



















MCO Contacts for Support Coordinators - Medicaid Managed Care Appendix A

	 AETNA BETTER HEALTH [®] OF LOUISIANA	 AmeriHealth Caritas Louisiana	 Healthy Blue	 Humana Healthy Horizons [™] in Louisiana	 Louisiana healthcare connections [™]	 UnitedHealthcare [®] Community Plan
Referral to Medicaid Managed Care Case Management Forms	<p>Fax: 844-634-1109</p> <p>Single Point of Contact: Chasity Denny DennyC@aetna.com Phone: 959-299-6410</p>	<p>Fax: 866-397-4522</p> <p>Single Point of Contact: Mike Pizzolatto mpizzolatto@amerihealthcaritasla.com Phone: 985-859-7070</p>	<p>Fax: 844-839-9307</p> <p>Single Point of Contact: Annette Batts arnisha.batts@anthem.com LA1-Chisholm@healthybluela.com Phone: 866-303-0255 ext. 11112</p>	<p>Fax: 833-797-0293</p> <p>Single Point of Contact: Rosalyn Williams rwilliams179@humana.com Phone: 1-800-545-4509, ext, 1097128</p>	<p>Fax: 877-668-2079</p> <p>Single Point of Contact: Ginger W. Lynch, AD, RN gilynch@LouisianaHealthConnect.com Phone: 225 663-5734</p>	<p>Fax: 877-590-8096</p> <p>Single Point of Contact: Christal Anchord, RN la_support_coordination@uhc.com Phone: 800-377-5105 ext. 4</p>
MCO Physical Medicine Prior Authorization Liaison (PAL)	<p>DeAndrae Emery Non-Clinical UM Intake Supervisor EmeryD@aetna.com Phone: 959-299-6412 Fax: 844-227-9205</p>	<p>Kathryn Cox Utilization Management Supervisor kcox@amerihealthcaritasla.com Phone: 843-414-3149</p>	<p>Annette Batts Medical Management Specialist II LA1-Chisholm@healthybluela.com Phone: 877-440-4065 (Ext 106-103-5145) Fax: 844-839-9307</p>	<p>Adrian Obryant Prior Authorization Nurse LAMCDChisholmPALiaison@humana.com Phone: 800-513-1693 Fax: 833-797-0293</p>	<p>Carolyn Mather BSN, RN Primary PAL Utilization Management Carolyn.Mather@LouisianaHealth Connect.com Direct: 225-201-8465 Prior Authorization Fax: 877-401-8175</p>	<p>Christal Achord, RN LA Prior Authorization Liaison (PAL) (Primary PAL) la_chisholm_pal@uhc.com Phone: 800-377-5105 ext. 4 Fax: 866-311-3754</p>
	<p>Sherri Chairs Non-Clinical UM Intake PAL CharisS@aetna.com Phone: 959-299-6581 Fax: 844-227-9205</p>		<p>Latonya Freeman Manager I Health Services Program Backup PAL latonya.freeman@healthybluela.com Phone: 225-757-4915 Fax: 844-839-9307, ext 11124</p>	<p>Tiffany LeBlanc Manager, Utilization Management LAMCDChisholmPALiaison@humana.com Phone: 800-513-1693 Fax: 833-797-0293</p>	<p>Ashley Arnold Prior Authorization Nurse II Backup PAL Ashley.n.arnold@louisianahealth connect.com Phone 225-201-8501 Fax: 877-668-2079</p>	<p>Noelle Jett, RN LA Prior Authorization Liaison (PAL) (Back-up PAL) la_chisholm_pal@uhc.com Phone: 800-377-5105 ext. 7 Fax: 866-311-3754</p>
	<p>Karen Lake Senior Nurse Coordinator for Special Populations LakeK@aetna.com Phone: 225-571-7532</p>		<p>Kimberly Auger, RN, CCM UHC C&S LA Health Plan's Support Coordinator PAL la_support_coordination@uhc.com Phone: 800-377-5105 ext. 5 Fax: 877-590-8096</p>	<p>Alonda Houston, BSN RN Supervisor, Utilization Management Backup PAL Alonda.M.Houston@centene.com Phone: 337-417-8205</p>	<p>Alondra Houston, BSN RN Supervisor, Utilization Management Backup PAL Alonda.M.Houston@centene.com Phone: 337-417-8205</p>	<p>Stephanie Widoe ABA Prior Authorization Liaison (PAL) la_healthyaba@optum.com Phone: 800-548-6549 (Ext. 67732) Fax: 888-541-6691</p>
MCO Behavioral Health Prior Authorization Liaison (PAL)	<p>DeAndrae Emery Non-Clinical Intake Supervisor EmeryD@cvshhealth.com Phone: 959-299-6412 Fax: 844-227-9205</p>	<p>Faye Colbert Jenkins BH UM Supervisor fcolbert@amerihealthcaritas.com Phone: 225-300-9239 Fax: 855-301-5366</p>	<p>Annette Batts Medical Management Specialist II LA1-Chisholm@healthybluela.com Phone: 877-440-4065 (Ext 106-103-5145)) Fax: 844-839-9307</p>	<p>Emma Bernard Utilization Management Behavioral Health Professional II LAMCDChisholmPALiaison@humana.com Phone: 800-513-1693 Fax: 833-797-0293</p>	<p>(Primary PAL) Sarah Godden, LCSW Utilization Manager, Outpatient Behavioral Health Team Lead Direct: 225-666-4142 Fax: 1-888-725-0101</p> <p>(PAL Backup) Jennifer N. Lovvorn, LPC Clinical Supervisor, LPC-S, Utilization Management jennifer.n.lovvorn@louisianahealth connect.com Phone: 1-337-417-8506 Fax: 1-877-668-2079</p>	<p>Stephanie Widoe ABA Prior Authorization Liaison (PAL) la_healthyaba@optum.com Phone: 800-548-6549 (Ext. 67732) Fax: 888-541-6691</p>
	<p>Sherri Chairs Nonclinical Intake Associate PAL CharisS@cvshhealth.com Phone 959-299-6581 Fax 844-227-9205</p>		<p>Jessica Foreman Manager II HCMS Backup PAL LA1-Chisholm@healthybluela.com Phone: 877-440-4065 (Ext. 106-103-5145) Fax: 844-839-9307</p>	<p>Raven Prince Manager, Utilization Management LAMCDChisholmPALiaison@humana.com Phone: 800-513-1693 Fax: 833-797-0293</p>	<p>Shannon L. Annison, LCSW- BACS Shannon.L.Annison@LOUISIANAHEALTHCONNECT.COM Phone: 1-866-595-8133 ext. 69453 Fax: 1-877-668-2079</p>	<p>Craig Woodsmall, PsyD Psych Testing Prior Authorization Liaison (PAL) craig.woodsmall@optum.com Phone: 763-321-2685 Fax: 877-697-7795</p> <p>Krystina Shaver, LPC MHR, ACT, Crisis Intervention Prior Authorization Liaison (PAL) Alert ps.admin@optum.com Phone: NA Fax: 855-858-0504</p>

