

# MCO Contacts for Support Coordinators

					
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\*Note: These contacts may change periodically. The toll free number provided in the Healthy Louisiana Services Appendix can be utilized as well to reach out to case managers and MCO PALs.

**Healthy Louisiana Services**  
**DME, Transportation, Therapy, Behavioral Health, EPSDT Personal Care Services**  
**and Home Health Services**  
 (including Extended Skilled Nursing Services also known as Extended Home Health)

Health Plans must provide services in the same scope, range and duration as Legacy Medicaid; however, the Health Plans have the flexibility of offering services beyond those provided by Medicaid. For this reason, support coordinators will need to reach out to each Health Plan for additional information regarding obtaining services for members in a Health Plan. Such details as the prior authorization process and length of the prior authorization vary from Health Plan to Health Plan. Contact information for each Health Plan is listed below:

Health Plan	Phone Number	Link to website	Transportation
<b>Aetna Better Health</b>	<b>1-855-242-0802</b>	<a href="http://www.aetnabetterhealth.com/louisiana">http://www.aetnabetterhealth.com/louisiana</a>	1-877-917-4150 (Reservations) 1-877-917-4151 1-866-288-3133 (TTY)
<b>Amerigroup</b>	<b>1-800-600-4441</b>	<a href="https://www.myamerigroup.com/la/pages/welcome.aspx">https://www.myamerigroup.com/la/pages/welcome.aspx</a>	1-866-430-1101 (Reservations) 1-866-430-1116 (Ride Assistance)
<b>AmeriHealth Caritas</b>	<b>1-888-756-0004</b>	<a href="http://www.amerihealthcaritasla.com/">http://www.amerihealthcaritasla.com/</a>	1-855-325-7565
<b>Louisiana Healthcare Connections</b>	<b>1-866-595-8133</b> <b>1-877-285-4514 (TTY)</b>	<a href="http://www.louisianahealthconnect.com/">http://www.louisianahealthconnect.com/</a>	1-855-369-3723 1-855-369-3724 (Ride Assistance) 1-866-288-3133 (TTY)
<b>United Healthcare</b>	<b>1-866-675-1607</b>	<a href="http://www.uhccommunityplan.com/">http://www.uhccommunityplan.com/</a>	1-866-726-1472

## **Healthy Louisiana PCS Provider Changes within an Existing Prior Authorization Period**

Members have the right to change PCS providers at any time; however, approved authorizations are not transferred between agencies. If a member elects to change providers within an authorization period, the current agency must notify the Health Plan of the member's discharge, and the new agency must obtain their own authorization through the usual authorization process. If the discharge notice is not provided, the support coordinator should contact the MCO PAL.

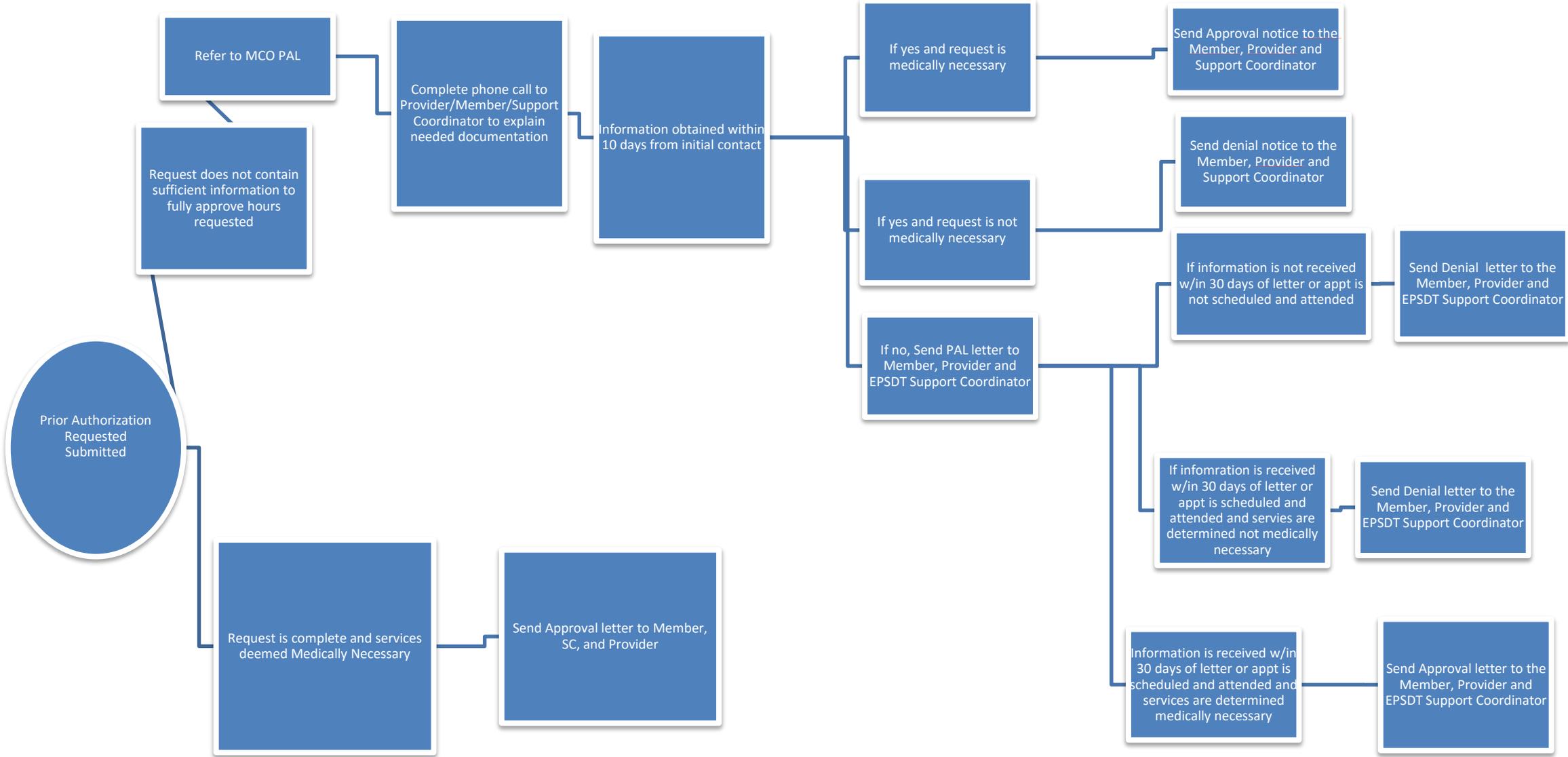
**NOTE:** Members may contact their Health Plan directly for assistance in locating another provider.

