes

☐

No

If yes, how many weeks pregnant were you at your first visit:

*Member ID #:

Name: Last, First:

My due date is (If you do not know your due date, when was the first day of your last period):

This is my first pregnancy

Yes

No

Where will I give birth to my baby
(Hospital or birthing center):

Please check all that apply:

- ☐ Multiples (twins, triplets)

☐ Diabetes (high blood sugar; type I, type II, during pregnancy only)

☐ Asthma or other breathing problems

☐ Tobacco use (smoking cigarettes, chewing tobacco, or vaping)

☐ Depression (feeling blue)

☐ Anxiety (feeling worried or stressed)

☐ I do not have any of these

☐ Other health needs
- ☐ High blood pressure or heart problems

☐ Very bad nausea and vomiting

☐ Sickle cell

☐ Seizures/epilepsy

☐ Bipolar disorder

☐ Kidney disease

☐ Substance use (fentanyl, opiates, heroin, crack, cocaine, alcohol, marijuana, methamphetamines)

Please explain

My Past Pregnancy History

Please check all that apply:

- ☐ Previous delivery before 37 weeks

☐ Gestational diabetes (high blood sugar while pregnant)

☐ High blood pressure in pregnancy/preeclampsia or heart problems

☐ Delivery less than 18 months ago

☐ Taking any form of progesterone

☐ Previous C-section

☐ I did not have any of these or this is my first pregnancy

☐ Other

Please explain



Health Needs Assessment

Member's Name (First, Middle, Last)		Preferred Name	Member's Medicaid ID	Date of Birth
Preferred Pronouns			Date of form completion	
He/Him/His She/Her/Hers They/Them Other (describe) _____ Choose not to answer				
Is this assessment being completed by someone who is not the member?			Yes No	
Name of person completing/assisting with the completion of this assessment and their relationship to member				
Member's Address		Street	City	State Zip
Phone Number 1	Phone Number 2		Email Address	
Emergency Contact Name	Emergency Contact Phone		Emergency Contact Relationship	
For those under 21, are you in foster care?			Yes No	
Which Race(s) are you? Check all that apply			Ethnicity	
Asian Native Hawaiian or Pacific Islander Black or African American White American Indian or Alaskan Native Other (describe) _____ Choose not to answer			Hispanic Non-Hispanic Choose not to answer	
Gender			Demographics Verified?	
Male Female Transgender Male Transgender Female Other (describe) _____ Choose not to answer			Yes No	
Assessment Method		Assessment Type		
Telephonic In-person Other		Initial assessment Reassessment Change of health status		

No.	Question	Response
1.	Do you speak a language other than English at home?	Yes (describe) _____ No Choose not to answer
2.	Do you or your caregiver need translation services?	Yes (describe) _____ No
3.	Do you or your caregiver ever need help reading hospital or clinic materials?	Yes (describe) _____ No
4.	Do you or your caregiver have any of the following communication barriers?	Hearing Impairment Visual Impairment Developmental Delays Non-verbal None Choose not to answer Other (describe) _____

Health Needs Assessment

No.	Question	Response
5.	Do you have any cultural or religious preferences related to your health?	Cultural preferences _____ Religion/Spiritual preferences _____ Other (describe) _____ None _____ Choose not to answer _____
6.	How do you describe your health?	Excellent _____ Very Good _____ Good _____ Fair _____ Poor _____
7.		Heart Disease or Heart Failure _____ Emphysema or COPD _____ Asthma _____ Diabetes _____ High cholesterol _____ Chronic Urinary Tract Infections (UTI) _____ High blood pressure or hypertension _____ Seizures _____ Cancer (describe) _____ Chronic Pain (describe) _____ Hepatitis or liver disease _____ HIV _____ Trach or G-tube Dependent _____ Substance use disorder _____ Depression _____ Tooth problems _____ Other mental health diagnoses (describe) _____ _____ Disability (describe) _____ Currently pregnant _____ Chronic Lung Disease of Prematurity _____ Developmental delay _____ Autism _____ None _____ Other (describe) _____
8.	How many times in the past 12 months have you had 5 or more drinks in a day (males) or 4 or more drinks in a day (females)? (One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80 proof spirits.)	Never _____ Once or twice _____ Monthly _____ Weekly _____ Daily or almost daily _____
9.	How many times in the past 12 months have you used tobacco products (like cigarettes, cigars, snuff, chew, electronic cigarettes or vaping)?	Never _____ Once or twice _____ Monthly _____ Weekly _____ Daily or almost daily _____
10.	How many times in the past year have you used prescription drugs for non-medical reasons?	Never _____ Once or twice _____ Monthly _____ Weekly _____ Daily or almost daily _____
11.	How many times in the past year have you used illegal drugs?	Never _____ Once or twice _____ Monthly _____ Weekly _____ Daily or almost daily _____
12.	In the past 12 months, has your gambling been hard to cut back on; something you try to hide; or caused you financial trouble?	Yes _____ No _____ Does not apply _____
13.	When were your most recent medical, mental or behavioral health, and dental appointments or procedures?	Medical (describe) _____ Mental/behavioral health (describe) _____ Dental (describe) _____
14.	Do you have any pending appointments or procedures for physical health, mental health or dental care?	Yes (describe) _____ No _____

