



Member Booklet

Your At-A-Glance Health Plan Guide



Welcome

to Louisiana Healthcare Connections —
we're so glad to have you as our member!

This is your at-a-glance guide to important information about your health plan membership. It includes some helpful ways to access your benefits right away.

Ready? Let's get started!

1 ***Want to earn \$25 by helping us learn more about you and your health?***

Complete the **Health Needs Assessment** form at the back of this booklet **within 30 days** of the effective date on your Member ID card and mail it back to us. You'll earn **\$25** in **My Health Pays™** rewards.*

2 ***If you're pregnant, please let us know.***

Fill out the Member Notification of Pregnancy form at the back of this booklet and mail it back to us. You'll earn **\$30** in **My Health Pays™** rewards.*

3 ***Create your personal account on our secure member website.***

Go to **member.LouisianaHealthConnect.com** or scan the code on the back cover. Then, click "Create New Account" and follow the instructions. Our Secure Member Portal is designed for your smartphone. So, there's no need for a separate app to do things like change your primary care provider (PCP) or print a new Member ID card.

\$

Earn rewards faster! Once you create your Member Portal account, you can complete your Health Needs Assessment online! Pregnant? Complete your Notification of Pregnancy form in the portal too.

* To learn more about earning and spending **My Health Pays™** rewards, go to page 14.

Asking Questions and Getting Help



Our Member Services team is located right here in Louisiana. We can help you with questions about your membership and our plan. We are ready to help you:

- Find a doctor, urgent care clinic or other provider
- Understand your covered benefits
- Get a new Member ID card
- Update your contact information
- File a grievance or appeal
- **And much more**

Important Contacts

Member Services and 24/7 Free Nurse Advice	1-866-595-8133
TTY	711
Fax	1-866-768-9374
<i>Normal hours of operation are Monday through Friday 7 a.m. to 7 p.m.</i>	
24/7 Mental Health and Addiction Crisis Line	1-844-677-7553
Free Rides for Health and Wellness Needs	1-855-369-3723
TTY	711
Pharmacy Services	1-866-595-8133
Vision Services	1-888-898-9880
Medicaid Dental Plans (dental services for members under age 21 and adult denture services)	
DentaQuest	1-800-685-0143
MCNA Dental	1-855-702-6262
Louisiana Problem Gamblers Helpline	1-877-770-7867
Help to Quit Smoking	1-800-784-8669
BREATHE Asthma Support Program	1-888-293-7020
Emergency	Call 911
To Report Waste, Fraud and Abuse	1-800-488-2917

Your Personal Contacts

Your Primary Care Provider: _____

Phone: _____

Your Specialist: _____

Phone: _____

Your Pharmacy: _____

Phone: _____

Your Nearest Urgent Care Clinic: _____

Phone: _____



Language 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 interpreter is not available.

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

To request an interpreter: Call Member Services at **1-866-595-8133** (TTY: 711) and tell us the language you speak. We will make sure an interpreter is on the phone with you when you call your health care provider, or 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** (TTY: 711) y díganos qué idioma habla. Nos aseguraremos de que haya un intérprete en el teléfono con usted cuando llame a su proveedor de atención médica, o que esté disponible en su cita.

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

- English
- Spanish
- French
- Vietnamese
- Chinese
- Arabic
- American Sign Language
- Tagalog
- Korean
- Portuguese
- Lao
- Japanese
- Urdu
- German
- Persian (Farsi)
- Russian
- Thai
- Hindi
- Polish



Member Benefits



Louisiana Healthcare Connections provides a broad range of services to meet your health care needs. Some of your member benefits include:

- Unlimited visits to your primary care provider (PCP)
- Unlimited visits to specialist doctors, as needed
- Pregnancy and newborn care
- Prescription medicines
- Mental health and substance use services
- Transportation for health and wellness needs
- Immunizations and flu shots
- Emergency medical care
- Chronic pain management alternatives
- Family planning services
- Home health support
- Laboratory tests and X-rays
- Vision services
- 24/7 free Nurse Advice Line (**1-866-595-8133**)
- 24/7 Mental Health and Addiction Crisis Line (**1-844-677-7553**)

For a complete listing of your covered benefits, see the Benefits section of your Member Handbook. Go to LouisianaHealthConnect.com/resources or scan the code on the back cover. Some services may have limitations or authorization requirements, which are explained in the Member Handbook.

