



Healthy Blue Member Handbook: Integrated Health Services

For Physical and Behavioral Health Services

1-844-521-6941 (TTY 711)
www.myhealthybluela.com



Healthy Blue



Healthy Blue

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Member Handbook: Integrated Health Services
For Physical and Behavioral Health Services

1-844-521-6941 (TTY 711)

3850 N. Causeway Blvd., Suite 600

Metairie, LA 70002

www.myhealthyblueLA.com



Dear Member:

Welcome to Healthy Blue! We're pleased to help you get your healthcare benefits for you and your family.

This member handbook tells you how Healthy Blue works and how to keep your family healthy. It also explains how to get healthcare when you need it. You have a right to get a member welcome packet at least once a year if you need it.

You will get your Healthy Blue member ID card and more information from us in a separate mailing. Your ID card tells you when your Healthy Blue membership starts. Please check your ID card right away. If any of the information is not right, please call us at 1-844-521-6941 (TTY 711). We will send you a new ID card with the correct information.

If you need to reach us, you can call Member Services at 1-844-521-6941 (TTY 711). You can talk to a Member Services representative about your benefits or visit our website at www.myhealthyblue.com. Or if you need medical advice and wish to speak with a registered nurse, call the 24/7 NurseLine at 1-866-864-2544.

Do you need help with your healthcare, talking with us, or reading what we send you? Call us toll free at 1-844-521-6941 (TTY 711) to get this for free in other languages or formats.

¿Necesita ayuda con su atención médica? ¿Necesita ayuda para leer lo que le enviamos o para hablar con nosotros? Llámenos al número gratuito 1-844-521-6941 (TTY 711) para conseguir esta información sin costo en otros idiomas o formatos.

Thank you for being a Healthy Blue member.

Sincerely,

Aaron Lambert
President
Healthy Blue

HEALTHY BLUE QUICK GUIDE

Read this quick guide to find out about:

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

Seeing the doctor

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

- Visit us online at www.myhealthybluela.com. Create a secure account by clicking "Register." You'll need your member ID number. Once you create an account, you'll be able to choose your PCP online.
- Call Member Services at 1-844-521-6941

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

Medicines

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

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

*There are no copays for children, pregnant women, family planning supplies, members in the hospital, members of a home- and community-based waiver, women who have Medicaid due to breast or cervical cancer, members getting hospice services, or Native American or Alaska Native members.

Healthy Blue works with lots of different pharmacies. Make sure when you get your prescription filled you go to a pharmacy that works with Healthy Blue. You can look this up on our website at www.myhealthybluela.com or by calling us at 1-844-521-6941 (TTY 711).

After-hours, urgent and emergency care

After-hours care

Call your PCP first to ask how to handle your health concern. If the office is closed, leave your name and phone number. Or call the 24/7 NurseLine, even on holidays, at 1-866-864-2544 (TTY 711).

The nurse will help you:

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

Urgent care

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

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

Emergency

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

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

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

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

What is an emergency?

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

What if I'm out of the area and need healthcare?

If it's an emergency, go to the nearest ER or call 911. For urgent care, go to one of our network urgent care centers or call your PCP. You may also call the 24/7 NurseLine at 1-866-864-2544 (TTY 711) at any time for help.

We're a click or call away

Visit our member website at www.myhealthyblueLA.com. Here you can find doctors, read your member handbook and get other helpful information. You can also ask for copy of your member handbook to be sent to you by email or mail.

Important phone numbers:

| | |
|---------------------------------------|--|
| Emergency | 911 |
| Member Services | 1-844-521-6941 (TTY 711) available Monday through Friday from 7 a.m. to 7 p.m. |
| 24/7 NurseLine | 1-866-864-2544 (TTY 711) anytime, even on holidays, to speak with a nurse |
| 24-hour Behavioral Health Crisis Line | 1-844-812-2280 |
| DentaQuest | 1-844-234-9835 (TTY 1-800-466-7566) to find a dentist |
| Superior Vision | 1-800-787-3157 (TTY 1-800-735-2258) to find an eye doctor |
| Southeastrans | 1-866-430-1101 to get a ride to your appointments |

Renew your Medicaid or LaCHIP benefits on time

Keep the right care. Don't lose your healthcare benefits! You could lose your benefits even if you still qualify. Every year, you will need to renew your Healthy Louisiana benefits. If you don't renew your eligibility, you will lose your healthcare benefits. About 60 days before you have to renew, the Louisiana Department of Health will send you a letter about renewing. Read this letter and take the steps to renew.

Make sure we have your current mailing address. If you move, call us at 1-844-521-6941 (TTY 711) and let us know your new address.

Be ready for bad weather or emergencies

Visit www.getagameplan.org to learn about emergency action plans.

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

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

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

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

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

Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP)

225-925-7500

www.gohsep.la.gov

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

HEALTH TIPS THAT MAKE HEALTH HAPPEN

SCHEDULE A WELLNESS CHECKUP WITH YOUR DOCTOR NOW!

When is it time for a wellness visit?

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

Wellness care for children

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

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

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

What if I become pregnant?

If you think you are pregnant, call your PCP or OB/GYN right away. This can help you have a healthy baby.

If you have any questions or need help making an appointment with your PCP or OB/GYN, please call Member Services at 1-844-521-6941.

Healthy Blue
Member Handbook/Evidence of Coverage
3850 N. Causeway Blvd., Suite 600 • Metairie, LA 70002

1-844-521-6941
TTY 711
www.myhealthyblueLA.com

Welcome to Healthy Blue! You will get most of your healthcare services covered through Healthy Blue. This member handbook will tell you how to use Healthy Blue to get the healthcare you need.

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WELCOME TO HEALTHY BLUE!

Information about your new health plan

Welcome to Healthy Blue. Healthy Blue is a Healthy Louisiana plan. We help people who are eligible for Medicaid or LaCHIP get healthcare coverage. As a Healthy Blue member you are eligible for all covered services including physical health and mental health services.

Our goal is to offer eligible Medicaid and LaCHIP enrollees:

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

Who is eligible for Medicaid with Healthy Louisiana?

The Louisiana Department of Health, not Healthy Blue, makes all decisions for who is eligible for the Medicaid programs they offer.

Medicaid gives access to medical services to those who qualify. To see the income guidelines, go to ldh.louisiana.gov > Healthy Louisiana > Medicaid > See Eligibility Income Guidelines.

In Louisiana, you can get Medicaid if you:

- Get Supplemental Security Income (SSI)
- Get financial help from the Office of Family Support (OFS) through the Family Independence Temporary Assistance Program (FITAP)

You may also be eligible for Medicaid if you:

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

Adults can also get Medicaid with Medicaid expansion. You might be eligible for benefits if you:

- Are 19 to 64 years old
- Meet citizenship requirements
- Don't already qualify for Medicaid or Medicare
- Have a household income less than 138% of the federal poverty level

If you voluntarily enroll in a health plan with Healthy Louisiana, you:

- Can return to the standard Medicaid or LaCHIP plan for all state plan services other than specialized behavioral health and nonemergency transportation services at any time. Once you decide to switch back it would be effective the next month.
- Have 90 days to switch to another Healthy Louisiana plan from the time of enrollment

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

How to get help

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

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

Healthy Blue Member Services

You can call our Member Services department at 1-844-521-6941 Monday through Friday, 7 a.m. to 7 p.m., except for holidays. If you call after 7 p.m., you can leave a voicemail message. One of our Member Services representatives will call you back the next working day. He or she can help with questions about:

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

You can also call us:

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

You can also reach our Member Services department by sending:

- An email to MPSPInquiries@healthyblueLA.com
- A fax to 504-836-8860
- A letter to:
Healthy Blue
3850 N. Causeway Blvd., Ste. 600
Metairie, LA 70002

For members who do not speak English:

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

For members who are deaf or hard of hearing:

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

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

Online and automated self-service features

You can take advantage of these services online at www.myhealthyblueia.com. Or you can call our automated line at 1-844-521-6941. This is available 24 hours a day, 7 days a week. You can:

- Choose or find a primary care provider (PCP) in the Healthy Blue network
- Change your PCP
- Request an ID card
- Update your address or phone number
- Request a member handbook, provider directory or pharmacy directory

24/7 NurseLine

Call our 24/7 NurseLine at 1-866-864-2544 if you need to speak with a nurse for advice on:

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

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

We want you to be happy with all the services you get from our network of providers and hospitals.

If you have any problems, please call us. We want to:

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

24-hour Behavioral Health Crisis Line

Call our 24-hour Behavioral Health Crisis Line at 1-844-812-2280 when you are having a mental or substance use crisis. You can call the Behavioral Health Crisis Line 24 hours a day, 7 days a week. The following are signs that a person may be having a mental health or a substance use crisis:

- Trouble coping with daily problems and activities
- Restlessness and pacing
- Suicidal or homicidal ideas or plans

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

Behavioral Health Warm Line

Call the Behavioral Health Warm Line at **1-800-730-8375** to talk to someone who knows what you're going through. The Warm Line is available every day from 5 p.m. to 10 p.m.

The Behavioral Health Warm Line is a peer-support line where you talk to people who have experienced similar behavioral health issues or gone through a similar situation. When the Behavioral Health Warm Line is not available, please call the **24-hour Behavioral Health Crisis Line at 1-844-812-2280**.

Language assistance

Sometimes we will send you letters or information in the mail about your health plan. If you need these materials in another language, just call Member Services at 1-844-521-6941 (TTY 711).

Do you need help with your healthcare, talking with us, or reading what we send you? Call us toll free at 1-844-521-6941 (TTY 711) to get this for free in other languages or formats.

¿Necesita ayuda con su atención médica? ¿Necesita ayuda para leer lo que le enviamos o para hablar con nosotros? Llámenos al número gratuito 1-844-521-6941 (TTY 711) para conseguir esta información sin costo en otros idiomas o formatos.

Other important phone numbers

| Service | Information | Phone Number |
|--|--|--|
| Emergencies | Call or go to the nearest hospital emergency room. | 911 |
| Healthy Louisiana Program | Call to: <ul style="list-style-type: none"> Learn more about the Healthy Louisiana Program Find out if you qualify for Healthy Louisiana | 1-888-342-6207 www.healthy.la.gov |
| | Call to: <ul style="list-style-type: none"> Choose a Healthy Louisiana Plan | 1-855-229-6848 (TTY 1-855-526-3346) www.healthy.la.gov |
| Louisiana Medicaid Customer Service Unit | Call the Medicaid Customer Service Unit toll-free hotline or visit your local Medicaid eligibility office to apply for benefits. | 1-888-342-6207 |
| Behavioral Healthcare | If you need mental health or substance use care, call Member Services for help. | 1-844-521-6941 (TTY 711) |
| Disease Management | If you would like information about our disease management programs, call and ask to speak with a Disease Management Centralized Care Unit (DMCCU) care manager. | 1-888-830-4300 (TTY 711) |
| Care During Pregnancy | If you have questions or need help making an appointment with your PCP or OB/GYN, call Member Services. This includes anyone experiencing anxiety or depression during or after pregnancy. | 1-844-521-6941 (TTY 711) |
| Southeastrans | If you need help getting transportation for medically needed appointments and treatments. | For reservations 1-866-430-1101 For ride assistance 1-866-430-1101 and press option 2 |
| Superior Vision | If you need help getting vision screenings | 1-800-787-3157 TTY 1-800-735-2258 |
| DentaQuest Age 21 and older | If you need help getting adult preventive dental care, call DentaQuest. | 1-844-234-9835 TTY 1-800-466-7566 |
| MCNA Dental Under age 21 | If you need help getting dental services, call MCNA Dental. | 1-855-702-6262 TTY 1-800-955-8771 |

Personal disaster plan

Your health is important to us. To help you keep track of your health records, Healthy Blue offers you a way to keep them safe. Our online disaster plan can help you get ready before a disaster happens.

All you need to do is follow these easy instructions:

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

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

Your Healthy Blue member handbook

This handbook will help you understand your health plan. If you have questions or need help understanding or reading your member handbook, call Member Services. We also have this member handbook in:

- A large-print version
- An audio-taped version
- A braille version
- A Spanish version
- A Vietnamese version

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

Your Healthy Blue member ID card

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

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

Your Healthy Blue member ID card shows:

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

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

If your Healthy Blue ID card is lost or stolen, call us right away at 1-844-521-6941. We will send you a new one. If your Medicaid ID card is lost or stolen, call the Louisiana Medicaid and LaCHIP assistance line at 1-888-342-6207.

