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, audio CD, in a different language or another format, please call Member Services at 1-866-595-8133 (Hearing Loss: 711).
Important Contacts

YOUR PERSONAL CONTACTS

Your Primary Care Provider: _____________________________________________________

Your Pharmacy: ______________________________________________________________

Your Nearest Urgent Care Clinic: _________________________________________________

CONTACTING LOUISIANA HEALTHCARE CONNECTIONS

Louisiana Healthcare Connections
8585 Archives Avenue, Suite 310, Baton Rouge, LA 70809

Member Services and 24/7 Free Nurse Advice ................................................... 1-866-595-8133

Hearing Loss Number ................................................................................................. 711

Fax ............................................................................................................................ 1-866-768-9374

Normal hours of operation are Monday through Friday 7:00 a.m. to 7:00 p.m.

24/7 Mental health and addiction Crisis Line ....................................................... 1-844-677-7553

Free Transportation to Appointments ................................................................. 1-855-369-3723

Hearing Loss Number ................................................................................................. 711

Where’s My Ride? ................................................................................................... 1-855-369-3724

OTHER IMPORTANT PHONE NUMBERS

In an Emergency ........................................................................................................... Call 911

Dental Services for Children under age 21: call MCNA ...................................... 1-855-702-6262

Hearing Loss 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)

To report Fraud, Waste and Abuse to the Dept. of Health & Hospitals .............. 1-800-488-2917

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www.LouisianaHealthConnect.com
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 (Hearing Loss: 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 and phone number
- Receiving new member materials

We are open Monday through Friday from 7:00 a.m. to 7:00 p.m., excluding State holidays. You can also write to us at:

Louisiana Healthcare Connections
8585 Archives Avenue, Suite 310
Baton Rouge, LA 70809

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.

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, pharmacy 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 (www.LaHealth.CC/findadoc) 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 (Hearing Loss: 711) Monday-Friday, 7:00 a.m. to 7:00 p.m. and we will be happy to send you one.
LOUISIANA HEALTHCARE CONNECTIONS
WEBSITE

Our website helps you get answers about your health care online.

Please visit our website at [www.LouisianaHealthConnect.com](http://www.LouisianaHealthConnect.com) for information on your benefits and our services. You can find information about these topics and more:

- Member Handbook
- 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 Secure Member Portal allows you to:

- Change your Primary Care Provider (PCP)
- Check your My Health Pays™ 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 assessment
- See services received, prescriptions, medical history and more
- Email Member Services
- Print a temporary Louisiana Healthcare Connections Member ID card

To Sign Up on the Secure Member Portal, follow these steps:

2. On the homepage, under the heading For Members, click Login
3. Click Sign Up Now
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.

Your Member ID card is proof you are a Louisiana Healthcare Connections member. You need to 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. In addition, you must also keep your state-issued Medicaid ID card with you in order 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 (Hearing Loss: 711). We will send you a new ID card within 10 days.

You can also print a temporary Member ID card from the secure Member Portal on our website: www.LouisianaHealthConnect.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

Back

FOR MEMBERS
Member Services: 1-866-595-8133
(Hearing Loss: 711)
- Questions about your benefits
- Aide to medical appointments
- Comments and complaints
94/7 Mental Health and Addiction Crisis Support: 1-844-777-7553
Mailing Address:
Louisiana Healthcare Connections
8885 Airline Avenue, Suite 370
Baton Rouge, LA 70809
Report Medicaid Fraud: 1-800-488-2987

FOR PROVIDERS
Provider Services: 1-866-595-8133
MTT Eligibility Inquiry and Prior Authorization: 1-866-595-8133
Pharmacy Help Desk:
1-800-211-0543
Send Claims to:
Louisiana Healthcare Connections
4010 Colmar
P.O. Box 4040
Farmland, MD 20840 3952
EDI Payor ID: 61809

www.LouisianaHealthConnect.com
24/7 NURSE ADVICE HOTLINE

1-866-595-8133 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 (Hearing Loss: 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 ER (Emergency Room), call us. Our nurses will help you determine if you need emergency care, urgent care or primary care from your doctor.
## 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 Medical State Plan.