If you have questions about your benefits, you can call Member Services at **1-866-595-8133** (TTY: 711), Monday-Friday, 7 a.m. to 7 p.m.



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. You can search for in-network providers at LaHealth.cc/findadoc or by scanning the “Find a Provider” code on the back cover.

Making Appointments and Getting Care

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

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

- Visits to a PCP, 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

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

How to Make an Appointment

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

How to Change an Appointment

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

How to Cancel an Appointment

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

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:

	TYPE OF VISIT/ADMISSION/APPOINTMENT	ACCESS/TIMELINESS STANDARD
EMERGENCY	Emergency care	24 hours, 7 days/week, within 1 hour of request
NON-EMERGENCY CARE	Urgent non-emergency care	24 hours, 7 days/week, within 24 hours of request
	Non-urgent sick primary care	72 hours
	Non-urgent routine primary care	6 weeks
	After hours, by phone	Answer by live person or call-back from a designated medical practitioner within 30 minutes
SPECIALTY CARE	Specialist appointments	1 month
	OB-GYN pregnancy care, 1st trimester	14 days
	OB-GYN pregnancy care, 2nd trimester	7 days
	OB-GYN pregnancy care, 3rd trimester	3 days
	OB-GYN care for high-risk pregnancy, any trimester	3 days
	Family planning appointments	1 week
BEHAVIORAL HEALTH	Non-urgent routine behavioral health care	10 days
	Urgent non-emergency behavioral health care	24 hours
	Psychiatric inpatient hospital (emergency involuntary)	4 hours
	Psychiatric inpatient hospital (involuntary)	24 hours
	Psychiatric inpatient hospital (voluntary)	24 hours
	ASAM level 3.3, 3.5 & 3.7	10 business days
	Residential withdrawal management	24 hours when medically necessary
	Psychiatric residential treatment facility (PRTF)	20 calendar days
IN-OFFICE WAITING TIMES	Scheduled appointments	Less than a 45-minute wait in office

Provider Directory

Your Provider Directory is your guide to all the “in-network” providers you may choose from. “In-network” refers to all the health care providers (such as doctors, pharmacies, urgent care clinics and behavioral health providers) who work with Louisiana Healthcare Connections to serve our members.

To search for a provider online, go to: LaHealth.cc/findadoc.

To request a free copy of your Provider Directory be emailed or mailed to you, call Member Services at **1-866-595-8133**.

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 personal doctor. Your PCP is the main doctor you will see for yearly wellness check-ups, screenings, vaccinations and minor illnesses and injuries. Your PCP can also give you medical care, advice and information about your health.

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. 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.

Changing Your PCP

If you would like to change your PCP, Louisiana Healthcare Connections can help you. To change your PCP:

- Log in to your Member Portal account to change your provider online.
- Fill out and return a “Request to Change My Primary Care Provider Form” (found in your Member Handbook or print at LouisianaHealthConnect.com/resources).
- Call Member Services at **1-866-595-8133 (TTY: 711)**.

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.

If your specialist requires a referral, 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
- Out-of-network providers require Louisiana Healthcare Connections’ approval
- Renal dialysis (kidney disease)
- Durable medical equipment (DME)
- Home health care

Free Rides for Health and Wellness Needs

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

To Schedule a Ride

For rides to medical appointments and other health and wellness needs:

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

Call or go online **at least 48 hours** before your medical appointment to schedule a ride. Transportation requests not called in at least 48 hours in advance may be denied.

When you call or go online to schedule your ride, please have the following information ready:

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

IMPORTANT: *You should be ready to leave two hours before your scheduled appointment.*

The 48-hour notice does not apply to urgent medical appointments. It also does not apply to same-day appointments. A “same-day appointment” is when one provider refers you to another provider for an appointment on the same day.

For rides to urgent care:

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

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

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

In an emergency:

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

To cancel a ride

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

After-Hours Care

If it is after hours and you cannot reach your PCP, call us 24/7 for free nurse advice at 1-866-595-8133.

You will be connected to a nurse. Have your Louisiana Healthcare Connections Member ID card number handy. The nurse may help you over the phone or direct you to other care. You may have to give the nurse your phone number. During normal office hours, the nurse will assist you in contacting your PCP.