Health Needs Assessment

No.	Question	Response
15.	Have you visited the Emergency Room in the past 6 months? If yes, how many times and why?	Yes – 1 time (describe) _____ Yes – 2 times (describe) _____ Yes – 3 times (describe) _____ Yes – 4 times (describe) _____ Yes – 5 times (describe) _____ Yes – more than 5 times (describe) _____ No
16.	Have you stayed overnight in the hospital in the past 6 months? If yes, how many times?	Yes – 1 time (describe) _____ Yes – 2 times (describe) _____ Yes – 3 times (describe) _____ Yes – 4 times (describe) _____ Yes – 5 times (describe) _____ Yes – more than 5 times (describe) _____ No
17.	If you stayed overnight in the hospital in the past 6 months, did you ever stay fewer than 30 days from when you were discharged from another stay?	Yes No
18.	Do you need assistance with any of the following?	Dressing Bathing/grooming Eating Mobility Cooking/preparing meals Transfer Daily medications Using the restrooms None Other: _____
19.	Do you or your caregiver need help arranging your health services?	Yes (describe) _____ No
20.	What is your living situation today?	I have a steady place to live. I have a place to live today, but I am worried about losing it in the future. I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park (describe) _____
21.	Think about the place you live. Do you have problems with any of the following? CHOOSE ALL THAT APPLY	Pests such as bugs, ants, or mice Mold Lead paint or pipes Lack of heat Lack of AC Oven or stove not working Water leaks Smoke detectors missing or not working None
22.	In the last 12 months, did you ever eat less than you felt you should because there was not enough money for food?	Yes No
23.	In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? CHOOSE ALL THAT APPLY	Yes, it has kept me from medical appointments or getting medications. Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need. No

No.	Question	Response
24.	In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?	Yes No Already shut off
25.	Have you or your caregiver ever been hit, kicked, punched, or otherwise hurt by someone in the past year? If so, by whom?	Yes (describe) _____ No
26.	Do you or your caregiver feel safe in your current relationship(s)?	Yes No
27.	Is there anyone from a previous relationship who is making you feel unsafe now?	Yes No
28.	If you are over 16, do you want help finding or keeping work or a job?	Yes, help finding work Yes, help keeping work I do not need or want help
29.	If you are over 16, do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent.	Yes No
30.	In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?	Yes No Choose not to answer
31.	What community-based organization or agency, health related or non-health related, do you or your caregiver access often within your community?	Health _____ Educational _____ Behavioral/mental health _____ Job-related _____ Housing _____ Other: _____
32.	For children under 21, do you exhibit worrisome behavior or has teacher reported concerning behavior at school?	Yes (describe) _____ No

REQUEST TO CHANGE MY PRIMARY CARE PROVIDER (PCP)

Member Information

Member Full Name: _____ Member Birthday: _____

Member ID #: _____

Member Address: _____

City: _____ State: _____ Zip: _____

Member Phone: _____

Requested New PCP

Doctor's Full Name: _____ Group/Clinic Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Doctor Phone: _____ Doctor Fax: _____

Doctor Email: _____ Requested Effective Date (mm/dd/yyyy): _____

Reason for Requesting Change

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> This doctor is already my PCP | <input type="checkbox"/> Quality of care did not fit my needs |
| <input type="checkbox"/> This doctor sees another family member | <input type="checkbox"/> Office wait times were too long |
| <input type="checkbox"/> This PCP is my personal preference | <input type="checkbox"/> Took too long to get an appointment |
| <input type="checkbox"/> I have moved | <input type="checkbox"/> Office is too far away/hard to get to |
| <input type="checkbox"/> Office hours did not fit my needs | <input type="checkbox"/> Other: _____ |

Member/Authorized Representative Signature: _____ Date: _____



PLEASE SEND YOUR COMPLETED FORM TO:

Louisiana Healthcare Connections, ATTN: Member Services
P.O. Box 84180, Baton Rouge, LA 70884

Or fax to: 1-866-768-9374



HAVE QUESTIONS OR NEED HELP?

Call us at 1-866-595-8133 (TTY: 711),
Monday through Friday, 7 a.m. to 7 p.m.