MCO Contacts for Support Coordinators - Medicaid Managed Care Appendix A

	 <small>AETNA BETTER HEALTH[®] OF LOUISIANA</small>			 <small>Healthy Horizons[™] in Louisiana</small>		
Case Management	Chasity Denny Manager of Clinical Health Services DennyC@aetna.com Phone: 959-299-6410 Fax: 844-277-9205	Suonda Smith IHM Manager ssmith3@amerihealthcaritasla.com Phone: 225-300-9210 Fax: 225-757-8629	Rosemary Risen Manager I HCM, PH rosemary.risen@anthem.com Phone: 225-757-4879 Fax: 844-839-9307	LaShelle Mitchell-Johnson Associate Director, Behavioral Health Case Management LAMCDChisholmPALiaison@humana.com Phone: 800-448-3810 Fax: 833-797-0293	Ginger W. Lynch, AD, RN Care Manager II, Med Management Case Management, Special Programs gilynych@LouisianaHealthConnect.com Direct: 225 663-5734 Toll-Free: 1-866-595-8133 Fax: 1-877-668-2079	Kimberly Auger, RN, CCM Main POC licaid_cm_referrals@uhc.com Phone: 800-377-5105 ext. 5 Fax: 877-590-8096
	Mary Harris Manager of Clinical Health Services HarrisM14@aetna.com Phone 959-299-6579		Jamaka Batchelor Case Mgr Lead, BH jamaka.batchelor@healthybluea.com Phone: 877-440-4065 (Ext 106-123-9008) Fax: 844-839-9307	Riane Prince Manager, Behavioral Health Case Management LAMCDChisholmPALiaison@humana.com Phone: 800-448-3810 Fax: 833-797-0293		
Upper Management Contacts for Resolution of Issues / Escalation	Allison Connell Single Point of Contact Manager of Clinical Health Services ConnellA@aetna.com 959-299-6022	Suonda Smith Director for Population Health ssmith3@amerihealthcaritasla.com Phone: 225-300-9210 Fax: 225-757-8629	Leon Greene Dir Behavioral Health Services leon.greene@healthybluea.com Phone: 757-407-9051 Fax: 844-839-9307	Nicole Thibodeaux, BSN RN CCM Health Services Director NThibodeaux@humana.com Phone: 504-219-8017	Michael Prestwich Senior Manager, Utilization Management michael.prestwich@centene.com Phone: 636-534-4131 Fax: 1-877-668-2079	Latrell Fisher, RN Interim Specialty Program Manager latrell_r_fisher@uhc.com Phone: 800-377-5105 Ext. 6 Fax: 888-887-1521
	Ziesha Every Manager of Clinical BH Services EveryZ@cvshealth.com Phone: 959-299-6414		John Krentel Behavioral Health Coordinator john.krentel2@healthbluea.com Phone: 504-583-2060	Call Brou Associate Director, Utilization Management cbrou@humana.com Phone: 337-342-5568	Ashtyn Morris, MSN, RN Director, Case Management Louisiana Healthcare Connections Ashtyn.L.Morris@LOUISIANAHEALTH.CONNECT.COM Direct Number: (225) 317-2864 Cell: 225-337-8227	
	Marteen Sparks Manager of Clinical Health Services (PH-PA) SparksM1@cvshealth.com Phone: 785-747-7344		Kelly Hebert Director I HCMS kelly.hebert@healthybluea.com Phone: 225-757-4834 Fax: 844-839-9307		Dr. Dana Lawson, DNP, MHA, MSN, APRN, AGCNS-BC, CCM Vice President Population Health & Clinical Operations Dana.Lawson@LOUISIANAHEALTH.CONNECT.COM Phone: 225-436-1199	
	Beth Rasch Physical Health Services Officer RaschB@aetna.com Phone: 225-577-2307		Brooke Deykin Director I HCMS, CM brooke.deykin@healthybluea.com Phone: 504-834-1271 Fax: 844-839-9307			

MCO Contacts for Support Coordinators - Medicaid Managed Care Appendix A

	 aetna <small>AETNA BETTER HEALTH OF LOUISIANA</small>	 AmeriHealth Caritas Louisiana	 Healthy Blue	 Humana <small>Healthy Horizons in Louisiana</small>	 louisiana healthcare connections	 UnitedHealthcare <small>Community Plan</small>
Chisholm Denial Point of Contact	Karen Lake Senior Nurse Coordinator for Special Populations LakeK@aetna.com Phone: 225-571-7532	Lakesha Dickerson Utilization Management Manager Health ldickerson@amerihealthcaritas.com Phone: 225-300-9143	Robin Labranche Clinical Compliance robin.lanbranche@healthyblue.com Phone: 877-440-4065 (Ext, 106-122-4015) Fax: 844-839-9307	Adrian Obryant Prior Authorization Nurse LAMCDCChisholmPALiaison@humana.com Phone: 800-513-1693 Fax: 833-797-0293	Danielle Smith-Cage, RN Supervisor, Correspondence Unit Danielle.T.SmithCage@CENTENE.com Direct: (W) 225-929-8371 Toll-Free: 1-866-595-8133 ext 69371	Christal Achord, RN LA Prior Authorization Liaison (PAL) (Primary PAL) la_chisholm_pal@uhc.com Phone: 800-377-5105 ext. 4 Fax: 866-311-3754
	Marteen Sparks Manager of Clinical Health Services SparksM1@CVShealth.com Phone: 785-747-7344	Faye Colbert Jenkins BH UM Supervisor fcolbert@performcare.org Phone: 855-285-7466 Fax: 225-301-5366	LaTonya Freeman Manager I Health Services Program latonya.freeman@healthyblue.com Phone: 225-757-4915 Fax: 844-839-9307, ext 11124	Emma Bernard Utilization Management Behavioral Health Professional II LAMCDCChisholmPALiaison@humana.com Phone: 800-513-1693 Fax: 833-797-0293		Noelle Jett, RN LA Prior Authorization Liaison (PAL) (Back-up PAL) la_chisholm_pal@uhc.com Phone: 800-377-5105 ext. 7 Fax: 866-311-3754
		Kathryn Cox Utilization Management Supervisor kcox@amerihealthcaritasla.com Phone: 843-414-3149				
EVV for EPSDT-PCS Contacts	Karen Lake Senior Nurse Coordinator for Special Populations LakeK@aetna.com Cell: 225-571-7532	Michelle Bruce-Gibson mbrucegibson1@amerihealthcaritas.com 225-955-1034	Justin Massicot Mgr II Health Services Program justin.massicot@healthyblue.com 225-763-2178	Adrian OBryant Prior Authorization Nurse LAMCDCChisholmPALiaison@humana.com Phone: 800-513-1693 ext Fax: 833-797-0293	UMMedicalRecords@LouisianaHealthConnect.com	Support Coordination LACAID la_support_coordination@uhc.com Pediatric Special Needs Team 800-377-5105, Ext. 3
		Lesli Boudreaux lboudreaux@amerihealthcaritasla.com 337-344-7088		Tiffany LeBlanc Manager, Utilization Management LAMCDCChisholmPALiaison@humana.com Phone: 800-513-1693 ext 109011 Fax: 833-797-0293	Ashley Arnold Prior Authorization Nurse II Ashley.n.arnold@louisianahealthconnect.com Phone 225-201-8501 Fax: 877-668-2079	
					Carolyn Mather BSN, RN Utilization Management Carolyn.Mather@LouisianaHealthConnect.com Direct: 225-201-8465 Prior Authorization Fax: 877-401-8175	
*Note: These contacts may change periodically. The toll-free number provided in Medicaid Managed Care Appendix B can be utilized as well to reach out to case managers and MCO PALs.						
Aetna Customer Service: 1-855-242-0802 AmeriHealth Caritas Customer Service: 1-888-756-0004 Healthy Blue Customer Service: 1-844-521-6941 Humana Healthy Horizons Customer Service: 1-800-448-3810 Louisiana Healthcare Connections Customer Service: 1-866-595-8133 United Healthcare Customer Service: 1-866-675-1607						

Medicaid Managed Care Services
DME, Transportation, Therapy, Behavioral Health, Applied Behavioral Analysis,
EPSDT Personal Care Services and Home Health Services

(including Extended Skilled Nursing Services also known as Extended Home Health)

Managed Care Organizations must provide services in the same scope, range and duration as Legacy Medicaid; however, the Managed Care Organizations have the flexibility of offering services beyond those provided by Medicaid. For this reason, support coordinators will need to reach out to each the Managed Care Organizations for additional information regarding obtaining services for Managed Care Organization members. Such details as the prior authorization process and length of the prior authorization vary from Managed Care Organization to Managed Care Organization.

Contact information for each Managed Care Organization is listed below:

Managed Care Organization	Phone Number	Website Link	Transportation
Aetna Better Health of Louisiana	1-855-242-0802 TTY: 711	www.aetnabetterhealth.com/louisiana	1-877-917-4150 1-866-288-3133 (TTY)
AmeriHealth Caritas of Louisiana	1-888-756-0004 TTY: 1-866-428-7588	www.amerihealthcaritasla.com	1-888-913-0364 1-866-428-7588 (TTY)
Healthy Blue	1-844-521-6941 TTY: 711	www.myhealthybluela.com	1-866-430-1101 1-800-846-5277 (TTY)
Humana Healthy Horizons	1-800-448-3810 TTY: 711	www.humana.com/medicaid/louisiana	1-844-613-1638 1-800-618-4781 (TTY)
Louisiana Healthcare Connections	1-866-595-8133 TTY: 711	www.louisianahealthconnect.com	1-855-369-3723 (TTY: 711)
United Healthcare Community Plan	1-866-675-1607 TTY: 711	www.uhcommunityplan.com	1-866-726-1472 1-844-488-9724 (TTY)

Medicaid Managed Care

PCS Provider Changes within an Existing Prior Authorization Period

Enrollees have the right to change PCS providers at any time; however, approved authorizations are not transferred between agencies. If an enrollee elects to change providers within an authorization period, the current agency must notify the Managed Care Organization of the enrollee'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.