If you are told you need to see another provider or an urgent care clinic, bring your Louisiana Healthcare Connections Member ID card. Ask them to call your PCP or Louisiana Healthcare Connections.

Emergency Care

Louisiana Healthcare Connections covers emergency care 24 hours a day, seven days a week. An emergency is when lack of medical attention could result in jeopardy to your health or, in the case of a pregnant member, the health of their unborn child.

When to go to the emergency room:

- Broken bone(s)
- Gun or knife wound(s)
- Bleeding that will not stop
- You are pregnant and in labor and/or bleeding
- Severe chest pain or heart attack
- Drug overdose
- Poisoning
- Bad burn(s)
- Convulsions or seizures
- Trouble breathing
- Suddenly unable to see, move or speak
- Shock (*you may sweat, feel thirsty or dizzy, or have pale skin*)

When NOT to go to the emergency room:

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

Emergency rooms are for **emergencies**. If possible, call your PCP or visit an urgent care clinic first. If your condition is severe, call 911 or go to the nearest hospital. **You do not need approval.** If your PCP is not available, a physician taking calls should be able to help or there may be a message telling you what to do. You can also call our 24-hour Nurse Advice Line at **1-866-595-8133 to speak with a nurse.**

Behavioral Health Emergencies

If you are having thoughts of suicide or are in severe emotional distress, call or text 988 to reach the Suicide and Crisis Lifeline. You can talk, text or chat with trained counselor anytime, day or night. 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 our 24/7 Crisis Hotline at **1-844-677-7553** to get 24/7 free help for depression, mental illness, substance use and other behavioral health needs.



Filling a Prescription

You must have your prescriptions filled at an in-network pharmacy. Be sure to bring your prescription and your Louisiana Healthcare Connections Member ID card. For help finding an in-network pharmacy, call Member Services at **1-866-595-8133** (TTY: 711).

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.

Copay

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

The table below lists copays based on the cost of the prescription.

PRESCRIPTION COST	COPAY
\$5.00 or less	\$0.00
Between \$5.01 and \$10.00	\$0.50
Between \$10.01 and \$25.00	\$1.00
Between \$25.01 and \$50.00	\$2.00
More than \$50.01	\$3.00

There are no copays for:

- Emergency services
- Family planning supplies
- Vaccines received at a pharmacy
- Certain preventive medications

There are no copays for members who are:

- Pregnant*
- Children under the age of 21
- In a long-term care facility
- In hospice care
- Native Americans
- Alaska Natives
- Home and Community Based Waiver recipients
- Eligible for Medicaid due to breast or cervical cancer

* **Pregnant?** Let us know by filling out and mailing us a Member Notification of Pregnancy form. There’s one in the back of this booklet. You can also complete your form by phone at **1-866-595-8133** or online at LouisianaHealthConnect.com/login.



Care Management



Care management is a service we provide at no cost to our members who have complex or special health care needs. Care managers are registered nurses or social workers. ***Our care managers are here to help our members build healthy lives.***

They can help you:

- Better understand and manage your health condition
- Coordinate services
- Locate community resources.

They can also help with the following services:

- **HELP WITH HEALTH-HARMING HOME ISSUES**

Members that agree to care management and a home assessment are eligible to receive a Healthy Home support (valued at up to \$250 a year) for specific services such as mold removal, pest control, and utility connections to help with health-harming issues within their home. Also, members can access legal support to help deal with health-harming issues (for example, issues with landlord not making repairs).

- **HOME-BASED SUPPORT FOR ASTHMA**

Members that have asthma and are in care management can get extra help managing their condition. The Louisiana Department of Health's BREATHE program provides in-home asthma management education for our members. Your care manager can help guide you through the program.

- **RESPITE CARE FOR MEMBERS EXPERIENCING HOMELESSNESS AFTER HOSPITALIZATION**

Members who are experiencing homelessness after being discharged from the hospital can work with their care manager to access up to 90 days of safe housing, on-site transitional care, and wrap-around services.

Do you think you need care management services? If you think our care managers can help you get healthier, please call Member Services at **1-866-595-8133** (TTY: 711), Monday – Friday, 7 a.m. – 7 p.m., and ask for care management services. You can also talk to your doctor or other health care providers and ask them to refer you.



