



Your guide to Medicaid
that does more



Getting started

Humana Healthy Horizons® in Louisiana

Welcome to Humana

Healthy Horizons in Louisiana

By now, you should have received your Humana Healthy Horizons® ID card, along with a letter outlining some important information about your plan. In this quick start guide, we've included even more plan details, as well as simple ways to connect with us so you can get the most out of your benefits.

Your plan covers behavioral health (mental health and substance use disorder) services. That includes:

- Basic behavioral health services
- Crisis response services:
 - Mobile crisis response
 - Behavioral health crisis care
 - Community brief crisis support
 - Crisis stabilization
- Evidence-based practices: assertive community treatment, functional family therapy, homebuilders and multi-systemic therapy
- Individual placement support to help you find employment
- Inpatient hospitalization (mental health and substance use disorder treatment)
- Licensed mental health professionals who can provide support through counseling
- Medication-assisted treatment (MAT) and assisted therapy for methadone and opiate withdrawal
- Mental health rehabilitation services
- Personal care services
- Peer support services
- Psychiatric residential treatment facilities
- Psychiatrists who can help manage your medications
- Therapeutic group homes
- Outpatient substance use disorder treatment services
- Residential substance use disorder treatment services



For a full list of covered services, details about eligibility and how to access each, go to [Humana.com/LouisianaHandbook](https://www.humana.com/LouisianaHandbook). If you would like a printed copy of the updated Member Handbook, submit a request using the enclosed postcard or call Member Services at **1-800-448-3810 (TTY: 711)** and we will send it to you for free.



Specialized behavioral health services

There are times when you may need to speak to a therapist or counselor. We cover many different types of behavioral health services that can help with issues you may be facing. You can call a behavioral health provider for an appointment. You can get help finding a behavioral health provider by:

- Calling **1-800-448-3810 (TTY: 711)**
Monday – Friday, 7 a.m. – 7 p.m.
- Visiting **Humana.com/FindADoctor**
- Going to our website, **Humana.com/LouisianaBH**

Your primary care physician (PCP) takes care of your general health and can coordinate your care with specialists when needed. You do not need a referral from your primary care physician (PCP) for behavioral health services offered by an in-network provider. In case of a behavioral health emergency, you can contact our behavioral health crisis line anytime at **1-844-461-2848 (TTY: 711)**. They can help you get the care you need.

Be sure to call your provider to schedule an appointment within the first 90 days of your plan year. For a routine checkup, you should be able to get an appointment within 30 days. For an urgent visit, expect to be seen within 48 hours. To make a change or to cancel, please call at least 24 hours before the appointment.

Transportation services

Humana Healthy Horizons in Louisiana members can set up nonemergency transportation to and/or from a medical appointment through MediTrans.



To schedule a ride, call MediTrans at **1-844-613-1638** Monday – Friday, from 7 a.m. – 7 p.m.

If you have to cancel your ride, please do so at least 48 hours in advance.

After hours care

If you need medical care when your doctor's office is closed, call our 24-hour nurse advice line at **1-800-448-3810 (TTY: 711)**, or go to an urgent care facility.

In case of emergency

Emergencies are serious medical or behavioral problems that must be treated right away by a doctor. If you are not sure if your illness or injury is an emergency, call your doctor or our 24-hour nurse advice line. Call **1-800-448-3810 (TTY: 711)** to talk to a nurse.

If you have an emergency, call 911 or go to the nearest emergency department.

Be sure to call Member Services at **1-800-448-3810 (TTY: 711)** when you are able and let us know about your situation.

Important contact information for Humana members

Member Services

1-800-448-3810 (TTY: 711)

Monday – Friday, 7 a.m. – 7 p.m.

24-hour nurse advice line

1-800-448-3810 (TTY: 711)

24-hour behavioral health crisis line

1-844-461-2848 (TTY: 711)

Member pharmacy help desk

1-800-437-9101 (TTY: 711)

Monday – Friday, 8 a.m. – 4:30 p.m.