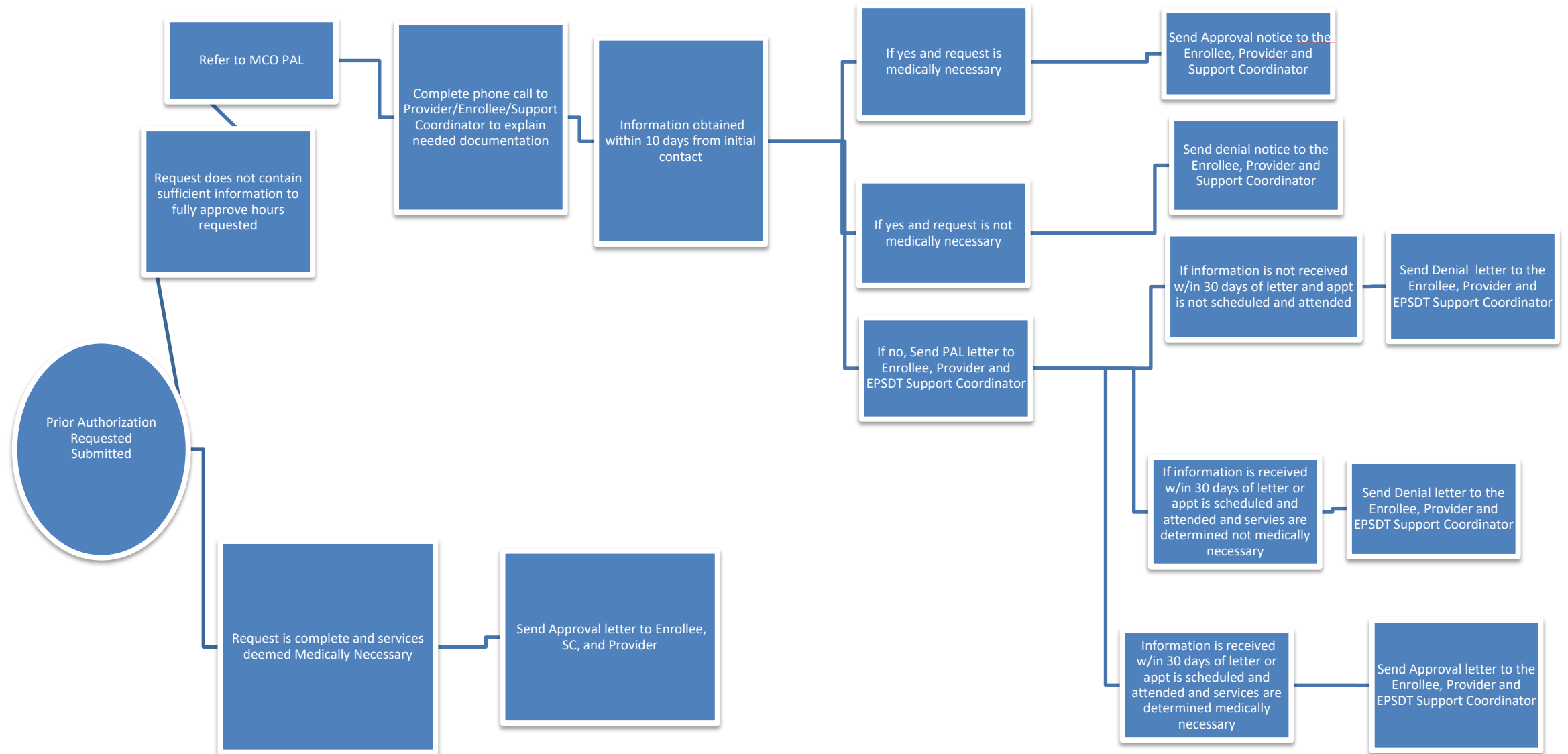
NOTE: Members may contact their Managed Care Organization directly for assistance in locating another provider.

Medicaid Managed Care - PCS and EHH Prior Authorization Timeframes

Prior Authorization Timeframes	Aetna Better Health	AmeriHealth Caritas	Healthy Blue	Humana Healthy Horizons	Louisiana Healthcare Connections	United Healthcare Community
EHH						
Regular	60 days	1 month	30 days / 1 month unless the provider requests less	60 days	8 weeks	60 days
Chronic Needs	60 days	3 months	30 days / 1 month unless the provider requests less	60 days	8 weeks	60 days
PCS						
Regular	60 days	3 months	180 calendar days or a rolling 6 months	6 months	6 months	Up to 6 months
Chronic Needs	60 days	6 months	180 calendar days or a rolling 6 months	6 months	6 months	Up to 6 months
*Renewal Submission Timeline	10 days	10 days	14 calendar days prior to the expiration date of the authorization	14 calendar 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. Beneficiaries who have been designated by BHSF as a “Chronic Needs Case” are exempt from the standard prior authorization process. A new request for prior authorization shall still be submitted every 180 days; however, the EPSDT PCS provider shall only be required to submit a PA-14 form accompanied by a statement from the beneficiary’s primary practitioner verifying that the beneficiary’s condition has not improved and the services currently approved must be continued. The provider shall indicate “Chronic Needs Case” on the top of the PA-14 form. This determination only applies to the services approved where requested services remain at the approved level. Requests for an increase in these services will be subject to a full review requiring all documentation used for a traditional PA request. NOTE: Only BHSF or its designee will be allowed to grant the designation of a “chronic needs case” to a beneficiary.**

MCO PAL PROCESS



NOTE: All communications and actions taken during the MCO PAL process should be documented into the MCO and/or LDH tracking systems.
 Revised 3.13.19

EPSDT Timeline & Documentation for Medicaid Managed Care Appeals

Medicaid Managed Care enrollees have appeal rights with their Managed Care Organization (MCO). In addition to appeal rights with the MCOs, enrollees may also file a grievance. A grievance is an expression of dissatisfaction about any matter other than an action. An “action” is the denial or limited authorization of a requested service, including the type or level of service, the reduction, suspension, or termination of a previously authorized service. If the enrollee is seeking reversal of a denial of a service, they should file an appeal, not a grievance.

The grievance and appeals process differs from MCO to MCO; however, each MCO must meet certain contractual guidelines regarding grievances and appeals. All Medicaid Managed Care enrollees are allowed 60 calendar days from the date on the MCO’s notice of action or inaction to file an appeal. Within that timeframe the enrollee or a representative acting on their behalf and with the enrollee’s written consent may file an appeal or the provider may also file an appeal on behalf of the enrollee, with the enrollee’s written consent. The appeal may be filed either orally or in writing. If the initial request is made orally and is not an expedited appeal, it must be followed with a written confirmation within 15 days of the notice from the MCO to send the written confirmation. All Medicaid Managed Care enrollees are: provided a reasonable opportunity to present evidence, testimony, and arguments about fact or law, in person, as well as in writing regarding their appeal; notified of any deadlines for doing so; and provided an opportunity before and during the appeals process to examine the case file and documents considered during the appeals process.

The MCO must acknowledge receipt of each grievance and appeal in writing and provide enrollees with assistance with the appeals process as needed. Specific details regarding each MCO’s grievance and appeal processes can be located in the MCO’s enrollee handbook. Support Coordinators are encouraged to familiarize themselves with the enrollee handbooks for each MCO. Enrollee handbooks can be accessed at:
<http://LDH.louisiana.gov/index.cfm/page/1212>.

Timeframes for MCOs to Make an Appeal Decision						
MCO	Aetna Better Health	AmeriHealth Caritas	Healthy Blue	Humana Healthy Horizons	Louisiana Healthcare Connections	United Healthcare
Appeal Timeframe (includes 14 day extension)	30-44 days	30-44 days	30-44 days	30-44 days	30-44 days	30-44 days
Expedited Appeal Timeframe	72 hours	72 hours	72 hours	72 hours	72 hours	72 hours

Once the appeal rights with the MCO are completed, enrollees may request a state fair hearing with the Division of Administrative Law (DAL). See Appendix L. Enrollees must complete the MCO appeals process before asking for a state fair hearing. A state fair hearing

must be requested within 120 days from the date of the MCO’s Notice of Adverse Benefit Determination unless an extension is requested. A state fair hearing may be delayed at the request of the claimant/appellant or authorized representative, but cannot be delayed for more than 30 days without good cause. Enrollees may request a state fair hearing by mail, phone, fax or online.

The timeframes for the state fair hearing process are below:

State Fair Hearing Timeframe	120 days from the date of the MCO’s Notice of Adverse Benefit Determination *An additional 30 days extension can be requested.
Expedited State Fair Hearing Timeframe	3 working days (after the DAL received the case file and documentation)

EPSDT Support Coordinators will need to follow the guidelines outlined in Medicaid Managed Care Appendix T-1 for both appeal processes for Chisholm Medicaid Managed Care enrollees. A list of Managed Care Organization contacts is located in Medicaid Managed Care Appendix A.







Compare Health Plans



All Healthy Louisiana health plans offer the same basic services as Medicaid or LaCHIP. These include well-child visits, pregnancy care through delivery, medical transportation, prescription drugs, mental health services, and substance use treatment. The basic plan benefits include:

- Behavioral health services
- Chronic illness management
- Durable medical equipment, prosthetics, orthotics and certain supplies
- Early periodic screening, diagnostic, and treatment (EPSDT)/well-child visits
- Emergency and non-emergency medical transportation
- Emergency medical services
- Family planning services
- Immunizations/vaccines
- Inpatient/outpatient hospital services
- Laboratory tests and x-rays
- Pregnancy and newborn care
- Prescription medicines/pharmacy
- Rural health clinic services
- Unlimited Primary Care Provider (PCP) visits
- Women's health services
- And many more benefits

Each plan also offers extra services. Use this chart to compare the extra services by plan. For a full list of services, go to MyPlan.healthy.la.gov.