Pregnancy and Maternity Services

We are here to help you have a healthy pregnancy with special benefits and services for you and your baby. In addition to full pregnancy health care coverage, no copays for prescriptions, and unlimited visits to your OB-GYN, pregnant members enjoy the following special benefits:

- **START SMART FOR YOUR BABY:** This is a free program for pregnant members and new parents. You'll get tips on how to have a healthy pregnancy and reminders for prenatal and postpartum care in the mail and by phone.
- **START SMART LOUISIANA PREGNANCY APP:** This free pregnancy app is designed for pregnant members and new parents. The app will help guide you through your pregnancy all the way up to toddlerhood.
- **HOME VISITING PROGRAMS:** Members who are pregnant and enrolled in case management can get in-person help and guidance during pregnancy and with newborn care.
- **NEWBORN CIRCUMCISION BENEFIT:** Circumcision is covered for newborn members during their hospital stay at birth. It can also be performed in an office setting up to the member's first birthday.
- **SMOKING CESSATION PROGRAM:** If you are pregnant and smoke cigarettes, we can help you stop. We have a special program for pregnant members available at no cost.
- **SAFE SLEEP KITS:** Pregnant members get a portable crib and materials on how to put their baby to sleep safely. Your crib will be delivered before your due date.

We have many ways to help you have a healthy pregnancy. Call Member Services at **1-866-595-8133** as soon as you learn you are pregnant, and we will set up the special care you and your baby need.

Well-Child Check-Ups

For the health of your child, regular visits with their primary care provider (PCP) are important. Well-child check-ups are at no cost to you and can help keep your child from getting sick.

At a well-child check-up, your child's PCP will check their growth status and run important tests, like hearing and vision screenings. They may also give vaccinations against harmful diseases and apply fluoride varnish to fight cavities.

At each age listed in the chart below, schedule a well-child check-up with your child's PCP. Starting at age three, your child should have a well-child check-up once a year until they turn 21.

Well-Child Check-Up Schedule



EVERY YEAR after age three until age 21



Audiology Services and Hearing Aids

Members age 21 and older can get one hearing exam per year and one hearing aid every two years. Plus, related supplies like earpieces and batteries are also covered.

Vision Services

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

Find an in-network vision provider at LaHealth.cc/findadoc.

Covered vision services for members under age 21:

- Regular screening
- Corrective and medical services
- Up to three pairs of glasses per year

Extra covered vision services for members age 21 and over:

- Annual eye exam and refraction
- Treatment of eye conditions
- One pair of glasses or annual supply of contacts per year

Sharecare: Health and Wellness App

With Sharecare, our members get free access to wellness resources and personalized health support. This includes health insights and challenges, daily tracking, guided programs and more. No matter what stage of life you are in, Sharecare can help you take your health to the next level!

It's easy to get started:

- Visit LaHealthConnect.Sharecare.com or scan the code. Follow the steps to create your account.
- Download the Sharecare app onto your mobile device to keep track of your health and complete activities on-the-go.



Boost your health, earn rewards.

\$10

RealAge Test Reward:

When you register for a Sharecare account and complete your RealAge Test you'll earn a **\$10 reward**. Your RealAge is how old you really are, based on your lifestyle, health history, and more. Once you know your RealAge, you'll get recommendations on how to lower it over time and become a healthier you.

Do you smoke or vape? You can earn an additional \$10 for signing up for Sharecare's Craving to Quit, a 21-day program to help you stop for good.

Oral Health and Dental Services

Oral health is important. Our oral health affects our ability to speak, smile, eat and show emotions. It also affects self-esteem. Poor oral health is associated with chronic conditions like diabetes and heart disease. It can also be caused by risky behaviors like tobacco use and sugary diets.

The best way to improve your oral health is by practicing good hygiene. What does good oral hygiene look like?

- **Brushing your teeth twice a day**
- **Flossing once a day**
- **Going to the dentist for exams and cleanings twice a year**

Dental benefits for members under age 21

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

To find a dentist, contact your Medicaid dental plan:

DentaQuest:

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

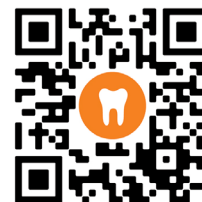
MCNA Dental:

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

* **Fluoride varnish** is a protective coating a doctor puts on your child's teeth.

It helps make the outer layer of their tooth enamel harder and stronger.