YOUR PROVIDERS

Picking a primary care provider

All Healthy Blue members must have a primary care doctor. This doctor is called a primary care provider (PCP).

- Your PCP must be in the Healthy Blue network unless you have other primary health insurance.
- Your PCP will give you a medical home. That means he or she will get to know you and your health history.
- Your PCP can help you get quality care.
- Your PCP will give you all of the basic health services you need. He or she will also send you to other doctors or hospitals when you need special medical services and behavioral health.

The name and phone number of your PCP are on your Healthy Blue ID card.

You should have picked a PCP when you enrolled in Healthy Blue. If you didn't choose a PCP, we assigned one to you who:

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

If we assign a PCP to you, we also look at your language needs if we know them.

If you are re-enrolled in Healthy Blue, you will be assigned to the PCP you had before unless:

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

Members who are expectant moms can choose a PCP for their newborns by calling Member Services at 1-844-521-6941. If you do not choose a PCP for your newborn, we will assign one as stated above.

If we assigned a PCP to you or you wish to change your PCP, you can pick a new one. You can change your PCP any time.

- Go to www.myhealthyblue.com for a current list of Healthy Blue network providers.
- Call Member Services for help. We can also help you pick a PCP.

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

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

Family members do not have to have the same PCP.

Second opinion

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

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

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

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

If you had a different primary care provider before you joined Healthy Blue

You may have been seeing a PCP who is not in our network for an illness or injury before you joined Healthy Blue. In some cases, you may be able to keep seeing this PCP for care while you pick a new PCP.

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

If your primary care provider's office moves, closes or leaves the Healthy Blue network

Your PCP's office may move, close or leave the Healthy Blue network. If this happens, we will:

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

How to change your primary care provider

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

- Look in the Healthy Blue provider directory that came with your new member package.
- Go to www.myhealthyblueia.com to view the provider directory online.
- Call Member Services for help at 1-844-521-6941 and let them know if you also need help transferring your medical records to your new PCP.

When you ask to change your PCP:

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

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

If your primary care provider asks for you to be changed to another primary care provider

Your PCP may ask for you to be changed to another PCP. Your PCP may do this if:

- Your PCP does not have the right experience to treat you
- The assignment to your PCP was made in error (like an adult assigned to a child's PCP)
- You fail to keep your appointments
- Your PCP agrees that a change is best for you

If you want to go to a doctor who is not your primary care provider

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

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

Picking an obstetrician or gynecologist

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

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

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

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

While you are pregnant, your OB/GYN can be your PCP. Our nurses can help you decide if you should see your PCP or an OB/GYN. To speak with a nurse, call our 24/7 NurseLine at 1-866-864-2544. If you need help picking an OB/GYN, you can:

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

Specialists

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

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

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

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

GOING TO THE PRIMARY CARE PROVIDER

Your first primary care provider appointment

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

- Call your PCP for a wellness visit (a general checkup) within 90 days of enrolling in Healthy Blue.
- If you have already been seeing the PCP who is now your Healthy Blue network PCP, call the PCP to see if it is time for you to get a checkup. If it is, set up a visit with your PCP as soon as you can.
- If you want our help setting up your first visit, just call Member Services at 1-844-521-6941.

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

How to make an appointment

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

- Call the PCP's office. The phone number is on your Healthy Blue ID card.
- Let the person you talk to know what you need (for example, a checkup or a follow-up visit).
- Tell the PCP's office if you are not feeling well. This will let them know how soon you need to be seen.

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

Wait times for appointments

We want you to be able to get care at any time. When your PCP's office is closed, an answering service will take your call. If it is not an emergency, someone should call you back within 30 minutes to tell you what to do. Talk to your PCP and set up an appointment. You will be able to see the PCP as follows.

| Emergencies | |
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| Emergencies | Upon arriving at the service site |
| Follow-up emergency room (ER) visits | According to ER attending provider's discharge orders |
| Visits to your primary care provider* | |
| Nonurgent sick care | Within 72 hours or sooner if medical condition worsens into an urgent or emergency condition |
| Routine, nonurgent or preventive care visits | Within six weeks |
| Urgent care | Within 24 hours |

| Visits to a specialist* | |
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| Consults | Within one month of referral or as clinically stated |
| Visits for lab and X-ray services | |
| Regular appointments | Within three weeks |
| Urgent care or as clinically stated | Within 48 hours |
| Visits for initial prenatal care* | |
| Current members who are pregnant and in their first trimester | Within one month of request for an appointment (for nonemergency visits) |
| Current members who are pregnant and in their second trimester | Within seven days of request for an appointment (for nonemergency visits) |
| Newly enrolled pregnant women within their first trimester | Within 14 days of request of postmark date on your new member welcome packet |
| Newly enrolled pregnant women in the second trimester | Within seven days of postmark date on your new member welcome packet |
| Newly enrolled pregnant women in the third trimester | Within three days of postmark date on your new member welcome package |
| High-risk pregnancies | <ul style="list-style-type: none"> • Within three days of when Healthy Blue or the member's maternity care provider identifies a pregnant member as high-risk • Immediately, if there is an emergency |
| Behavioral health services | |
| Behavioral health emergencies | Upon arriving at the service site |
| Emergency appointments | Made within one hour of request |
| Urgent care | Within 48 hours |
| Regular appointments | Within 14 days |

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

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

What to bring when you go for your appointment

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

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

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

- ID cards
- Shot records
- Any medicine he or she takes now

How to cancel an appointment

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

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

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

How to get to a doctor's appointment or to the hospital

Members age 16 and older can call Southeastrans toll free for help with getting a ride to medically needed appointments and treatments. Call:

- **1-866-430-1101** for reservations
- **1-866-430-1101 and press option 2** for ride assistance

You can also call Member Services for help. These services can be in or out of the community where you live.

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

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

Disability access to Healthy Blue network providers and hospitals

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

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

WHAT DOES MEDICALLY NECESSARY MEAN?

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

Medically necessary health services:

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

- Are not experimental, investigational, cosmetic or outside the standard of care; these services will not be covered by Medicaid

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

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

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

UTILIZATION MANAGEMENT NOTICE

Sometimes, we need to make decisions about how we pay for care and services. This is called Utilization Management (UM). All utilization management (UM) decisions are based solely on a member's medical needs and the benefits offered. The Healthy Blue policies do not support the underuse of services through our UM decision guide. Practitioners and others involved in UM decisions do not receive any type of reward for denial of care or coverage.

YOUR HEALTHCARE BENEFITS

Your covered services

Here is a summary of the healthcare services and benefits Healthy Louisiana covers when you need them. Your primary care provider (PCP) will either:

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

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

If you have a question or are not sure if we offer a certain benefit or if there are coverage limits, you can call Member Services for help.

Here is a list of the services covered under Healthy Blue.

| Covered services | Coverage limits |
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| Ambulatory surgical services | <p>Covered services include these medically needed services and treatment provided on an outpatient basis:</p> <ul style="list-style-type: none"> • Preventive • Diagnostic • Therapeutic • Rehab • Palliative care |
| Audiology services | <p>Covered services for persons with speech, hearing and language disorders, given by or under the guidance of an audiologist, include:</p> <ul style="list-style-type: none"> • Diagnostic • Preventive • Corrective |
| Ancillary medical services | <p>Covered services include support services, other than room and board, given to hospital patients in the course of care, such as lab, radiology and physical therapy services.</p> |
| Behavioral health services | <p>See the covered services in the Behavioral Health Services section.</p> |
| Chiropractic services | <p>Covered services include medically needed chiropractic services for Medicaid members under age 21 referred to a chiropractor as part of an EPSDT checkup.</p> <p>Certain limits apply. Prior approval may be required.</p> |
| Clinic services (other than hospitals) | <p>Covered services include diagnostic, preventive, therapeutic, rehab or palliative items or services that are given both:</p> <ul style="list-style-type: none"> • On an outpatient basis • By or under the guidance of a physician in a facility that is not part of a hospital (e.g., mental health clinics, prenatal healthcare clinics and family planning clinics) |
| Clinical lab services, diagnostic testing and radiology services | <p>Covered services include:</p> <ul style="list-style-type: none"> • Inpatient and outpatient diagnostic testing, and radiology services <ul style="list-style-type: none"> – Ordered or given by a network or non-network provider as required • Clinical lab services and mobile X-rays for members who cannot leave their home without special transport or help to be able to get PCP-ordered lab services and X-rays <p>Certain limits apply. Prior approval may be required.</p> |

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| <p>Communicable disease services</p> | <p>Covered services include services to help control and prevent diseases such as:</p> <ul style="list-style-type: none"> • Tuberculosis (TB) • Sexually transmitted diseases (STD) • Human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) infection <p>Healthy Blue network providers will report all cases of TB, STD and HIV/AIDS infection to the LDH Office of Public Health:</p> <ul style="list-style-type: none"> • Within 24 hours of notice or • From the date of service <p>The Office of Public Health will:</p> <ul style="list-style-type: none"> • Promote care management • Help ensure patient privacy in line with state and federal laws |
| <p>Durable medical equipment (DME)</p> | <p>Covered services include medically needed DME, appliances and assistive devices, which include but are not limited to:</p> <ul style="list-style-type: none"> • Hearing aids • Disposable incontinence supplies and enteral formula <p>Certain limits apply. Prior approval may be required.</p> |
| <p>Early and Periodic Screening, Diagnosis and Treatment (EPSDT)/well-child visits</p> <p>The EPSDT service is a complete and preventive child health program for Medicaid members under age 21. We encourage you to stay within the Healthy Blue network. However, EPSDT services will still be provided regardless of network. These services don't need prior approval or referral.</p> <p>The EPSDT program covers screenings and diagnostic services to decide healthcare needs and other measures to correct or improve:</p> <ul style="list-style-type: none"> • Physical or mental defects • Chronic conditions | <p>Covered services include:</p> <ul style="list-style-type: none"> • Complete medical screens, including: <ul style="list-style-type: none"> – Complete health and development history with assessment for both physical and mental health development including: <ul style="list-style-type: none"> ○ Screening for child maltreatment risk factors, trauma and adverse childhood experiences ○ Screening for developmental, behavioral and social delays – Complete physical exam – Proper immunizations (shots) according to age and health history – Lab tests, including lead blood level assessment – Health education – Vision screening – Hearing screening – Dental screenings • Other needed healthcare or diagnostic screens or exams <p>Certain limits apply.</p> |
| <p>Emergency dental services</p> <p>*For adult preventive dental services, see the Extra Healthy Blue benefits section.</p> | <p>Covered services include lab or radiology services that may be required to:</p> <ul style="list-style-type: none"> • Treat an emergency • Provide surgical services related to an emergency |

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| <p>Emergency medical services</p> <p>An emergency is when you need to get care right away; if you do not get it, it could cause serious harm to you.</p> | <p>Covered services include emergency services given by a network or out-of-network provider under these conditions:</p> <ul style="list-style-type: none"> • You have an emergency medical condition • Healthy Blue tells you to get emergency services <p>The attending emergency physician or the provider treating you will decide when you are stable for transfer or discharge.</p> <p>You can go to any hospital for emergency care even if it's in a different city or state. Prior approval is not needed.</p> |
| <p>End-stage renal disease services</p> | <p>These services are covered for eligible child and adult members.</p> <p>Certain limits apply. Prior approval may be required.</p> |
| <p>Eye care and vision services</p> <p>*For adult vision services, see the Extra Healthy Blue benefits section.</p> | <p>Covered services include vision services for members ages 0-20 that:</p> <ul style="list-style-type: none"> • Are given by a licensed network ophthalmologist or optometrist • Conform to accepted methods of screening, diagnosis and treatment of: <ul style="list-style-type: none"> – Eye ailments – Visual impairments or conditions <p>Certain limits apply. Prior approval may be required.</p> |
| <p>Family planning services</p> | <p>Family planning services are covered for members of childbearing age who choose to delay or prevent pregnancy. Services include:</p> <ul style="list-style-type: none"> • Medical history and physical exam • Annual physical assessment; no-prescribed methods can be seen every two years • Lab tests performed as part of an initial or regular follow-up visit or exam for the purpose of family planning: <ul style="list-style-type: none"> – Pap smears – Gonorrhea and chlamydia testing – Syphilis serology – HIV testing – Rubella titer • Education <ul style="list-style-type: none"> – Reproductive anatomy and physiology – Fertility regulation – STD transmission • Counseling — to help make an informed decision • Method counseling — to give results of history and physical exam, means of action, and the side effects and possible complications |