<table>
<thead>
<tr>
<th>Service/Benefit</th>
<th>Covered Service/Benefit</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Audiology Services and Hearing Aids</strong></td>
<td>Hearing exams, treatment, and hearing aids and related supplies such as earpieces and batteries</td>
<td>Members age 21 and older limited to one hearing exam per year and one hearing aid every two years</td>
</tr>
<tr>
<td><strong>Basic Behavioral Health Services</strong></td>
<td>Basic Behavioral Health Services performed in a physician or medical office</td>
<td>Not limited by Louisiana Healthcare Connections</td>
</tr>
<tr>
<td><strong>Chiropractic Services</strong></td>
<td>Medically necessary manual manipulations of the spine</td>
<td>Covered for members under age 21</td>
</tr>
<tr>
<td><strong>Dental Services for Adults</strong></td>
<td>Dental exams and cleanings (twice a year), preventive x-rays (once a year), one whole mouth set of x-rays (every three years), fillings, simple tooth extractions and dental hygiene supplies</td>
<td>Up to $500 per year</td>
</tr>
<tr>
<td><strong>Dental Services for Children</strong></td>
<td>Medicaid provides dental coverage for children through MCNA. Call 1-855-702-6262 (Hearing Loss: 1-800-955-8771) for more information.</td>
<td></td>
</tr>
<tr>
<td><strong>Durable Medical Equipment</strong></td>
<td>Medical equipment, appliances, and supplies such as wheelchairs, bed rails, breast pumps, walkers and crutches</td>
<td>Certain limitations may apply; contact Member Services for details</td>
</tr>
<tr>
<td><strong>Emergency Medical Services</strong></td>
<td>ER (Emergency Room) services</td>
<td>Not limited by Louisiana Healthcare Connections</td>
</tr>
<tr>
<td><strong>End Stage Renal Disease Services (Dialysis)</strong></td>
<td>Dialysis treatment (including routine laboratory services), medically necessary</td>
<td>Not limited by Louisiana Healthcare Connections</td>
</tr>
<tr>
<td>Service/Benefit</td>
<td>Covered Service/Benefit</td>
<td>Limits</td>
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<tr>
<td>non-routine lab services and medically necessary injections</td>
<td><strong>EPSDT/Well-Child Check-Ups</strong> · Medical Screenings · Vision Screenings · Hearing Screenings · Dental Screenings · Periodic and Inter-periodic Screenings</td>
<td>Covered for members under age 21</td>
</tr>
<tr>
<td>If performed at the following: Doctor Office, Family Planning Clinic, Public Health-Family Planning Clinic</td>
<td><strong>Family Planning Services</strong></td>
<td>Must be a female between the ages of 10 and 59</td>
</tr>
<tr>
<td>Professional medical services furnished by doctors, nurse practitioners, physician assistants, nurse midwives, clinical social workers and clinical psychologists</td>
<td><strong>Federally Qualified Health Center (FQHC) Rural Health Clinic (RHC)</strong></td>
<td>Not limited by Louisiana Healthcare Connections</td>
</tr>
<tr>
<td>· Skilled nursing services · Home health aide · Physical, occupational or speech therapy · Home infusion · Wound therapy</td>
<td><strong>Home Health Services</strong></td>
<td>Limited to 50 visits for members age 21 and older</td>
</tr>
<tr>
<td>Non-curative care that focuses on quality of life and comfort at the end of life</td>
<td><strong>Hospice Care</strong></td>
<td>Not limited by Louisiana Healthcare Connections</td>
</tr>
<tr>
<td>All recommended immunizations are covered, including: pneumonia, influenza (flu), chickenpox, shingles, meningitis, DTAP (diphtheria, tetanus, and pertussis), MMR (measles, mumps and rubella), Hepatitis A and B</td>
<td><strong>Immunizations</strong></td>
<td>Not limited by Louisiana Healthcare Connections</td>
</tr>
<tr>
<td>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 those basic services a hospital is expected to provide</td>
<td><strong>Inpatient Hospital Services</strong></td>
<td>Not limited by Louisiana Healthcare Connections</td>
</tr>
<tr>
<td>Inpatient mental and behavioral health care</td>
<td><strong>Inpatient Psychiatric Hospitals</strong></td>
<td>Not limited by Louisiana Healthcare Connections</td>
</tr>
<tr>
<td>Most diagnostic testing and X-ray (radiological) services ordered by the attending or consulting physician</td>
<td><strong>Laboratory and X-ray Services</strong></td>
<td>Not limited by Louisiana Healthcare Connections</td>
</tr>
<tr>
<td>Service/Benefit</td>
<td>Covered Service/Benefit</td>
<td>Limits</td>
</tr>
<tr>
<td>-------------------------------------------</td>
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</tr>
<tr>
<td>Medical Transportation (Emergency)</td>
<td>Ambulance and helicopter</td>
<td>Not limited by Louisiana Healthcare Connections</td>
</tr>
<tr>
<td>Mental Health and Substance Use Rehabilitation Services</td>
<td>Community psychiatric support and treatment, crisis intervention, psychosocial rehabilitation services and ACT</td>
<td>Covered for members under age 21 and eligible adults</td>
</tr>
<tr>
<td>Mental Health Services (Outpatient)</td>
<td>Services provided by psychologists, clinical social workers, professional counselors, marriage and family therapists, addiction counselors, and advanced practice registered nurses and other behavioral health specialists</td>
<td>Not limited by Louisiana Healthcare Connections</td>
</tr>
<tr>
<td>Methadone Treatment</td>
<td>Administration of methadone and related clinical services</td>
<td>Covered for members under age 21 and eligible adults</td>
</tr>
<tr>
<td>Nurse Midwife and Nurse Practitioner Services</td>
<td>Covered when performed in a doctor’s clinic, FQHC or Rural Health Clinic</td>
<td>Not limited by Louisiana Healthcare Connections</td>
</tr>
<tr>
<td>Nutritional/Dietician Consult Services</td>
<td>Nutritional consultation</td>
<td>Not covered for members age 21 and older</td>
</tr>
<tr>
<td>Outpatient Hospital Services</td>
<td>Diagnostic and therapeutic outpatient services including outpatient surgery and rehabilitation services, Therapeutic and diagnostic radiology services, Chemotherapy and Hemodialysis</td>
<td>Not limited by Louisiana Healthcare Connections</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>Medically-needed help to do the activities of daily living, like bathing, dressing, eating, and bowel/bladder control</td>
<td>Not covered for members age 21 and older</td>
</tr>
<tr>
<td>Pharmacy Services</td>
<td>Prescription medicines</td>
<td>Some medicines require authorization. Some members may have small copays. Refer to the Pharmacy section of this Handbook for details.</td>
</tr>
<tr>
<td>Physician / Professional Services</td>
<td>Professional medical services including those of a physician, nurse midwife, nurse practitioner, clinical nurse specialist or physician assistant</td>
<td>Not limited by Louisiana Healthcare Connections</td>
</tr>
<tr>
<td>Service/Benefit</td>
<td>Covered Service/Benefit</td>
<td>Limits</td>
</tr>
<tr>
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</tr>
<tr>
<td>Podiatrist Services</td>
<td>Office visits, certain radiology and lab procedures and other diagnostic procedures</td>
<td>Not limited by Louisiana Healthcare Connections</td>
</tr>
<tr>
<td>Pregnancy-Related Services</td>
<td>Prenatal through Postpartum</td>
<td>Not limited by Louisiana Healthcare Connections</td>
</tr>
<tr>
<td>Psychiatric Residential Treatment Facility</td>
<td>Mental and behavioral health care for youth in a residential setting</td>
<td>Covered for members under age 21</td>
</tr>
<tr>
<td>Psychiatry and Counseling (Outpatient)</td>
<td>Care and medicines from a doctor trained in mental and behavioral health care</td>
<td>Not limited by Louisiana Healthcare Connections</td>
</tr>
<tr>
<td>Sexually Transmitted Infections (STI) Services</td>
<td>Testing, counseling and treatment of all STIs and confidential HIV testing</td>
<td>Not limited by Louisiana Healthcare Connections</td>
</tr>
<tr>
<td>Substance Use Services</td>
<td>Counseling and treatment to help stop using alcohol or drugs including treatment in a residential facility and detox services</td>
<td>Not limited by Louisiana Healthcare Connections</td>
</tr>
<tr>
<td>Surgical Dental Services (Adult)</td>
<td>Surgical treatment or oral surgery performed in a dental office; these services may be performed using local anesthesia and may require suturing</td>
<td>Not limited by Louisiana Healthcare Connections</td>
</tr>
<tr>
<td>Therapeutic Group Homes</td>
<td>Mental health treatment in a home-like setting</td>
<td>Covered for members under age 21</td>
</tr>
<tr>
<td>Transportation to Appointments</td>
<td>Non-emergency transportation to and from Medicaid-covered services</td>
<td>Not limited by Louisiana Healthcare Connections</td>
</tr>
<tr>
<td>Therapy Services</td>
<td>· Occupational&lt;br&gt;· Physical&lt;br&gt;· Speech and Language</td>
<td>Not limited by Louisiana Healthcare Connections</td>
</tr>
<tr>
<td>Vision Services</td>
<td>Examinations and treatment of eye conditions including: 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, other related services, if medically necessary, and contact lenses if they are the only means of restoring vision</td>
<td>Members under age 21 are eligible for three pairs of eyeglasses per calendar year as well as routine screening, corrective and medical services&lt;br&gt;Members age 21 and older are eligible for one pair of eyeglasses per calendar year as well as routine screening, corrective and medical services</td>
</tr>
</tbody>
</table>
NOTE: Certain services require your doctor to get authorization prior to 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 (Hearing Loss: 711). More information about prior authorizations is located 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 kids, teens and young adult members.

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. Their PCP wants to see your children for regular check-ups, not just when they are sick.

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

- Growth status
- Ears and eyes
- Diet
- Shot records
- Test records


Ask your child’s PCP when your child should have their next Well-Child Check-Up. Call Member Services at 1-866-595-8133 (Hearing Loss: 711) for more information. A representative will help you learn more about exams, screenings and shots.
MEDICATIONS

Louisiana Healthcare Connections covers many prescription and over the counter (OTC) medicines when prescribed by a provider in our network. Your pharmacy benefit does not cover all medicines. We work closely with providers and pharmacists to make sure we cover the medicines you may need. Some medicines have limits or require Prior Authorization. There are no limits on the number of prescriptions covered by Louisiana Healthcare Connections.

Preferred Drug List

The list of medicines covered by Louisiana Healthcare Connections is called the Preferred Drug List (PDL). Louisiana Healthcare Connections watches for new medicines to add to the list of covered drugs. For the most current PDL, you can call Member Services at 1-866-595-8133 (Hearing Loss: 711) or visit our website at www.LouisianaHealthConnect.com. Some medicines on the PDL may have limits like:

- Quantity limits
- Age limits
- Gender limits
- Step therapy

These limits are set based on FDA rules for safety. The limits can be found in the Limitations / Restrictions column of the PDL.