CONSENT FOR STERILIZATION

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from _____ . When I first asked

Doctor or Clinic

for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _____ . The discomforts, risks

Specify Type of Operation

and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least 30 days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on: _____
Date

I, _____, hereby consent of my own free will to be sterilized by _____
Doctor or Clinic

by a method called _____ . My
Specify Type of Operation

consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health and Human Services, or Employees of programs or projects funded by the Department but only for determining if Federal laws were observed.

I have received a copy of this form.

Signature

Date

You are requested to supply the following information, but it is not required: (*Ethnicity and Race Designation*) (please check)

Ethnicity:

Race (mark one or more):

☐ Hispanic or Latino

☐ American Indian or Alaska Native

☐ Not Hispanic or Latino

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____

language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

Interpreter's Signature

Date

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before _____ signed the

Name of Individual

consent form, I explained to him/her the nature of sterilization operation _____, the fact that it is

Specify Type of Operation

intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

Signature of Person Obtaining Consent

Date

Facility

Address

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon

on _____

Name of Individual

Date of Sterilization

I explained to him/her the nature of the sterilization operation

_____, the fact that it is

Specify Type of Operation

intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(**Instructions for use of alternative final paragraph:** Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least 30 days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

☐ Premature delivery

Individual's expected date of delivery: _____

☐ Emergency abdominal surgery (*describe circumstances*):

Physician's Signature

Date

PAPERWORK REDUCTION ACT STATEMENT

A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays the currently valid OMB control number. Public reporting burden for this collection of information will vary; however, we estimate an average of one hour per response, including for reviewing instructions, gathering and maintaining the necessary data, and disclosing the information. Send any comment regarding the burden estimate or any other aspect of this collection of information to the OS Reports Clearance Officer, ASBTF/Budget Room 503 HHH Building, 200 Independence Avenue, SW., Washington, DC 20201.

Respondents should be informed that the collection of information requested on this form is authorized by 42 CFR part 50, subpart B, relating to the sterilization of persons in federally assisted public health programs. The purpose of requesting this information is to ensure that individuals requesting sterilization receive information regarding the risks, benefits and consequences, and to assure the voluntary and informed consent of all persons undergoing sterilization procedures in federally assisted public health programs. Although not required, respondents are requested to supply information on their race and ethnicity. Failure to provide the other information requested on this consent form, and to sign this consent form, may result in an inability to receive sterilization procedures funded through federally assisted public health programs.

All information as to personal facts and circumstances obtained through this form will be held confidential, and not disclosed without the individual's consent, pursuant to any applicable confidentiality regulations. [43 FR 52165, Nov. 8, 1978, as amended at 58 FR 33343, June 17, 1993; 68 FR 12308, Mar. 14, 2003]

We Do Not Discriminate

NON-DISCRIMINATION NOTICE

Louisiana Healthcare Connections complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Louisiana Healthcare Connections does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Louisiana Healthcare Connections:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact Louisiana Healthcare Connections at **1-866-595-8133** (TTY: 711).

If you believe that Louisiana Healthcare Connections has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance by:

- **MAIL:** 1557 Coordinator, PO Box 31384, Tampa, FL 33631
- **PHONE:** 1-855-577-8234 (TTY: 711)
- **FAX:** 1-866-388-1769
- **EMAIL:** SM_Section1557Coord@centene.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697). Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

This notice is available at Louisiana Healthcare Connections' website:

LouisianaHealthConnect.com/non-discrimination-notice.html.

AVISO DE NO DISCRIMINACIÓN

Louisiana Healthcare Connections cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad o sexo (incluidos el embarazo, la orientación sexual y la identidad de género). Louisiana Healthcare Connections no excluye a las personas, ni las trata de forma diferente, debido a su raza, color, origen nacional, edad, discapacidad o sexo (incluidos el embarazo, la orientación sexual y la identidad de género).

Louisiana Healthcare Connections:

- Ofrece ayudas y servicios gratuitos a personas que tienen discapacidades para comunicarse eficazmente con nosotros, como intérpretes calificados de lenguaje de señas e información escrita en otros formatos (letras grandes, formatos electrónicos accesibles, otros formatos).
- Ofrece servicios de idiomas gratuitos a personas cuyo idioma principal no es el inglés, como intérpretes calificados e información escrita en otros idiomas. Si necesita estos servicios, llame a Louisiana Healthcare Connections al **1-866-595-8133** (TTY: 711).