## Healthy Louisiana PCS and EHH Prior Authorization Timeframes

Prior Authorization Timeframes	Amerihealth Caritas of Louisiana	Aetna	Amerigroup	LHC	United Healthcare
<b>EHH</b>					
<b>Regular</b>	1 month	60 days	30 days / 1 month unless the provider requests less	8 weeks	60 days
<b>Chronic Needs</b>	3 months	60 days	30 days / 1 month unless the provider requests less	8 weeks	60 days
<b>PCS</b>					
<b>Regular</b>	3 months	60 days	180 calendar days or a rolling 6 months	6 months	Up to 6 months
<b>Chronic Needs</b>	6 months	60 days	180 calendar days or a rolling 6 months	6 months	Up to 6 months
<b>*Renewal Submission Timeline</b>	10 days	10 days	14 business days prior to the expiration date of the authorization	14 days prior to the end of the approved authorization period	EHH= 14 days PCS= 21 days

**\*Number of days prior to the end of a PA that the renewal documents need to be submitted to avoid a lapse in services.**

# MCO PAL PROCESS



NOTE: All communications and actions taken during the MCO PAL process should be documented into the MCO and/or DHH tracking systems.

## EPSDT Timeline & Documentation for Health Plan Appeals

Healthy Louisiana members have appeal rights with the Health Plan as well as with LDH. In addition to appeal rights with the Health Plans, members may also file a grievance. The grievance and appeals processes differ from Health Plan to Health Plan. Each MCO; however, must meet certain contractual guidelines regarding grievances and appeals. All Healthy Louisiana members are allowed thirty (30) calendar days from the date on the MCO's notice of action or inaction to file a grievance or appeal. Within that timeframe the member or a representative acting on their behalf and with the member's written consent may file an appeal or the provider may file an appeal on behalf of the member, with the member's written consent. The appeal may be filed either orally or in writing. The MCO must acknowledge receipt of each grievance and appeal in writing and give members any reasonable assistance in completing forms and taking other procedural steps.

Specific details regarding each MCO's grievance and appeal processes can be located in the Health Plans Member Handbooks. Support Coordinators are encouraged to familiarize themselves with the Member Handbooks for each Health Plan. The site where all member handbooks are located is: <http://dhh.louisiana.gov/index.cfm/page/1212>.

<b>Timeframes for Health Plans to Make an Appeal Decision</b>					
<b>Health Plan</b>	<b>AmeriHealth Caritas of Louisiana</b>	<b>Aetna</b>	<b>Amerigroup</b>	<b>Louisiana Healthcare Connections</b>	<b>United Healthcare</b>
<b>Appeal Timeframe (includes 14 day extension)</b>	30-44 days	30-44 days	30-44 days	30-44 days	30-44 days
<b>Expedited Appeal Timeframe</b>	72 hours	72 hours	3 days	72 hours	72 hours

A member may request a state fair hearing with the Division of Administrative Law (DAL) if they do not agree with a Health Plan appeal decision. See Appendix L.

Once the appeal rights at the level of the Health Plan are exhausted members may request a state fair hearing with DAL. Members must exhaust the Health Plan appeals process before asking for a state fair hearing. A state fair hearing must be requested within thirty (30) days from the date of the MCO's notice of resolution. Members may request a state fair hearing by mail, phone, fax or online. The timeframes for the state fair hearing process are below:

<b>Timeframe to Request a State Fair Hearing</b>	30 days from the date of the MCO's notice of resolution
<b>State Fair Hearing Timeframe (includes 14 day extension)</b>	90 days
<b>Expedited State Fair Hearing Timeframe</b>	72 hours

EPSDT Support Coordinators will need to follow the documentation guidelines outlined in Health Appendix T-1 for both appeal processes for Chisholm Health Plan members. A list of Health Plan contacts is located in Healthy Louisiana Appendix A.

# It's time to choose a Health Plan for you and your family.



## What is Healthy Louisiana?

Healthy Louisiana is the way most of Louisiana's Medicaid and LaCHIP recipients receive health care services. In Healthy Louisiana, you choose a Health Plan that is best for you and your family.

All Plans provide the same health services you get in Medicaid or LaCHIP, such as well child visits, maternity care while pregnant and through delivery, medical transportation, prescription drugs, mental health services and substance use treatment. The Plans also offer extra services. A list of those extra services is in the chart below.

## How can you choose a Health Plan?

Look at the chart below to compare the extra services each Health Plan offers. Here are some things to think about when you decide which Health Plan to choose.

- Which Health Plans do your current doctors take?
- Does one of the Health Plans have extra services you want or need?

Compare extra benefits. You can choose one plan for each family member or the same plan for more than one family member.

This chart details extra benefits available to members who get physical health benefits through Healthy Louisiana.