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| | <ul style="list-style-type: none"> • Special counseling (when stated) — pregnancy planning and management, sterilization, genetics and nutrition • Pregnancy diagnosis, counseling and referral <p>Members do not need a referral for family planning services. Members may choose a network or non-network provider.</p> |
| Federally Qualified Health Centers | <p>Services offered through a Federally Qualified Health Center (FQHC) are covered if you:</p> <ul style="list-style-type: none"> • Live in the service area of the FQHC • Request these services <p>Healthy Blue covers all behavioral health services given at an FQHC.</p> <p>If there isn't a network FQHC in your area, we'll cover services provided at a non-network FQHC. If you need help finding an FQHC in our network, call 1-844-521-6941 (TTY 711).</p> <p>Certain limits apply. Prior approval may be required.</p> |
| Home health extended services | <p>For eligible members from ages 0-20. Prior approval is required.</p> |
| Home health services | <ul style="list-style-type: none"> • The service is given under the direction of a physician to keep a member from: <ul style="list-style-type: none"> – Going back in the hospital – Being institutionalized • The service may also include: <ul style="list-style-type: none"> – Skilled nursing – Therapies – Supplies and home health aide services <p>Healthy Blue covers up to 50 skilled nursing visits per calendar year for members age 21 and older.</p> |
| Hospice services | <p>Covered service for members who are terminally ill and have a prognosis of six months or less. Prior approval required.</p> |
| Inpatient hospital services | <p>Covered services include:</p> <ul style="list-style-type: none"> • A semiprivate room for: <ul style="list-style-type: none"> – Routine care – Surgical care – Obstetrics and newborn nurseries – Behavioral health emergency and/or crisis services <p>A private inpatient room is covered if a member's medical condition requires isolation.</p> <ul style="list-style-type: none"> • Nursing services |

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| | <ul style="list-style-type: none"> • Dietary services • Ancillary services, such as: <ul style="list-style-type: none"> – Lab – Radiology – Pharmacy – Medical supplies – Blood and blood by-products |
| Lab and X-ray services | Services include medically needed lab and radiology services ordered by a Healthy Blue network doctor. These services are also part of emergency care. |
| Medical transportation services | <p>Covered services include medical transportation for:</p> <ul style="list-style-type: none"> • Emergencies • Nonemergencies if you need a ride to and from a provider's office to get covered services • Nonemergency ambulance transportation. Prior authorization is needed. <p>Rides must be set up at least 48 hours prior to the appointment.</p> <p>If you have an emergency, you should call 911 or go to the nearest hospital emergency room right away. If you want advice, call your PCP or our 24/7 NurseLine at 1-866-864-2544.</p> <p>If you need nonemergency transportation, call Southeastrans at 1-866-430-1101 to set up a ride.</p> <p>For information about your ride after you set it up, please call 1-866-430-1101 and press option 2.</p> |
| Medicines | <p>Healthy Blue has a list of commonly prescribed drugs. Your or your child's PCP or specialist can choose from this list of drugs to help you get well. This list is called a Preferred Drug List (PDL). It is part of the Healthy Blue formulary.</p> <p>The covered medicines on the PDL include prescriptions and certain over-the-counter medicines.</p> <ul style="list-style-type: none"> • All Healthy Blue network providers have access to this drug list. • Your or your child's PCP or specialist should use this list when he or she writes a prescription. • Certain medicines on the Healthy Blue PDL need prior approval. • Medicines that are not listed on the Healthy Blue PDL need prior approval. <p>Here's a list of things to remember:</p> <ul style="list-style-type: none"> • Healthy Blue covers up to a 30-day supply of prescriptions. |

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| | <ul style="list-style-type: none"> You can get prescriptions filled at Healthy Blue network pharmacies. The Healthy Blue pharmacy network includes most major pharmacy chains and many independent community pharmacies. <p>Your pharmacist may authorize a 3-day emergency supply of medicine while you are waiting to get prior authorization.</p> |
| Nurse-midwife services | These services are covered for eligible child and adult members. Certain limits apply. Prior approval may be required. |
| Organ transplant and related services | <p>These services are covered for members diagnosed with certain medical conditions. Services include:</p> <ul style="list-style-type: none"> Reviewing pretransplant inpatient or outpatient needs Searching for donors Choosing and getting organs/tissues Preparing for and performing transplants, including: <ul style="list-style-type: none"> Heart Bone marrow Kidney Small bowel Liver Pancreas Lung Outpatient follow-up care <p>Certain limits apply. Prior approval may be required.</p> |
| Outpatient hospital services | <p>Covered services include:</p> <ul style="list-style-type: none"> Any of the above inpatient services that can be properly given on an outpatient or ambulatory basis, such as: <ul style="list-style-type: none"> Lab Therapies Radiology Ambulatory surgery Observation services, if needed to decide whether a member should be admitted for inpatient care <p>Certain limits apply. Prior approval may be required.</p> |
| Pediatric day healthcare | <p>Covered services include:</p> <ul style="list-style-type: none"> Medically necessary pediatric day healthcare for members ages 0-20. <ul style="list-style-type: none"> Up to seven days a week Up to 12 hours a day Round trip transportation <p>These services require prior approval.</p> |
| Personal care services | <p>Covered services include:</p> <ul style="list-style-type: none"> Personal care services for members ages 0-20 with physical limitations due to illness or injury who require assistance with: <ul style="list-style-type: none"> Eating Bathing |

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| | <ul style="list-style-type: none"> – Dressing – Personal hygiene <p>These services require prior approval and must meet medical necessity guidelines.</p> |
| Physician services | <p>Covered services include services performed in a physician's office such as:</p> <ul style="list-style-type: none"> • Medical assessments • Treatments • Surgical services <p>Services must be given by licensed allopathic or osteopathic physicians.</p> <p>Certain limits apply. Prior approval may be required.</p> <p>In-office waiting time for scheduled appointments should not go past 45 minutes, including time in the waiting room and examining room unless the previous patient needs more time. If a provider is delayed, patients will be told right away. If the wait is expected to be more than 90 minutes, members will be offered a new appointment.</p> <p>Covered service also includes:</p> <ul style="list-style-type: none"> • 24/7 NurseLine — access to licensed nurses who can answer questions about members' health 24 hours a day, 7 days a week, 365 days a year |
| Podiatry services | <p>These services are covered for eligible child and adult members.</p> <p>Certain limits apply. Prior approval may be required.</p> |
| Post-stabilization care services | <p>Post-stabilization services are covered if:</p> <ul style="list-style-type: none"> • Care is received within or outside the Healthy Blue network of providers and preapproved by Healthy Blue • Care is received within or outside the Healthy Blue network of providers but is not preapproved by Healthy Blue because: <ul style="list-style-type: none"> – Services are given to keep a member's condition stable within one hour of asking Healthy Blue for preapproval of more services – Services are given to maintain, improve or resolve a member's stabilized condition, and: <ul style="list-style-type: none"> ▪ We do not respond to a request for prior approval within one hour ▪ The treating physician cannot get in touch with Healthy Blue ▪ Healthy Blue and the treating physician cannot agree on the member's care and a network physician is not on hand for consult; if this happens, we will: |

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| | <ul style="list-style-type: none"> • Give the treating physician the chance to consult with a network physician • Let the treating physician still give care until a network physician is reached or one of the following occurs: <ul style="list-style-type: none"> – A network physician with privileges at the treating hospital becomes responsible for the member's care – A network physician becomes responsible for the member's care through transfer – Healthy Blue and the treating physician reach an agreement on the member's care – The member is discharged <p>If your PCP or another network provider tells you to get emergency care in or out of the Healthy Blue network, we will cover:</p> <ul style="list-style-type: none"> • The screening exam • Other medically needed emergency services • Emergency medical transport, including hospital-to-hospital ambulance transport for a behavioral health condition <p>We will cover these services even if your condition does not qualify as an emergency. Prior approval is not required.</p> |
| <p>Pregnancy-related services: Prenatal care services</p> | <p>Prenatal care services</p> <p>Covered services include:</p> <ul style="list-style-type: none"> • First-time prenatal visits for newly enrolled members Pregnant members can be seen by an OB/GYN as soon as: <ul style="list-style-type: none"> – Fourteen days within their first trimester – Seven days within their second trimester – Three days within their third trimester – Members with high-risk pregnancies can be seen within three days or immediately if there is an emergency. • Offering direct access to routine OB/GYN services within the Healthy Blue network; the OB/GYN will contact the member's PCP to let the PCP know: • These services are being given • The OB/GYN will manage this care with the PCP • Arranging a risk assessment for all pregnant members • Ensuring high-risk pregnant members in need of further assessment or care have access to maternal fetal medicine specialists |

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| | <ul style="list-style-type: none"> Ensuring the PCP or OB/GYN counsels a pregnant member about plans for her child, such as: <ul style="list-style-type: none"> Choosing the family practitioner or pediatrician who will perform the newborn exam Choosing a PCP to give follow-up pediatric care to the child once the child is enrolled in Healthy Louisiana Letting her know about the Women, Infants, and Children (WIC) program to help her take good care of her health and eat healthy foods Learning about the Text4baby program, a free mobile health service that gives health information through text messages to pregnant women and new mothers during their babies' first year Learning about the CenteringPregnancy® program, a group support program to help pregnant members have a healthy baby. |
| Pregnancy-related services: Maternity services | <p>Covered services include:</p> <ul style="list-style-type: none"> Coverage for a hospital stay after a normal vaginal delivery for no less than 48 hours for the mother and newborn child Coverage for a hospital stay after a Cesarean section for no less than 96 hours for the mother and newborn child Prior approval is not required for normal vaginal and cesarean deliveries <p>The hospital must tell Healthy Blue of a delivery stay that goes past 48 hours for vaginal delivery and 96 hours for C-section. The hospital must also give updates about the patient's care.</p> |
| Pregnancy-related services: Postpartum care services | <p>Covered services include:</p> <ul style="list-style-type: none"> Post-operative care visit after a C-section delivery Postpartum care visit 3-8 weeks after delivery Postpartum outreach to help schedule postpartum visits 21-56 days after delivery Standard electric breast pump for breastfeeding mothers Hospital grade electric breast pump for mothers who wish to breastfeed, but aren't able to due to the mother's or infant's medical condition <p>If needed, rental fees for long-term hospital grade electric breast pump are covered when the member qualifies.</p> |
| Pregnancy-related services: Preconception/interconception care | <p>Covered services for women of reproductive age include ensuring the member's PCP or OB/GYN:</p> <ul style="list-style-type: none"> Discusses the member's plan for future pregnancy on an annual basis during routine OB/GYN care |

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| | <ul style="list-style-type: none"> • Offers family planning and/or interconception health services based on the member's desire for future pregnancy • Members are encouraged to seek family planning services within the Healthy Blue provider network to ensure continued care • Helps the member achieve her plan with the best health status in the short term • Provides education and resources about family planning to the member |
| Rehabilitation therapy services | <p>Covered services include:</p> <ul style="list-style-type: none"> • Physical therapy • Occupational therapy • Speech therapy <p>These therapies must:</p> <ul style="list-style-type: none"> • Be prescribed by your PCP or attending physician for an acute condition • Make it possible for you to improve as a result of rehab |
| Respiratory therapy services | <p>These services are covered on an inpatient or outpatient basis. Services must be:</p> <ul style="list-style-type: none"> • Prescribed by your PCP or attending physician • Needed to restore, maintain or improve respiratory function |
| Rural Health Clinic services | <p>Access to covered services offered through a Rural Health Clinic (RHC) are covered if you:</p> <ul style="list-style-type: none"> • Live in the service area of the RHC • Request these services <p>We will cover access to covered services offered through a non-network RHC if a network RHC is not on hand in the service area where you live.</p> <p>All behavioral health services given at an RHC are covered.</p> <p>Certain limits apply. Prior approval may be required.</p> |
| School-based health clinic services | <p>Covered services include those Medicaid services offered within school setting to Medicaid-eligible children under age 21.</p> <p>We will work with school-based providers and Healthy Blue providers to support:</p> <ul style="list-style-type: none"> • Case management • Referrals <p>Members may get these services without a referral.</p> |
| Sterilization | <p>Sterilization means a medical procedure, treatment or operation that causes a person to no longer be able to reproduce.</p> |