 <p>AETNA BETTER HEALTH® OF LOUISIANA 1-855-242-0802 (TTY: 711) 24 hours a day, 7 days a week AetnaBetterHealth.com/louisiana</p>	 <p>1-888-756-0004 (TTY: 1-866-428-7588) 24 hours a day, 7 days a week. AmeriHealthCaritasLA.com</p>	 <p>1-844-521-6941 (TTY: 711) Monday – Friday, 7 a.m. – 7 p.m. MyHealthyBlueLA.com</p>	 <p>1-800-448-3810 (TTY: 711) Monday – Friday, 7 a.m. – 7 p.m. humana.com/healthylouisiana</p>	 <p>1-866-595-8133 (TTY: 711) Monday – Friday, 7 a.m. – 7 p.m. LouisianaHealthConnect.com</p>	 <p>1-866-675-1607 (TTY: 711) Monday – Friday, 7 a.m. – 7 p.m. UHCCommunityPlan.com</p>
<p>Adult dental (21+)</p> <ul style="list-style-type: none"> ▪ Up to \$1000 a year for dental exam and cleaning twice a year; fillings, extractions, and x-rays once a year, if qualify <p>Adult vision (21+)</p> <ul style="list-style-type: none"> ▪ Eye exam once a year ▪ Up to \$150 a year for glasses and/or contacts <p>Adult wellness</p> <ul style="list-style-type: none"> ▪ \$15 for breast cancer screening, women ages 50-74 ▪ \$15 for cervical cancer screening, women ages 21-64 ▪ \$15 for colorectal cancer screening, ages 45+ ▪ Mobile app for digital companionship and support intervention, ages 18+ 	<p>Adult dental (21+)</p> <ul style="list-style-type: none"> ▪ No extra benefits <p>Adult vision (21+)</p> <ul style="list-style-type: none"> ▪ Up to \$100 for eye exam once a year ▪ Up to \$100 a year for glasses or contacts <p>Adult wellness</p> <ul style="list-style-type: none"> ▪ \$20 for PCP visit within 90 days of enrollment, yearly after 1st year, ages 21+ ▪ \$10 for cervical cancer screening, women ages 21-64 ▪ \$10 for colorectal cancer screening, ages 45-75 ▪ Heart Healthy Monitoring Program with blood pressure cuffs and digital scales, if qualify 	<p>Adult dental (21+)</p> <ul style="list-style-type: none"> ▪ Dental exam and cleaning twice a year; x-rays once a year <p>Adult vision (21+)</p> <ul style="list-style-type: none"> ▪ Eye exam once a year ▪ Up to \$100 a year for glasses or contacts <p>Adult wellness</p> <ul style="list-style-type: none"> ▪ \$15 for yearly well visits, ages 21+ ▪ \$25 for cervical cancer screenings, women ages 21-64 ▪ \$10 for yearly STI screenings, ages 16+ 	<p>Adult dental (21+)</p> <ul style="list-style-type: none"> ▪ Up to \$500 a year for dental services <p>Adult vision (21+)</p> <ul style="list-style-type: none"> ▪ Eye exam once a year ▪ Up to \$100 a year for glasses or contacts <p>Adult wellness</p> <ul style="list-style-type: none"> ▪ \$25 for breast cancer screening, women ages 40+ ▪ \$25 for cervical cancer screening, women ages 21+ ▪ \$25 for colorectal cancer screening, ages 45+, if qualify 	<p>Adult dental (21+)</p> <ul style="list-style-type: none"> ▪ No extra benefits <p>Adult vision (21+)</p> <ul style="list-style-type: none"> ▪ Eye exam once a year ▪ Glasses covered in full or up to 12 pairs of contacts, each year <p>Adult wellness</p> <ul style="list-style-type: none"> ▪ \$50 for breast cancer screening, women ages 50-74 ▪ \$50 for cervical cancer screening, women ages 21-64 ▪ \$50 for colorectal cancer screening, ages 50-75 ▪ \$25 for STI screening (chlamydia, gonorrhea, HIV) ▪ One hearing exam a year and one set of hearing aids every 2 years, ages 21+, if qualify 	<p>Adult dental (21+)</p> <ul style="list-style-type: none"> ▪ No extra benefits <p>Adult vision (21+)</p> <ul style="list-style-type: none"> ▪ Eye exam once a year ▪ Up to \$100 a year for glasses or \$105 a year for contacts, <p>Adult wellness</p> <ul style="list-style-type: none"> ▪ \$20 for PCP visit within 90 days of enrollment

LAEB-HP-COMP-E-0822



Questions? Call us at **1-855-229-6848** (TTY: 1-855-526-3346). Or visit MyPlan.healthy.la.gov.







Extra services by plan (continued)

 <p>aetna AETNA BETTER HEALTH® OF LOUISIANA</p> <p>Asthma</p> <ul style="list-style-type: none"> Home assessments and asthma kit, if qualify <p>Care management programs</p> <ul style="list-style-type: none"> Chronic illnesses High-risk pregnancy Chronic pain management, including acupuncture, dry needling, and massage therapy, ages 16+, and chiropractic care, ages 21+, if qualify <p>Child wellness</p> <ul style="list-style-type: none"> \$15 for completing all 8 well visits, birth to 30 months \$20 for yearly well visit, ages 3-21 Up to \$50 for after school programs such as Boys and Girls Club, 4-H, Boy Scouts, Girl Scouts, or Big Buddy, ages 5-16 Newborn circumcision, birth-30 days <p>Diabetes</p> <ul style="list-style-type: none"> \$20 for diabetic HbA1c screening level of less than 8% <p>Housing and nutrition</p> <ul style="list-style-type: none"> Up to 30 days of respite care with healthcare and social services, for members experiencing homelessness, ages 18+, if qualify Home assessments and financial help to remediate identified risks, such as pests, mold, and utility interruptions, and legal services for housing matters, if qualify 	 <p>AmeriHealth Caritas Louisiana</p> <p>Asthma</p> <ul style="list-style-type: none"> Home assessment and cleaning kit, bedding, and/or air purifier, if qualify <p>Care management programs</p> <ul style="list-style-type: none"> Chronic illnesses High-risk pregnancy Chronic pain management, including chiropractic care, massage therapy, dry needling, TENS device, and gym membership or fitness kit, ages 21+, if qualify Cystic fibrosis screening Remote patient monitoring and equipment, if qualify <p>Child wellness</p> <ul style="list-style-type: none"> \$20 for completing all 6 well visits, birth to 15 months \$15 for yearly well visits, ages 2-20 Newborn circumcision (pre-approval required after 28 days from birth) <p>Diabetes</p> <ul style="list-style-type: none"> \$10 for completing dilated eye exam, kidney screening, and A1C test for members diagnosed with diabetes 	 <p>Healthy Blue</p> <p>Asthma</p> <ul style="list-style-type: none"> Home assessments, asthma mitigation supplies, and home repair, remediation, and relocation services, if qualify <p>Care management programs</p> <ul style="list-style-type: none"> Chronic illnesses High-risk pregnancy Chronic pain management including acupuncture, chiropractic care, massage therapy, and hypnotherapy, therapeutic aids, and gym membership and/or fitness kit, if qualify <p>Child wellness</p> <ul style="list-style-type: none"> Up to \$120 for completing well visits, birth to 15 months Up to \$40 for completing well visits, ages 16-30 months \$25 for yearly well visit, 30 months to 9 years \$25 for yearly well visit, ages 10-20 years Booster seat, if qualify Newborn circumcision, birth-30 days <p>Diabetes</p> <ul style="list-style-type: none"> \$25 for diabetic HbA1c test \$25 for diabetic eye exam \$5 for completing a "What do you know about diabetes?" quiz 	 <p>Humana Healthy Horizons® in Louisiana</p> <p>Asthma</p> <ul style="list-style-type: none"> Carpet cleaning, bedding, and/or air purifier, if qualify <p>Care management programs</p> <ul style="list-style-type: none"> Chronic illnesses High-risk pregnancy Chronic pain management, including acupuncture, chiropractic care, and massage therapy, if qualify <p>Child wellness</p> <ul style="list-style-type: none"> \$20 each well visit (up to \$120 for 6 visits), ages 0-15 months \$15 each well visit (up to \$30 for 2 visits), ages 16-30 months \$25 for yearly well visit, ages 3-20 Newborn circumcision, birth-12 months <p>Diabetes</p> <ul style="list-style-type: none"> \$25 for retinal eye exam, ages 18+ \$50 for yearly screening with PCP for HbA1c and blood pressure, ages 18+ 	 <p>Louisiana healthcare connections</p> <p>Asthma</p> <ul style="list-style-type: none"> Home remediation services, bedding, and in-home asthma management education, if qualify <p>Care management programs</p> <ul style="list-style-type: none"> Chronic illnesses High-risk pregnancy Chronic pain management, including acupuncture, therapeutic massage, and physical therapy, and gym membership and fitness kit Grants to resolve unmet health needs Expanded eligibility for mobile phone and service for members in care management <p>Child wellness</p> <ul style="list-style-type: none"> \$30 for completing 6 well visits by 15 months \$50 for completing needed vaccinations by age 13 \$50 for completing follow-up visit within 30 days of first fill of ADHD medication prescription, ages 6-12 Newborn circumcision, birth-12 months <p>Diabetes</p> <ul style="list-style-type: none"> \$50 for completing dilated eye exam, kidney screening, and HbA1c test, ages 18-75 	 <p>UnitedHealthcare Community Plan</p> <p>Asthma</p> <ul style="list-style-type: none"> Home assessments, remediation services, asthma kit, and bedding, if qualify <p>Care management programs</p> <ul style="list-style-type: none"> Chronic illnesses High-risk pregnancy Chronic pain management, including acupuncture, chiropractic care, and gym membership, if qualify <p>Child wellness</p> <ul style="list-style-type: none"> \$20 for PCP visit, within 90 days of enrollment Feeding set or dental care kit for 6-month well visit Spa kit or toy submarine for 15-month well visit Home safety kit or book for lead test, birth-15 months \$20 for yearly well visits, ages 1-17 Newborn circumcision (pre-approval required after 30 days from birth) <p>Diabetes</p> <ul style="list-style-type: none"> No extra benefits <p style="text-align: right;">LAEB-HP-COMP-E-0822</p>
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Questions? Call us at **1-855-229-6848** (TTY: 1-855-526-3346). Or visit [MyPlan.healthy.la.gov](https://myplan.healthy.la.gov).