	 AETNA BETTER HEALTH® OF LOUISIANA	 in healthcare	 Louisiana	 Louisiana	 Community Plan
Website	<a href="http://www.aetnabetterhealth.com/louisiana">www.aetnabetterhealth.com/louisiana</a>	<a href="http://www.myamerigroup.com/LA">www.myamerigroup.com/LA</a>	<a href="http://www.amerihhealthcaritasla.com">www.amerihhealthcaritasla.com</a>	<a href="http://www.LouisianaHealthConnect.com">www.LouisianaHealthConnect.com</a>	<a href="http://www.UHCCommunityPlan.com">www.UHCCommunityPlan.com</a>
Member Services	<b>1-855-242-0802</b>   TTY 711 Available 24 hours a day, 7 days a week	<b>1-800-600-4441</b>   TTY 711 Available Monday-Friday 7a.m.-7 p.m.	<b>1-888-756-0004</b>   TTY 1-866-428-7588 Available 24 hours a day, 7 days a week	<b>1-866-595-8133</b>   TTY 1-877-285-4514 Available Monday-Friday 7a.m.-7 p.m.	<b>1-866-675-1607</b>   TTY 711 Available Monday-Friday 7a.m.-7 p.m.
Why choose us?	We focus on the whole person - their physical, behavioral and social needs. We provide access to quality care for people with complex needs.	Our goal is to help you get the medical care you need and respect you deserve. Medicaid benefits plus support and rewards to live your best.	Our name, AmeriHealth Caritas, stands for care. As a mission-based organization, we put care at the heart of our work.	Your connection to quality health care. Helping you get the care you need with local support, rewards and access to more than 15,000 providers.	UnitedHealthcare Community Plan helps pregnant women, kids, families and adults get the care they need.
	Member Services can help you: find a doctor, learn about benefits, access services, file a complaint about a provider or appeal a denied service. All Plans have a 24 hour Nurse Hotline to help you: figure out if you need to go to the Emergency Room or learn about health issues. All Health Plans allow <b>unlimited</b> visits to in-network doctors, as needed.				
Care Management Programs	All of the Health Plans have special programs to help members with chronic illness such as asthma, congestive heart failure, diabetes, hepatitis C, HIV, obesity and sickle cell anemia. If they do not have a program in place that fits your needs, they will work with you to create one. They also have programs for pregnant women with a high risk of problems during pregnancy and delivery.				
Circumcision	All Health Plans cover newborn male circumcision. Check with the individual Plan to find out more about their rules for getting this service.				
Help to Stop Smoking	All Health Plans cover coaching and medications (with a prescription) to help members stop smoking.*				
Adult Vision (21+)	Eye exam ( <b>No co-pay</b> ) <b>\$80</b> toward glasses or contacts (once a year)	Eye exam ( <b>No co-pay</b> ) Glasses <b>covered in full*</b> (once a year)	Eye exam ( <b>No co-pay</b> ) <b>\$100</b> toward glasses or contacts (once a year)	Eye exam ( <b>No co-pay</b> ) Glasses <b>covered in full*</b> (once a year)	Eye exam every two years ( <b>No co-pay</b> ) <b>\$100</b> toward glasses or <b>\$105</b> toward contacts (once every two years)
Adult Dental (21+)	Dental exams and cleanings (twice a year) Fillings and extractions X-rays (once a year) <b>\$500</b> total benefit per year*	Dental exams and cleanings (twice a year) Fillings and extractions X-rays (once a year) <b>\$500</b> total benefit per year*	Dental exams, cleanings, fillings, extractions and x-rays with in-network providers, up to <b>\$500</b> per year.*	Two visits each year for exams, cleanings, x-rays, fillings, extractions, crowns and more at Federally Qualified Health Centers.*	Dental exams, cleanings, fillings, extractions and x-rays with in-network providers, up to <b>\$500</b> per year.*
Adult Pain Management		Members who have gone to the Emergency Room 4+ times for pain go into a case management program.	Members who have gone to the Emergency room 5+ times for pain are reviewed for a case management program.	Certified pain management coaches help address chronic pain for members in care management.	Members over 21 will be provided six (6) visits per year to an in-network chiropractor.

Questions? Call 1-855-229-6848 The Louisiana Department of Health and Hospitals has tried to make this chart as accurate and complete as possible. However, because it must rely on the various Health Plans to provide this information, DHH cannot guarantee its accuracy. You can learn more about the Health Plans by contacting them directly.

\*Please contact the Health Plan for eligibility requirements and details for this benefit.