Si cree que Louisiana Healthcare Connections no le ha proporcionado estos servicios o le ha discriminado de alguna otra forma por motivos de raza, color, origen nacional, edad, discapacidad o sexo (incluidos el embarazo, la orientación sexual y la identidad de género), usted puede presentar una queja de la siguiente manera:

- **POR CORREO:** 1557 Coordinator, PO Box 31384, Tampa, FL 33631
- **POR TELÉFONO:** 1-855-577-8234 (TTY: 711)
- **POR FAX:** 1-866-388-1769
- **POR CORREO ELECTRÓNICO:** SM_Section1557Coord@centene.com

Usted puede presentar una queja en persona o por correo, fax o correo electrónico. Si necesita ayuda para presentar una queja, nuestro coordinador 1557 está disponible para ayudarle. Además puede presentar un reclamo de derechos civiles al U.S. Department of Health and Human Services (Departamento de Servicios de Salud y Servicios Humanos), Office for Civil Rights (Oficina de Derechos Civiles), electrónicamente a través del Office for Civil Rights Complaint Portal (Portal para reclamos de la Oficina de derechos Civiles), disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo o teléfono en: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697). Los formularios de reclamo están disponibles en <https://www.hhs.gov/ocr/complaints/index.html>.

Este aviso está disponible en el sitio web de Louisiana Healthcare Connections:

LouisianaHealthConnect.com/non-discrimination-notice.html.

DÉCLARATION DE NON-DISCRIMINATION

Louisiana Healthcare Connections se conforme aux lois fédérales sur les droits civiques et ne pratique aucune discrimination fondée sur la race, la couleur de la peau, l'origine nationale, l'âge, le handicap ou le genre (notamment sur la grossesse, l'orientation sexuelle et l'identité de genre). Louisiana Healthcare Connections n'exclut personne ni ne pratique de différence de traitement à l'égard des personnes en raison de leur race, de la couleur de leur peau, de leur origine nationale, de leur âge, de leur handicap ou de leur genre (notamment la grossesse, l'orientation sexuelle et l'identité de genre).

Louisiana Healthcare Connections:

- Met gratuitement à la disposition des personnes en situation de handicap des aides et des services pour une communication efficace avec nous, comme des interprètes qualifiés en langue des signes et des informations écrites rédigées sur d'autres supports (supports papier écrits en gros caractères, supports audio, supports électroniques accessibles, autres supports).
- Met gratuitement à disposition des services de langues pour les personnes dont la langue maternelle n'est pas l'anglais, comme des interprètes qualifiés et des informations rédigées en différentes langues. Si vous avez besoin d'utiliser ces services, veuillez contacter Louisiana Healthcare Connections au **1-866-595-8133** (ATS: 711).

Si vous estimez que Louisiana Healthcare Connections n'a pas fourni ces services ou a pratiqué d'une autre façon de la discrimination à votre endroit fondée sur la race, la couleur de la peau, l'origine nationale, l'âge, le handicap ou le genre (notamment la grossesse, l'orientation sexuelle et l'identité de genre), vous pouvez déposer un grief par:

- **COURRIER POSTAL:** 1557 Coordinator, PO Box 31384, Tampa, FL 33631
- **TÉLÉPHONE:** 1-855-577-8234 (ATS: 711)
- **TÉLÉCOPIEUR:** 1-866-388-1769
- **COURRIE:** SM_Section1557Coord@centene.com

Vous pouvez déposer un grief en personne ou par courrier postal, télécopieur ou courriel. Si vous avez besoin d'aide pour déposer votre grief, notre coordonnateur des plaintes ayant trait à la section 1557 est prêt à vous aider. Vous pouvez également déposer une plainte auprès du U.S. Department of Health and Human Services, Office for Civil Rights, le ministère de la Santé et des services sociaux des États-Unis, Bureau des droits civils, de façon électronique par le biais de l'Office for Civil Rights Complaint Portal, le portail Internet du Bureau des droits civils, service des plaintes, à <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> ou bien par courrier postal ou par téléphone à: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Les formulaires de plaintes sont disponibles sur <https://www.hhs.gov/ocr/complaints/index.html>.

Cet avis est disponible sur le site Web de Louisiana Healthcare Connections:

LouisianaHealthConnect.com/non-discrimination-notice.html.

THÔNG BÁO VỀ CHỐNG KỶ THỊ

Louisiana Healthcare Connections tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, tình trạng khuyết tật hoặc giới tính (bao gồm mang thai, khuynh hướng tình dục và bản dạng giới). Louisiana Healthcare Connections không loại trừ bất cứ ai hoặc đối xử với họ một cách khác biệt vì chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, tình trạng khuyết tật hoặc giới tính (bao gồm mang thai, khuynh hướng tình dục và bản dạng giới).