Generic vs. Brand Name Medicines

Whenever possible, you should use generic instead of brand prescription medicines. Usually, 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 necessary, a request for Prior Authorization may be submitted.

Over-The-Counter (OTC) Medicine

The Louisiana Healthcare Connections pharmacy program covers many OTC medicines. This includes common OTC medicines like folic acid, vitamin D and aspirin. A full list of covered OTC medicines can be found online in the OTC Drugs section of the PDL. For an OTC medicine to be covered, your provider must write a prescription for it. If you need an OTC medicine without a prescription, you will have to pay for it.

Specialty Medicines

Louisiana Healthcare Connections covers many specialty medicines. Authorization requirements are different for each one. Your provider can ask for Prior Authorization for these medicines.
Medicine to Help You Quit Smoking

We cover some medicines to help you quit smoking. A provider in the Louisiana Healthcare Connections network must write a prescription for these medicines:

- Generic nicotine replacement products (gum, lozenges, and patches)
- Bupropion SR (Zyban)

Excluded Medicines

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

- Infertility or impotence
- Cosmetic purposes or hair growth
- Vitamins (except those listed 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 Member Services at 1-866-595-8133 (Hearing Loss: 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.

<table>
<thead>
<tr>
<th>Prescription Cost</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $10.01</td>
<td>$0.50</td>
</tr>
<tr>
<td>Between $10.01 and $25.00</td>
<td>$1.00</td>
</tr>
<tr>
<td>Between $25.01 and $50.00</td>
<td>$2.00</td>
</tr>
<tr>
<td>More than $50.01</td>
<td>$3.00</td>
</tr>
</tbody>
</table>

There are no copays for:

- Emergency services
- Family planning supplies
- Certain preventive medications
- Women who are pregnant
- Children under the age of 21
- Members in a long-term care facility
- Members in hospice care
- Native American members
- Alaskan Eskimo members
- Home and Community Based Waiver recipients
- Women eligible for Medicaid due to breast or cervical cancer
- Part of a household with a monthly income of $800 or less
Exclusive Pharmacy 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 Exclusive Pharmacy program for at least one year. If you are put in the Exclusive Pharmacy program, Louisiana Healthcare Connections will notify you. You will be able to choose one pharmacy to fill all of your prescriptions. This helps 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 help provide support, talk to your providers/doctors and connect you with mental health and substance use specialists to help you and your child.

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. Providers will assist in helping to figure out what services might best meet your needs.

Louisiana Healthcare Connections covers these behavioral health services:

- Outpatient mental health and substance use services (counseling/therapy)
- Psychiatry services and medication management
- Psychiatric inpatient hospital and partial hospital services
- Psychological Testing
- Intensive Outpatient Services (IOP) for substance use treatment
- Non-hospital and inpatient residential detoxification, rehabilitation and half-way house
- Crisis services 24 hours a day, 7 days a week
- Psychiatric Residential Treatment for children and youth
- Rehabilitation services, like Assertive Community Treatment (ACT)
- Referrals to other community resources
- Transitional health care services

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

- Can’t cope with daily life
- Feels very sad, stressed or worried
- Are not sleeping or eating well
- Wants to hurt themselves or others or has thoughts about hurting themselves
- Are troubled by strange thoughts (such as hearing voices)
- Are drinking alcohol or using other substances
- Seems to be having problems at school
- 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
- You or your child are unable to concentrate
- Feels hopeless

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 911. You can also go to a crisis center or the nearest emergency room.

You do not have to wait for an emergency to get help. Call 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/youth 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 problem behaviors. 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 state agencies.

Each child/youth in CSoC and their family receive wraparound services to help coordinate their care. The wraparound 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/youth and their families support and training provided by parents with experience raising a child/youth with emotional challenges, as well as youth 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 behavior problems
- Child has tried to hurt himself 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.
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.
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. Contact lenses are covered if they are the only means of restoring vision.

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 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 (PCP), 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 Disease (STD) 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

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 “Take Charge” program provided by full Medicaid).
EXCLUDED SERVICES

Services Not Covered

Louisiana Healthcare Connections does not pay for these services:

- Services or items used only for cosmetic purposes
- Experimental and/or investigational procedures drugs and equipment (Phase I & II Clinical Trials are considered experimental)
- Abortions (except in the case of rape, incest or when medically necessary to save the life of the mother)
- Acupuncture
- Treatment for infertility
- Lasik Surgery/Keratotomy

This is not a complete list of excluded services. If you have a question about whether or not a service is covered, please call Member Services at 1-866-595-8133 (Hearing Loss: 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: 1-800-424-4399

**Dental Services for Children (Under Age 21):** call MCNA at 1-855-702-6262 (Hearing Loss: 1-800-955-8771)

**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 (Hearing Loss: 711). We will be glad to help you understand how to access these benefits.
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 (PCP) or we will assign you one. Your PCP will be your main doctor.

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 www.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 Secure Member Portal to access the form or call Member Services at 1-866-595-8133 (Hearing Loss: 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 (Hearing Loss: 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 Primary Care Provider and specialists)
- Provide services in the same manner as to all other patients
- Give you regular physical exams as needed
- Give preventative care visits
- Give you 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 (Hearing Loss: 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 here 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 (Hearing Loss: 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 (Hearing Loss: 711). Have your Louisiana Healthcare Connections Member ID card number 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 (ER).

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 (Hearing Loss: 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 onto our Secure Member Portal at www.LouisianaHealthConnect.com or by calling Member Services at 1-866-595-8133 (Hearing Loss: 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 to 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. No approval is required from your provider or from Louisiana Healthcare Connections for you to access these services:

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

If you need help finding or choosing a provider, we’ll be happy to help. Call us at 1-866-595-8133 (Hearing Loss: 711), Monday through Friday, 7 a.m. to 7 p.m. Or you can find a provider online at www.LaHealth.CC/FindADoc.

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

- Emergency services
- Family Planning services and supplies
- Women’s preventive health services

Referrals

We do not require a referral from your PCP in order 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 are services requiring a referral from your PCP:

- Diagnostic tests (X-ray & lab)
- Scheduled outpatient hospital services
- Planned Inpatient admission
- Clinic services
- Renal dialysis (kidney disease)
- Out-of-network providers require Louisiana Healthcare Connections approval
- 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 timeframes:

<table>
<thead>
<tr>
<th>TYPE OF APPOINTMENT</th>
<th>SCHEDULING TIME FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine, non-urgent or preventive care</td>
<td>Within 6 weeks</td>
</tr>
<tr>
<td>Routine, non-urgent mental health and substance use care</td>
<td>Within 14 days</td>
</tr>
<tr>
<td>Non-urgent sick care (including walk in patients)</td>
<td>Within 72 hours or sooner if medical condition(s) deteriorates into an urgent or emergency condition</td>
</tr>
<tr>
<td>Urgent Care (including walk in patients)</td>
<td>Within 24 hours</td>
</tr>
<tr>
<td>Urgent mental health and substance use care</td>
<td>Within 48 hours</td>
</tr>
<tr>
<td>Emergency visits</td>
<td>Immediately upon presentation</td>
</tr>
<tr>
<td>Initial prenatal visits for newly enrolled pregnant women within their first trimester</td>
<td>Within 14 days of the postmark date on the member’s welcome packet material</td>
</tr>
<tr>
<td>Initial prenatal visits for newly enrolled pregnant women within the second trimester</td>
<td>Within 7 days of the postmark date on the member’s welcome packet material</td>
</tr>
<tr>
<td>Initial prenatal visits for newly enrolled pregnant women within the third trimester</td>
<td>Within 3 days of the postmark date on the member’s welcome packet material</td>
</tr>
<tr>
<td>High risk pregnancies</td>
<td>Within 3 days of identification of high risk, or immediately if in an emergency</td>
</tr>
<tr>
<td>Enrollees who become pregnant</td>
<td>Within 42 days</td>
</tr>
<tr>
<td>Specialty Care Providers (Specialists)</td>
<td>Within 1 month or as clinically indicated</td>
</tr>
<tr>
<td>Lab and X-ray services</td>
<td>Not to exceed 3 weeks. Within 48 hours for urgent care.</td>
</tr>
<tr>
<td>ER follow-up visits</td>
<td>In accordance with discharge instructions</td>
</tr>
<tr>
<td>In-office waiting time for scheduled appointments</td>
<td>Not to exceed 45 minutes. If a provider is delayed, you should be notified immediately. If the wait is more than 90 minutes, you should be offered a new appointment.</td>
</tr>
</tbody>
</table>
FREE TRANSPORTATION TO APPOINTMENTS

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.