Regular fluoride varnish treatments help protect against cavities and tooth decay. Members ages 6 months to 5 years can also get fluoride varnish treatments from their PCP if they are Smiles for Life certified. Learn more at LouisianaHealthConnect.com/fluoridevarnish or scan the QR code.



Denture services for members age 21 and over

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

DentaQuest:

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

MCNA Dental:

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

Get Rewards For Your Healthy Habits



Louisiana Healthcare Connections members can earn My Health Pays™ rewards for screenings, preventive care, and more. Use your My Health Pays™ rewards to help pay for everyday items at Walmart**, utilities, transportation telecommunications (cell phone bill), child care services, education and rent.

How Does It Work?

It's easy to earn reward dollars. First, complete a healthy behavior from the list below. Then we'll add rewards to your My Health Pays™ Visa® Prepaid Card once we are notified by your doctor.

We will mail your My Health Pays™ Visa® Prepaid Card to you after you complete your first healthy activity. As you complete more healthy activities, we will add reward dollars directly to your card. ***So don't throw it away.***

Log in to your member account anytime to see your My Health Pays™ rewards balance.

What Qualifies for My Health Pays™ Rewards?

\$50 Breast Cancer Screening

One per year. Ages 50-74.

\$50 Cervical Cancer Screening

One per year. Ages 21-64.

\$50 Colorectal Cancer Screening

One per year. Ages 45-75.

\$50 Annual Diabetes Care Screenings

One per year. Ages 18-75. Must complete all of the following:

- HbA1c test
- Kidney screening
- Retinopathy screening (dilated eye exam)

\$25 For Sexually Transmitted Infection Screenings

One per year. Must complete all of the following: HIV 1 or 2 test, chlamydia screening, and gonorrhea screening.

\$30 Member Notification of Pregnancy Form

Mail us your form, or complete by phone at **1-866-595-8133** or online at

LouisianaHealthConnect.com/login.

\$10 Prenatal Pregnancy Visit*

For each prenatal visit, up to 11 visits. \$110 total.

\$50 Postpartum Doctor Visit*

Between 7 and 84 days (1-12 weeks) after delivery.

\$30 Infant Well Visits. For completing six infant well care visits by the 15th month birthday. At 2, 4, 6, 9, 12 and 15 months.

\$25 Infant Flu Vaccinations. For receiving two flu shots by the 2nd birthday.

\$25 HPV Vaccinations for Adolescents. For receiving both doses of the human papillomavirus (HPV) vaccine by the 13th birthday.

\$25 For Getting Care to Quit Using Tobacco or Vaping. One per year. For counseling or filling a prescription for a covered smoking cessation drug or product.

* To be eligible for these rewards, you must notify us you are pregnant prior to having your baby by calling us or submitting a completed Member Notification of Pregnancy (NOP) form.

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

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

Visit **LouisianaHealthConnect.com/rewards** for more details.





Behavioral Health Services

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 or your child.

You do not need a referral from your doctor for these services. You can go to any provider in our network for these services. Your providers will assist in helping to figure out what services might best meet your needs.

For a complete listing of your covered behavioral health benefits, see the Mental Health and Substance Use section of your Member Handbook at LouisianaHealthConnect.com/resources. If you have questions about your benefits, you can call Member Services at **1-866-595-8133** (TTY: 711), Monday-Friday, 7 a.m. to 7 p.m.

What do I do in a behavioral health emergency?

In a life-threatening emergency, call or text 988 to reach a trained counselor at the Suicide and Crisis Lifeline. 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.

Problem Gambling Resources

Louisiana residents who suffer with problem gambling are eligible for no-cost gambling treatment. Problem gambling is any gambling behavior that disrupts your life.

Many problem gamblers also suffer with behavioral health issues and substance use issues. Managing your behavioral health conditions can help. To overcome your gambling problems and get help visit LDH.la.gov/problemgambling.

Help To Quit Using Tobacco or Vaping

Louisiana Healthcare Connections covers some medicines and counseling to help you quit vaping, and smoking, dipping or chewing tobacco. A provider in the Louisiana Healthcare Connections network must write a prescription for these medications. You will not have a copay at the pharmacy for these medications. They may include:

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

Counseling services include:

- **Craving to Quit:** Stop smoking or vaping for good in 21 days with this program in the Sharecare health and wellness app. Learn more on page 12.
- **EX Program (formerly This is Quitting):** Sign up for motivational text message support at truthinitiative.org/exprogram.