Louisiana Healthcare Connections:

- Cung cấp các trợ cụ và dịch vụ cho những người bị khuyết tật để liên lạc hữu hiệu với chúng tôi, như các thông dịch viên ngôn ngữ ra dấu có khả năng và thông tin trên văn bản dưới các dạng thức khác (chữ in khổ lớn, các dạng thức dễ tiếp cận bằng điện tử, các dạng thức khác).
- Cung cấp các dịch vụ ngôn ngữ miễn phí cho những người mà ngôn ngữ chính không phải là tiếng Anh, như các thông dịch viên có khả năng và thông tin viết bằng các ngôn ngữ khác. Nếu quý vị cần các dịch vụ này, liên lạc với Louisiana Healthcare Connections tại số **1-866-595-8133** (TTY: 711).

Nếu bạn tin rằng Louisiana Healthcare Connections đã không cung cấp các dịch vụ này hoặc phân biệt đối xử theo một cách khác dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, tình trạng khuyết tật hoặc giới tính (bao gồm mang thai, khuynh hướng tình dục và nhận dạng giới tính), bạn có thể nộp đơn khiếu nại qua:

- **GỬI THƯ:** 1557 Coordinator, PO Box 31384, Tampa, FL 33631
- **ĐIỆN THOẠI:** 1-855-577-8234 (TTY: 711)
- **FAX:** 1-866-388-1769
- **EMAIL:** SM_Section1557Coord@centene.com

Bạn có thể nộp đơn khiếu nại trực tiếp hoặc qua thư, fax hoặc email. Nếu bạn cần trợ giúp nộp đơn khiếu nại, Điều phối viên 1557 của chúng tôi sẵn sàng trợ giúp bạn. Quý vị cũng có thể nộp đơn than phiền về các quyền dân sự lên Ban Dịch Vụ Y Tế và Nhân Sự Hoa Kỳ, Văn Phòng Dân Quyền, bằng điện tử qua Cổng Than Phiền của Văn Phòng Dân Quyền hiện có tại <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> hoặc qua thư hoặc điện thoại tại: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697). Các mẫu than phiền hiện có sẵn tại <https://www.hhs.gov/ocr/complaints/index.html>.

Thông báo này có sẵn trên trang web của Louisiana Healthcare Connections:

LouisianaHealthConnect.com/non-discrimination-notice.html.

Language Assistance is Available

English: To help you understand this information, language assistance services are available for any language, free of charge. These include auxiliary aids and services like large print, written translation, and other accessible formats. For help, call Member Services at 1-866-595-8133 (TTY: 711), Monday – Friday, 7 a.m. to 7 p.m. For real-time oral and American Sign Language interpretation, call 24 hours a day, 7 days per week.

Spanish (Español): Para ayudarle a comprender esta información, disponemos de servicios de asistencia lingüística gratuitos para cualquier idioma. Estos incluyen ayudas y servicios como letra grande, traducción escrita y otros formatos accesibles. Para obtener ayuda, llame a Servicios para los Afiliados al 1-866-595-8133 (TTY: 711), de lunes a viernes, de 7:00 a. m. a 7:00 p. m. Para obtener interpretación oral y en lenguaje de señas americano en tiempo real, llame las 24 horas del día, los 7 días de la semana.

Arabic **اللغة العربية** لمساعدتك على فهم هذه المعلومات، تتوفر خدمات المساعدة اللغوية لأي لغة مجانًا. تشمل هذه الخدمات وسائل مساعدة وخدمات إضافية مثل الطباعة الكبيرة والترجمة التحريرية وغيرها من التنسيقات التي يمكن الحصول عليها. للحصول على المساعدة، اتصل بخدمات الأعضاء على الرقم 1-866-595-8133 (الهاتف النصي: 711)، من الاثنين إلى الجمعة، من الساعة 7 صباحًا حتى 7 مساءً. للحصول على ترجمة فورية شفوية ولغة الإشارة الأمريكية، اتصل على مدار الساعة طوال أيام الأسبوع.

Chinese **中文** 为了帮助您理解相关信息，我们免费提供多语言协助服务。服务涵盖辅助支持、大字文本、笔译及其他无障碍形式。如需帮助，请拨打会员服务热线 1-866-595-8133 (TTY: 711)，工作时间为周一至周五早 7 点至晚 7 点。如需实时口语翻译或美国手语服务，可随时致电，我们提供全天候支持。

French **Français** Pour vous aider à comprendre cette information, des services d'assistance linguistique sont disponibles gratuitement pour toutes les langues. Il s'agit notamment des aides auxiliaires et des services tels que les gros caractères, la traduction écrite et d'autres formats accessibles. Pour obtenir de l'aide, appelez les Services aux adhérents au 1-866-595-8133 (TTY : 711), du lundi au vendredi, de 07h00 à 19h00. Pour l'interprétation orale et en langue des signes américaine en temps réel, appelez 24 heures sur 24, 7 jours sur 7.