To schedule transportation:

As a member of Louisiana Healthcare Connections, you can now schedule transportation to and from medical appointments – two ways!

- By Phone: 1-855-369-3723 (Hearing Loss: 711)
- Online: www.myLAride.net

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

Transportation requests for medical appointments 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.

Non-emergency transportation over 50 miles (one-way) requires prior approval from Louisiana Healthcare Connections.

Information to give us when you call:

- Your Member ID Card number (shown as “Medicaid ID #” on your card).
- The date and time of your medical appointment.
- The complete physical address for the location of your appointment.

If your medical appointment is canceled and you scheduled a ride with us, please call 1-855-369-3723 as soon as possible to cancel your transportation.

“Where’s My Ride?”

If your ride is late or you have questions, comments or concerns, you may call the Where’s My Ride? line at 1-855-369-3724.

If you are having difficulty scheduling a ride, please contact Member Services at 1-866-595-8133 (Hearing Loss: 711) and we will be happy to assist you!
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 Preferred Drug List may continue receiving that medicine for at least 60 days, if it is medically necessary.
- Members who are pregnant may keep the same provider until they have had their baby and completed their first post-partum visit.
- Members who are terminally ill may continue seeing their current Primary Care Provider (PCP) for their care.

If you have questions about continuing to receive care or medications, please call us at 1-866-595-8133 (Hearing Loss: 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.
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, seven 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 (Hearing Loss: 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 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 los miembros al 1-866-595-8133 (Pérdida de la audición: 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:

- English
- Spanish
- French
- Vietnamese
- Chinese
- Arabic
- Tagalog
- Korean
- Portuguese
- Japanese
- Urdu
- German
- Persian (Farsi)
- Russian
- Thai
- Laotian
- Japanese
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
- Telecommunications (cell phone bill)
- Child care services
- Education
- Rent

How Do I Check My Card Balance?

Log in to your secure member account anytime at www.LaHealth.cc/MemberLogin.

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

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

Funds expire 90 days after termination of insurance coverage or 365 days after date reward was earned, whichever comes first.
What Activities Are Eligible for My Health Pays™ Rewards?

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

<table>
<thead>
<tr>
<th>MEMBER</th>
<th>REWARD</th>
<th>HEALTHY ACTIVITY</th>
</tr>
</thead>
</table>
| Kids         | $30    | **Well-Child Check-Ups** (under 15 months)  
For completing all six visits at 2, 4, 6, 9, 12 and 15 months. |
|              | $10    | **Annual Well-Child Check-Up** (age 2 - 21)  
Once per year visit to your child’s PCP when your child is not sick. |
| Pregnancy    | $30    | **Complete Member Notification of Pregnancy (NOP) Form**  
Log in at [www.LaHealth.cc/MemberLogin](http://www.LaHealth.cc/MemberLogin) and fill out the Member Notification of Pregnancy form. Or call Member Services at 1-866-595-8133 and tell them you are pregnant. |
|              | $10    | **Prenatal Pregnancy Visits**  
For each prenatal visit, up to 11 visits ($110 total).  
**Note:** You must complete an NOP first (listed above). |
|              | $50    | **Postpartum (After-Pregnancy) Visit**  
One per pregnancy, for visiting your OB/GYN within 8 weeks of giving birth.  
**Note:** You must complete an NOP first (listed above). |
| Adults       | $10    | **Well-Adult Check-Up**  
Ages 21+. Limit of one per calendar year. |
|              | $10    | **STI Panels (Chlamydia, Gonorrhea and HIV screenings)**  
For completing all three screenings. Limit of one per calendar year. |
|              | $20    | **Comprehensive Diabetes Management**  
For identified diabetics, ages 18-75. Must complete all four screenings in 12 months: HbA1c, Eye, LDL-C, Nephropathy. |
| All Members  | $5     | **Flu Shots**  
One per flu season (September – April). |

Visit [www.LAHealth.CC/HealthyRewards](http://www.LAHealth.CC/HealthyRewards) for more details.
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 it is born. If you do not choose a pediatrician, Louisiana Healthcare Connections will assign one for you.

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

About Folic Acid

One of the most important things 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 like kale and spinach. It is also found in enriched grains. You should take folic acid before you become pregnant. Some foods with folic acid in them include:

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

It is 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 (Start Smart) is a program just for pregnant women and mothers 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 women 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 develop a plan to make changes to help you stop smoking.

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 call Member Services at 1-866-595-8133 (Hearing Loss: 711) as soon as you learn you are pregnant and we will set up the special care you and your baby need.

Text4Baby

Text4baby is the first health service for pregnant women and babies that uses text messages. Text4baby is a free service.

You can text “BABY” (or “BEBE” for Spanish) to 511411 to receive three free text messages a week, timed to your due date or baby’s birth date. The texts will be sent until the baby’s first birthday. The messages address topics such as:

- Labor signs and symptoms
- Prenatal care
- Urgent alerts
- Developmental milestones
- Immunizations
- Nutrition
- Birth defect prevention
- Safe sleep
- Safety
- And more

Text “STOP” (to 511411) to stop getting text messages. You can also text “HELP” (to 511411) for questions at any time. For more information, visit www.text4baby.org.
CASE MANAGEMENT

Some members have special 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.

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 or HIV/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 are:

- Registered Nurses (RN)
- Licensed Social Workers (LSW)
- MemberConnections® Representatives

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 (Hearing Loss: 711) to speak with Case Management. We will help you find the right resources for your needs.

**MemberConnections®**

MemberConnections promotes preventive health care and services. The MemberConnections team is trained to support our members.

They often help members:

• find doctors, specialists or other providers
• find community support services
• help arrange for needed services

MemberConnections can also come to your home and assist you with healthcare needs or social services. For more information, call Member Services at 1-866-595-8133 (Hearing Loss: 711).

**ConnectionsPlus®**

ConnectionsPLUS loans free cell phones to certain members. These members are enrolled in Case Management and do not have reliable access to a telephone. This allows them to have phone access to their health care providers, Case Managers and 911.

For more information, call Member Services at 1-866-595-8133 (Hearing Loss: 711). We will put you in touch with a Case Manager who can determine if you are eligible for the program.
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 physicians, specialists and you. 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/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.

For more information, call Member Services at 1-866-595-8133 (Hearing Loss: 711).
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 “Louisiana Advance Health Care Directive Form.” This form can also be found on the LDH website at www.dhh.louisiana.gov. You can also call Member Services at 1-866-595-8133 (Hearing Loss: 711) for help in finding the form. Once complete, ask your doctor and/or provider to put the form in your file.

Together with your doctor or other provider, 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. Advanced Directives work only when you are unable to make your own decisions.