Extra services by plan (continued)

 <p>AETNA BETTER HEALTH® OF LOUISIANA</p> <p>Housing and nutrition (continued)</p> <ul style="list-style-type: none"> Home-delivered meals after discharge, if qualify <hr/> <p>Over the counter (OTC) medications</p> <ul style="list-style-type: none"> Up to \$25 monthly for household for select OTC items, if qualify <hr/> <p>Pregnancy</p> <ul style="list-style-type: none"> \$25 for completing Notice of Pregnancy form and first prenatal visit in first trimester \$10 for each prenatal visit after first visit, up to 10 visits \$25 for postpartum visit within 12 weeks after delivery \$20 for completing first and second dental visit during pregnancy, ages 18+ Home visits for prenatal and postnatal visits and birth and after-birth classes, and access to lactation consultants, if qualify Up to \$100 every 3 months for childcare during prenatal and post-natal visits for high-risk pregnancies, if qualify Welcome kit with diaper bag, diapers, and other baby supplies Access to screenings, assessments, nutritional counseling, birth education, and referrals to support programs Diapers at follow-up after birth <p>LAEB-HP-COMP-E-0822</p>	 <p>Housing and nutrition</p> <ul style="list-style-type: none"> Up to 90 days of respite care with healthcare and social services for members experiencing homelessness, if qualify Home assessments and financial help to remediate identified risks such as pests, mold, limited home repairs, and mobility upgrades, if qualify Home-delivered meals after discharge, if qualify Fruits and veggies for members with obesity, if qualify <hr/> <p>Over the counter (OTC) medications</p> <ul style="list-style-type: none"> Select products covered with prescription and copay <hr/> <p>Pregnancy</p> <ul style="list-style-type: none"> \$25 for completing Notice of Pregnancy form in first trimester \$25 for prenatal visit within first 12 weeks of pregnancy \$20 for postpartum visit within 7-84 days after delivery Pack-and-Play with sheet for completing prenatal visits, if qualify Home-delivered meals to support healthy pregnancy, if qualify Baby shower, education, and essential supplies, such as diapers and car seats, for pregnant members up to 2 years postpartum, if qualify 	 <p>Housing and nutrition</p> <ul style="list-style-type: none"> Short-term respite care with healthcare and social services, financial assistance for housing stabilization, for members experiencing homelessness, ages 18+, if qualify Home assessments and financial help to remediate identified risks, such as pests and mold, home safety items, utility and rental assistance, legal aid, and relocation assistance, if qualify <hr/> <p>Over the counter (OTC) medications</p> <ul style="list-style-type: none"> Select products covered with prescription and copay <hr/> <p>Pregnancy</p> <ul style="list-style-type: none"> \$25 for prenatal visit within first 42 days of joining Healthy Blue Portable crib or infant car seat for 7 prenatal visits \$25 for completing 17P injection, for members with high-risk pregnancy, if qualify \$50 for postpartum visit within 7-84 days after delivery Family planning kit Home visiting program with guidance, in-home postpartum visit and counseling, home-delivered meals for postpartum members with gestational diabetes, and essential supplies such as a baby monitor and diapers, for pregnant and postpartum members and their newborns, if qualify 	 <p>Housing and nutrition</p> <ul style="list-style-type: none"> Up to 89 days of respite care with healthcare and social services, financial help to stabilize housing, for male members experiencing homelessness, ages 18+, if qualify Financial help to identify and remediate health-harming risks, utilities, bills, and rent/mortgage hardship, ages 21+, if qualify Home-delivered meals after disasters and/or discharge, if qualify <hr/> <p>Over the counter (OTC) medications</p> <ul style="list-style-type: none"> Up to \$25 monthly for member for select OTC vitamins and health products <hr/> <p>Pregnancy</p> <ul style="list-style-type: none"> \$25 for postpartum visit within 7-84 days after delivery \$25 for prenatal visit within the first trimester or prenatal visit within 42 days of enrollment Portable crib for joining Humana Beginnings, if qualify Up to 9 in-home visits through the doula program for pregnant and postpartum members and their newborns, ages 21+ 	 <p>Housing and nutrition</p> <ul style="list-style-type: none"> Up to 90 days of respite care with healthcare and social services, financial help to stabilize housing for members experiencing homelessness, if qualify Home assessments and financial help to remediate identified risks, such as pests, mold, utility issues, drainage, and sewage treatment, if qualify Home-delivered meals after discharge, if qualify <hr/> <p>Over the counter (OTC) medications</p> <ul style="list-style-type: none"> Select products covered with prescription and copay <hr/> <p>Pregnancy</p> <ul style="list-style-type: none"> \$10 for each prenatal visit, up to \$110 \$50 for postpartum visit within 12 weeks after delivery \$30 for completing a Notice of Pregnancy form Pack-and-Play crib with safe sleep information Healthy meal delivery for members in high-risk medical condition after delivery. Two meals a day for 7 days, up to 28 meals a year. Start Smart for Your Baby kit and free access to Start Smart mobile app, if qualify Home visits for pregnant and postpartum members and their newborns 	 <p>Housing and nutrition</p> <ul style="list-style-type: none"> Short-term respite care and access to housing and meals for members experiencing homelessness, if qualify Links to community resources for remediating of health-harming conditions; legal aid and temporary or permanent supportive housing; lead and water testing kits, for members in case management, if qualify <hr/> <p>Over the counter (OTC) medications</p> <ul style="list-style-type: none"> Select products covered with prescription and copay <hr/> <p>Pregnancy</p> <ul style="list-style-type: none"> \$20 for enrollment in Healthy First Steps Rewards Program Car seat cover or baby blocks for first postpartum visit Color changing duck or digital thermometer at birth Teething rattle or nursing cover for 24-week prenatal visit 2-Pack plates or first aid kit for 32-weeks prenatal visit Home visiting programs for pregnant and postpartum members, including prenatal and postpartum visits, access to lactation counseling, doula services, and education, if qualify
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Questions? Call us at 1-855-229-6848 (TTY: 1-855-526-3346). Or visit MyPlan.healthy.la.gov.

Extra services by plan (continued)