German Deutsch	Um Sie beim richtigen Verständnis dieser Informationen zu unterstützen, steht Ihnen eine kostenlose Sprachassistenten für alle Sprachen zur Verfügung. Dazu gehören Hilfsmittel und Dienstleistungen wie große Schriftgröße, schriftliche Übersetzungen und andere barrierefreie Formate. Diese Hilfe können Sie montags bis freitags von 7 bis 19 Uhr bei Member Services unter der Rufnummer 1-866-595-8133 (TTY: 711) anfordern. Mündliche Dolmetscherdienste und Dolmetscherdienste in amerikanischer Gebärdensprache, jeweils in Echtzeit, stehen Ihnen rund um die Uhr zur Verfügung.
Haitian Creole Kreyòl Ayisyen	Pou ede w konprann enfòmasyon sa yo, gen asistans sèvis lang ki disponib nan nenpòt lang, san peye anyen. Sa gen ladan èd oskilyè ak sèvis tankou enpresyon gran fòm, tradiksyon ekri, ak lòt fòm ki aksesib. Pou jwenn èd, rele Sèvis Manm yo nan 1-866-595-8133 (TTY: 711), Lendi – Vandredi, 7 a.m. pou 7 p.m. Pou entèpretasyon oral ak Lang Siy Ameriken nan tan reyèl, rele 24 èdtan pa jou, 7 jou pa semèn.
Hindi हिन्दी	इस जानकारी को समझने में आपकी सहायता के लिए, हर भाषा के लिए मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। इनमें सहायक साजो-सामान तथा बड़े फॉन्ट, लिखित अनुवाद तथा अन्य एक्सेस करने योग्य फॉर्मेट जैसी सेवाएं शामिल हैं। सहायता के लिए, सोमवार से शुक्रवार, सुबह 7.00 बजे से शाम 7.00 बजे तक 1-866-595-8133 (TTY: 711) पर सदस्यता सेवा को कॉल करें। रियल-टाइम मौखिक तथा अमेरिकी संकेत भाषा अनुवाद के लिए, सप्ताह के 7 दिन, 24 घंटे किसी भी समय कॉल करें।
Icelandic Íslenska	Til að hjálpa þér að skilja þessar upplýsingar er tungumálaaðstoð í boði fyrir öll tungumál, án endurgjalds. Þetta felur í sér hjálpartæki og þjónustu eins og stórt letur, skriflegar þýðingar og önnur aðgengileg snið. Til að fá aðstoð, hringdu í þjónustuver meðlima í síma 1-866-595-8133 (TTY: 711), mánudaga til föstudaga, frá kl. 7 til 19. Til að fá munnlega túlkun í rauntíma og túlkun á bandarísku táknmáli, hringdu allan sólarhringinn, alla daga vikunnar.
Khmer ភាសាខ្មែរ	ដើម្បីជួយលោកអ្នកឱ្យយល់ពីព័ត៌មាននេះ សេវាជំនួយភាសាផ្នែកមានផ្តល់ជូនសម្រាប់គ្រប់ភាសាដោយឥតគិតថ្លៃ។ សេវាទាំងនេះ រួមមានជំនួយឧបត្ថម្ភ និងសេវាផ្សេងៗ ដូចជាអក្សរពុម្ពធំ ការបកប្រែជាលាយលក្ខណ៍អក្សរ និងទម្រង់ងាយស្រួលប្រើប្រាស់បានផ្សេងទៀត។ ប្រសិនបើលោកអ្នកត្រូវការជំនួយ សូមហៅទូរសព្ទទៅផ្នែកសេវាបម្រើសមាជិក តាមរយៈលេខ 1-866-595-8133 (TTY: 711) ចាប់ពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ពីម៉ោង 7 ព្រឹក ដល់ 7 យប់។ សម្រាប់សេវាបកប្រែផ្ទាល់មាត់ និងភាសាសញ្ញាអាមេរិកតាមពេលវេលាជាក់ស្តែង សូមហៅទូរសព្ទមក 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍។
Korean 한국어	이 정보를 이해하는 데 도움이 필요하시면, 모든 언어에 대해 무료로 언어 지원(통번역) 서비스를 제공합니다. 여기에는 큰 글씨, 문서 번역, 기타 접근 가능한 형식과 같은 보조 기기 및 서비스가 포함됩니다. 도움이 필요하시면, 1-866-595-8133(TTY: 711)으로 회원 서비스에 연락하세요. 운영 시간은 월요일~금요일 오전 7시~오후 7시입니다. 실시간 구두 통역 및 미국 수화 통역이 필요하신 경우, 24시간 연중무휴 언제든지 전화해 주십시오.

1-866-595-8133 (TTY: 711), Monday – Friday, 7 a.m. to 7 p.m.