Examples of Common Types of Advance Directives include:

A 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 only used when you are near the end of life and there is no hope for you to recover.

A 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.

A “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.

A LaPOST Document: tells doctors your wishes if you are no longer able to communicate what you want. LaPOST is only used 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.

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 advanced 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. Please contact the LDH Office of Health Standards Unit at 1-225-342-0138 to file a complaint if your Advance Directive was not followed.
Care Management

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 (Hearing Loss: 711).

FINDING NEW TREATMENTS TO BETTER CARE FOR YOU

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.

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.

Your provider can tell you if a service needs a Prior Authorization. You can also call Member Services at 1-866-595-8133 (Hearing Loss: 711) to see if something needs Prior Authorization.

If the service is urgent, the decision will be made within three calendar days (72 hours). 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.

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.

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-network. Or you can get prior approval from Louisiana Healthcare Connections to see a provider out-of-network. Louisiana Healthcare Connections will pay for a second opinion from a doctor outside of the network if one is not available in-network. Your provider will then review the second opinion and decide on the best treatment plan.
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. Louisiana Healthcare Connections 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 an Urgent Care Clinic. Your follow-up care must be with a Louisiana Healthcare Connections network provider. 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 Louisiana Healthcare Connections approves your special care, 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

Urgent Care is NOT Emergency Care. 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.

Only go to the ER if your provider tells you to go or if you have a life-threatening emergency.

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 (Hearing Loss: 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

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, other’s health or the health of your unborn child.

When to go to the ER:

- Broken bone(s)
- Gun or knife wound(s)
- Bleeding that will not stop
- You are pregnant, in labor and/or bleeding
- Severe chest pain or heart attack
- Drug overdose
- Poisoning
- Bad burn(s)
- Shock (you may sweat, feel thirsty or dizzy or have pale skin)
- Convulsions or seizures
- Trouble breathing
- Suddenly unable to see, move or speak
- Suicidal thoughts or homicidal thoughts that you are concerned you may act upon
- A mental health condition that makes you unable to care for yourself

When NOT to go to the ER:

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

Emergency rooms are 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 (Hearing Loss: 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 (PCP) and Louisiana Healthcare Connections (1-866-595-8133 (Hearing Loss: 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 Member Services at 1-866-595-8133 (Hearing Loss: 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. However, ambulance transport for a non-emergency is not covered.

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.
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 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 (Hearing Loss: 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 (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.

Louisiana Healthcare Connections maintains 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 (Hearing Loss: 711). You can also file an Appeal in person or in writing, at: Louisiana Healthcare Connections, 8585 Archives Avenue, Suite 310, Baton Rouge, LA 70809. Or you can fax your Appeal to 1-877-401-8170.

If you make your Appeal by phone or in person, you must also send Louisiana Healthcare Connections a letter confirming your Appeal within 15 days, unless you request an expedited appeal (see “Fast Appeal Decisions” on the next page).
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 (Hearing Loss: 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 a “Personal 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 (www.LouisianaHealthConnect.com) or in the Forms section of this handbook. If you want to allow someone to Appeal on your behalf, a “Personal 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 (Hearing Loss: 711), Monday-Friday, 7:00 a.m. to 7:00 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 may be able to 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; or
- 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 (Hearing Loss: 711) and ask for the Appeals department. 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. 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, PO Box 4189, Baton Rouge, LA 70821-4189
- By Phone: 1-225-342-5800
- By Fax: 1-225-219-9823
- Online: www.adminlaw.state.la.us/HH.htm
- The “LDH Request for State Fair Hearing Form” is located in the Forms section of your Member Handbook and on our website, www.LouisianaHealthConnect.com.

For more information about the State Fair Hearing process, contact the Health and Hospitals section of Division of Administrative Law at 1-225-342-0443.

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. They have three offices in Louisiana:

**Acadiana Legal Service Corporation**
Program Phone: 1-337-237-4320
Legal Assistance: 1-800-256-1175 (Toll Free)
Online: www.la-law.org

**Legal Services of North Louisiana, Inc.**
Program Phone: 1-318-222-7186
Legal Assistance: 1-800-826-9265 (Toll Free)
Online: www.lsnl.org

**Southeast Louisiana Legal Services Corporation**
Program Phone: 1-504-529-1000
Legal Assistance: 1-800-349-0886 (Toll Free)
Online: www.slls.org
The Advocacy Center

The Advocacy Center helps protect the rights of persons with mental or physical disabilities. They offer advice, information, training and legal help. Advocacy Center offices may be reached at the following locations:

**Advocacy Center – New Orleans**
8325 Oak Street
New Orleans, LA 70118
Telephone: 1-504-522-2337 or 1-800-960-7705
Fax: 1-504-522-5507
Hearing Loss: 1-855-861-3577
AdvocacyCenter@AdvocacyLA.org

**Advocacy Center – Baton Rouge**
530 Lakeland Drive
Baton Rouge, LA 70802
Telephone: 1-225-925-8884 or 1-800-960-7705
Fax: 1-225-925-9625

**Advocacy Center – Lafayette**
600 Jefferson Street Suite 812
Lafayette, LA 70501
Telephone: 1-337-237-7380 or 1-800-960-7705
Fax: 1-337-237-0486

**Advocacy Center – Shreveport**
2620 Centenary Boulevard
Building 2, Suite 248
Shreveport, LA 71104
Telephone: 1-318-227-6186 or 1-800-960-7705
Fax: 1-318-227-1841
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 (Hearing Loss: 711). You can also or file your Grievance in person, by mail or by fax to:

Louisiana Healthcare Connections ATTN: Grievances
8585 Archives Avenue, Suite 310
Baton Rouge, LA 70809

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 (5) 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 www.LouisianaHealthConnect.com. This “Personal 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, in person or by letter. 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. If we need more than 90 days, we will contact you.

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.

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 a LDH Marketing Complaint Form (found 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 other 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 or 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 (Hearing Loss: 711).

To speak with LDH, call their Waste, Fraud and Abuse hotline at 1-800-488-2917 or visit their website at new.dhh.louisiana.gov/index.cfm/page/219.

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.
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 (Hearing Loss: 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 (Hearing Loss: 711).

OTHER INSURANCE

If you have other insurance, please call Member Services at 1-866-595-8133 (Hearing Loss: 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.

Worker’s 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.
MEMBER RIGHTS

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, diagnoses, 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 the your treatment by LDH, Louisiana Healthcare Connections, its providers or contractors.
- To receive all written member information from Louisiana Healthcare Connections:
  - At no cost to you.
MEMBER RESPONSIBILITIES

As a member, you 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 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 Member Handbook) if there is a disagreement with a provider.
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 Unit toll-free hotline at 1-888-342-6207, visit a local Medicaid eligibility office, or go to the Louisiana Medicaid website at http://new.dhh.louisiana.gov/index.cfm/page/237 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 (Hearing Loss: 711).
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 8:00 a.m. to 5:00 p.m., or visit 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.

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 opportunity

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 only re-enroll 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 8:00 a.m. to 5:00 p.m. You can also visit healthy.LA.gov.

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 his or her 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
Notice of Privacy Practices

PRIVACY NOTICE

THIS SECTION DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW CAREFULLY!

Effective: July 1, 2017

For help translating or understanding this, please call Member Services at 1-866-595-8133 (Hearing Loss: 711).

Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono.

1-866-595-8133 (Hearing Loss: 711).

Interpreter services are available to you free of charge.