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| | <p>Requirements include:</p> <ul style="list-style-type: none"> • The person to be sterilized must give informed consent not less than 30 full calendar days (or not less than 72 hours in the case of a premature delivery or abdominal surgery), but not more than 180 calendar days before the date of the sterilization • A new consent form is required if 180 days have passed before the surgery is given <p>The consent for sterilization cannot be obtained while the patient is in the hospital for labor, childbirth or abortion, or is under the influence of alcohol or other substances that affects a patient's awareness.</p> <ul style="list-style-type: none"> • The person to be sterilized must: <ul style="list-style-type: none"> – Be at least 21 years old at the time consent is received – Be mentally competent – Not be in an institution (i.e., not involuntarily confined or kept under a civil or criminal status in a correctional or rehab facility or confined in a mental hospital or other facility for the care and treatment of mental illness) – Give informed consent on the approved Sterilization Consent Form |
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| <p>Women's health services</p> | <p>OB/GYN services Covered services for female members include:</p> <ul style="list-style-type: none"> • A minimum of two routine annual visits; the second visit must be based on medical need • Follow-up treatment given within 60 days after either routine visit if the care relates to: <ul style="list-style-type: none"> – A condition diagnosed or treated during the visits – A pregnancy <p>Induced abortion services Services are restricted to these reasons:</p> <ul style="list-style-type: none"> • A physician has found and confirms in writing, on the basis of his or her judgment, the life of the pregnant woman would be in danger if the fetus were carried to term • In the case of ending a pregnancy due to rape or incest, these requirements must be met: <ul style="list-style-type: none"> – The member must report the act to a law enforcement official unless the treating physician confirms in writing, in his or her expert opinion, the victim was not physically or psychologically able to report the rape or incest – The report of the act to the law enforcement official or the treating physician's statement that the victim was not able to report the rape or incest must be submitted to Healthy Blue – The member must confirm that the pregnancy is the result of rape or incest; this certification must be witnessed by the treating physician – The Office of Public Health Certification of Informed Consent — abortion form must be witnessed by the treating physician; the provider must attach this form to their claim form <p>Hysterectomies Hysterectomies are covered when they are nonelective and medically needed; the following requirements must be met:</p> <ul style="list-style-type: none"> • The person or her representative must be told orally and in writing this procedure will leave the person unable to reproduce • The person or her representative, if any, must sign and date an Acknowledgement of Receipt of |
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| | <p>Hysterectomy Information form prior to the hysterectomy; this form:</p> <ul style="list-style-type: none"> - Must be obtained despite diagnosis or age - Can be submitted after surgery only if it clearly states the patient was told before surgery she would be left unable to reproduce - Is not required if the person was sterile prior to the hysterectomy. - Required a hysterectomy due to a life-threatening emergency and the physician decided prior acceptance was not possible |
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Extra Healthy Blue benefits

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

- Free adult dental care
 - Oral exam every six months
 - X-rays once a year
 - Teeth cleaning every six months
 - Tooth extraction and fillings

To make an appointment or find a dentist near you, call DentaQuest at **1-844-234-9835** (TTY 1-800-466-7566)

- Free adult vision care
 - Eye exam once a year
 - Glasses (frames and lenses) once a year
 - \$40 allowance toward the cost of nonstandard glasses once a year

To make an appointment or find an eye doctor near you, call Superior Vision at **1-800-787-3157** (TTY 1-800-735-2258)

Healthy Rewards: dollars put onto a gift card when you go to doctor visits and screenings

- \$20 incentive for yearly well-child visits from birth through age 9
- \$25 incentive for yearly well-child visits for ages 10-20
- \$15 for yearly adult-wellness visits
- \$10 for diabetic screening
- \$10 for sexually transmitted infection screening
- \$5 for getting a flu shot

Sign up today. Call 1-877-868-2004 or visit www.myhealthybluela.com/HealthyRewards to enroll.

- Programs and incentives for pregnant women and new moms
 - Up to \$75 in rewards for pregnant members and new moms with our New Baby, New LifeSM program
 - Free portable crib or infant car seat for going to seven or more prenatal doctor visits
 - My AdvocateTM, a program for eligible pregnant members to get tips on how to have a healthy pregnancy. Eligible new moms will also get tips on caring for her new baby.
 - In-home postpartum visits for new moms unable to get to the doctor office
 - Family planning kit to help you have a healthy pregnancy when you're ready. Kit includes condoms, pregnancy test, prenatal vitamins and more.

- Circumcisions for boys
- Healthy lifestyle and weight management programs:
 - Booster seat after completing required well-child visits
 - Free Boys & Girls Club membership for eligible members ages 6-18
 - Free Weight Watchers®* meetings for eligible members age 18 and older
- Community outreach and support: Helping you access care and services beyond what is traditionally covered by the plan.
 - Outreach events in the community at set times
 - Free community back-to-school drives
 - Free community baby showers
 - Community health educators
 - Community diaper drives
 - A free cellphone with free monthly minutes, data and text messages
 - Low copays for over-the-counter medicine with a prescription from a doctor
 - Healthy Families nutrition and fitness program for qualified families
 - 24/7 NurseLine to answer your health questions day or night
 - Up to eight hours of respite services each month for caregivers
- Online resources:
 - Community Resource Link: Need help finding housing, rides, work or more? Community Resource Link is a site where you can search for free or low-cost local services. This easy to use search tool can help you find services and resources in your area. You just have to enter your ZIP code and select the type of service you're looking for. It's that easy! To learn more, visit www.myhealthybluelia.com and select Community Resources or call 1-844-521-6941.

We give you these benefits to help keep you healthy.

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

BEHAVIORAL HEALTH SERVICES

What are behavioral health services?

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

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

- Eating or sleeping too much or too little
- Pulling away from people and usual activities
- Having low or no energy
- Feeling numb or like nothing matters
- Having unexplained aches and pains
- Feeling helpless or hopeless
- Smoking, drinking or using drugs more than usual

- Feeling unusually confused, forgetful, on edge, angry, upset, worried or scared
- Yelling at or fighting with family and friends
- Experiencing severe mood swings that cause problems in relationships
- Having persistent thoughts and memories you can't get out of your head
- Hearing voices or believing things that are not true
- Thinking of harming yourself or others
- Inability to perform daily tasks like taking care of your kids or getting to work or school

We can help you if:

- You have an alcohol or drug addiction
- You have a gambling problem
- You have depression, anxiety, bipolar disorder, schizophrenia or any other mental health diagnosis
- You use drugs such as heroin or methamphetamine
- You have children and have a substance use problem
- Your child gets services from the Department of Family and Child Services or the Office of Youth Development and your child doesn't qualify for specialized mental health services
- You are pregnant and have any of the mental health, alcohol and substance use issues listed above
- You are in need of permanent supportive housing
- You have a gambling problem

We can help your child if he or she has a mental health or substance use problem and receives services from the Department of Child and Family Services or the Office of Youth Development.

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

- Quit with Us, LA — this is a website that can give you the tools you need to break the habit. Visit www.quitwithusla.org or call 1-800-Quit-Now.
- If you or someone you know has a gambling problem, call or text 1-877-770-STOP (7867). This helpline is available 24 hours a day, seven days a week. It's toll-free, confidential and will connect you to care. You get the services you need at no cost to you. Visit www.idh.la.gov/ProblemGambling for more information. Or for Live Chatting visit www.helpforgambling.org.

Types of behavioral health providers and services

| | Description |
|---|--|
| Psychiatrist | Treats mental health conditions. Psychiatrists are medical doctors and can prescribe and monitor medications. |
| Licensed Mental Health Professional (LMHP) | Works with members who have behavioral health concerns. This can include: <ul style="list-style-type: none"> — Medical psychologists (can prescribe and monitor medications) — Licensed psychologists — Licensed Clinical Social Workers (LCSW) — Licensed Professional Counselors (LPC) — Licensed Marriage and Family Therapists (LMFT) — Licensed Addiction Counselors (LAC) — Advance practice registered nurses in the behavioral health field (can prescribe and monitor medications) |
| Psychosocial rehabilitation | Community support to help with recovery |
| Routine outpatient | Treatment provided in an office setting often one time a week or less |
| Intensive outpatient | Treatment provided outside of a hospital often more than one time a week |
| Crisis services | Help during a crisis to feel safe and out of danger |
| Therapeutic group homes | Treatment in a home-like setting with a small number of people who are experiencing problems similar to yours. These services are available to members younger than age 21. |
| Psychiatric residential treatment facilities | Inpatient help that may require longer than 7 days to help you to return to the community These services are available to members younger than age 21. |
| Free-standing psychiatric hospitals and distinct part psychiatric (DPP) units | Hospital with 24-hour support for people experiencing a mental health crisis This service is only available to members under the age of 21 and over the age of 65. |
| Permanent supportive housing | Permanent housing for eligible individuals needing a place to live |

Your covered behavioral health services

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

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

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

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

| Covered services | Coverage limits |
|---|--|
| Assisted therapy for methadone and opiate withdrawal | <p>Covered services include:</p> <ul style="list-style-type: none"> • Outpatient services • Assistance with withdrawal from opiates <p>Available to members of all ages.</p> |
| Basic behavioral health outpatient services | <p>This service is available to all members.</p> |
| Clinical lab services, diagnostic testing and radiology services | <p>Covered services include:</p> <ul style="list-style-type: none"> • Inpatient and outpatient diagnostic testing, and radiology services <ul style="list-style-type: none"> – Ordered or given by a network or non-network provider as required • Clinical lab services and mobile X-rays for members who cannot leave their home without special transport or help to be able to get provider-ordered lab services and X-rays <p>Certain limits apply. Prior approval may be required.</p> |
| Crisis intervention | <p>This service is available to all members.</p> |
| Crisis stabilization | <p>This service is available to members younger than age 21. This service is limited to no more than 30 days per year.</p> |
| Emergency medical services | <p>Covered services include emergency services given by a network or out-of-network provider when:</p> <ul style="list-style-type: none"> • You have an emergency medical condition. An emergency is when you need to get care right away, when you are in danger of hurting self or someone else, or if there is a risk of death • Healthy Blue tells you to get emergency services <p>The provider treating you will decide when you are stable for transfer or discharge. Prior approval is not needed.</p> |
| Inpatient psychiatric hospitalization | <p>This service is limited for members ages 21 to 65.</p> |
| Inpatient substance use detoxification | <p>This service is available to all members.</p> |

| Covered services | Coverage limits |
|--|---|
| Medicines | <p>Healthy Blue has a list of commonly prescribed drugs. You or your child's provider can choose from this list of drugs to help you get well. This list is called a Preferred Drug List (PDL). It is part of the Healthy Blue formulary.</p> <p>The covered medicines on the PDL include prescriptions and certain over-the-counter medicines.</p> <ul style="list-style-type: none"> • All Healthy Blue network providers have access to this drug list. • Your or your child's provider should use this list when he or she writes a prescription. • Certain medicines on the Healthy Blue PDL need prior approval. • Medicines that are not listed on the Healthy Blue PDL need prior approval. <p>Here's a list of things to remember:</p> <ul style="list-style-type: none"> • Healthy Blue covers up to a 30-day supply of prescriptions. • You can get prescriptions filled at Healthy Blue network pharmacies. • The Healthy Blue pharmacy network includes most major pharmacy chains and many independent community pharmacies. • Your pharmacist may authorize a 3-day emergency supply of medicine while you are waiting to get prior authorization. |
| Mental health rehabilitation services | <ul style="list-style-type: none"> • Community psychiatric support and treatment, limited to members under age 21 <ul style="list-style-type: none"> – Multi-systemic Therapy – Functional Family Therapy – Homebuilders • Therapeutic group homes (does not include room and board), limited to members under the age of 21 • Crisis stabilization (limited to 30 days per year), and limited to members under the age of 21 • Assertive Community Treatment, limited to members 18 years of age and older <p>Prior approval may be needed for these services.</p> |
| Psychiatric residential treatment | This service is for members younger than age 21 |
| Psychological testing services | This service is for all members. |

| Covered services | Coverage limits |
|--|---|
| Provider services | <p>Covered services include services performed in a physician's office such as:</p> <ul style="list-style-type: none"> • Medical assessments • Treatments <p>Services must be given by licensed provider. Certain limits apply. Prior approval may be required.</p> <p>In-office wait time for scheduled appointments shouldn't be longer than 45 minutes, including time in the waiting room and examining room unless the previous patient needs more time. If a provider is delayed, patients will be told right away.</p> <p>If the wait is expected to be more than 90 minutes, members will be offered a new appointment.</p> |
| Substance use services | <p>Covered services include:</p> <ul style="list-style-type: none"> • Outpatient treatment • Residential services <p>These services help treat substance use problems and are available to all members.</p> |
| Screening for Coordinated System of Care services | For members younger than age 21 |
| Specialized behavioral health outpatient services | This service is available to all members. |
| Treatment by psychiatrists and licensed mental health professionals | This service is available to all members. |