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Lao ພາສາລາວ	<p>ເພື່ອຊ່ວຍໃຫ້ທ່ານເຂົ້າໃຈຂໍ້ມູນນີ້, ພວກເຮົາມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ສໍາລັບທຸກໆພາສາໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເຊິ່ງມີຮ່ວມເຖິງສິ່ງອໍານວຍຄວາມສະດວກ ແລະ ບໍລິການເສີມ ເຊັ່ນ: ຕົວອັກສອນຂະໜາດໃຫຍ່, ການແປຂໍ້ຄວາມ ແລະ ຮູບແບບອື່ນໆທີ່ສາມາດເຂົ້າເຖິງໄດ້. ເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ, ກະລຸນາຕິດຕໍ່ຜ່ານບໍລິການສະມາຊິກຜ່ານເບີ 1-866-595-8133 (TTY: 711), ວັນຈັນ – ວັນສຸກ, 7 ໂມງເຊົ້າ ຫາ 7 ໂມງແລງ ສໍາລັບບໍລິການລ່າມແປພາສາ ແລະ ພາສາມືແບບອາເມລິກາແບບສັດຊື່, ກະລຸນາໂທຕິດຕໍ່ໄດ້ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ມື້ຕໍ່ອາທິດ.</p>
Persian فارسی	<p>برای کمک به شما در درک این اطلاعات، خدمات کمک زبانی برای هر زبانی به صورت رایگان ارائه می‌شود. این خدمات شامل ابزار و خدمات کمکی از جمله چاپ درشت، ترجمه کتبی و سایر قالب‌های با دسترسی آسان می‌شود. برای دریافت کمک، با مرکز خدمات اعضا به شماره 1-866-595-8133 (TTY: 711)، دوشنبه - جمعه از ساعت 7 صبح الی 7 عصر تماس بگیرید. برای ترجمه شفاهی همزمان و ترجمه زبان اشاره آمریکایی، 24 ساعت شبانه‌روز، 7 روز هفته تماس بگیرید.</p>
Polish Język polski	<p>Aby ułatwić Ci zrozumienie tej informacji, udostępniamy nieodpłatnie pomoc językową dla każdego języka. Usługi te obejmują takie ułatwienia jak duża czcionka, tłumaczenia pisemne i inne formaty ułatwiające dostęp do informacji. Aby uzyskać pomoc, zadzwoń do Działu Obsługi Uczestników pod numer 1-866-595-8133 (TTY: 711), poniedziałek – piątek, 7:00 - 19:00. Aby skorzystać z usług tłumaczenia ustnego w czasie rzeczywistym i tłumaczenia na amerykański język migowy, możesz dzwonić przez całą dobę, przez cały tydzień.</p>
Portuguese Português	<p>Para o(a) ajudar a compreender as presentes informações, estão disponíveis serviços de assistência linguística para qualquer idioma, gratuitamente. Tais incluem ajudas e serviços auxiliares, como letras grandes, tradução escrita e outros formatos acessíveis. Para obter ajuda, ligue para o Serviço de Apoio ao Membro através do número 1-866-595-8133 (TTY: 711), de segunda a sexta-feira, das 7h00 às 19h00. Para interpretação verbal em tempo real e em língua gestual americana, ligue 24 horas por dia, 7 dias por semana.</p>
Punjabi ਪੰਜਾਬੀ	<p>ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣ ਵਿੱਚ ਤੁਹਾਡੀ ਮਦਦ ਕਰਨ ਲਈ, ਕਿਸੇ ਵੀ ਭਾਸ਼ਾ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਉਪਲਬਧ ਹਨ। ਇਹਨਾਂ ਵਿੱਚ ਸਹਾਇਕ ਉਪਕਰਨ ਅਤੇ ਸੇਵਾਵਾਂ ਸ਼ਾਮਲ ਹਨ ਜਿਵੇਂ ਕਿ ਮੋਟੀ ਛਪਾਈ, ਲਿਖਤੀ ਅਨੁਵਾਦ, ਅਤੇ ਹੋਰ ਆਸਾਨੀ ਨਾਲ ਵਰਤਣਯੋਗ ਫਾਰਮੈਟ। ਮਦਦ ਲਈ, ਮੈਂਬਰ ਸਰਵਿਸਜ਼ ਨੂੰ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 7 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 7 ਵਜੇ ਤੱਕ 1-866-595-8133 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਸਲ ਸਮੇਂ ਵਿੱਚ ਮੌਖਿਕ ਅਤੇ ਅਮਰੀਕੀ ਸੈਨਤ ਭਾਸ਼ਾ (American Sign Language) ਵਿੱਚ ਵਿਆਖਿਆ ਲਈ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ ਕਾਲ ਕਰੋ।</p>
Russian Русский	<p>Чтобы вы могли лучше понять эту информацию, вы можете бесплатно воспользоваться услугами языковой поддержки на любом языке. Поддержка включает вспомогательные средства и услуги, такие как крупный шрифт, письменный перевод и другие доступные форматы. Для получения помощи звоните в службу поддержки по телефону 1-866-595-8133 (телетайп: 711), понедельник – пятница, с 7:00 до 19:00. Если вам нужны услуги устного перевода или перевода на американский язык жестов в режиме реального времени, звоните круглосуточно 7 дней в неделю.</p>