Louisiana Healthcare Connections also offers hypnotherapy for diagnoses and therapeutic purposes. It is provided in combination with psychotherapy for members who are quitting smoking.





Member Handbook

Your Member Handbook tells you how Louisiana Healthcare Connections works and gives you complete and detailed information about all the services and benefits available to you. To view or download your Member Handbook online, go to: LouisianaHealthConnect.com/memberhandbook.

To request a free copy of your Member Handbook be emailed or mailed to you, call Member Services at **1-866-595-8133**.

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

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 Self-Service Portal at MyMedicaid.la.gov within 10 days after the change happens. Some examples of major life changes include:

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

Hurricane and Emergency Preparedness

When Every Second Counts . . . BE PREPARED! In Louisiana, hurricane season starts June 1st and ends November 30th. But bad weather and other natural disasters happen year-round. So it's important to be prepared the other six months of the year, too! To prepare for a hurricane, evacuation or emergency:

- Register on our secure website at LouisianaHealthConnect.com/login for access to your personal health record.
- Keep your Louisiana Healthcare Connections Member ID card and your Medicaid ID card with you.
- Make sure you have a 7-day supply of your prescriptions and any other medications.
- Keep a list of your medications and dosages with you at all times.

If you are forced to evacuate, please call **1-866-595-8133** (TTY: 711) for help locating doctors or pharmacies near you. For more resources about being prepared, visit GetAGamePlan.org.

Member Appeals And Grievances

APPEALS

An **appeal** is a request to review a service that has been denied or limited. 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 asks us to review a denial decision to make sure it was the right decision.

To file an appeal by phone, call Member Services at **1-866-595-8133**. You can also file an appeal in writing, at: **Louisiana Healthcare Connections, P.O. Box 84180 Baton Rouge, LA 70884**, or by emailing it to **LHCCMedicaidAppealsv2@centene.com**. Or you can fax your appeal to **1-877-401-8170**.

You must provide written permission if someone else files an appeal on your behalf. Louisiana Healthcare Connections will include an “Appeal Representative Form” with any denial letters. You can also get this form from our website (**LouisianaHealthConnect.com**) or in the Forms section of your Member Handbook. If you need help filing your appeal, call Member Services at **1-866-595-8133** (TTY: 711) Monday through Friday from 7 a.m. to 7 p.m.

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

STATE FAIR HEARING FOR APPEALS

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

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

To request a State Fair Hearing:

- **BY MAIL:** Division of Administrative Law, PO Box 4189, Baton Rouge, LA 70821-4189
- **BY PHONE:** 1-225-342-5800
- **BY FAX:** 1-225-219-9823
- **ONLINE:** 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, **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**.

GRIEVANCES

A **grievance** is a complaint about anything other than the denial or limited authorization of a service. Denials and limited authorizations can be appealed—see Appeals section above. Grievances might be about things like the quality of care you received or administrative decisions. (*continued on page 18*)

GRIEVANCES *(continued from page 17)*

Grievances can be spoken or written. You or your authorized representative can submit a grievance to Louisiana Healthcare Connections. Louisiana Healthcare Connections wants to resolve any concerns you may have. **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.

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. You can expect a resolution and a written response within 90 days of your grievance. Most grievances are resolved within 30 days. To file a grievance by phone, call Member Services at **1-866-595-8133**. You can also file a grievance in writing by mailing to **Louisiana Healthcare Connections, P.O. Box 84180, Baton Rouge, LA 70884**. Or fax your grievance to **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

Fraud, Waste And Abuse

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

- To report waste, abuse or fraud to Louisiana Healthcare Connections, call our Compliance Department at 1-866-595-8133.
- To report waste, abuse or fraud to LDH, call their Waste, Fraud and Abuse hotline at 1-800-488-2917 or visit their website at <https://ldh.la.gov/page/reporting-fraud>.

Fraud means a member, provider or other person is misusing the Louisiana Medicaid program resources. This includes actions 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 their Louisiana 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. 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** 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.

Retroactive Reimbursement for New Members

Some new members can get paid back for Medicaid eligible services they paid for up to three months before the month they applied for Medicaid. This type of repayment is called “retroactive reimbursement.” To be eligible for retroactive reimbursement, you must have asked for retroactive coverage when you applied for Medicaid and been approved.