Helpful Resources

| Behavioral Health Support Groups | | |
|--|---|---|
| Service | Information | Phone Number |
| Depression and Bipolar Support Alliance (DBSA) | This is a peer support group. The DBSA focuses on helping members with depression and bipolar disorder. | Baton Rouge 225-275-2778 Metairie 504-286-1916 or 985-871-4360 Monroe 318-542-4154 or 318-388-6088 |
| Bayou Land Families Helping Families, Inc. Region 3 (South Central area) | Serving Assumption, Lafourche, St. Charles, St. James, St. John, St. Mary and Terrebonne parishes | 1-800-331-5570 |
| Families Helping Families | Families Helping Families are resource centers in your local communities for individuals with disabilities and their families. Families Helping Families is run by both parents of children with disabilities and individuals with disabilities. See below for the names and phone numbers of centers in your area. | |
| Families Helping Families of Acadiana Region 4 (Acadiana area) | Serving Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin and Vermilion parishes | 1-800-378-9854 |
| Families Helping Families of Southwest Louisiana Region 5 (Southwest area) | Serving Allen, Beauregard, Calcasieu, Cameron and Jefferson Davis parishes | 1-800-894-6558 |
| Families Helping Families Region 6 (Central LA area) | Serving Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn parishes | 1-800-259-7200 |
| Families Helping Families Region 7 (Northwest area) | Serving Bienville, Bossier, Caddo, Claiborne, Desoto, Natchitoches, Red River, Sabine and Webster parishes | 1-877-226-4541 |

| | | |
|--|---|----------------|
| Families Helping Families of Northeast Louisiana, Inc. Region 8 (Northeast area) | Serving Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union and West Carroll parishes | 1-888-300-1320 |
| Northshore Families Helping Families Region 9 (Florida Parishes area) | Serving St. Tammany, Washington, Tangipahoa, St. Helena and Livingston parishes | 1-800-383-8700 |
| Louisiana Federation of Families for Children's Mental Health | The Louisiana Federation of Families for Children's Mental Health helps families of children and youth with mental health needs. | 1-800-224-4010 |
| Mental Health America of Louisiana (MHAL) | MHAL helps promote mental health through its education, research and service. | 1-800-241-6425 |
| NAMI Louisiana (National Alliance on Mental Illness) | NAMI Louisiana is a mental health organization that works to build better lives for the millions of Americans affected by mental illness. | 1-866-851-6264 |

| State Agencies | | |
|---|--|---|
| Service | Information | Phone Number |
| Adult Protective Services (APS) Office of Aging and Adult Services Department of Health and Hospitals | Call to report abuse and neglect of adults who can't protect themselves. | Call the hotline 24 hours a day, seven days a week: 1-800-898-4910 |
| Child Protection Investigation, Child Welfare Department of Children and Family Services | The Child Protective Services program looks into reports of child abuse and neglect. The program provides helpful services to children and families. | 1-855-4LA-KIDS 1-855-452-5437 |
| Louisiana Commission on Human Rights | The Louisiana Commission on Human Rights works to protect people from unlawful discrimination. If you think you are being discriminated against, you can call to file a complaint. | 1-888-248-0859 |
| Louisiana Medicaid Pharmacy Benefits Management Program | The Louisiana Medicaid Pharmacy Benefits Management Program offers prescriptions for Medicaid members. | 1-800-437-9101 |

| Job Help | | |
|---|--|---|
| Service | Information | Phone Number |
| Disability Program Navigator Initiative | The Disability Program Navigator Initiative helps people with disabilities find work. Navigators can be found at Career Solutions Center locations throughout the state. | <p>Baton Rouge Wooddale Boulevard: 225-925-4311</p> <p>Plank Road: 225-358-4579</p> <p>New Orleans 504-568-7280</p> <p>Algiers 504-364-5625</p> <p>Houma 985-873-6855</p> <p>United Houma Nation 985-223-3093</p> |

| Coordinated System of Care — Wraparound Agencies | | |
|---|---|--------------|
| Service | Area Served | Phone Number |
| Region 1 New Orleans and Jefferson Parish areas National Child and Family Services | Jefferson, Orleans, Plaquemines and St. Bernard Parishes | 504-267-5819 |
| Region 2 Baton Rouge area National Child and Family Services of Baton Rouge | Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge and West Feliciana Parishes | 225-456-2006 |
| Region 3 Florida Parishes area Choices, Inc. | Livingston, St. Helena, Tangipahoa, Washington and St. Tammany Parishes | 504-376-3895 |
| Region 4 Houma/Thibodeaux area Wraparound Services of Southeast LA | Assumption, St. James, St. John the Baptist, St. Charles, Lafourche and Terrebonne Parishes | 985-232-3930 |

| | | |
|---|--|--------------|
| Region 5 Acadiana area Eckerd Wraparound Agency | Evangeline, Acadia, St. Landry, St. Martin, Iberia, Lafayette, St. Mary and Vermillion Parishes | 337-678-3536 |
| Region 6 Lake Charles area Choices, Inc. | Beauregard, Allen, Jefferson Davis, Calcasieu and Cameron Parishes | 337-523-4289 |
| Region 7 Alexandria area Eckerd Wraparound Agency | Avoyelles, Catahoula, Concordia, Grant, LaSalle, Vernon, Rapides and Winn Parishes | 318-443-7900 |
| Region 8 Shreveport area Choices, Inc. | Bienville, Bossier, Caddo, Claiborne, DeSoto, Jackson, Natchitoches, Red River, Sabine and Webster Parishes | 318-205-8202 |
| Region 9 Monroe area Wraparound Services of Northeast Louisiana | East Carroll, Franklin, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union and West Carroll Parishes | 318-654-4245 |

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

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

Even though we do not cover these services, your Healthy Blue PCP or specialist will:

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

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

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

For details on how and where to access these services, call the Louisiana LDH at 1-888-342-6207.

Copays may apply for certain services.

Coordinated System of Care

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

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

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

The system of care helps families and children:

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

Services available through the Coordinated System of Care include:

- A care plan for members
- Support and training for youth, parents and caregivers
- Respite care
- Crisis support

If you or your child is eligible for the services, it's your choice to be in the program.

To find about eligibility for Coordinated System of Care services, call Member Services at 1-844-521-6941 (TTY 711). We can help arrange a screening.

If you're enrolled in the program, Magellan Health Services will help you get services. If you need help getting services, call Magellan directly at 1-800-424-4489 (TTY 1-800-424-4416) or visit www.magellanoflouisiana.com.

PRIOR AUTHORIZATIONS

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

These services do not require prior approval:

- Emergency services
- Post-stabilization services
- Urgent care
- Family planning services
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

CASE MANAGEMENT

Healthy Blue covers free case management nursing services for members. Through this process, a nurse case manager will work with you and your family (or a representative) to review your strengths and needs. The review should result in a service plan that:

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

The case manager can help with:

- Assessing your healthcare needs
- Developing a plan of care
- Giving you and your family the information and training needed to make informed decisions and choices
- Giving providers the information they need about any changes in your health to help them in planning, delivering and monitoring services
- Will follow up with you within 72 hours of discharge for a behavioral health-related diagnosis
- Provides aftercare planning for members prior to discharge from a 24-hour facility for behavioral healthcare

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

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

NEW TECHNOLOGY

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

- Medical procedures
- Behavioral health procedures
- Pharmaceuticals
- Devices

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

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

They do this to see if these advances are suited as covered benefits.

DIFFERENT TYPES OF HEALTHCARE

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

Routine care

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

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

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

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

Urgent care

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

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

If you need urgent care:

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

You can also call our 24/7 NurseLine at 1-866-864-2544 if you need advice about urgent care. You should be able to see your PCP within 24 hours for an urgent care appointment.

Emergency care

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

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

This means that someone with an average knowledge of health and medicine can tell the problem may threaten your life or cause serious harm to your body or harm your unborn child if you are pregnant.

Here are some examples of problems that are most likely emergencies:

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

You should be able to see a physician right away. The emergency provider who will be treating you will decide whether you are well enough to transfer or be discharged from the hospital. Healthy Blue will cover this expense based on what the provider decides.

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

If you want advice about emergency care, such as where to go for care, call your PCP or our 24/7 NurseLine at 1-866-864-2544. Medical emergencies do not need prior approval by Healthy Blue.

After you visit the emergency room:

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

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

How to get healthcare when your primary care provider's office is closed

Except in the case of an emergency (see previous section), you should always call your primary care provider (PCP) first before you get medical care. If you call your PCP's office when it is closed, leave a message with your name and a phone number where you can be reached. If it is not an emergency, someone should call you back within 30 minutes to tell you what to do. You may also call our 24/7 NurseLine 24 hours a day, 7 days a week for help at 1-866-864-2544.

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

How to get healthcare when you are out of town

If you need emergency services when you are out of town or outside of Louisiana,* go to the nearest hospital emergency room or call 911. You have the right to use any hospital or other medical emergency care facility. This is called out-of-area care.

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

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

How to get healthcare when you cannot leave your home

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

WELLNESS CARE FOR CHILDREN AND ADULTS

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

When you become a Healthy Blue member:

- Call your PCP.
- Make your first appointment within 90 days.

Wellness care for children

Why well-child visits are important for children

Children need more wellness visits than adults. These wellness visits for children are for anyone in Medicaid that is under 21 years old. Babies need to:

- See their PCP at least seven times by the time they are 12 months old
- Go more times if they get sick

Your child may have special needs or an illness like asthma or diabetes. If so, one of our case managers can help your child get checkups, tests and shots.

Your child can get checkups from his or her PCP or any Healthy Blue network provider. You do not need a referral for these visits.

At these wellness visits, your child's PCP will:

- Make sure your baby is growing well
- Help you care for your baby, talk to you about what to feed your baby and how to help your baby go to sleep

- Discuss how your baby grows and develops at different stages and what you can do to help and how to prevent childhood accidents and diseases
- Answer questions you have about your baby
- See if your baby has any problems that may need more healthcare
- Give your baby shots that will help protect him or her from illnesses

When your child should get wellness visits

Well-child care in your baby's first year of life

The first well-child visit will be in the hospital. This happens right after the baby is born. For the next seven visits, you must take your baby to his or her PCP's office. Set up a visit with the doctor when the baby is:

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

Well-child care in your baby's second year of life

Starting in your baby's second year of life, he or she should see the doctor at least four more times:

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

Well-child care for children ages 3 through 20

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

Blood lead screening

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

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

Vision screening

Your child's PCP should check your child's vision at every well-child visit.

Hearing screening

Your child's PCP should check your child's hearing at every well-child visit.

Dental screening

Your child's PCP should check your child's teeth and gums as part of each well-child visit. Children should start seeing a dentist when they get their first tooth or before their first birthday. Your child should then keep seeing a dentist every six months.