 <p>aetna AETNA BETTER HEALTH® OF LOUISIANA</p> <p>Quit smoking</p> <ul style="list-style-type: none"> Tools and support such as breath sensor, quit-smoking coach for members who smoke, vape, or use e-cigarettes <hr/> <p>Transportation</p> <ul style="list-style-type: none"> Ride to medical appointments with stop at pharmacy for medications Up to 20 one-way rides to job interviews, grocery stores, and other places <hr/> <p>Other</p> <ul style="list-style-type: none"> \$10 for completing health needs assessment within 90 days of enrollment \$5 for yearly flu shot Digital blood pressure monitor, if qualify \$25 for post-discharge PCP or hematologist visit with sickle cell diagnosis; \$5 for follow-up visit \$10 for filling a sickle cell-related medication \$10 for one medication refill every 6 months for high blood pressure, ADHD, or antipsychotic, if qualify Supplies for trauma and anxiety, if qualify Life skills and workforce training, if qualify HiSET (High School Equivalency Test) certification, if qualify 	 <p>AmeriHealth Caritas Louisiana</p> <p>Pregnancy (continued)</p> <ul style="list-style-type: none"> Home visiting services including lactation counseling, education, and referrals, up to 60 days after delivery Remote patient monitoring, if qualify <hr/> <p>Quit smoking</p> <ul style="list-style-type: none"> Phone, web, and text-based counseling <hr/> <p>Transportation</p> <ul style="list-style-type: none"> Ride to medical appointments with stop at pharmacy for medications <hr/> <p>Other</p> <ul style="list-style-type: none"> \$10 for completing a health needs assessment \$5 for yearly flu shot \$10 for completing a follow-up assessment after behavioral health hospitalization, up to 3 a year, if qualify Make Every Calorie Count program, including 2 visits a year with a registered dietitian plus gym membership or at-home fitness kit, if qualify Gym memberships and support group meetings at community wellness centers, if qualify GED test preparation and exam voucher, if qualify Life skills and workforce training, if qualify 	 <p>Healthy Blue</p> <p>Quit smoking</p> <ul style="list-style-type: none"> Education to quit smoking and vaping, ages 11+; counseling and peer support by chat and text, ages 13+; and nicotine replacement therapy, ages 18+ <hr/> <p>Transportation</p> <ul style="list-style-type: none"> Ride to medical, adult dental, and adult vision appointments with stop at pharmacy for medications Transportation gift card or bus pass, for members in case management, ages 16+, if qualify <hr/> <p>Other</p> <ul style="list-style-type: none"> \$25 for yearly flu shot \$10 every 3 months up to \$40 a year for high blood pressure medication fills \$25 for follow-up with provider after behavioral health hospitalization Healthy Families child weight management program Weight Watchers® vouchers 	 <p>Humana Healthy Horizons® in Louisiana</p> <p>Quit smoking</p> <ul style="list-style-type: none"> Up to \$50 for completing quit-smoking program milestones, ages 12+, if qualify <hr/> <p>Transportation</p> <ul style="list-style-type: none"> Ride to medical appointments <hr/> <p>Other</p> <ul style="list-style-type: none"> \$30 for completing health needs assessment within 90 days of enrollment \$20 for yearly flu shot \$20 for completing COVID-19 vaccine series 1 sports physical a year, ages 6-18 Gym membership at participating YMCAs Up to \$50 for completing weight management program, ages 12+, if qualify Drowning prevention classes, ages 0-21 GED test preparation, ages 16+ Cell phone and service, if qualify 	 <p>Louisiana healthcare connections</p> <p>Quit smoking</p> <ul style="list-style-type: none"> Two anti-smoking hypnotherapy sessions \$25 for trying medication or counseling to quit smoking <hr/> <p>Transportation</p> <ul style="list-style-type: none"> Ride to medical appointments with stop at pharmacy for medications Ride to groceries, farmers' markets, qualified group meetings, WIC appointments, and other select locations <hr/> <p>Other</p> <ul style="list-style-type: none"> \$5 reward for creating member account within 60 days of enrollment \$25 for completing health needs assessment within 30 days of enrollment or \$15 within 90 days of enrollment Raising Well weight management program to help guide child to be healthy by eating right and being active Cell phone and service, if qualify 	 <p>UnitedHealthcare Community Plan</p> <p>Quit smoking</p> <ul style="list-style-type: none"> Phone and text-based coaching, ages 13+, if qualify <hr/> <p>Transportation</p> <ul style="list-style-type: none"> Ride to medical appointments with stop at pharmacy for medications Ride to respite care, chiropractor/acupuncture, and routine eye exam, ages 21+ <hr/> <p>Other</p> <ul style="list-style-type: none"> \$10 for completing health needs assessment within 90 days of enrollment Weight Watchers® meetings, ages 12+, if qualify
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LAEB-HP-COMP-E-0822



Questions? Call us at **1-855-229-6848** (TTY: 1-855-526-3346). Or visit MyPlan.healthy.la.gov.

All dental plans offer these benefits:

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) dental program

Covers these services for children until age 21, starting when first tooth erupts:

- **Diagnostic:** X-rays and dental exams
- **Preventive:** Dental check-ups, fluoride treatments, and wellness services once every 6 months
- **Restorative:** Repair of teeth from cavities or trauma, tooth removal, fillings and tooth repairs
- **Endodontic:** Medically needed treatment for inside of teeth and tooth roots
- **Periodontics:** Special care for treatment of gum disease
- **Prosthodontics:** Removable or fixed dentures and partials for missing permanent teeth, allowed once every 5 years
- **Oral and maxillofacial surgery:** Specialty care for tooth removal and other medically necessary surgical procedures
- **Orthodontics:** Special care for teeth positioning only for severe deformities of the head, mouth and/or teeth; does not cover care for overbites, TMJ, and crooked teeth
- **Emergency care and other services:** Special care for traumatic problems to teeth and mouth, mouth guards, help to control bleeding, other emergency-type care, hospital calls

Adult dental program

For adults age 21 and up, services do not include routine dental care or tooth repairs to natural teeth. These services are covered:

- **Diagnostic:** X-rays and dental exams only when getting dentures or partials
- **Removal prosthodontics:** If 6 or fewer teeth, one complete denture set every 8 years, adjusted within 6 months for fit; denture repairs and partial repairs covered every year; partial denture covered every 8 years; does not cover pulling teeth or surgical removal of teeth

Dental plan comparison chart

Use this chart to compare **extra** services each plan offers.

DentaQuest

1-800-685-0143 ▪ DentaQuest.com

Assessment

- 1 oral health kit per lifetime for adults 21 and up with floss, toothbrush and paste for completing online assessment

Extraction (tooth pulled)

- Simple teeth pulled with \$200 limit for adults ages 21 and up

Silver diamine fluoride treatment

- For children up to age 20, if medically necessary, to slow or stop tooth decay

Opioid safety

- Online course on opioid risks, benefits, and other choices, with \$10 Walmart gift card for adults 21 and up who complete course within 3 days of tooth pulling; 1 gift per lifetime to use only for oral health items and healthy foods

Preventive dental care after ER visit

- Free cleaning and dental exam for adults ages 21 and up who visit dentist within 7 days of hospital visit for non-trauma dental care

Sealant

- 1 drawstring backpack per lifetime with age-appropriate toothbrush, toothpaste, brushing chart, and stickers for children ages 6-14 who get sealants (thin plastic coatings on back teeth chewing surfaces to protect against cavities)

mcnadental

1-855-702-6262 ▪ mcnala.net

Assessment

- Cavities risk assessment with dental exam for ages 21 and up

Extraction (tooth pulled)

- Up to 3 teeth pulled when getting dentures, for ages 21 and up

Silver diamine fluoride treatment

- Program for adults with special needs ages 21 and up to slow or stop tooth decay. Contact the plan for more information.

Teledentistry

- For adult members with special needs, yearly teledentistry visit not otherwise covered; includes sending x-rays, digital records to dental specialist

Extra benefits

- \$10 Amazon.com gift card for children under age 21 when create account on member portal and provide email address and phone number
- *Itty Bitty Baby Teeth* book and backpack for children ages 4-6 at first enrollment



Healthy Louisiana

Questions?

Call 1-855-229-6848.

This information is as correct and complete as possible. Extra services may change. Contact the plans directly to learn more about their services.

Opting In and Disenrolling from Medicaid Managed Care 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 Developmental Disabilities Request for Services Registry (DD RFSR). Members included in the Chisholm class and Home and Community Based Services (HCBS) waivers participants are required to enroll in a Managed Care Organization for specialized behavioral health services and Non-Emergency Medical Transportation (NEMT). Members included in the 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 choose to stay with Legacy Medicaid for their physical health services.

To Voluntary Opt-in to Medicaid Managed Care for Physical Health Services:

Members can call Medicaid Managed Care at 1-855-229-6848 or go online at www.healthy.la.gov to enroll in a Managed Care Organization. Members have until the 2nd to last business day of the month to enroll with Medicaid Managed Care for the effective date to be the first of the following month. For example, if you call Medicaid Managed Care on April 8th, the effective date of enrollment for the Managed Care Organization will be May 1st. If you call Medicaid Managed Care on April 30th, the effective date of enrollment for the Managed Care Organization will be June 1st.

Disenrolling from Medicaid Managed Care 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 Medicaid Managed Care for their behavioral health services and for non-emergency medical transportation. Members can call Medicaid Managed Care at 1-855-229-6848 or go online at www.healthy.la.gov to disenroll from Medicaid Managed Care. Members have until the 2nd to last business day of the month to disenroll with Medicaid Managed Care for the effective date to be the first of the following month. For example, if you call Medicaid Managed Care on April 8th, the effective date of disenrollment from the Managed Care Organization will be May 1st. If you call Medicaid Managed Care on April 30th, the effective date of disenrollment for the Managed Care Organization will be June 1st. Members who have previously disenrolled from Medicaid Managed Care may reenroll in Medicaid Managed Care only during the annual open enrollment period effective the earliest possible month the action can be administratively taken.

EPSDT Targeted Population Medicaid Managed Care Complaints

If you have a complaint against your Managed Care Organization please contact the Healthy Louisiana Line at 1-855-229-6848 (TTY: 1-855-526-3346) or you can e-mail your complaint to healthy@la.gov. This will alert someone outside of the Managed Care Organization (MCO) about complaints about the MCO.