You must ask for retroactive reimbursement from Louisiana Healthcare Connections within 30 calendar days from the date we sent your welcome packet. You will need to provide receipts and information about the services you want to be paid back for.

If you need more time, you can ask for it.

- Before the 30-day time period is over, you can ask for a first extension of 10 more calendar days.
- Before the first 10-day extension ends, you can ask for a second extension of 10 more calendar days.
- No extensions will be given after the second extension ends.

If you have questions or think you may be eligible for a retroactive reimbursement, please contact Member Services at **1-866-595-8133**.



Member Rights

Louisiana Healthcare Connections, our partners and our providers respect, honor and uphold your right:

- To be treated with respect and dignity.
- To receive the right to privacy and non-discrimination as required by law.
- To join your providers in making decisions about your health care.
- To refuse any medical service, diagnosis, treatment or health service if you or your parent/guardian objects based on religious grounds.
- To discuss treatment options, regardless of cost or benefit coverage.
- To seek a second opinion.
- To receive information about Louisiana Healthcare Connections, its services, its practitioners, its providers and 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 per year) and request they be amended or corrected.
- To make an Advance Directive.
- To file with LDH any complaint about not following your Advance Directive.
- To choose a provider who gives you care whenever possible and appropriate.
- To receive accessible healthcare services comparable in amount, duration and scope to those provided under Medicaid FFS and sufficient in amount, duration and scope to be reasonably expected to achieve the purpose for which the services are furnished.
- To receive appropriate services not denied or reduced solely because of diagnosis, type of illness or medical condition.
- Freedom to exercise the rights described herein without any adverse effect on your treatment by LDH, Louisiana Healthcare Connections, its providers or contractors.
- To receive all written member information from Louisiana Healthcare Connections:
 - *At no cost to you.*
 - *In your primary language.*
 - *In other ways, to help with special needs or any trouble you may have in reading it.*
- To receive assistance from both LDH and its Enrollment Broker in understanding the requirements and benefits of Louisiana Healthcare Connections.
- To receive oral interpretation services free of charge for all non-English languages, not just those identified as "prevalent."
- To be notified that oral interpretation services are available to you and how to access them.

Accessing Your Digital Health Records

Since July 1, 2021, a new federal rule named the Interoperability and Patient Access Rule (CMS-9115-F) has made it easier for members to get their health records when they need it most. You now have full access to your health records on your mobile device which lets you to manage your health better and know what resources are open to you.

THE NEW RULE MAKES IT EASY TO FIND INFORMATION ON:

- Claims (paid and denied)
- Specific parts of your clinical information
- Pharmacy drug coverage
- Health care providers

You can get information for dates of service on or after January 1, 2016. For more info, visit your online member account.

Member Responsibilities

As a member, you also have certain responsibilities:

- To inform Louisiana Healthcare Connections of the loss or theft of your Member ID card.
- To present your Member ID card when using healthcare 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 your doctor with accurate and complete medical information.
- To follow prescribed treatment of care recommended by a provider or, as soon as possible, to let them know the reason(s) treatment cannot be followed.
- 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 detrimental to your health.
- To provide accurate and complete information to all healthcare 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 your Member Handbook) if there is a disagreement with a provider.

Disenrollment

You may change Louisiana Medicaid 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 you to miss the annual open enrollment opportunity

If you are a voluntary opt-in member, you may disenroll at any time, effective the earliest possible month the action can be taken. If you disenroll, 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 provider determines receiving the services separately would subject you to unnecessary risk
- You have a documented lack of access within Louisiana Healthcare Connections to providers experienced in dealing with your health care needs
- Your active specialized behavioral health provider ceases to be in our network

HOW TO DISENROLL

You may request disenrollment (with or without cause) in writing or by calling **1-855-229-6848** Monday through Friday from 8 a.m. to 5 p.m.

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

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 (including pregnancy, sexual orientation, and gender identity). Louisiana Healthcare Connections does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Louisiana Healthcare Connections:

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

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

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

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

This notice is available at Louisiana Healthcare Connections' website:
LouisianaHealthConnect.com/non-discrimination-notice.html

Aviso De No Discriminación

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

Louisiana Healthcare Connections:

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

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

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

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

<https://www.hhs.gov/ocr/complaints/index.html>.