	 AETNA BETTER HEALTH® OF LOUISIANA	 Amerigroup RealSolutions® in healthcare	 AmeriHealth Caritas Louisiana	 louisiana healthcare connections™	 UnitedHealthcare® Community Plan
Community Programs	All Health Plans offer sponsorships and/or mini-grants for community organizations and members in need.*				
	Boy Scouts and Girl Scouts membership for one year for eligible members.* (Ted E. Bear, M.D. Club)	Boys & Girls Club membership for eligible members.*			Boys & Girls Club membership for eligible members.*
<b>Rewards for Healthy Living:</b>	All of the Health Plans offer rewards for healthy behaviors. Unless otherwise noted rewards are: available once a year per member; in the form of a reward debit card or gift card.				
Child Well Visits (birth – 20)	<b>\$25</b> for <b>annual</b> well visit with an STI screening (teens 16-20)	<b>\$20</b> for <b>all</b> well visits from birth to 15 months* <b>\$20</b> for <b>annual</b> well visits (ages 2 – 9) <b>\$25</b> for <b>annual</b> well visits (ages 10+) <b>Booster seat</b> for <b>all</b> well visits from birth to 6 years	<b>\$20</b> for <b>annual</b> well visits (ages 3 – 20)	<b>\$30</b> for <b>all</b> well visits from 2 to 15 months* <b>\$20</b> for <b>annual</b> well visits (ages 3 – 20)	<b>Feeding or dental care set</b> for a well visit at 6 months* (Baby Blocks) <b>Bath set or soft puzzle</b> for a well visit at 15 months* (Baby Blocks) <b>\$20</b> for <b>annual</b> well visits (ages 1 - 17)
Adult Well Visit (21+)	<b>\$25</b> for <b>annual</b> well visit with an STI screening	<b>\$15</b> for <b>annual</b> well visits	<b>\$20</b> for a PCP visit within 90 days of Enrollment, and annually after the first year	<b>\$20</b> for <b>annual</b> well visits	<b>\$20</b> for a PCP visit within 90 days of enrollment
Wellness Screenings	<b>\$15</b> for Breast Cancer Screening, women 21+ <b>\$15</b> for Cervical Cancer Screening, women 21–64 <b>\$25</b> for Colon Cancer Screening, members 50+, one time only	<b>\$10</b> for STI Screening, members 16+	<b>\$15</b> for Lead screening for children, birth – 2 years* <b>\$10</b> for Cervical Cancer screening, women 21 - 64	<b>\$10</b> for Breast Cancer Screening, women 40-74 <b>\$10</b> for Cervical Cancer Screening, women 21-64 <b>\$15</b> for STI screening (chlamydia, gonorrhea and HIV test)	<b>Childproofing kit or Goodnight Moon board book</b> for Lead Screening, birth – 15 months* (Baby Blocks)
Diabetic Screening	<b>\$15</b> for <b>each</b> : dilated eye exam, LDL and A1C blood tests for members diagnosed with diabetes	<b>\$10</b> for <b>all</b> : dilated eye exam, kidney screening and A1C blood test for all members*	<b>\$10</b> for <b>all</b> : dilated eye exam, LDL and A1C blood test for all members.*	<b>\$50</b> for <b>all</b> : dilated eye exam, and blood tests for LDL, A1C and kidney disease for members diagnosed with diabetes*	<b>\$50 health product voucher</b> for LDL and A1C blood tests within 90 days of enrollment for members age 21+*
Other rewards	<b>\$15</b> for annual asthma assessment <b>\$15</b> for follow-up after asthma-related Emergency Room visit <b>\$15</b> for other asthma care tasks* <b>\$15 - \$30</b> for meeting weight loss goals in Ted E. Bear M.D. Kids Weight Management Program	<b>\$5</b> for a flu shot	<b>\$10</b> for a completed Health Assessment, one per household	<b>\$10</b> for a flu shot <b>\$20</b> for ADHD new medication follow-up visit, as needed (ages 6-12)	<b>\$10</b> for a completed Health Assessment within 90 days of enrollment <b>\$50</b> for a member (under age 21) at the end of the Join for Me program <b>Digital thermometer or Rubber duck bath thermometer</b> at birth of child (Baby Blocks)
Pregnancy Reward Program	<b>Promise Program</b>	<b>Taking Care of Baby and Me®</b>	<b>Bright Start</b>	<b>Start Smart for Your Baby Program</b>	<b>Baby Blocks</b>
Prenatal Exams	<b>\$10</b> for prenatal visit in the first trimester, or within 6 weeks of joining the plan* <b>\$80</b> for at least 7 prenatal visits and a post partum visit <b>or</b> <b>\$125</b> for at least 8 prenatal visits and a post partum visit <b>or</b> <b>\$150</b> in <b>baby products</b> for at least 11 prenatal visits and a postpartum visit	<b>\$25</b> for prenatal visit in the first 6 weeks of pregnancy <b>Portable crib</b> or an <b>infant car seat</b> for 7 prenatal visits	<b>\$50</b> for attending most recommended prenatal visits	<b>\$10</b> for <b>each</b> prenatal visit, up to \$110 per pregnancy	<b>Nursing cover or teething rattle</b> for a prenatal visit at 24 weeks* (Baby Blocks) <b>First aid kit or tabletop toy</b> for a prenatal visit at 32 weeks* (Baby Blocks)
Postpartum Exam	<b>\$10</b> for a postpartum visit (3 – 8 weeks after delivery)	<b>\$50</b> for a postpartum visit	<b>\$25</b> for a postpartum visit	<b>\$50</b> for a postpartum visit	<b>\$20</b> or <b>Fisher Price sorting blocks</b> for a postpartum visit * (Baby Blocks)
Other Pregnancy Rewards			<b>Receiving blanket with matching cap and “Happiest Baby on the Block” DVD/book</b> when a member enrolls in Bright Start	<b>\$30</b> for completing a Notice of Pregnancy form <b>Breast Pump</b> and <b>NICU Care Kit</b> for members in Case Management when needed	<b>\$20</b> or <b>Diaper Bag</b> when a member enrolls in Baby Blocks <b>Healthy Pregnancy Care Book</b> when a member tells UnitedHealthcare they are pregnant
Extra Pregnancy Benefits		In-home postpartum visit			