Specific details regarding each MCO's internal grievance process can be located in the MCO's member handbook. Member handbooks can be accessed at: <http://LDH.louisiana.gov/index.cfm/page/1212>.

If you have questions or complaints about your Health Plan or Primary Care Provider (PCP), contact your Health Plan's customer service department.

Health Plan's customer service department:

- **Aetna Better Health** 1-855-242-0802 TTY: 711
Available 24 hours a day, 7 days a week
- **Healthy Blue** 1-844-521-6941 TTY: 711
Available Monday – Friday, 7:00 a.m. - 7:00 p.m.
- **AmeriHealth Caritas** 1-888-756-0004 TTY: 1-866-428-7588
Available 24 hours a day, 7 days a week.
- **Louisiana Healthcare Connections** 1-866-595-8133 TTY: 711
Available Monday – Friday, 7:00 a.m. – 7:00 p.m.
- **UnitedHealthcare Community** 1-866-675-1607 TTY: 711
Available Monday – Friday, 7:00 a.m. – 7:00 p.m.

If you have questions or complaints about your dental plan or Primary Dental Provider (PDP), contact your dental plan's customer service department.

Dental plans customer service department:

- **DentaQuest** 1-800-685-0143 TTY: 1-800-466-7566
Live agents are available from 7:00 a.m. - 7: p.m. with the IVR active 24 hours a day (no matter if it is a holiday).
- **MCNA Dental** 1-855-702-6262 TTY : 1-800-846-5277
Available Monday - Friday, 7:00 a.m. – 7:00 p.m.

Referral to Medicaid Managed Care Case Management

EPSDT - Targeted Population

Date:

TO: () Amerihealth Caritas Louisiana () Aetna Better Health of Louisiana () Healthy Blue
 () Humana Healthy Horizons () Louisiana Healthcare Connections () United Healthcare

Attn: Chisholm Case Management **Fax #**
 Case Manager's Name:

FROM: Support Coordination Agency	Support Coordinator's Name:	Support Coordinator's Phone#:
Provider #:		Fax#:
Address:	City:	State/Zip:
RE: Provider:	Provider #:	Phone #:
Address:	City:	State/Zip:
Service Type (if DME be specific):	Service Name: () Initial () Renewal	Amount/# of Hours of Service:
Beneficiary's Name:	MID#:	Phone#:
Responsible Party:		
Address:	City:	State/Zip:

This is to inform you that this individual is receiving EPSDT Support Coordination Services and:

- | | |
|--|---|
| | 1. Make a referral for the above noted service. Please have the member's MCO case manager assist with arranging these services and locating a provider if the provider box above is blank. We are requesting that the provider is informed by the member's MCO case manager to send us a copy of the PA request packet at the same time that it is sent to you for processing. |
| | 2. The member has asked that their schedule for the above service be changed as per the attached Typical Weekly Schedule form. If this presents a scheduling problem, please contact us so that we can all discuss this with the member/family. |
| | 3. This is a reminder that the member's PA for the above service expires on ___/___/___ and the renewal needs to be sent for continued services. |
| | 4. The member wants to choose a new provider. |
| | 5. The member has selected the new provider listed above. Previous provider was: |
| | 6. We have not received a notice of approval for the renewal and the previous PA expired on ___/___/___. |
| | 7. We are unable to locate a provider that is willing to submit a request for a PA. |
| | 8. The provider is not providing services at the times the member requested and we have been unable to resolve the issue. |
| | 9. The provider is not providing the amount of services as prior authorized and we have been unable to resolve the issue. |
| | 10. The member was placed on a waitlist. (SC must confirm waitlist placement with provider and offer beneficiary alternative providers. SC must follow up with the provider at least quarterly to ensure they move up the waitlist.) |

Support Coordinator's Signature _____

Date _____

Referral to LDH PAL for Medicaid Managed Care Member

EPSDT - Targeted Population

ONLY FOR USE AFTER SUBMITTING A

REFERRAL TO MEDICAID MANAGED CARE CASE MANAGEMENT (MMC APPENDIX Q)

Date:

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

Attn: Nancy Spillman

Fax 225-389-2749

FROM:	Support Coordinator's Name:	Support Coordinator's Phone#:
Provider #:		Fax#:
Managed Care Organization:	Medicaid Managed Care Case Manager:	Phone #:
RE: Managed Care Provider:	Provider #:	Phone #:
Address:	City:	State/Zip:
Service Type (if DME be specific):	Service Name: () Initial () Renewal	Amount/# of Hours of Service:
Beneficiary Name:	MID#:	Phone#:
Responsible Party:		
Address:	City:	State/Zip:

This is to inform you that this individual is receiving EPSDT Support Coordination Services and we are having the following problem with the Managed Care Provider identified above that we have been unable to resolve with the MCO (only for services that require PA):

1. We have not received a decision within 60 calendar days of the Choice of Provider date (Untimely PA Notice).

This is to inform you that we submitted a Referral to Medicaid Managed Care Case Management on __/__/__ and the MCO has been unable to resolve the below issue within 10 days of the Referral:

2. We have not received a notice of approval from the MCO for the renewal and the previous PA expired on __/__/__.
3. The MCO has been unable to locate a willing provider to submit a request for prior authorization.
4. The provider is not providing services at the times the beneficiary requested.
5. The provider is not providing the amount of services as prior authorized.
6. Other:

___ I certify that I have completed the attached Managed Care Organization Contact Form and attached all tracking logs, service logs, referral forms and e-mails related to resolving this issue with the MCO.

___ I certify that all attempts to resolve the issue with the MCO PAL have been exhausted without success prior to submitting a referral to the LDH PAL.

Support Coordinator's Signature

Date

Managed Care Organization (MCO) Contact Form

Referral to Medicaid Managed Care Case Management (Medicaid Managed Care Appendix Q)

The Referral to Medicaid Managed Care Case Management (MMCCM) must be sent **prior** to a referral being sent to the LDH PAL. Fax *Medicaid Managed Care Appendix Q* to the fax number listed on *Medicaid Managed Care Appendix A*.

Date Referral to MMCCM Sent: _____

(Attach copy of Referral to MMCCM)

Reason for contact:

Initial MCO Contact

After sending the Referral to MMCCM (MMC Appendix Q), the SC must make an initial contact to the appropriate MCO PAL or Medicaid Managed Care Case Manager to attempt to resolve the issue. Contact info is located in *Medicaid Managed Care Appendix A*.

Date: _____ **Reason for contact:** _____

Type of contact:

- E-mail *(attach copy)*
- Phone *(attach service log)* #: _____ Contact Name: _____
- Other *(attach copy)* Specify: _____

Results of contact:

Results of contact: describe in detail exactly what happened, including who contact was with, what was discussed, any barriers, strategies to remove barriers, etc.

Second MCO Contact

The SC must make a second contact to the appropriate MCO PAL to attempt to resolve the issue. Contact info is located in *Medicaid Managed Care Appendix A*.

Date: _____ **Reason for contact:** _____

Type of contact:

- E-mail *(attach copy)*
- Phone *(attach service log)* #: _____ Contact Name: _____
- Other *(attach copy)* Specify: _____

Results of contact:

Third MCO Contact

The SC must make a third contact to the appropriate MCO PAL to attempt to resolve the issue. Contact info is located in *Medicaid Managed Care Appendix A*.