MediTrans transportation services

1-844-613-1638 (TTY: 711)

Monday – Friday, 7 a.m. – 7 p.m.

Mailing address

P.O. Box 14601

Lexington, KY 40512

Website **[Humana.com/LouisianaBH](https://www.humana.com/LouisianaBH)**

Reporting contact information/address changes, visit **[ldh.la.gov/UpdateMyInfo](https://www.ldh.la.gov/UpdateMyInfo)**, call **1-888-342-6207 (TTY: 1-800-220-5404)**, Monday – Friday, 8 a.m. – 4:30 p.m. or visit in person. You can find your local Medicaid office at www.ldh.la.gov/MedicaidOffices.

Visit **[Humana.com/LouisianaBH](https://www.humana.com/LouisianaBH)** to find detailed information about covered benefits, programs and services offered through Humana Healthy Horizons.

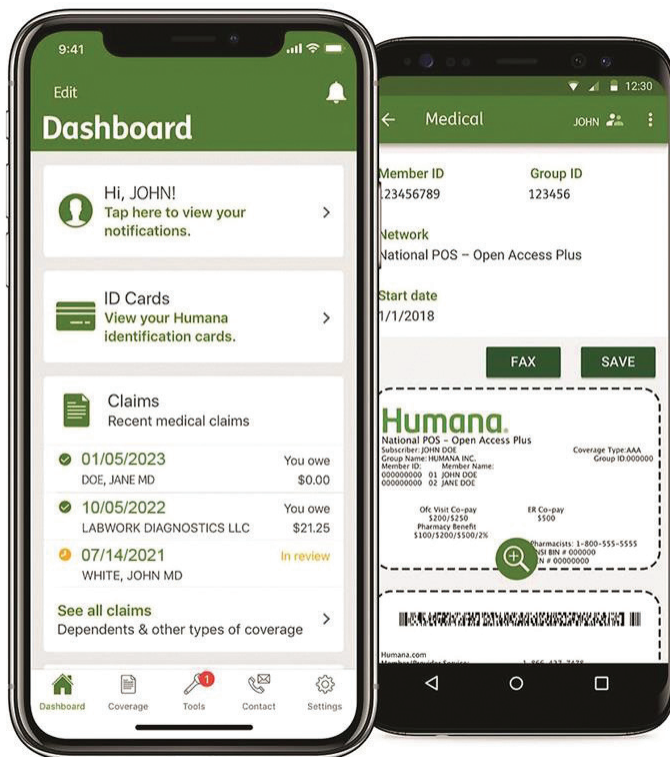
Here you can also find, review and print copies of your:

- Member handbook
- Provider directory

Create your MyHumana account

MyHumana is your secure online portal where you can change your doctor, view claims and plan details, and update your account information with us. To get started:

- 1** **Download** the MyHumana app from your mobile phone's app store (Apple App Store® or Google Play®).
- 2** **Activate** your MyHumana account
 - Select “Activate online account” and follow the prompts.
 - If you already have an account and need help with your username or password, click “Forgot username” or “Forgot password.”
- 3** **Log in to MyHumana** from the MyHumana app or **MyHumana.com**





We can help you quit smoking

We want to help you lead your healthiest life, so you have access to our tobacco and vaping cessation program via the wellness coaching team.

- Up to eight health coaching/cessation support calls within 12 months of the first coaching session for members age 12 and older
- Nicotine replacement therapy upon request for members age 18 and older



For more information, go to
[Humana.com/LouisianaQuits](https://www.humana.com/LouisianaQuits).

Need to control your gambling?

If you need help with a gambling problem, the Louisiana Department of Health offers a variety of options and resources under Behavioral Health at www.ldh.la.gov. You can also call the Louisiana Problem Gamblers Helpline at 1-877-770-STOP (7867). All calls are confidential and treatment is free to Louisiana residents.