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	 AETNA BETTER HEALTH® OF LOUISIANA	 Amerigroup RealSolutions® in healthcare	 AmeriHealth Caritas Louisiana	 louisiana healthcare connections™	 UnitedHealthcare® Community Plan
Asthma Benefits	Home assessment for members diagnosed with asthma.	Inhaler sensor to help control asthma for members diagnosed with asthma*	Asthma tablet for eligible members to help manage their asthma, includes an emergency medication tracker.		Home assessment for eligible members with moderate to severe asthma (once per year)
Other Benefits	Acupuncture for members 19+ up to <b>\$150 reimbursement</b>	Respite Services for Caregivers – Up to 8 hours each month for caregivers of children up to age 20	GED registration fees voucher – receive a voucher to pay for the cost of taking the GED exam	Members age 21+ receive one hearing exam and one set of hearing aids every two years.	
Adult Weight Management		Weight Watchers® meetings for eligible members age 18 and older	Every Calorie Counts: Members in the program get two visits with a registered dietician each year		Up to 10 Weight Watchers® meetings for eligible members age 13+ (with a referral from PCP)
Pediatric Weight Management Program	Ted E. Bear, MD Club participants get nutritional sessions, weight checks and can earn rewards. (See other rewards)*	Healthy Families - a program to help families get fit and healthy	Every Calorie Counts: Members in the program get two visits with a registered dietician each year.	Raising Well program guides you in helping your child be healthy by eating right and being active.	Join for me: 16 weeks of fun family activities led by a trained coach. Those who finish the program earn a reward.
Pharmacy Copays	<b>No copays</b>	There are no copays for children, pregnant women, family planning supplies, members in the hospital, Native American or Alaska Native members. For others, if the medicine is: \$10 or less = <b>\$0.50 copay</b> \$10.01 - \$25 = <b>\$1 copay</b> \$25.01 - \$50 = <b>\$2 copay</b> Over \$50 = <b>\$3 copay</b>			
Rides to Appointments	All Health Plans will set up a ride for members who don't have a way to get to medical appointments.				
	Stop at the pharmacy after your appointment to get medications.		Stop at the pharmacy after your appointment to get medications.	Stop at the pharmacy after your appointment to get medications.	Stop at the pharmacy after your appointment to get medications.
Over the Counter (OTC) Medications	<b>Free</b> with a doctor's prescription. <b>\$50</b> monthly benefit per household for OTC vitamins and health products.	Available with a prescription, see copays above.	Some available with a prescription, see copays above.*	Available with a prescription. See copays above.	Available with a prescription. See copays above.
Extra Medication Supply for School			Asthma inhaler EpiPen® Diabetes testing meter	Asthma inhaler EpiPen®	Asthma inhaler EpiPen® Diabetes testing meter
Adult Vaccinations	All Health Plans cover adult vaccinations for HPV (human papilloma virus), pneumonia and the flu (influenza).				
			Tdap (Tetanus/Diphtheria/Whooping Cough)	Shingles and Meningitis	Td (Tetanus/Diphtheria) and Tdap (Tetanus/Diphtheria/Whooping Cough)
Cell Phone	All Health Plans work with Safelink Wireless to give eligible members a free cell phone. Phones come with 250 free minutes, unlimited texting and free calls to Member Services.				
	BONUS: 500 Safelink minutes your first 4 months and then 100 extra minutes each month	BONUS: 500 Safelink minutes your first 4 months, then 100 extra minutes each month and another 100 extra minutes for your birthday	BONUS: 500 Safelink minutes your first 4 months and then 100 extra minutes each month	BONUS: 250 extra Safelink minutes each month for eligible members.* For members not eligible for Safelink, Connections Plus may provide a phone.*	BONUS: 500 Safelink minutes your first 4 months and then 100 extra minutes each month
Texting and Social Media Programs	Text4Baby, Text4Kids, Text4Health, Care4Life (diabetes coaching)	Text4Baby, Text4Kids, Text4Health, My Advocate	Text4Baby, Text4Kids, Text4Health	Text4Babies, Text4Kids, Text4Health	Twitter: @UHCPregnantCare (In Spanish: @UHCEmbarazada), Text4Baby, Text4Kids, Text4Health
Access to Health Information Online	<a href="http://www.teladoc.com">www.teladoc.com</a> Video chat with a U.S. board certified doctor.  Many conditions can be treated with teladoc: sinus problems, bronchitis, allergies, cold and flu symptoms, respiratory infection, ear infection, and more!	<a href="http://www.livehealthonline.com">www.livehealthonline.com</a> Video chat with a doctor through LiveHealth Online.  It's an easy way to see the doctor when you can't make it to the doctor's office.  Great for getting help with colds, flu, fevers, rashes, infections and allergies.		<a href="http://www.mystrength.com">www.mystrength.com</a> Resources to improve mental health and overall well-being, including help with depression and anxiety.	<a href="http://www.kidshealth.org">www.kidshealth.org</a> - our online program includes health and wellness resources to encourage healthy behaviors among children, young adults and their parents. Content includes assistance for high-risk members with managing conditions such as diabetes, asthma and stress. Videos, written and spoken articles are also provided.

Questions? Call 1-855-229-6848 The Louisiana Department of Health and Hospitals has tried to make this chart as accurate and complete as possible. However, because it must rely on the various Health Plans to provide this information, DHH cannot guarantee its accuracy. You can learn more about the Health Plans by contacting them directly.

\*Please contact the Health Plan for eligibility requirements and details for this benefit.

	 AETNA BETTER HEALTH® OF LOUISIANA	 Amerigroup RealSolutions in healthcare	 AmeriHealth Caritas Louisiana	 louisiana healthcare connections	 UnitedHealthcare® Community Plan
Mobile Apps	 Aetna Better Health <ul style="list-style-type: none"> <li>Find or change your provider</li> <li>View your medical and prescription claims</li> <li>View your current medications</li> <li>View your benefits</li> <li>View or request your ID card</li> <li>Create a support circle and assign tasks</li> <li>Link to health education</li> <li>Send messages to Health Plan</li> </ul>	 Amerigroup Mobile <ul style="list-style-type: none"> <li>View your ID card</li> <li>Email or fax your card to your doctor, pharmacy or other service provider</li> <li>Interactive symptom checker</li> <li>Health A to Z Encyclopedia</li> </ul>	 AmeriHealth Caritas Louisiana Mobile App <ul style="list-style-type: none"> <li>View ID Card</li> <li>Get directions to appointments</li> <li>Find a new doctor or specialist</li> <li>Keep list of medications</li> <li>View additional providers on members' care management team</li> <li>Ability for members to send inquiries directly to AmeriHealth Caritas Contact Center</li> </ul> A list of helpful links to access information about AmeriHealth Caritas Louisiana	 Start Smart Louisiana <ul style="list-style-type: none"> <li>Pregnancy advice and reminders</li> <li>Symptom checker</li> <li>Track milestones</li> <li>Weekly pregnancy updates</li> </ul>  LA Health Connect <ul style="list-style-type: none"> <li>Find a facility or provider</li> <li>View your ID card</li> </ul>	 Health4Me <ul style="list-style-type: none"> <li>Find doctors, ERs and urgent care centers near you</li> <li>Call Nurseline</li> <li>View your ID card</li> <li>Read your Member Handbook</li> <li>Get help and support in your community</li> <li>Learn about your benefits</li> <li>Contact Member Services</li> </ul>
Member access to Community Services	<b>Community Resource and Emergency Preparedness</b> links on website to connect members with information and resources to build a healthy and safe community.	<b>Amerigroup Community Resource Link</b> , a site with an easy to search tool that can help you find free or low-cost services and resources in your area.	<b>AmeriHealth Caritas Community and Advocacy Services Link</b> , which gives information to members to help find free or low-cost physical health and behavioral health services in their area.  <b>AmeriHealth Caritas Community Education Team</b> has member statewide visiting local communities, schools and homes of members to provide assistance in access their health care services, resources, and much more.	<b>MemberConnections</b> statewide team to help you find doctors, get community resources and understand your benefits.	<b>Community Health Worker Program:</b> brings coordinators to local communities and the homes of members to answer questions provide assistance in accessing their PCP obtaining transportation to appointments connecting services in the community and much more.
Community Health Outreach	<ul style="list-style-type: none"> <li>Back-to-school drives</li> <li>Community baby showers</li> <li>Community health fairs</li> <li>Community garden</li> <li>Diaper drives</li> <li>Food drives</li> <li>Health education events</li> <li>Ted E. Bear, M.D. Health Fair</li> </ul>	<ul style="list-style-type: none"> <li>Back-to-school supply drives</li> <li>Diaper drives</li> <li>Health educators</li> <li>Health fairs</li> </ul>	<ul style="list-style-type: none"> <li>Back-to-school supply drives</li> <li>Bright Start/community baby showers</li> <li>Diaper drives</li> <li>Health educators</li> <li>Health fairs</li> </ul>	<ul style="list-style-type: none"> <li>Back-to-school supplies</li> <li>"Diaper Days" baby showers</li> <li>Health educators</li> <li>Health fairs</li> </ul>	<ul style="list-style-type: none"> <li>Baby showers</li> <li>Back-to-school Events</li> <li>Bullying prevention program</li> <li>Computer donations</li> <li>Food 4 Thought</li> <li>Health fairs and ministries</li> <li>Heart Smart Sisters</li> <li>Lunch &amp; Learn programs</li> </ul>