Covered Entity 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 affect 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:

- Uses and Disclosures
- Your Rights
- Our Legal Duties
- Other privacy practices stated in the notice

We will make any revised Notices available on our website and in this Member Handbook. We will also mail you or email you a copy upon request.
Protecting Oral, Written and Electronic Personal Health Information (PHI):

Louisiana Healthcare Connections protects your PHI. 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.

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
- Issuing premium billings
- Reviewing services for medical necessity
- Performing utilization review of claims

**Health Care Operations**— We may use and disclose your PHI to perform our healthcare operations. These activities may include:

- Providing customer services
- Responding to complaints and Appeals
- Providing case management and care coordination
- Conducting medical review of claims and other quality assessment
- Improvement activities
In our healthcare 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 healthcare operations. This includes the following:

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

**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 disclosure your PHI to the Food and Drug Administration (FDA) to ensure the quality, safety or effectiveness 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 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 judicial and administrative proceedings. We may also disclose it in response to the following:

- An order of a court
- Warrant
- Administrative tribunal
- Discovery request
- Subpoena
- Similar legal request
- Summons
Law Enforcement—We may disclose your relevant PHI to law enforcement when required to do so. For example, in response to a:

- Court order
- Court-ordered warrant
- Subpoena
- Summons issued by a judicial officer
- Grand jury subpoena

We may also disclose your relevant PHI to identify or locate a suspect, fugitive, material witness or missing person.

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—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
- 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
- To intelligence agencies
- To the Department of State for medical suitability determinations
- For protective services of the President or other authorized persons

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 previous identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interests. 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 few 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 you psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment or healthcare operation functions.

All other uses and disclosures of your PHI not described in this Notice will be made only with your written approval. You may take back your approval at any time. The request to take back approval must be in writing. Your request to take back approval will go into effect as soon as you request it. There are two cases it will not take effect as soon as you request it. The first case is when we have already taken actions based on past approval. The second case is before we received your written request to stop.
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 Revoke an Authorization—You may revoke your authorization at any time, the revocation of your authorization must be in writing. The revocation will be effective immediately, except to the extent that we have already taken actions in reliance of the authorization and before we received your written revocation.

Right to Request Restrictions—You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment or healthcare 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 restriction applies. 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 healthcare 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 is 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 you PHI should be delivered.

Right to Access and Receive 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 practically 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 and 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 years 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/ocr/privacy/hipaa/complaints.

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 list 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

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
8585 Archives Avenue, Suite 310
Baton Rouge, LA 70809
Phone: 1-866-595-8133 (Hearing Loss: 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. If we make changes, we will send a new notice to you. 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 (Hearing Loss: 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  
   8585 Archives Avenue, Suite 310  
   Baton Rouge, LA 70809  
   Phone: 1-866-595-8133 (Hearing Loss: 711)  
   Fax: 1-866-768-9374

You may also contact the Secretary of the United States Department of Health and Human Services:

   Office for Civil Rights–Region IV  
   U.S. Department of Health & Human Services  
   Atlanta Federal Center, Suite 3B70  
   61 Forsyth Street, S.W.  
   Atlanta, Georgia 30303-8909  
   Phone: 1-404-562-7886  
   Hearing Loss: 1-404-331-2867  
   Fax: 1-404-562-7881
Forms

- Grievance or Appeal Form
- Concern or Recommendation Form
- Personal Appeal Representative Form
- LDH Request for State Fair Hearing Form
- LDH Marketing Complaint Form
- Pregnancy Information Form
- Personal Health Information Form
- Request to Change My Doctor (Primary Care Provider) Form
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 30 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 Medicaid #: ______________________________________________________

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
8585 Archives Avenue, Suite 310, Baton Rouge, LA 70809

Or fax to: 1-877-401-8170

HAVE QUESTIONS OR NEED HELP?

Call us at 1-866-595-8133 (hearing loss: 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. Thanks!

Member Name: _______________________________________________________________
Member Medicaid #: __________________________________________________________
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
8585 Archives Avenue, Suite 310, Baton Rouge, LA 70809
Or fax to: 1-866-768-9374

HAVE QUESTIONS OR NEED HELP?
Call us at 1-866-595-8133 (hearing loss: 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 Medicaid #: __________________________________________________________

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
8585 Archives Avenue, Suite 310, Baton Rouge, LA 70809

Or fax to: 1-877-401-8170

HAVE QUESTIONS OR NEED HELP?

Call us at 1-866-595-8133 (hearing loss: 711), Monday through Friday, 7 a.m. to 7 p.m.
REQUEST FOR STATE FAIR HEARING

Member Name: _______________________________________________________________

Member Medicaid #: ____________________________

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, 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.
**LDH MARKETING COMPLAINT FORM**

Mail to: Health Plan Marketing Complaint, P.O. Box 91030, Baton Rouge, LA 70821

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**DEPARTMENT OF HEALTH AND HOSPITALS Medicaid**

**Louisiana Coordinated Care Network Program**

**Marketing Complaint Form**

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**FOR DHH USE ONLY**

<table>
<thead>
<tr>
<th>STAGE OF REVIEW</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form Received at DHH</td>
<td></td>
</tr>
<tr>
<td>Investigation Begins</td>
<td></td>
</tr>
<tr>
<td>Sanctions Applied</td>
<td></td>
</tr>
<tr>
<td>Response Sent to Complainant</td>
<td></td>
</tr>
<tr>
<td>Investigation Closed</td>
<td></td>
</tr>
</tbody>
</table>

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**COMPLAINANT CONTACT INFORMATION**

Complainant Name/ Title/Organization:

Address:

Phone:  E-mail:  Fax:

---

**COMPLAINT DETAILS**

Parties to the Alleged Violation: (violator, witnesses and others)

Date/Time/Frequency of Alleged Violation:

Location of Alleged Violation: (facility name including location - address, unit, room, floor)

Narrative/specifics of alleged violation: (Please attach any documentation to support this allegation and attach additional pages if more space is needed for the narrative)

Why is this alleged violation a violation of the Marketing Policy and Procedures? Please include citations to specific policies and procedures?

What harm has resulted due to this alleged violation? (such as misrepresentation, unfair advantage gained)

What is the complainant’s expectation/desire for resolution/remedy, if any?

---

**DHH INVESTIGATION NOTES**

DHH Investigator Signature:  
(at completion of investigation)

Print Name:  Date:

---
Member Notification of Pregnancy

We need to know if you are pregnant! Please help us by completing this confidential form. It will help us find out if there is extra care or support we can give you. When your answers are received, a gift will be mailed to you!

If you have any special needs at this time—physical, social or mental—please let us know! Call Member Services at 1-866-595-8133 (Hearing Loss: 711) Monday through Friday from 7:00 a.m. to 7:00 p.m.

*Required Field

*Are You Pregnant? ☐ Yes ☐ No  * If you are pregnant, please continue to answer all the questions.

Return the form in the envelope provided. When your answers are received, a gift will be mailed to you!

We may call you if we find that you are at risk for problems with your pregnancy.

*Medsicaid ID #: ___________________________ Today’s Date MMDDYYYY: ___________________________

Your First Name: ___________________________

Your Last Name: ___________________________

Your Birth Date MMDDYYYY: ___________________________

Mailing Address: ___________________________________________________________

City: ___________________________ State: ______ Zip Code: ___________________________

Home Phone: ___________________________ Cell Phone: ___________________________

Would you like to receive text messages about pregnancy and newborn care? ☐ Yes ☐ No

If you do not have an unlimited texting plan, message and data rates may apply. Text STOP to unsubscribe. Please note, texting is not secure and may be seen by others.