How to access your pharmacy benefits

Copay

Some medications are free, but some adult members will need to pay a small copay for their prescriptions based on the calculated state payment. Your cost for this medicine should not be more than \$3. Your total copays for the month depend on your family's income each month. If the state shows you have paid 5% of your monthly income on copays, you will not have to pay.

Pharmacy cost	Your copay
\$5.00 or less	\$0.00
\$5.01 to \$10.00	\$0.50
\$10.01 to \$25.00	\$1.00
\$25.01 to \$50.00	\$2.00
\$50.01 or more	\$3.00

There are no member copays for the following:

- Individuals age 21 and younger
- Pregnant women
- Individuals who are inpatients in long-term care facilities or other institutions
- Family planning services and supplies
- Emergency services
- Native Americans
- Alaskan Inuit
- Women who are receiving services on the basis of breast and cervical cancer
- Beneficiaries receiving hospice services

Do you need help communicating?

If you do not speak English, we can help. We have people who help us talk to you in your language. We provide this help for free.



Just call our Member Services at **1-800-448-3810 (TTY: 711)**, Monday – Friday, 7 a.m. – 7 p.m.



For people with disabilities: If you use a wheelchair, are blind, or have trouble hearing or understanding, call us if you need assistance. We can tell you if a provider's office is wheelchair accessible or has devices for communication. We also have services like:



Help in making or getting to appointments



Information and materials in large print, audio (sound) and Braille



Names and addresses of providers who specialize in your disability



Telecommunications relay service

This helps people who have trouble hearing or talking to make phone calls. Call **711** and give them our Member Services phone number. It is **1-800-448-3810**, Monday – Friday, from 7 a.m. – 7 p.m. They will connect you to us.

What if you get a bill for treatment?

If you get a bill for a treatment or service you do not think you should pay for, do not ignore it. Call Member Services at **1-800-448-3810 (TTY: 711)** right away. We can help you understand why you may have gotten a bill. If you are not responsible for payment, Humana Healthy Horizons will contact the provider and help fix the problem for you.

Know your member rights

As a Humana plan member, you have certain rights and responsibilities when being treated by Humana network providers. This includes the right to be treated with respect, participate in decisions and be free to make decisions about your healthcare. Learn more about member rights in your member handbook: [Humana.com/LouisianaHandbook](https://www.humana.com/LouisianaHandbook).

Complaints, grievances and appeals

We want you to be happy with the care you receive. If at any time you are not happy with anything about us or our providers, let us know right away. This includes if you do not agree with a decision we have made.

Appeal online

Go to [Humana.com/LouisianaAppeal](https://www.humana.com/LouisianaAppeal)

Call Member Services

1-800-448-3810 (TTY: 711),

Monday – Friday, 7 a.m. – 7 p.m.

Write to us

Grievance and Appeals Department

P.O. Box 14546

Lexington, KY 40512-4546

Reporting fraud and abuse

If you feel you have witnessed or been the victim of Medicaid fraud, waste or abuse, you can file a report with Humana's Special Investigations Unit. Report online at [Humana.com/legal/fraud-waste-and-abuse](https://www.humana.com/legal/fraud-waste-and-abuse), or by phone at **1-800-614-4126 (TTY: 711)**, 24 hours a day, 7 days a week. You may also report provider fraud to www.LDH.LA.gov/ReportProviderFraud or **1-800-488-2917**. You may report recipient fraud to www.LDH.LA.gov/ReportRecipientFraud or **1-833-920-1773**.

How to change plans

If you want to change your health plan, you can through any of the following:

- Online at www.myplan.healthy.la.gov/myaccount
- On the Healthy Louisiana mobile app
- By phone at **1-855-229-6848 (TTY: 1-855-526-3346)**, Monday – Friday, 8 a.m. – 5 p.m.
(Ask for a transfer form)

If you are unhappy with your health or dental plan, you can change to a different plan within the first 90 days after enrollment. You don't even have to give a reason. Once a year, during open enrollment, all members are able to change plans as they choose. If you need to be disenrolled from Humana Healthy Horizons at any time, please call the Healthy Louisiana Enrollment Center at **1-855-229-6848 (TTY: 1-855-526-3346)**, Monday – Friday, 8 a.m. – 5 p.m.