Questions? Call 1-855-229-6848 The Louisiana Department of Health and Hospitals has tried to make this chart as accurate and complete as possible. However, because it must rely on the various Health Plans to provide this information, DHH cannot guarantee its accuracy. You can learn more about the Health Plans by contacting them directly.

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## **Opting In and Disenrolling from Healthy Louisiana for Physical Health Services for Chisholm Class Members**

Chisholm class members are children up to age 21 who currently receive or are eligible for Medicaid, and who are on the NOW waiting list. Members included in the Chisholm class and Home and Community Based Services (HCBS) waivers participants are required to enroll in a Health Plan for specialized behavioral health services and Non-Emergency Medical Transportation (NEMT). Members included in Chisholm class and HCBS waiver participants who do not have Medicare have the opportunity to proactively opt-in for physical health services or they can chose to stay with Legacy Medicaid for their physical health services.

### **To Voluntary Opt-in to Healthy Louisiana for Physical Health Services:**

Members can call Healthy Louisiana at 1-855-229-6848 or go online at [www.myplan.healthy.la.gov](http://www.myplan.healthy.la.gov) to enroll in Healthy Louisiana.

Members have until the 2<sup>nd</sup> to last business day of the month to enroll with Healthy Louisiana for the effective date to be the first of the following month. For example, if you call Healthy Louisiana on April 8<sup>th</sup>, the effective date of enrollment for the health plan will be May 1<sup>st</sup>. If you call Health Louisiana on April 30<sup>th</sup>, the effective date of enrollment for the health plan will be June 1<sup>st</sup>.

### **Disenrolling from Healthy Louisiana for Physical Health Services:**

Chisholm class members can return to Legacy Medicaid for their physical health services at any time effective the earliest possible month that the action can be administratively taken, but will have to stay enrolled in Healthy Louisiana for their behavioral health services and for non-emergency medical transportation.

Members can call Healthy Louisiana at 1-855-229-6848 or go online at [www.myplan.healthy.la.gov](http://www.myplan.healthy.la.gov) to disenroll in Healthy Louisiana.

Members have until the 2<sup>nd</sup> to last business day of the month to disenroll with Healthy Louisiana for the effective date to be the first of the following month. For example, if you call Healthy Louisiana on April 8<sup>th</sup>, the effective date of disenrollment for the health plan will be May 1<sup>st</sup>. If you call Healthy Louisiana on April 30<sup>th</sup>, the effective date of disenrollment for the health plan will be June 1<sup>st</sup>.

Members who have previously disenrolled from Healthy Louisiana may reenroll in Healthy Louisiana only during the annual open enrollment period effective the earliest possible month the action can be administratively taken.



## Instructions for Referrals to LDH Medicaid PAL – Healthy Louisiana

SC should make the initial contact to the appropriate MCO PAL or Healthy Louisiana Case Manager located in *Healthy Louisiana Appendix A*. Document your attempt on the MCO PAL/Bayou Health Case Management Contact form (*Appendix S-1*).

SC should make a second contact to the appropriate MCO PAL located in *Healthy Louisiana Appendix A*. Document your attempt on the MCO PAL/Healthy Louisiana Case Management Contact form (*Appendix S-1*).

SC should make a third contact to the appropriate MCO PAL located in *Healthy Louisiana Appendix A*. Document your attempt on the MCO PAL/Healthy Louisiana Case Management Contact form (*Appendix S-1*).

**NOTE:** The Referral to Healthy Louisiana Case Management (*Appendix Q*) should be sent prior to a referral being sent to the Medicaid PAL. Support Coordinators may conduct both a phone/e-mail contact along with sending the form to the appropriate Healthy Louisiana contact. Submission of the form alone will not be considered as one of the above contacts.

If the support coordinator is unsuccessful in resolving the issue with the MCO PAL or Healthy Louisiana Case Manager after 60 days then a Referral to the Medicaid PAL (*Appendix S-2*) should be sent. The Referral must include the completed MCO PAL/Healthy Louisiana Case Management Contact (*Appendix S-1*) form as well as all logs, referral forms and e-mails related to resolving the issue with the MCO PAL.

## MCO PAL/Healthy Louisiana Case Management Contact Form

This form must be completed and sent along with all referrals to the Medicaid PAL.

### Initial Contact

Date: \_\_\_\_\_ Reason for contact: \_\_\_\_\_

Type:  Email (attach copy)

Phone# \_\_\_\_\_ Contact Name: \_\_\_\_\_

Referral Form (attach copy)

Other (specify: \_\_\_\_\_ )

Results of contact: (Describe in detail the results of the contact i.e. services approved, no reply, pending)

### Second Contact

Date: \_\_\_\_\_ Reason for contact: \_\_\_\_\_

Type:  Email (attach copy)

Phone# \_\_\_\_\_ Contact Name: \_\_\_\_\_

Referral Form (attach copy)

Other (specify: \_\_\_\_\_ )

Results of contact: (Describe in detail the results of the contact i.e. services approved, no reply, pending)

### Third Contact

Date: \_\_\_\_\_ Reason for contact: \_\_\_\_\_

Type:  Email (attach copy)

Phone# \_\_\_\_\_ Contact Name: \_\_\_\_\_

Referral Form (attach copy)