Immunizations (shots)

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

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

| IMMUNIZATION (SHOT) SCHEDULE FOR CHILDREN | | | | | | | | | | | | | | |
|---|-------|---------|---------|---------|--------------------|----------------|----------|----------|-------------|--------------------------|--------------------|-------------------------------|-----------------------------|-------------------------|
| AGE VACCINE | Birth | 1 mo | 2 mo | 4 mo | 6 mo | 12 mo | 15 mo | 18 mo | 19-23 mo | 2-3 years | 4-6 years | 7-10 years | 11-12 years | 13-18 years |
| Hepatitis B | HepB | HepB | | | HepB | | | | | | | HepB Series if not given | | |
| Rotavirus | | | Rota | Rota | Rota if needed | | | | | | | | | |
| Diphtheria, Tetanus, Pertussis | | | DTaP | DTaP | DTaP | | DTaP | | | | DTaP | | Tdap | Tdap if not given |
| Haemophilus influenzae type b | | | Hib | Hib | Hib if needed | Hib | | | | | | | | |
| Pneumococcal | | | PCV | PCV | PCV | PCV | | | | PPSV if high-risk | | PPSV if high-risk | | |
| Inactivated Poliovirus | | | IPV | IPV | IPV | | | | | | IPV | IPV Series if not given | | |
| Influenza | | | | | Influenza (Yearly) | | | | | | Influenza (Yearly) | | | |
| Measles, Mumps, Rubella | | | | | | MMR | | | | | MMR | MMR Series if not given | | |
| Varicella | | | | | | Varicella | | | | | Varicella | Varicella Series if not given | | |
| Hepatitis A | | | | | | HepA (2 doses) | | | | HepA Series if high-risk | | | | |
| Meningococcal | | | | | | | | | | MCV4 if high-risk | | | MCV4 | MCV4 if not given |
| Human Papillomavirus | | | | | | | | | | | | | HPV (3 doses) (for females) | HPV Series if not given |

Wellness care for adults

| WELLNESS VISITS SCHEDULE FOR ADULT MEMBERS | | |
|---|--|----------------------------------|
| Males and females of all ages | | |
| Exam type | Who needs it? | How often? |
| Blood pressure check | Members age 18 and over | Every 2 years if 120/80 or below |
| | High blood pressure is 140/90 or higher | Every year if 120/80 or higher |
| Cholesterol screening | At-risk members age 20 and over | As recommended by your PCP |
| Diabetes screening | At-risk members | As recommended by your PCP |
| Colorectal cancer (CRC) screening | Members age 50 and over | As recommended by your PCP |
| | At-risk members: May need to begin screenings before age 50 | |
| Other cancer screenings | Based on members' personal health history | As recommended by your PCP |
| Depression | Members should talk to their PCP if they have been feeling down or sad | Ask for a referral |
| Problem drinking and substance abuse screening | Members should share any history of drug or alcohol with their PCP | Ask for a referral |
| Females | | |
| Pap test | Women under age 21 who are sexually active | Every 1-3 years |
| | Ages 21-65 | Every 1-3 years |
| Chlamydia test | Women under age 24 who are sexually active | As recommended by your PCP |
| Mammogram | Most doctors recommend a mammogram screening every 1-3 years | As recommended by your PCP |
| Osteoporosis testing | Women under age 65 | As recommended by your PCP |
| | Age 65 and older | At least once |
| Males 50-65 and older | | |
| Screening for sexually transmitted diseases | At-risk men | As recommended by your PCP |
| Screening for abdominal aortic aneurysm | Men ages 65-75 who have ever smoked | One-time screening |

When you or your child misses one of your wellness visits

If you or your child does not get a wellness visit on time:

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

If your child has not visited his or her PCP on time, Healthy Blue will send you a postcard reminding you to make your child's wellness appointment.

SPECIAL KINDS OF HEALTHCARE

Special care for pregnant members

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

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

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

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

Quality care for you and your baby

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

Get to know My AdvocateTM

My AdvocateTM delivers maternal health education by phone, text messaging and smartphone app that is helpful and fun. You will get to know Mary Beth, My Advocate's automated personality. Mary Beth will respond to your changing needs as your baby grows and develops. You can count on:

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

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

Helping you and your baby stay healthy

My AdvocateTM calls give you answers to your questions, plus medical support if you need it. There will be one important health screening call followed by ongoing educational outreach. All you need to do is listen, learn and answer a question or two over the phone. If you tell us you have a problem, you'll get a call back from a case manager. My AdvocateTM topics include:

- Pregnancy and postpartum care

- Well-child care
- Dental care
- Immunizations
- Healthy living tips

When you become pregnant

If you think you are pregnant:

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

When you find out you are pregnant, you must also call Healthy Blue Member Services.

We will send you a pregnancy education package. It will include:

- Congratulations letter
- A self-care book with information about your pregnancy; you can also use this book to write down things that happen during your pregnancy
- Information on how to redeem your rewards for prenatal care
- My Advocate™ flier that tells you about the program and how to enroll and get health information to your phone by automated voice, text message or smartphone app
- Having a Healthy Baby brochure with helpful resources

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

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

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

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

When you have a new baby

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

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

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

After you have your baby, you must:

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

After you have your baby

Healthy Blue will send you postpartum education package after you have your baby. It will include:

- A congratulation letter
- Nurture booklet with information on caring for your newborn
- Information on how to redeem your rewards for postpartum care and well-baby/well child care
- Postpartum depression brochure
- Making a Family Life Plan brochure

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

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

- The visit should be done between 21 and 56 days after you deliver
- If you delivered by C-section, your PCP or OB/GYN may ask you to come back for a one or two week post surgery checkup. This is not considered a postpartum checkup. You will still need to go back and see your provider within 21 to 56 days after your delivery for your postpartum checkup

You'll also get a call from our postpartum outreach team to see how you're doing. The team can help you schedule your postpartum visit 21 to 56 days after you have your baby. The team may also call with reminders.

Disease Management Centralized Care Unit

Healthcare can be overwhelming, so we're here to help you stay on top of it. Our disease management program can help you. The program is voluntary, private and here at no cost to you. It's called the Disease Management Centralized Care Unit (DMCCU) program. A team of licensed nurses, called DMCCU case managers, are available to teach you about your health issue and help you learn how to manage your health. Your primary care provider (PCP) and our team of DMCCU case managers will help you with your healthcare needs.

You can join the program if you have one of these conditions:

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

Our case managers can also help with weight management and smoking cessation services.

Programs are also available for:

- Hepatitis C
- Sickle cell

In addition to providing support for these conditions, DMCCU case managers focus on providing an inclusive care management approach to help when you have more than one health issue. These are called comorbid conditions.

DMCCU case managers work with you to create health goals and help you develop a plan to reach them. As a member in the program, you'll benefit from having a case manager who:

- Listens to you and takes the time to understand your specific needs
- Helps you make a care plan to reach your healthcare goals
- Gives you the tools, support and community resources that can help you improve your quality of life
- Provides health information that can help you make better choices
- Assists you in coordinating care with your providers

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

You have the right to:

- Have information about Healthy Blue; this includes all Healthy Blue programs and services as well as our staff's education and work experience; it also includes contracts we have with other businesses or agencies
- Refuse to take part in or disenroll from programs and services we offer
- Refuse to take part in or disenroll from program and services we offer on religious grounds; in the case of a child, the parent or guardian can refuse
- Know which staff members arrange your healthcare services and who to ask for a change
- Have Healthy Blue help you to make choices with your doctors about your healthcare
- Learn about all DMCCU-related treatments; these include anything stated in the clinical guidelines, whether covered by Healthy Blue or not; you have the right to discuss all options with your doctors
- Have personal and medical information kept private under HIPAA; know who has access to your information; know what Healthy Blue does to keep it private
- Know who has access to your information and know our procedures used to ensure security, privacy and confidentiality
- Be treated with courtesy and respect by Healthy Blue staff
- File a complaint to Healthy Blue and get guidance on how to use the complaint process, including how long it will take us to respond and resolve issues of quality and complaints
- Get information that is clear and easy to understand

Healthy Blue covers all Louisiana state required Medicaid services. But, if you feel there are services not covered because of moral or religious objections, you may contact the enrollment broker for information. For information on how to get these services, call 1-855-229-6848 (TTY 1-855-526-3346).

You are encouraged to:

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

If you have one of these conditions or would like to know more about our DMCCU, please call 1-888-830-4300, Monday through Friday from 8:30 a.m. to 5:30 p.m. Ask to speak with a DMCCU case manager. Or you can leave a private message for your case manager 24 hours a day.

You can also visit our website at www.myhealthyblueia.com. You can call DMCCU if you would like a copy of DMCCU information you find online. Calling can be your first step on the road to better health.

Healthy Families program

Healthy Families is a six-month program for members age 7 to 17. This helps families get and stay healthy. Families get fitness and healthy behavior coaching, written nutrition information and online and community resources. Call 1-888-830-4300 (TTY 711) to learn more or to enroll today!

Medicines

Healthy Blue has a list of preferred drugs. Your PCP or specialist can choose from this list of drugs. This list is called a Preferred Drug List (PDL). It's part of the Healthy Blue formulary. This is available on our member website. The covered medicines on the PDL include:

- Prescriptions
- Certain over-the-counter medicines

If you have questions about your drug coverage, call Member Services at 1-844-521-6941.

Copays

A copay is the amount you pay for a drug if you have Healthy Blue.

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

*There are no copays for children, pregnant women, family planning supplies, members in the hospital, or Native American or Alaska Native members.

Things to remember about the PDL:

- You, your providers and your pharmacy have access to this drug list.
- Your PCP or specialist should use this list when he or she writes a prescription.
- Certain medicines on the PDL need prior approval.
- Medicines that are not on the PDL need prior approval.

You can get prescriptions filled at any Healthy Blue network pharmacy. Our network includes most major chains and many independent pharmacies.

For a complete list of Healthy Blue network pharmacies, go to www.myhealthyblueia.com. You may also call Member Services to request a copy of the pharmacy directory, which is updated at least annually. The online version is updated at least weekly.

If you don't know if a pharmacy is in our network, ask the pharmacist. You can also call Member Services for help at 1-844-521-6941.

To get a prescription filled, follow these steps:

- 1) Take the written prescription from your provider to the pharmacy, or your provider can call in the prescription. Certain medicines require a written prescription.
- 2) Show your Healthy Blue member ID card and Medicaid ID card to the pharmacy.
- 3) If you use a new pharmacy, tell the pharmacist about all of the medicines you are taking; include over-the-counter medicines, too.

It's good to use the same pharmacy each time. This way, your pharmacist:

- Will know all the medicines you are taking
- Can watch for problems that may occur

SPECIAL HEALTHY BLUE SERVICES FOR HEALTHY LIVING

Health information

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

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

Health education classes

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

Some of the classes include:

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

Some of the larger medical offices (like clinics) in our network show health videos. They talk about immunizations (shots), prenatal care and other important health topics. We hope you will learn more about staying healthy by watching these videos.

We will also mail a member newsletter to you twice a year. This gives you health news about well care and taking care of illnesses. It gives you tips on how to be a better parent and other topics.

Community events

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

- Healthy eating
- Asthma
- Stress

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

Domestic violence

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

Safety tips for your protection:

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

If you have questions or need help:

- Call our 24/7 NurseLine at 1-866-864-2544.
- Call the National Domestic Violence hotline number at 1-800-799-7233 (TTY 1-800-787-3224).

Minors

For most Healthy Blue members under age 18 (minors), our network doctors and hospitals cannot give them care without a parent's or legal guardian's consent. This does not apply if emergency care is needed.

Parents or legal guardians also have the right to know what is in their child's medical records, except for information about the following:

- Birth control
- Sexually transmitted infections (STIs)

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

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

- Are married
- Are pregnant
- Have a child

Emancipated minors may make their own decisions about their medical care and the medical care of their children. Parents no longer have the right to see the medical records of emancipated minors.

Parents or guardians have the right to refuse medical service, diagnoses or treatment for their child on moral or religious grounds.

MAKING A LIVING WILL (ADVANCE DIRECTIVE)

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

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

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

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

An advance directive will give you, your family and your provider the change to talk about your medical, physical and spiritual needs when it comes to end-of-life care.

There are two main types of advance directives:

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

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

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

You can change your mind anytime after you have signed a living will or durable power of attorney.

- Call your PCP or specialist to remove the living will or durable power of attorney from your medical record.
- Fill out and sign a new form if you wish to make changes in your living will or durable power of attorney.

If the wishes stated in your advance directive are not followed, you can file a complaint with the Office of Health Standards (Louisiana's Survey and Certification agency) by calling 225-342-0138.

ADVANCE DIRECTIVE FOR MENTAL HEALTH TREATMENT

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

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

Do you have questions about the advance directive for mental health treatment? Call the **Mental Health Advocacy Service at 1-800-428-5432.**

GRIEVANCES AND MEDICAL APPEALS

If you have any questions or concerns about your Healthy Blue benefits, please call Member Services at 1-844-521-6941 (TTY 711). Or you can write us. You can call or send us a written request. See "Filing a grievance with Healthy Blue" below for more details.

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

Grievances

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

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

Appeals to learn more.

Filing a grievance with Healthy Blue

Member Services will be happy to help you prepare and submit your grievance. You or a representative of your choice can call, fax, mail or file in person within 30 calendar days of the date you were aware of the problem:

- Call Member Services at 1-844-521-6941 and file a grievance orally or ask for help with filling out a grievance form; include information such as the date the problem happened and the people involved
- File your grievance by fax to 1-888-708-2584

Send your letter to or visit in person:

Grievance Department
Healthy Blue
3850 N. Causeway Blvd., Ste 600
Metairie, LA 70002

When we get your grievance, our grievance coordinator will:

- Send you a letter within three business days to let you know we received your grievance
- Look into your grievance when we get it
- Send you a letter within 30 calendar days of when you first told us about your grievance; it will tell you the decision made by Healthy Blue and all the information that we received

If your grievance is urgent, we will respond within 72 hours of when you tell us about it. You may ask us to extend the grievance process for 14 calendar days if you have more details that we should see.