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

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

Déclaration De Non-Discrimination

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

Louisiana Healthcare Connections:

- **Met gratuitement à la disposition des personnes en situation de handicap des aides et des services pour une communication efficace avec nous, comme des interprètes qualifiés en langue des signes et des informations écrites rédigées sur d'autres supports (supports papier écrits en gros caractères, supports audio, supports électroniques accessibles, autres supports).**
- **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 (ATS: 711).**

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

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

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

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

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

Thông Báo Về Chống Kỳ Thị

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

Louisiana Healthcare Connections:

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

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

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

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

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

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

Language Assistance is Available

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

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

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

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

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

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

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

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

NOTES:

[illegible]

Health Needs Assessment

Member's Name (First, Middle, Last)		Preferred Name	Member's Medicaid ID	Date of Birth
Preferred Pronouns			Date of form completion	
<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> They/Them <input type="checkbox"/> Other (describe) _____ <input type="checkbox"/> Choose not to answer				
Is this assessment being completed by someone who is not the member?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of person completing/assisting with the completion of this assessment and their relationship to member				
Member's Address		Street	City	State Zip
Phone Number 1	Phone Number 2		Email Address	
Emergency Contact Name	Emergency Contact Phone		Emergency Contact Relationship	
For those under 21, are you in foster care?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Which Race(s) are you? Check all that apply			Ethnicity	
<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other (describe) _____ <input type="checkbox"/> Choose not to answer			<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to answer	
Gender			Demographics Verified?	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Other (describe) _____ <input type="checkbox"/> Choose not to answer			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assessment Method		Assessment Type		
<input type="checkbox"/> Telephonic <input type="checkbox"/> In-person <input type="checkbox"/> Other		<input type="checkbox"/> Initial assessment <input type="checkbox"/> Reassessment <input type="checkbox"/> Change of health status		
No.	Question	Response		
1.	Do you speak a language other than English at home?	<input type="checkbox"/> Yes (describe) _____ <input type="checkbox"/> No <input type="checkbox"/> Choose not to answer		
2.	Do you or your caregiver need translation services?	<input type="checkbox"/> Yes (describe) _____ <input type="checkbox"/> No		
3.	Do you or your caregiver ever need help reading hospital or clinic materials?	<input type="checkbox"/> Yes (describe) _____ <input type="checkbox"/> No		
4.	Do you or your caregiver have any of the following communication barriers?	<input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Developmental Delays <input type="checkbox"/> Non-verbal <input type="checkbox"/> None <input type="checkbox"/> Choose not to answer <input type="checkbox"/> Other (describe) _____		

Health Needs Assessment

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

Health Needs Assessment

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

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



Member Notification of Pregnancy



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

*Member ID #:

Your First Name:

Your Last Name:

*Your Birth Date MMDDYYYY:

Gender Identification:

Phone Number:

Mailing Address:

City:

State:

Zip Code:

Email Address:

Race/Ethnicity (select all that apply): ☐ White ☐ Black/African American ☐ Decline to share

☐ American Indian/Native American

☐ Asian

☐ Native Hawaiian or Other Pacific Islander

☐ Hispanic or Latino

☐ Other

If other ethnicity, please specify:

What Provider/Clinic is helping me during my pregnancy:

First Name:

Last Name:

Phone Number:

Clinic Name (if applicable):

My Current Situation

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

I have a phone.

I feel good about where I live.

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

I have transportation for my daily needs.

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

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

My Current Pregnancy Information

I have been to my first prenatal visit? ☐ Yes ☐ No

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

*Member ID #:

Name: Last, First:

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

This is my first pregnancy

Yes

No

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

Please check all that apply:

☐ Multiples (twins, triplets)

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

☐ Asthma or other breathing problems

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

☐ Depression (feeling blue)

☐ Anxiety (feeling worried or stressed)

☐ I do not have any of these

☐ Other health needs

☐ High blood pressure or heart problems

☐ Very bad nausea and vomiting

☐ Sickle cell

☐ Seizures/epilepsy

☐ Bipolar disorder

☐ Kidney disease

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

Please explain

My Past Pregnancy History

Please check all that apply:

☐ Previous delivery before 37 weeks

☐ Gestational diabetes (high blood sugar while pregnant)

☐ High blood pressure in pregnancy/preeclampsia or heart problems

☐ Delivery less than 18 months ago

☐ Taking any form of progesterone

☐ Previous C-section

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

☐ Other

Please explain

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