1-866-595-8133 (TTY: 711), Monday – Friday, 7 a.m. to 7 p.m.

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Tagalog Tagalog	Para matulungan kang maintindihan ang impormasyong ito, available ang mga serbisyong tulong sa wika para sa anumang wika, nang libre. Kabilang dito ang mga pandagdag na tulong at mga serbisyo tulad ng malaking printa, nakasulat na pagsasalin, at iba pang naaakses na mga format. Para sa tulong, tawagan ang mga Serbisyo sa Miyembro sa 1-866-595-8133 (TTY: 711), Lunes – Biyernes, 7 a.m. hanggang 7 p.m. Para sa real-time na pagsasalin ng pasalita at Senyas na Wikang Amerikano, tumawag 24 oras bawat araw, 7 araw bawat linggo.
Turkish Türkçe	Bu bilgileri anlamınıza yardımcı olmak için, her dilde ücretsiz dil yardımı hizmetleri mevcuttur. Bunlara iri puntolu yazı, yazılı çeviri ve diğer erişilebilir formatlar gibi yardımcı araç ve hizmetler de dâhildir. Yardım için 1-866-595-8133 (TTY: 711) numaralı telefondan Pazartesi - Cuma, 07:00 - 19:00 arasında Üye Hizmetlerini arayın. Gerçek zamanlı sözlü tercüme ve Amerikan İşaret Dili tercümesi için haftanın 7 günü 24 saat arayabilirsiniz.
Urdu اردو	اس معلومات کو سمجھنے میں آپ کی مدد کرنے کے لیے، تمام زبانوں میں مفت لسانی خدمات دستیاب ہیں۔ ان میں معاون آلات و خدمات مثلاً بڑا پرنٹ، تحریر شدہ ترجمہ اور دیگر قابل رسائی فارمیٹس شامل ہیں۔ مدد کے لیے، ممبر سروسز کو (TTY: 711) 1-866-595-8133 پر، بروز پیر تا جمعہ، صبح 7 بجے تا شام 7 بجے کال کریں۔ زبانی اور امریکی اشاراتی زبان کے بیک وقت ترجمے کے لیے، ہفتے کے 7 دن، 24 گھنٹے کال کریں۔
Vietnamese Tiếng Việt	Để giúp quý vị hiểu rõ thông tin này, các dịch vụ hỗ trợ ngôn ngữ hiện có sẵn cho bất kỳ ngôn ngữ nào, hoàn toàn miễn phí. Các dịch vụ này bao gồm biện pháp hỗ trợ thêm và các dịch vụ như bản in chữ lớn, dịch thuật văn bản và các định dạng có thể truy cập khác. Để được giúp đỡ, hãy gọi Dịch Vụ Hội Viên theo số 1-866-595-8133 (TTY: 711), Thứ Hai - Thứ Sáu, 7 giờ sáng đến 7 giờ tối. Hãy gọi đến để được giải thích bằng miệng và Ngôn Ngữ Ký Hiệu Mỹ theo thời gian thực, 24 giờ một ngày, 7 ngày mỗi tuần.
Yoruba Yoruba	Láti ràn ọ lówọ láti lóye àlàyé yíí, àwọn isẹ ìrànlowọ èdè wà fún èdè èyíkéyíí, lófèḗ. Lára àwọn yíí ni àwọn irin isẹ ìrànlowọ àti isẹ ítójú bíi ohun tí a tẹ tí ó tóbi, itumọ tí a kọ sílẹ̀, àti àwọn irú míràn tí ọwọ̀ lè tó. Fún ìrànlowọ̀, pe Òka Isẹ̀ Itójú Ọmọ Egbé ní 1-866-595-8133 (TTY: 711), Ọjọ Ajé sí Ọjọ Ètì, aago méje òwúrọ̀ sí aago méje ìròlẹ̀. Fún isẹ̀ ògbifọ̀ àfẹnuṣe àti ti Èdè Odi Ilẹ̀ Amẹ́ríkà lójú esẹ̀, pè ní wákàtí mérénlélógún ní ọjọ kan, ọjọ méje fún ọsẹ kan.

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