Medical appeals

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

A medical appeal is when you ask Healthy Blue to look again at the care your provider asked for and we said we will not pay for. You must file for a medical appeal within 30 calendar days from the receipt of our first notice that says we will not pay for a service.

A medical appeal can be filed by:

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

If you want your PCP to file an appeal for you, he or she must have your written permission, unless you are asking for an expedited appeal.

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

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

You can appeal our decision in three ways:

1. You can call Member Services toll free at 1-844-521-6941. If you call us, we will send you a letter to let you know we got your request for an appeal.
2. You can send us a letter or the appeal form to the address below.
 - Include information such as the care you are looking for and the people involved.
 - Have your doctor send us your medical information about this service.

Central Appeals Processing
Healthy Blue
P.O. Box 62429
Virginia Beach, VA 23466-2429

3. You can fax us a letter or the appeal form to 1-888-873-7038.

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

After we receive your appeal:

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

If you have more information about your appeal:

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

You may also ask us to extend the process if you know more information that we should consider.

After you have gone through all of the Healthy Blue appeal process, you may ask the state for a state fair hearing. See the **State fair hearings** section for more details.

Expedited appeals

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

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

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

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

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

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

Payment appeals

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

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

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

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

The EOB will tell you:

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

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

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

To file a payment appeal, your provider can mail the request and medical information for the service to:

Provider Payment Dispute
Healthy Blue
P.O. Box 61599
Virginia Beach, VA 23466-1599

Continuation of benefits

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

- You withdraw your request for an appeal.
- An appeal decision is reached and is not in your favor.

- The approval ends or the approved service limits are met.

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

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

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

State fair hearings

After you have gone through all of the Healthy Blue appeal process, you have the right to ask for a state fair hearing. You must ask for a state fair hearing within 30 calendar days from receipt of the appeal notice from Healthy Blue that tells you the result of your appeal. If you wish to continue benefits during the state fair hearing, the request should be submitted within 10 calendar days from the date you get the letter from Healthy Blue that tells you the results of your appeal.

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

- Call Member Services toll free at 1-844-521-6941. We will file it for you.
- Or send a letter to:
Division of Administrative Law – Health and Hospitals Section
P.O. Box 4189
Baton Rouge, LA 70821-4189
- You can also file orally by calling the Division of Administrative Law (DAL) at 225-342-5800 or fax your request to 225-219-9823.
- Or go online to www.adminlaw.state.la.us/HH.htm to fill out a Member State Fair Hearing Request Form.

Once the DAL gets your letter:

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

An administrative law judge at the DAL will conduct the state fair hearing. When the hearing is finished, the Secretary of LDH will report the results of the hearing decision to you, Healthy Blue and LDH.

If you have any questions about your rights to appeal or request a fair hearing, call Member Services at 1-844-521-6941.

Continuation of benefits

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

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

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

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

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

OTHER INFORMATION

If you move

Please call Member Services at 1-844-521-6941 right away to let us know. This way you will keep getting the information you need about your health plan.

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

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

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

- Family size
- Living arrangements
- Parish of residence

This will help make sure we get you the right information about your healthcare. We will let LDH know of the change.

Renew your Medicaid or LaCHIP benefits on time

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

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

If you are no longer eligible for Medicaid or LaCHIP

You will be disenrolled from Healthy Blue if you are no longer eligible for Medicaid or LaCHIP benefits.

If you are ineligible for Medicaid for two months or less and then become eligible again, you will be re-enrolled in Healthy Blue. If possible, you will be given the same primary care provider (PCP) you had when you were in Healthy Blue before.

How to disenroll from Healthy Blue

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

- If you are a new member and choose Healthy Blue during the initial choice period, you can switch health plans during your first 90 days of enrollment.
- If you are a current Healthy Louisiana member and wish to choose Healthy Blue or a new managed care organization during your annual open enrollment, you must choose a new plan within 60 days from when you receive open enrollment information from Healthy Louisiana. If you do not choose a new plan within 60 days, you will remain enrolled in your current Healthy Louisiana plan for the next 12 months; you can only change health plans during the next 12 months if you can show good cause.

You may request to transfer to another health plan at any time. However, you may be required to provide proof or detailed information that good cause exists for your request to be processed. **If you need to be disenrolled from Healthy Blue at any time, please call Healthy Louisiana Enrollment Center at 1-855-229-6848 (TTY 1-855-526-3346).**

Reasons why you can be disenrolled from Healthy Blue

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

You could be disenrolled from Healthy Blue if you:

- Are no longer eligible for Medicaid
- Move out of the Healthy Blue service area
- Let someone else use your Healthy Blue member ID card
- Are admitted to an intermediate care facility for people with developmental disabilities (for members over age 21)
- Enter into involuntary custody or are incarcerated

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

If you get a bill

Always show your Healthy Blue member ID card when you:

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

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

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

Claims
Healthy Blue
P.O. Box 61010
Virginia Beach, VA 23466-1010

You can also call Member Services for help.

If you have other health insurance (coordination of benefits)

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

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

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

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

- A Worker's Compensation claim
- A pending personal injury or medical malpractice law suit
- Been involved in an auto accident

Changes in your Healthy Blue coverage

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

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

If you have just transferred from or are about to transfer to another health plan, please notify us so we can assist with transitioning your care. Please contact the Healthy Blue Louisiana Case Management department at 1-877-440-4065, ext. 35792, Monday through Friday, 7 a.m. to 4:30 p.m.

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

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

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

Healthy Blue has a group of members who meet quarterly to give us their ideas. These meetings are called member advisory meetings. This is a chance for you to find out more about us, ask questions and give us suggestions for improvement. If you would like to be part of this group, call Member Services.

We also send surveys to some members. The surveys ask questions about how you like Healthy Blue. If we send you a survey, please fill it out and send it back. Our staff may also call to ask how you like Healthy Blue. Please tell them what you think. Your ideas can help us make Healthy Blue better.

How Healthy Blue pays providers

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

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

If you want more details about how our contracted providers or any other providers in our network are paid, please call the Healthy Blue Member Services department or write to us at:

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

YOUR RIGHTS AND RESPONSIBILITIES AS A HEALTHY BLUE MEMBER

Your rights

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

- **Privacy**
Be sure your medical record is private; be cared for with dignity and without discrimination. That includes the right to:
 - Be treated fairly and with respect
 - Know your medical records and discussions with your providers will be kept private and confidential
 - The right to receive a copy of your medical records (one copy free of charge); the right to request that the records be amended or corrected
- **Take part in making decisions about your healthcare**
Consent to or refuse treatment and actively take part in treatment decisions. You can refuse medical service, treatment or diagnoses at any time on religious grounds. In the case of a child, the parent or guardian may refuse treatment for the child.
- **Receive counseling or referral services that are not covered by Healthy Blue**
 - If you need counseling or referral services that are not covered by Healthy Blue due to moral or religious objections, call the Enrollment Broker. For information on how to get these services, call 1-855-229-6848 (TTY 1-855-526-3346).
- **Receive care without restraint**
Not be restrained or secluded if doing so is:
 - For someone else's convenience
 - Meant to force you to do something you do not want to do
 - To get back at you or punish you

- **Have access to healthcare services**

Get healthcare services that are similar in amount and scope to those given under fee-for-service Medicaid. That includes the right to:

- Get healthcare services that will achieve the purpose for which the services are given
- Get services that are fitting and are not denied or reduced due to:
 - Diagnosis
 - Type of illness
 - Medical condition

- **Receive all information in a manner that may be easily understood**

Be given information in a manner and format you can understand. That includes:

- Enrollment notices
- Information about your health plan rules, including the healthcare services you can get and how to get them
- Treatment options and alternatives, regardless of cost or whether it is part of your covered benefits
- A complete description of disenrollment rights at least annually
- Notice of any key changes in your benefits package at least 30 days before the effective date of the change
- Information on the grievance, appeal and state fair hearing procedures
- A list of your member rights and responsibilities

You have a right to receive a member welcome packet at least once a year if you need it. The packet will include another copy of the member handbook which may be updated from time to time.

- **Get information about the Healthy Blue health plan prior to joining Healthy Blue**

Receive information about Healthy Louisiana offered through Healthy Blue so that you can make an informed choice. That includes:

- Basic features of Healthy Louisiana
- The populations that may or may not enroll in the program
- The responsibility of Healthy Blue to arrange care in a timely manner

- **Receive information on Healthy Blue services**

Receive information on Healthy Louisiana services offered through Healthy Blue. That includes:

- Covered benefits
- Procedure for getting benefits, including any prior approval requirements
- Any copay requirements
- Service area
- Names, locations and phone numbers of, and non-English languages spoken by current contracted providers, including, at a minimum:
 - Primary care providers
 - Specialists
 - Hospitals
- Any restriction on your freedom of choice of network providers
- Names of providers who are not accepting new patients
- Benefits not offered by Healthy Blue but that members can obtain and how to get them; this includes how transportation is offered
- Service utilization policies
- Request a copy of our guidelines by calling Member Services

- **Get information on emergency and after-hours coverage**

Receive detailed information on this coverage. That includes:

- What constitutes an emergency medical condition, emergency services and post-stabilization services (Post-stabilization care services are Medicaid covered services that you receive after emergency medical care. You get these services to help keep your condition stable.)
- Post-stabilization rules
- Notice that emergency services do not require prior approval
- The process and procedures for getting emergency services
- The locations of any emergency settings and other sites where providers and hospitals furnish emergency and post-stabilization covered services
- Your right to use any hospital or other setting for emergency care

- **Get the Healthy Blue policy on referrals**

Receive the Healthy Blue policy on referrals for specialty care and other benefits not given by your primary care provider (PCP)

- **Get help from LDH and the Enrollment Broker**

Know the requirements and benefits of the Louisiana Medicaid CCN program

- **Get oral interpretation services**

Receive oral interpretation services. That includes the right to:

- Receive these services free of charge for all non-English languages, not just those known to be common
- Be told these services are offered and how to access them

- **Exercise your rights without adverse effects**

Exercise your rights without adverse effects on the way Healthy Blue, our providers or LDH treats you. That includes the right to:

- Tell us your complaint or file an appeal about Healthy Blue or the care or services you receive from our providers
- Make recommendations regarding your rights and responsibilities as a Healthy Blue member

Your responsibilities

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

- **Learn about your rights**

Learn and understand each right you have under the Medicaid program. That includes the responsibility to:

- Ask questions if you do not understand your rights
- Learn what choices of health plans are available in your area

- **Learn and follow your health plan and Medicaid rules**

Abide by the health plan Medicaid policies and procedures. That includes the responsibility to:

- Carry your ID card at all times when getting healthcare services
- Let your health plan know if your ID card is lost or stolen
- Never loan, sell or give your ID card to anyone else – doing so could result in loss of eligibility or legal action
- Let your health plan know right away if you have a Worker's Compensation claim or a pending personal injury or medical malpractice law suit or been involved in an auto accident

- Learn and follow your health plan and Medicaid rules
- Make any changes in your health plan and PCP in the ways established by Medicaid and by the health plan
- Keep scheduled appointments
- Cancel appointments in advance when you cannot keep them
- Always contact your PCP first for your nonemergency medical needs
- Be sure you have approval from your PCP before going to a specialist
- Understand when you should and should not go to the emergency room
- **Tell your providers about your healthcare needs**
Share information relating to your health status with your PCP and become fully informed about service and treatment options. That includes the responsibility to:
 - Tell your PCP about your health
 - Talk to your providers about your healthcare needs and ask questions about the different ways healthcare problems can be treated
 - Help your providers get your medical records
 - Provide your providers with the right information
 - Follow the prescribed treatment of care recommended by the provider or let the provider know the reasons the treatment cannot be followed as soon as possible
- **Take part in making decisions about your health**
Actively participate in decisions relating to service and treatment options, make personal choices and take action to maintain your health. That includes the responsibility to:
 - Work as a team with your provider in deciding what healthcare is best for you
 - Understand how the things you do can affect your health
 - Do the best you can to stay healthy
 - Treat providers and staff with respect

Call Healthy Blue Member Services at 1-844-521-6941 if you have a problem and need help.

Healthy Blue provides health coverage to our members on a nondiscriminatory basis, according to state and federal law, regardless of gender, race, age, religion, national origin, physical or mental disability or type of illness or condition.