Email Address: ___________________________

Your OB Provider’s Name: ___________________________

Your Due Date MMDDYYYY: ___________________________

Primary insurance (for mom or baby) other than Medicaid? ☐ Yes ☐ No

Race/Ethnicity (select all that apply): ☐ White ☐ Black/African American ☐ Hispanic/latina

☐ American Indian/Native American ☐ Asian ☐ Hawaiian/Pacific Islander

☐ Other  If other ethnicity, please specify: ___________________________________________________________

Preferred Language (if other than English): ___________________________________________________________

Planning to breastfeed? ☐ Yes ☐ No  If no, what is the reason? ___________________________________________________________

Pediatrician chosen? ☐ Yes ☐ No  Pediatrician Name: ___________________________________________________________

Number of Full Term Deliveries: _______  Number of Miscarriages: _______

Number of Preterm Deliveries: _______  Number of Stillbirths: _______

Height: _______ Pre-Pregnancy Weight: _______
*Medicaid ID #: 

Name: Last, First: 

Do you have any of the following?  

<table>
<thead>
<tr>
<th>Your Medical History</th>
<th>Current Pregnancy History</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Preterm labor this pregnancy?</td>
</tr>
<tr>
<td>Previous preterm delivery (&lt;37 weeks or a delivery more than three weeks early)?</td>
<td>Yes</td>
</tr>
<tr>
<td>Recent delivery within past 12 months?</td>
<td>Yes</td>
</tr>
<tr>
<td>Was delivery within past 6 months?</td>
<td>Yes</td>
</tr>
<tr>
<td>Previous C-Section?</td>
<td>Yes</td>
</tr>
<tr>
<td>Diabetes (Prior to Pregnancy)?</td>
<td>Yes</td>
</tr>
<tr>
<td>Sickle Cell?</td>
<td>Yes</td>
</tr>
<tr>
<td>Asthma?</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, are asthma symptoms worse during pregnancy?</td>
<td>Yes</td>
</tr>
<tr>
<td>High blood pressure (prior to pregnancy)?</td>
<td>Yes</td>
</tr>
<tr>
<td>Previous neonatal death or stillbirth?</td>
<td>Yes</td>
</tr>
<tr>
<td>HIV Positive?</td>
<td>Yes</td>
</tr>
<tr>
<td>HIV Negative?</td>
<td>Yes</td>
</tr>
<tr>
<td>Testing refused?</td>
<td>Yes</td>
</tr>
<tr>
<td>AIDS?</td>
<td>Yes</td>
</tr>
<tr>
<td>Seizure Disorder?</td>
<td>Yes</td>
</tr>
<tr>
<td>Seizure within the last 6 months?</td>
<td>Yes</td>
</tr>
<tr>
<td>Previous alcohol or drug abuse?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you have enough food?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you lack reliable phone access?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are you enrolled in WIC?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If yes, mark all that apply. 

<table>
<thead>
<tr>
<th>List:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current STD?</td>
</tr>
<tr>
<td>List:</td>
</tr>
<tr>
<td>Current tobacco use?</td>
</tr>
<tr>
<td>Amount:</td>
</tr>
<tr>
<td>If yes, are you interested in quitting?</td>
</tr>
<tr>
<td>Current alcohol use?</td>
</tr>
<tr>
<td>Amount:</td>
</tr>
<tr>
<td>Current street drug use?</td>
</tr>
<tr>
<td>Taking any prescription drugs (other than prenatal vitamins)?</td>
</tr>
<tr>
<td>List:</td>
</tr>
<tr>
<td>Any hospital stays this pregnancy?</td>
</tr>
<tr>
<td>Are you homeless or living in a shelter?</td>
</tr>
<tr>
<td>Do you have problems getting to your doctor visits?</td>
</tr>
<tr>
<td>Do you feel unsafe in your home?</td>
</tr>
</tbody>
</table>

Please list any other social needs you may have: 

Please list anything else you would like to tell us about your health: 

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General Health Risk Screening

We need to know your health history! Please help us by completing this confidential form. It will help us find out if there is extra care or support we can give you.
If you have any special needs at this time—physical, social or mental—please let us know!
Call Member Services at 1-866-595-8133 (Hearing Loss: 711) Monday through Friday from 7:00 a.m. to 7:00 p.m.

One Member per form

Member Last Name, First: __________________________________________
Date of Birth (MM/DD/YYYY): ______________________________
*Medicaid ID: ________________________________________________
Name of person answering questions: __________________________________________

Relationship to member:
☐ Parent ☐ Guardian ☐ Spouse ☐ Friend ☐ Lawyer ☐ Provider ☐ Other

If we would need to return a call to you, what is the best time to reach you?
☐ Morning ☐ Afternoon ☐ Evening

What is the best telephone number to reach you? __________________________________________

Member’s Height: ______ Feet ______ Inches Member’s Weight: ______ Pounds

Do you know who your PCP (doctor) is? ☐ Yes ☐ No

Do you have an appointment scheduled with your PCP? ☐ Yes ☐ No

Are you having a problem with any of your medications that prevent you from using them the way your doctor ordered them? ☐ Yes ☐ No

Have you been admitted to a hospital in the last 12 months? ☐ Yes ☐ No

Have you been to the emergency room (ER) more than once in the last six months? ☐ Yes ☐ No

Are you currently pregnant? ☐ Yes ☐ No ☐ Unsure ☐ N/A

Do you currently have any of the following conditions? (check all that apply)
☐ Alcohol or Substance Abuse ☐ Asthma ☐ Cancer ☐ COPD
☐ Depression ☐ Diabetes ☐ Heart Disease ☐ High Blood Pressure
☐ HIV/AIDS ☐ Kidney Disease ☐ Mental Health Condition
☐ Transplant (On waiting list or received transplant in the last 12 months) ☐ Tobacco use

Other medical condition(s) __________________________________________

Do you have any special needs (such as hearing, vision or mobility problems)? ☐ Yes ☐ No

If yes, please describe special needs __________________________________________
REQUEST TO CHANGE MY PRIMARY CARE PROVIDER (PCP)

Member Information
Member Full Name: ________________________________________________
Member Medicaid #: ________________________________________________
Member Social Security #: __________________________________________
Member Address: ___________________________________________________
   City: ___________________________ State: _______ Zip: ________
Member Phone: ____________________________________________________

Requested New PCP
Doctor’s Full Name: ________________________________________________
Office Address: ____________________________________________________
   City: ___________________________ State: _______ Zip: ________
Doctor Phone: _____________________________________________________
Requested Effective Date (mm/dd/yyyy): ________________________________

Reason for Requesting Change
(Check all that apply)
□ This doctor is already my PCP
□ This doctor sees another family member
□ This PCP is my personal preference
□ I have moved
□ Office hours did not fit my needs
□ Quality of care did not fit my needs
□ Office wait times were too long
□ Took too long to get an appointment
□ Office is too far away/hard to get to
□ Other: _________________________

Member Signature: __________________________ Date: __________

SEND YOUR COMPLETED FORM TO:
Louisiana Healthcare Connections, ATTN: Member Services
8585 Archives Avenue, Suite 310, Baton Rouge, LA 70809
Or fax to: 1-866-768-9374

HAVE QUESTIONS OR NEED HELP?
Call us at 1-866-595-8133 (hearing loss: 711), Monday - Friday, 7 a.m. to 7 p.m.
We Do Not Discriminate

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. Louisiana Healthcare Connections does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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 (hearing loss: 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, you can file a grievance by calling the number above and telling them you need help filing a grievance; Louisiana Healthcare Connections is available to help you.