You have a right to your medical records

You are entitled to one free copy of your medical records. More copies are available at a cost. You also have a right to ask that your medical records be corrected if needed. Your records will be held for five years or longer as required by federal law. Contact your PCP office directly for a copy of your records.

Insurance ACE

Notice of Privacy Practices

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

The privacy of your personal and health information is important. You do not need to do anything unless you have a request or complaint.

This Notice of Privacy Practices applies to all entities that are part of the Insurance ACE, an Affiliated Covered Entity under HIPAA. The ACE is a group of legally separate covered entities that are affiliated and have designated themselves as a single covered entity for purposes of HIPAA. A complete list of the members of the ACE is available at [Huma.na/insuranceace](https://www.huma.na/insuranceace).

We may change our privacy practices and the terms of this notice at any time, as allowed by law, including information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

What is nonpublic personal or health information?

Nonpublic personal or health information includes both medical information and personal information, like your name, address, telephone number, Social Security number, account numbers, payment information or demographic information. The term “information” in this notice includes any nonpublic personal and health information. This includes information created or received by a healthcare provider or health plan. The information relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare.

How do we collect information about you?

We collect information about you and your family when you complete applications and forms. We also collect information from your dealings with us, our affiliates or others. For example, we may receive information about you from participants in the healthcare system, such as your doctor or hospital, as well as from employers or plan administrators, credit bureaus and the Medical Information Bureau.

What information do we receive about you?

The information we receive may include such items as your name, address, telephone number, date of birth, Social Security number, premium payment history and your activity on our website. This also includes information regarding your medical benefit plan, your health benefits and Health Risk Screening.

How do we protect your information?

We have a responsibility to protect the privacy of your information in all formats including electronic and oral information. We have administrative, technical and physical safeguards in

place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information
- Training our employees about our privacy program and procedures

How do we use and disclose your information?

We use and disclose your information:

- To you or someone who has the legal right to act on your behalf
- To the secretary of the Department of Health and Human Services

We have the right to use and disclose your information:

- To a doctor, a hospital or other healthcare provider so you can receive medical care.
- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments.
- For healthcare operation activities, including processing your enrollment, responding to your inquiries, coordinating your care, improving quality and determining premiums.
- For performing underwriting activities. However, we will not use any results of genetic testing or ask questions regarding family history.
- To your plan sponsor to permit them to perform plan administration functions such as eligibility, enrollment and disenrollment activities. We may share summary-level health information about you with your plan sponsor in certain situations—for example, to allow your plan sponsor to obtain bids from other health plans. Your detailed health information will not be shared with your plan sponsor. We will ask your permission, or your plan sponsor must certify they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders or treatment alternatives that may be of interest to you. If you have opted out, we will not contact you.
- To your family and friends if you are unavailable to communicate, such as in an emergency.
- To your family and friends, or any other person you identify. This applies if the information is directly relevant to their involvement with your healthcare or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm if the claim has been received and paid.
- To provide payment information to the subscriber for Internal Revenue Service substantiation.
- To public health agencies, if we believe that there is a serious health or safety threat.
- To appropriate authorities when there are issues about abuse, neglect or domestic violence.
- In response to a court or administrative order, subpoena, discovery request or other lawful process.
- For law enforcement purposes, to military authorities and as otherwise required by law.
- To help with disaster relief efforts.

- For compliance programs and health oversight activities.
- To fulfill our obligations under any workers' compensation law or contract.
- To avert a serious and imminent threat to your health or safety or the health or safety of others.
- For research purposes in limited circumstances and provided that they have taken appropriate measures to protect your privacy.
- For procurement, banking or transplantation of organs, eyes or tissue.
- To a coroner, medical examiner or funeral director.