Other (specify: \_\_\_\_\_ )

Results of contact: (Describe in detail the results of the contact i.e. services approved, no reply, pending)

**I certify that I have attached all logs, referral forms and emails related to resolving this issue with the MCO PAL. All attempts to resolve this matter with the MCO PAL were exhausted without success prior to submitting a referral to the Medicaid PAL.**

Support Coordinator Name: \_\_\_\_\_

SC Agency: \_\_\_\_\_

Date of LDH PAL Referral: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

## Referral to Medicaid PAL

EPSDT - Targeted Population

Healthy Louisiana

**Date:**

**TO:** Medicaid Prior Authorization Liaison (PAL) · P.O. Box 91030 · Baton Rouge, LA · 70821-9030

**Attn: Nancy Spillman**

**Fax 225-389-2749**

<b>FROM:</b>	Support Coordinator's Name:	Support Coordinator's
Provider #:		Phone#: Fax#:
<b>Health Plan:</b>	Healthy Louisiana Case Manager:	Phone #:
<b>RE: State Plan Provider:</b>	Provider #:	Phone #:
Address:	City:	State/Zip:
Service Type (if DME be specific):	Service Name: ( ) Initial    ( ) Renewal	Amount/# of Hours of Service:
<b>Participant Name:</b>	MID#:	Phone#:
<b>Responsible Party:</b>		
Address:	City:	State/Zip:

This is to inform you that this individual is receiving EPSDT - Support Coordination Services and we are having/had the following problem with the Health Plan Provider identified above (only those requiring PA): (Check the following that apply.)

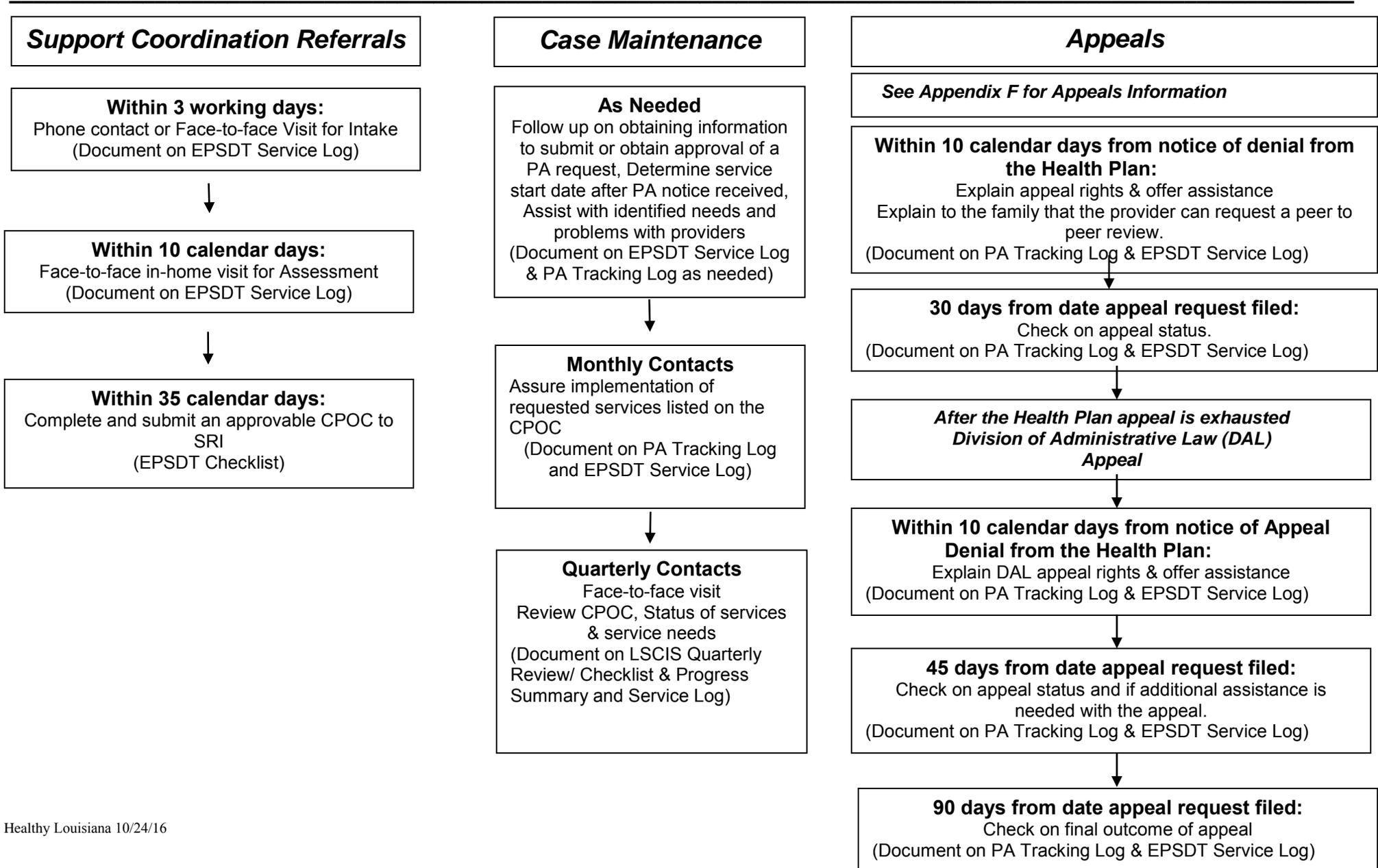
	1. We have not received an approval within 60 days from the Choice of Provider date.
	2. The participant has been advised of their right to choose another provider and we are beginning the process again.
	3. The participant has been advised of their right to choose another provider but has decided to stay with the same provider and wait until the PA packet is submitted.
	4. The provider is not providing services at the times the participant requested and we have been unable to resolve the issue.
	5. We have not received a notice of approval for the renewal approval and the previous PA expired on    /    /    .
	6. The provider is not providing the amount of services as per the CPOC and as prior authorized and we have been unable to resolve the issue.
	7. Other:

**Attached are the EPSDT Prior Authorization Tracking Log and the supporting EPSDT Service Logs that document the contacts made regarding the issues identified above. (This documentation must be sent with this form letter.)**