SPANISH: Aviso de no discriminación

Louisiana Healthcare Connections cumple con las leyes federales de derechos civiles aplicables y no discrimina en base a raza, color, origen nacional, edad, discapacidad o sexo. Louisiana Healthcare Connections no excluye a las personas ni las trata de manera distinta debido a su raza, color, origen nacional, edad, discapacidad o sexo.

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 (pérdida de la audición: 711).

Si cree que Louisiana Healthcare Connections no le ha proporcionado estos servicios o lo(a) ha discriminado de otra manera en base a raza, color, origen nacional, edad, discapacidad o sexo, puede presentar una queja llamando al número anterior y diciéndoles que necesita ayuda para presentar una queja; Louisiana Healthcare Connections está disponible para ayudarle.


**FRENCH: Déclaration de non-discrimination**

Louisiana Healthcare Connections respecte les lois applicables des États-Unis en matière de droits civils et ne pratique aucune discrimination fondée sur la race, la couleur, l’origine nationale, l’âge, un handicap ou le sexe. Louisiana Healthcare Connections n’exclut aucune personne, ni ne pratique de différence de traitement à l’égard des personnes en raison de leur race, leur couleur, leur origine nationale, leur handicap ou leur sexe.

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 (malentendants : 711).

Si vous estimez que Louisiana Healthcare Connections n’a pas fourni ces services ou a fait preuve de pratiques discriminatoires fondées sur la race, la couleur, l’origine nationale, l’âge, un handicap ou le sexe, vous pouvez déposer une plainte en appelant le numéro ci-dessus en précisant que vous avez besoin d’assistance pour cette démarche : Louisiana Healthcare Connections est à votre disposition pour le faire.


VIETNAMESE: Thông Báo về Chống Ký Thì

Louisiana Healthcare Connections tuân thủ theo luật dân quyền hành của Liên Bang và không ký thì dựa trên chủng tộc, màu da, nguồn gốc quốc gia, tuổi, khuyết tật, hoặc giới tính. Louisiana Healthcare Connections không loại trừ những người hoặc đối xử với họ khác biệt bởi vì chủng tộc, màu da, nguồn gốc quốc gia, tuổi, khuyết tật, hoặc giới tính.

Louisiana Healthcare Connections:

- Cung cấp các trợ cấp 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 đầu có khả năng và thông tin trên văn bản dưới các dạng thực khác (chữ in khổ lớn, các dạng thực để tiếp cận bằng điện tử, các dạng thực khác).


Nếu quý vị tin rằng Louisiana Healthcare Connections đã không cung cấp các dịch vụ này hoặc ký thì dưới một cách khác dựa vào chủng tộc, màu da, nguồn gốc quốc gia, tuổi, khuyết tật, hoặc giới tính, quý vị có thể nộp một đơn khiếu nại bằng cách gọi số điện thoại ở trên và cho họ biết quý vị cần giúp nộp một đơn khiếu nại; Louisiana Healthcare Connections sẵn sàng giúp đỡ cho quý vị.


Translations Are Available

SPANISH
Si usted habla español, se encuentran disponibles servicios de ayuda con la comunicación sin costo alguno. Para obtener ayuda para entender esta información, llámenos al 1-866-595-8133 (Pérdida de la audición: 711), de lunes a viernes, de 8 a. m. a 5 p. m.

FRENCH
Si vous parlez français, vous pouvez bénéficier de services d’assistance linguistique gratuits. Si vous souhaitez une assistance pour vous aider à comprendre cette information, veuillez nous appeler au 1-866-595-8133 (Malentendants : 711), du lundi au vendredi, de 8 h à 17 h.

VIETNAMESE
Nếu quý vị nói tiếng Việt, hiện có các dịch vụ trợ giúp ngôn ngữ cho quý vị miễn phí. Đề Được giúp đỡ hiểu thông tin này, gọi chúng tôi tại số 1-866-595-8133 (Lãng Tai: 711), Thứ Hai tới Thứ Sáu, 8 sáng tới 5 chiều.

CHINESE
如果您讲中文，您可以免费获得语言协助服务。如需帮助理解本信息，可在周一至周五上午 8 时至下午 5 时给我们打电话，电话号码是 1-866-595-8133（听力障碍者专线：711）。

ARABIC
إذا كنت تتحدث العربية، توفر لك خدمات المساعدة اللغوية دون أي تكلفة. للحصول على مساعدة في فهم هذه المعلومات، اتصل بنا على الرقم 1-866-595-8133 (ضعف السمع: 711)، من الاثنين إلى الجمعة، 8 صباحًا حتى 5 مساء.

TAGALOG
Kung nagsasalita ka ng Tagalog, mayroon kang makukuhang libreng tulong sa wika. Upang makakuha ng tulong upang maunawaan ang impormasyong ito, tawagan kami sa 1-866-595-8133 (Kung may kahirapan sa pandinig: 711) Lunes hanggang Biyernes, mula 8 a.m. hanggang 5 p.m.

KOREAN
한국어를 쓰시는 경우, 언어 지원 서비스가 무료로 제공됩니다. 본 정보를 이해하시는 데 도움이 필요하시면, 저희에게 1-866-595-8133번(난청이 있으신 분은 711번 이용)으로 월요일-금요일, 오전 8시-오후 5시 중에 연락하실 수 있습니다.

PORTUGUESE
Se você fala português, serviços linguísticos gratuitos estão à sua disposição. Para obter ajuda para compreender estas informações, ligue para 1-866-595-8133 (Deficiência Auditiva: 711), segunda a sexta-feira das 8 da manhã às 5 da tarde.
LAOTIAN

Thanks for speaking LAOTIAN. We offer free language support to LAOTIAN speakers. For more information, call 1-866-595-8133 (Hearing Loss: 711) 8 AM to 8 PM. Monday to Friday.

JAPANESE

英語を話す場合は、無料で通訳サービスをご利用になれます。この内容を詳しく知りたい方は、1-866-595-8133 (聴力低下の場合は：711) にお電話ください。この番号は、月曜日から金曜日の午前8時から午後5時までご利用いただけます。

URDU

اگر اپ اردو بولتے ہیں تو، اب کو زبان سے متعلق مدد کی خدمات متتفقہ بین. اس اطلاع کو سمجھیں میں مبنی کئی لیے، بین 8133-595-866-1)

GERMAN

Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienste zur Verfügung. Wenn Sie zum Verständnis dieser Informationen Hilfe benötigen, erreichen Sie uns montags bis freitags von 8 bis 17 Uhr unter der Nummer 1-866-595-8133 (Hörgeschädigte: 711).

PERSIAN (FARSI)

اگر شما فارسی صحبت میں کنن، خدمات ترجمه بدون هیچ ہزینہ در دسترس شما هستند. برای کمک برای درک این اطلاعات، با ما با شماره تلفن 8133-595-866-1 (برای کسی کی اختلال شنوایی دارند: 711)، از دوشتنه تا جمعه، 8 صبح تا 5 بانگا میں پیسی.

RUSSIAN

Если вы говорите по-русски, то вам могут быть бесплатно предоставлены услуги по переводу.
Если вам требуется помощь, чтобы понять эту информацию, позвоните нам по номеру телефона 1-866-595-8133 (номер для слабослышенных: 711) с понедельника по пятницу, с 8:00 до 17:00.

THAI

ถ้าคุณพูดภาษาไทย มีการบริการช่วยเหลือภาษาให้คุณ โดยไม่เสียค่าใช้จ่าย เพื่อให้ใครมีความขยันหน่อยให้เข้าใจข้อมูลนี้ โทรหมายเรารับ 1-866-595-8133 (ความบกพร่องทางการได้ยิน 711) วันจันทร์ถึงวันศุกร์ 8:00 น. ถึง 17:00 น.