HOW TO REPORT SOMEONE WHO IS MISUSING THE MEDICAID OR LACHIP PROGRAM

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

To report doctors, clinics, hospitals, nursing homes, or Medicaid or LaCHIP enrollees, write or call Healthy Blue at:

Special Investigations Unit
Healthy Blue
P.O. Box 62509
Virginia Beach, VA 23466-2509
1-866-847-8247 (TTY 711)

If you wish to remain anonymous, you can call the Special Investigations Unit (SIU) Hotline at 1-866-847-8247. Or go to the reporting website at www.myhealthyblueva.com/pages/WFA.aspx.

Suspicious of fraud and abuse can be emailed directly to the Healthy Blue Corporate Investigations department at medicaidfraudinvestigations@healthybluela.com. Or go online at www.myhealthybluela.com. Then choose **Report Waste, Fraud & Abuse** to report details about a possible issue. This information is sent directly to the email address above, which is checked every business day.

You can also call the Louisiana Medicaid Fraud and Abuse Hotline at 1-800-488-2917.

HOW TO REPORT SOMEONE WHO HAS NOT FOLLOWED REQUIRED MARKETING GUIDELINES

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

- Market directly to a potential member
- Say anything negative about the other MCOs
- Help a member enroll in Medicaid

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

To request a form, contact LDH at 1-888-342-6207.

Please call Member Services at 1-844-521-6941 if you would like more information on:

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

We hope this handbook/evidence of coverage has answered most of your questions about Healthy Blue. For more information, call the Healthy Blue Member Services department at 1-844-521-6941.

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



HIPAA Notice of Privacy Practices

The original effective date of this notice was April 14, 2003. The most recent revision date is shown at the end of this notice.

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

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

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

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

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

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

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

- **For your medical care**
 - To help doctors, hospitals and others get you the care you need

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

- **For payment, health care operations and treatment**
 - To share information with the doctors, clinics and others who bill us for your care
 - When we say we'll pay for health care or services before you get them
 - To find ways to make our programs better, as well as giving your PHI to health information exchanges for payment, health care operations and treatment. If you don't want this, please visit www.myhealthybluela.com for more information.
- **For health care business reasons**
 - To help with audits, fraud and abuse prevention programs, planning, and everyday work
 - To find ways to make our programs better
- **For public health reasons**
 - To help public health officials keep people from getting sick or hurt
- **With others who help with or pay for your care**
 - With your family or a person you choose who helps with or pays for your health care, if you tell us it's OK
 - With someone who helps with or pays for your health care, if you can't speak for yourself and it's best for you

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

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

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

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

What are your rights?

- You can ask to look at your PHI and get a copy of it. We don't have your whole medical record, though. **If you want a copy of your whole medical record, ask your doctor or health clinic.**
- You can ask us to change the medical record we have for you if you think something is wrong or missing.
- Sometimes, you can ask us not to share your PHI. But we don't have to agree to your request.

- You can ask us to send PHI to a different address than the one we have for you or in some other way. We can do this if sending it to the address we have for you may put you in danger.
- You can ask us to tell you all the times over the past six years we've shared your PHI with someone else. This won't list the times we've shared it because of health care, payment, everyday health care business or some other reasons we didn't list here.
- You can ask for a paper copy of this notice at any time, even if you asked for this one by email.
- If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us.

What do we have to do?

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

We may contact you

By giving your phone numbers, You agree that we, along with our affiliates and/or vendors, may call or text any phone numbers you give us, including a wireless phone number, using an automatic telephone dialing system and/or a pre-recorded message. Without limit, these calls or texts may be about treatment options, other health-related benefits and services, enrollment, payment, or billing. At any time, you may call the number on your member ID card to opt out of phone calls or texts.

What if you have questions?

If you have questions about our privacy rules or want to use your rights, please call Member Services at **1-844-521-6941**. If you're deaf or hard of hearing, call **TTY 711**.

What if you have a complaint?

We're here to help. If you feel your PHI hasn't been kept safe, you may call Member Services or contact the Department of Health and Human Services. Nothing bad will happen to you if you complain.

Write to or call the Department of Health and Human Services:

Office for Civil Rights
 U.S. Department of Health and Human Services
 1301 Young St., Suite 1169
 Dallas, TX 75202
 Phone: 1-800-368-1019
 TDD: 1-800-537-7697
 Fax: 214-767-0432

or

Privacy Officer
c/o Office of HIPAA Compliance
Department of Health Care Services (DHCS)
P.O. Box 997413, MS 4722
Sacramento, CA 95899-7413
Email: privacyofficer@dhcs.ca.gov
Phone: 1-916-445-4646
Fax: 1-916-440-7680

or

Information Security Officer
DHCS Information Security Office
P.O. Box 997413, MS 6400
Sacramento, CA 95899-7413
Email: iso@dhcs.ca.gov
Phone: ITSD Help Desk
1-916-440-7000 or 1-800-579-0874
Fax: 1-916-440-5537

We reserve the right to change this Health Insurance Portability and Accountability Act (HIPAA) notice and the ways we keep your PHI safe. If that happens, we'll tell you about the changes in a newsletter. We'll also post them on the Web at **www.myhealthybluelabel.com**.

Race, ethnicity and language

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

We use this information to:

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

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

- Issue health insurance
- Decide how much to charge for services
- Determine benefits
- Disclose to unapproved users

Your personal information

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

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

Do you need help with your healthcare, talking with us, or reading what we send you? Call us toll free at 1-844-521-6941 (TTY 711) to get this for free in other languages or formats.

¿Necesita ayuda con su atención médica? ¿Necesita ayuda para leer lo que le enviamos o para hablar con nosotros? Llámenos al número gratuito 1-844-521-6941 (TTY 711) para conseguir esta información sin costo en otros idiomas o formatos.

Revised February 11, 2016

Healthy Blue follows Federal civil rights laws. We don't discriminate against people because of their:

- Race
- Color
- National origin
- Age
- Disability
- Sex or gender identity

That means we won't exclude you or treat you differently because of these things.

Communicating with you is important

For people with disabilities or who speak a language other than English, we offer these services at no cost to you:

- Qualified sign language interpreters
- Written materials in large print, audio, electronic, and other formats
- Help from qualified interpreters in the language you speak
- Written materials in the language you speak

To get these services, call the Member Services number on your ID card. Or you can call our Grievance and Appeals Representative at 225-819-4893, ext. 82561.

Your rights

Do you feel you didn't get these services or we discriminated against you for reasons listed above? If so, you can file a grievance (complaint). File by mail, email, fax, or phone:

Grievance and Appeals Representative
5353 Essen Lane Suite 300
Baton Rouge, LA 70809

Phone: 225-819-4893, ext. 82561
Fax: 225-763-2179
Email: patricia.parker@healthybluela.com

Need help filing? Call our Grievance and Appeals Representative at the number above. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **On the Web:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- **By mail:** U.S. Department of Health and Human Services
200 Independence Avenue
SW Room 509F, HHH Building
Washington, D.C. 20201
- **By phone:** 1-800-368-1019 (TTY/TDD 1-800-537-7697)

For a complaint form, visit www.hhs.gov/ocr/office/file/index.html.

We can translate this at no cost.
Call the customer service number on your member ID card.

Podemos traducir esto gratuitamente. Llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación (ID Card).

Spanish

نستطيع ترجمة هذه المواد مجاناً. اتصل بخدمات الاعضاء، بأستخدام رقم الهاتف المدون على بطاقة الاعضاء لديك.

Arabic

Մենք կարող ենք անվճար թարգմանել սա: Զանգահարեք հաճախորդների սպասարկման բաժին ձեր անդամաքարտում (ID card) նշված հեռախոսահամարով:

Armenian

ဤအရာကို ကျွန်ုပ်တို့ အခမဲ့ ဘာသာပြန်ပေးနိုင်ပါသည်။ သင့် ID ကတ်ပါ ဝယ်ယူသုံးစွဲသူ ဝန်ဆောင်မှုနံပါတ်ကို ဖုန်းဆက်ပါ။

Burmese

我們可以免費為您提供翻譯版本。請撥打您 ID 卡上所列的電話號碼洽詢客戶服務中心。

Chinese

ما می توانیم این را به رایگان برایتان ترجمه کنیم. به شماره خدمات مراجعین ما که پشت کارت شناسایی تان (ID) درج شده، تلفن بزنید.

Farsi

Nous pouvons traduire ceci gratuitement. Appelez le numéro du service après-vente sur votre carte d'identification.

French

Nou ka tradwi sa la pou okenn pri. Pélé nimero sèvis kliyantèl la sou tôle kat didantité.

Fr. Creole

Wir können das gerne kostenlos übersetzen. Bitte wenden Sie sich an die Kundenservice-Hotline auf Ihrer ID-Karte.

German

Μπορούμε να σας μεταφράσουμε το παρακάτω χωρίς χρέωση. Καλέστε τον αριθμό του Τμήματος Εξυπηρέτησης Πελατών που θα βρείτε στην κάρτα ταυτοποίησής σας.

Greek

અમે આનું ભાષાંતર કોઈપણ ખર્ચ લીધા વિના કરી શકીએ છીએ. તમારા ID કાર્ડ પર આપેલ ગ્રાહક સેવા નંબર પર ફોન કરો.

Gujarati

אנחנו יכולים לתרגם את זה ללא עלות. התקשר למספר של שירות הלקוחות הנמצא על גבי כרטיס הזיהוי שלך.

Hebrew

हम इसका अनुवाद निशुल्क कर सकते हैं। अपने ID कार्ड पर दिए गए ग्राहक सेवा नंबर पर फोन करें।

Hindi

Peb txhais tau qhov ntawm no dawb. Hu rau lub chaw haujlwm pab cov neeg siv peb cov kev pab tus xovtooj uas nyob ntawm koj daim npav ID rau tus tswv cuab.

Hmong

Possiamo effettuare la traduzione gratuitamente. Contatti il numero dell'assistenza clienti riportato sulla Sua tessera identificativa. *Italian*

私たちは、この文章を無料で翻訳することができます。ご自身のIDカードにあるカスタマーサービス番号へお電話ください。 *Japanese*

យើងអាចបកប្រែជូនដោយឥតគិតថ្លៃអ្វីទេ ។ សូមទូរស័ព្ទទៅផ្នែកសេវាអតិថិជន តាមលេខមាននៅលើប័ណ្ណ ID របស់អ្នក ។ *Khmer*

저희는 이것을 무료로 번역해 드릴 수 있습니다. 가입자 ID 카드에 있는 고객 서비스부 번호로 연락하십시오. *Korean*

ພວກເຮົາສາມາດແປອັນນີ້ໃຫ້ທ່ານໄດ້ຟຣີ.
ໃຫ້ໂທຫາຝ່າຍບໍລິການລູກຄ້າທີ່ມີເປັນຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ. *Laotian*

Możemy to przetłumaczyć bez żadnych kosztów. Zadzwoń pod numer obsługi klienta za pomocą karty ID. *Polish*

Podemos traduzir isto gratuitamente. Ligue para o serviço de atendimento ao cliente que consta no seu cartão de identificação. *Portuguese*

Мы можем это бесплатно перевести. Позвоните в отдел обслуживания по телефону, приведенному на вашей идентификационной карточке участника плана. *Russian*

Możemo to prevesti besplatno. Pozovite na broj korisničkog servisa s Vaše identifikacione kartice (ID). *Serbian*

Maaari namin ito isalin-wika nang walang bayad. Mangyaring tawagan ang numero ng customer service sa inyong ID card na pang miyembro. *Tagalog*

เราสามารถแปลได้โดยไม่มีค่าใช้จ่ายใดๆ
ติดต่อหมายเลขโทรศัพท์ของฝ่ายบริการลูกค้าบนบัตรประจำตัวของคุณ *Thai*

ہم اس کا ترجمہ مفت کر سکتے ہیں۔ اپنے ID کارڈ پر دیے گئے کسٹمر سروس کے نمبر پر کال کریں۔ *Urdu*

Chúng tôi có thể phiên dịch tài liệu này miễn phí. Xin gọi dịch vụ khách hàng qua số điện thoại ghi trên thẻ ID hội viên của quý vị. *Vietnamese*

מיר קענען דאס איבערזעצן פריי פון אפצאל. רופט דעם קאסטומער סערוויס
נומער אויף אייער אידענטיטעט קארטל. *Yiddish*

3850 N. Causeway Blvd., Suite 600 • Metairie, LA 70002

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc.,
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