Will we use your information for purposes not described in this notice?

We will not use or disclose your information for any reason that is not described in this notice, without your written permission. You may cancel your permission at any time by notifying us in writing.

The following uses and disclosures will require your written permission:

- Most uses and disclosures of psychotherapy notes
- Marketing purposes
- Sale of personal and health information

What do we do with your information when you are no longer a member?

Your information may continue to be used for purposes described in this notice. This includes when you do not obtain coverage through us. After the required legal retention period, we destroy the information following strict procedures to maintain confidentiality.

What are my rights concerning my information?

We are committed to responding to your rights request in a timely manner.

- **Access:** You have the right to review and obtain a copy of your information that may be used to make decisions about you. You also may receive a summary of this health information. As required under applicable law, we will make this personal information available to you or to your designated representative.
- **Adverse underwriting decision:** If we decline your application for insurance, you have the right to be provided a reason for the denial.
- **Alternate communications:** To avoid a life-threatening situation, you have the right to receive your information in a different manner or at a different place. We will accommodate your request if it is reasonable.
- **Disclosure:** You have the right to receive a listing of instances in which we or our business associates have disclosed your information. This does not apply to treatment, payment, health plan operations and certain other activities. We maintain this information and make it available to you for six years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee.
- **Notice:** You have the right to request and receive a written copy of this notice any time.
- **Restriction:** You have the right to ask to limit how your information is used or disclosed. We are not required to agree to the limit, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted limitation.

If I believe that my privacy has been violated, what should I do?

If you believe that your privacy has been violated, you may file a complaint with us by calling us at **1-866-861-2762** any time.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You can also email your complaint to **OCRComplaint@hhs.gov**. If you elect to file a complaint, your benefits will not be affected, and we will not punish or retaliate against you in any way.

We support your right to protect the privacy of your personal and health information.

Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

We can change the terms of this notice, and the changes will apply to all information we have about you.

The new notice will be available upon request, in our office and on our website.

How do I exercise my rights or obtain a copy of this notice?

All of your privacy rights can be exercised by obtaining the applicable forms. You may obtain any of the forms by:

- Contacting us at **1-866-861-2762**
- Accessing our website at **Humana.com** and going to the Privacy Practices link
- Sending completed request form to:
Humana Inc. Privacy Office 003/10911
101 E. Main Street
Louisville, KY 40202

Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **1-800-448-3810 (TTY: 711)**, Monday through Friday, from 7:00 a.m. to 7:00 p.m. If you believe that Humana, Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail, or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **1-800-448-3810 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

- U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. **1-800-368-1019, 1-800-537-7697 (TDD)**.

This notice is available at **[Humana.com/LouisianaDocuments](https://www.humana.com/LouisianaDocuments)**.

Humana Healthy Horizons in Louisiana is a Medicaid product of Humana Health Benefit Plan of Louisiana Inc.

LAHMEEBEN_ Approved

Auxiliary aids and services, free of charge, are available to you.

1-800-448-3810 (TTY: 711), Monday through Friday, from 7:00 a.m. to 7:00 p.m.

Humana Inc. and its subsidiaries comply with Section 1557 by providing free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

ພາສາລາວ (Lao): ໂທຫາເບີໂທລະສັບຂ້າງເທິງ ເພື່ອຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຝຣັ່ງ.

日本語 (Japanese): 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

اُردُو (Urdu): مفت لسانی اعانت کی خدمات موصول کرنے کے لیے درج بالا نمبر پر کال کریں۔

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

فارسی (Farsi): برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

ภาษาไทย (Thai): โทรไปที่หมายเลขด้านบนเพื่อรับบริการช่วยเหลือด้านภาษาฟรี

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Humana

Healthy Horizons[®]
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