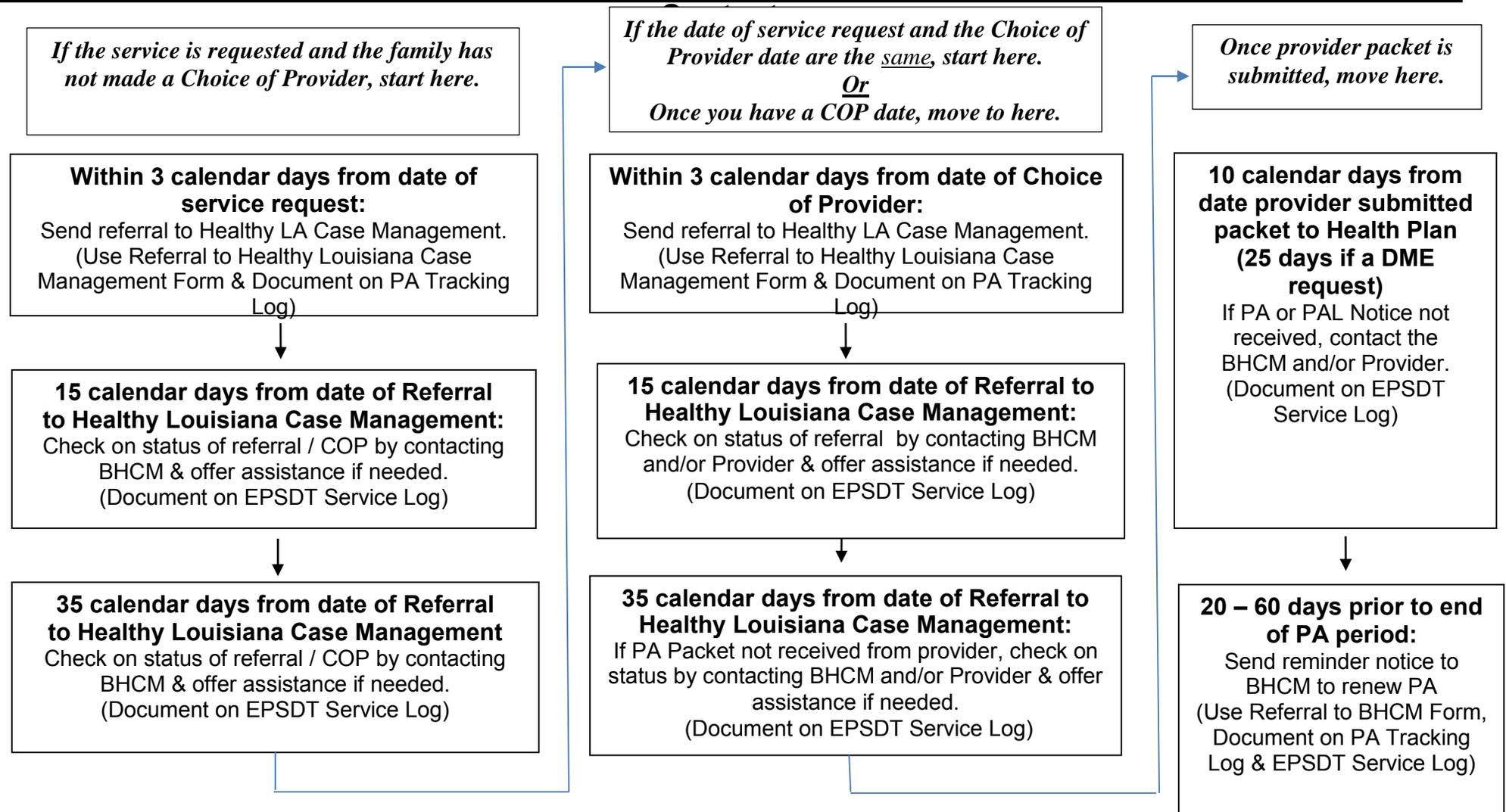
\_\_\_\_\_  
Support Coordinator's Signature

\_\_\_\_\_  
Date

## Healthy Louisiana EPSDT Timeline & Documentation Participant Contacts



## Healthy Louisiana EPSDT Timeline & Documentation Healthy Louisiana Case Manager (HLCM) / Provider



## Healthy Louisiana EPSDT Timeline & Documentation PAL and Other HLCM Referrals

### ***PAL Referrals***

**60 calendar days from participant's date of Choice of Provider:**

If PA approval not received,  
Send referral to LDH PAL using Referral to Medicaid PAL Form  
(Document on PA Tracking Log & EPSDT Service Log)

**\*Service logs are to be faxed with the PAL Referrals.**

### ***Other PAL and HLCM Referrals***

**If PA renewal approval is not received:**

Complete Healthy Louisiana Case Management Form (Documents on PA Tracking Log & Document on EPSDT Service Log)

**If the MCO is unable to resolve within 10 days of the Referral,** the SC should submit a referral to the Medicaid PAL.

Complete Referral to Medicaid PAL Form  
(Document on PA Tracking Log & Document on EPSDT Service Log)

**If participant chooses a new provider:**

Complete Referral to Healthy Louisiana Case Management Form (Document on PA Tracking Log & Document on EPSDT Service Log)

**If Service not provided in the amount in PA or service not delivered at times according to PA:**

Complete Referral to Healthy LA Case Management Form (Document on PA Tracking Log & Document on EPSDT Service Log)

**If the MCO is unable to resolve within 10 days of the Referral,** the SC should submit a referral to the Medicaid PAL.

Complete Referral to Medicaid PAL form.  
(Document on PA Tracking Log & Document on EPSDT Service Log)

**Unable to find a provider that is willing to submit a request for a PA:**

Complete Referral to Healthy LA Case Management Form  
(Document on PA Tracking Log & Document on EPSDT Service Log)

**If the MCO is unable to locate a willing provider within 10 days of the Referral,** the SC should submit a referral to the Medicaid PAL. Complete Referral to Medicaid PAL form.  
(Document on PA Tracking Log & Document on EPSDT Service Log)