Date: _____ **Reason for contact:** _____

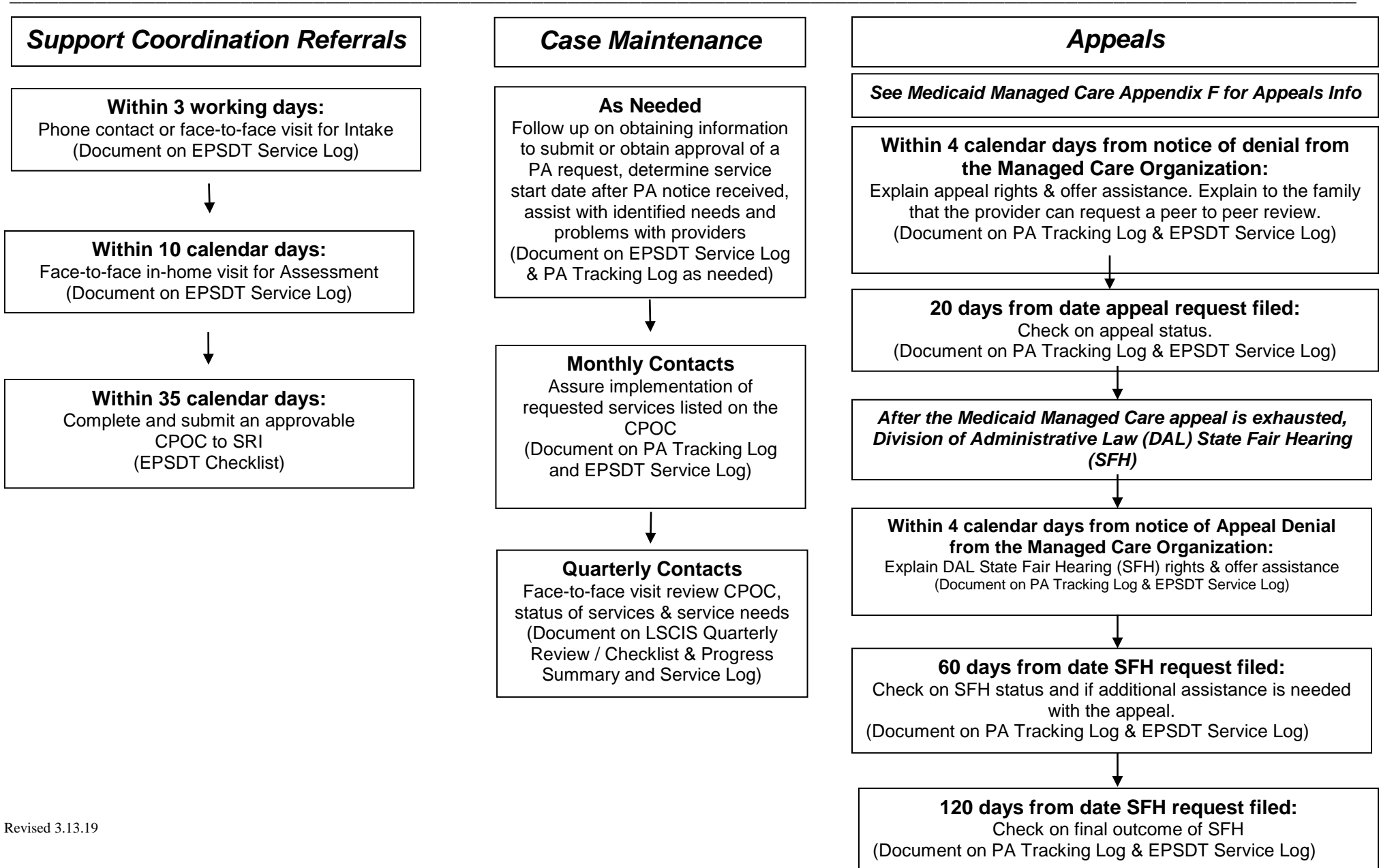
Type of contact:

- E-mail *(attach copy)*
- Phone *(attach service log)* #: _____ Contact Name: _____
- Other *(attach copy)* Specify: _____

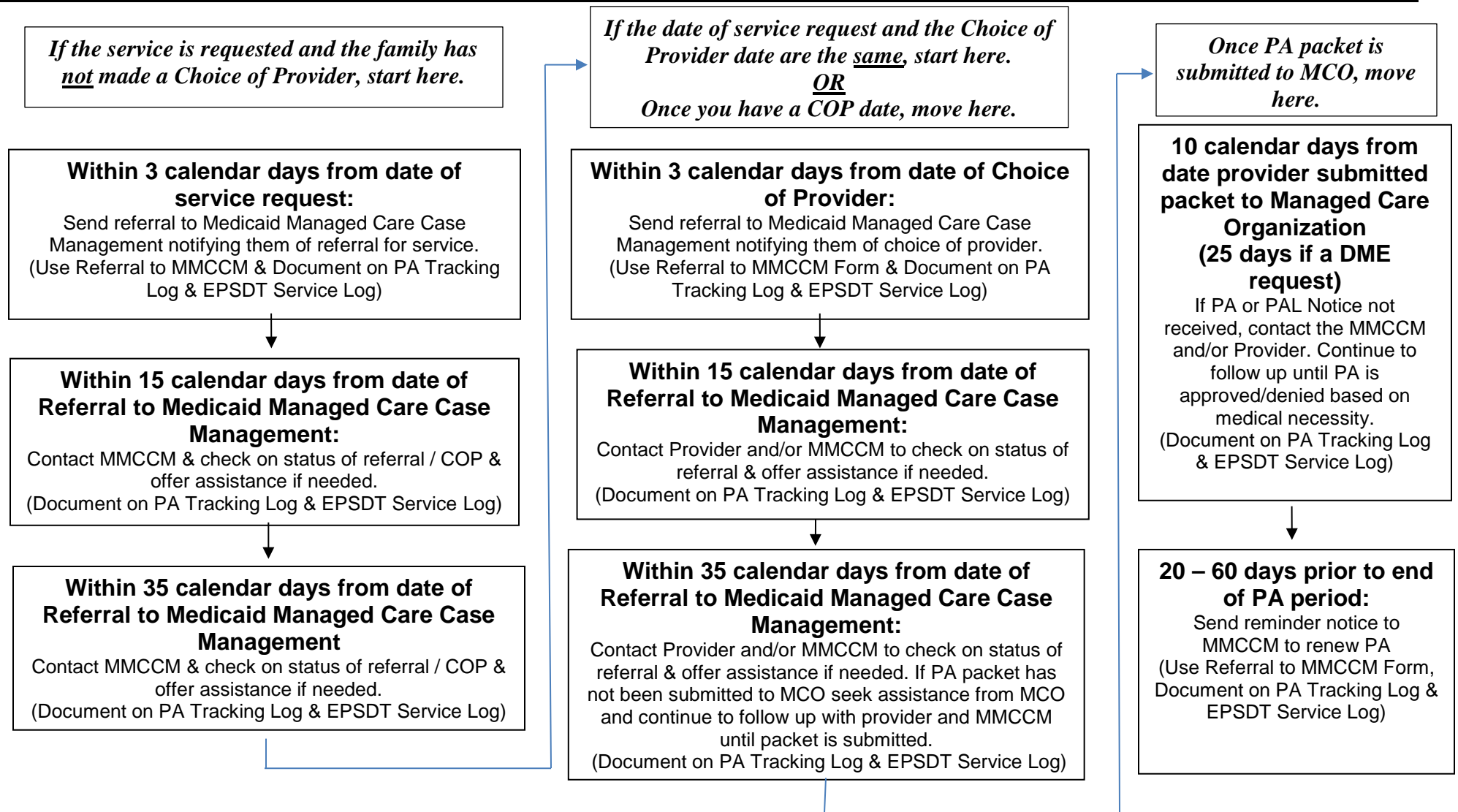
Results of contact:

LDH will forward the referral to the MCO requesting notification upon resolution.

Medicaid Managed Care EPSDT Timeline & Documentation Participant Contacts



Medicaid Managed Care EPSDT Timeline & Documentation Medicaid Managed Care Case Manager (MMCCM) and Provider Contacts



Medicaid Managed Care EPSDT Timeline & Documentation Medicaid Managed Care Case Management (MMCCM) and PAL Referrals

60 Day PAL Referrals

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

If PA approval/denial has not been received,
send referral to LDH PAL using Referral to LDH PAL – Medicaid
Managed Care Member (*MMC Appendix S*)
(Document on PA Tracking Log & EPSDT Service Log)

Other MMCCM and PAL Referrals

If PA renewal approval not received and PA expired:

Send referral to MCO using Referral to MMCCM form
(Document on PA Tracking Log & EPSDT Service Log)

**If the MCO is unable to resolve within 10 days of the
referral, send referral to LDH PAL using Referral to LDH PAL
– Medicaid Managed Care Member (*MMC Appendix S*)
(Document on PA Tracking Log & EPSDT Service Log)**

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

Send referral to MCO using Referral to MMCCM form
(Document on PA Tracking Log & EPSDT Service Log)

**If the MCO is unable to resolve within 10 days of the
referral, send referral to LDH PAL using Referral to LDH PAL
– Medicaid Managed Care Member (*MMC Appendix S*)
(Document on PA Tracking Log & EPSDT Service Log)**

*Note: Tracking log, service logs, referral forms and e-mails should
be faxed with LDH PAL referrals for Medicaid Managed Care Members.
LDH will forward the referral to the MCO requesting notification upon resolution.*

*†The MCO is contractually obligated to find a provider within
10 days of Referral to MMCCM. LDH will reach out to the MCO
when a PAL referral is received to ensure that this is contractual
obligation is met.*

**Medicaid Managed Care
EPSDT Timeline & Documentation
Medicaid Managed Care Case Management (MMCCM)
and PAL Referrals**

Other MMCCM and PAL Referrals

The beneficiary was placed on a waitlist*:

Send referral to MCO using Referral to MMCCM Form
(Document on PA Tracking Log & EPSDT Service Log)

***SC must confirm waitlist placement with provider and document on the CPOC how you will ensure they move up the waitlist. Follow-up with provider must be made at least quarterly. SC must offer alternative providers who may not have a waitlist and document response received from family.**

The beneficiary needs a schedule change:

Send referral to MCO using Referral to MMCCM Form
(Document on PA Tracking Log & EPSDT Service Log)

The beneficiary wants to choose a new provider:

Send referral to MCO using Referral to MMCCM Form
(Document on PA Tracking Log & EPSDT Service Log)

The beneficiary selects a new provider:

Send referral to MCO using Referral to MMCCM Form
(Document on PA Tracking Log & EPSDT Service Log)