



# State of Louisiana

Department of Health and Hospitals  
Bureau of Health Services Financing

## Integration of Behavioral Health Care to Bayou Health

### Talking Points

#### *Bayou Health Provider Relations*

**1. How is Bayou Health changing?**

The Louisiana Department of Health and Hospitals will be integrating all specialized behavioral health care services into its Medicaid Managed Care program known as Bayou Health.

Beginning Dec. 1, 2015 most of your patients who previously accessed care through Magellan (also known as the Louisiana Behavioral Health Partnership) will now get their specialized behavioral health care directly from their Bayou Health Plan. If they do not currently have a Bayou Health Plan, they will be given the opportunity to choose one prior to integration.

Magellan will continue to manage a small group of children identified with a high level of risk of out of home placement that are referred to the Coordinated System of Care program (CSoC) for their specialized behavioral health and other wrap around support services.

See question six below for information on how to determine if a patient is enrolled with Magellan or one of the Bayou Health Plans.

**2. What does this change mean for my patients now?**

Between now and Dec. 1, there are no changes to your patient's benefits or how they get care.

**3. What does this change mean for my patients beginning Dec. 1?**

You will continue to provide care as always, following the parameters in your contract with Bayou Health. However, as a provider, it is important to let your patients know what Bayou Health Plans you are accepting.

#### 4. What do I need to tell my patients about this change?

If your patients ask, you can let them know that, as of now, there is no change to their care.

Medicaid patients will receive a letter from Bayou Health as part of the annual “Open Enrollment” process. During Open Enrollment individuals have sixty days to choose the Bayou Health Plan that is right for them. The mailings are staggered and begin on Aug. 24. Open Enrollment ends Nov. 6.

- For enrollees who do not currently have a Bayou Health Plan, the letter will ask them to select one. If they do not proactively choose a plan, one will be chosen for them.
- For enrollees that do currently have a Bayou Health Plan, the letter will explain how to change to another Health Plan if they wish to do so. If they do not proactively change plans, they will remain with their current plan.

**As a provider, it is important to let your patients know what Bayou Health Plans you are accepting. There are limitations on what you can tell a member** – when you enroll with a Bayou Health Plan, your provider services representative should explain these to you. In general, you can inform members of the Plans you accept and the benefits, services and specialty care offered, but you cannot recommend one MCO over the other or incentivize a patient to select one Health Plan over the other. You can also reference Informational Bulletin 12-31, found at [www.MakingMedicaidBetter.com](http://www.MakingMedicaidBetter.com), for additional details on communications with your members.

#### 5. Are there any changes in enrollees or coverage?

As part of the transition of specialized behavioral health services into Bayou Health, additional Medicaid members not previously enrolled in Bayou Health will now be able to get care through a Bayou Health Plan, in addition to those already enrolled in Bayou Health who will now have a single-source for the physical and behavioral health care. This transition has created four (4) main categories of coverage in Bayou Health. These include enrollees who have coverage for:

- All Medicaid covered services (the same amount, duration and scope as fee-for-service or “legacy” Medicaid).
- ONLY specialized behavioral health services
- ONLY specialized behavioral health services and Non-emergent Medical Transportation (NEMT).
- All Medicaid covered services, except for specialized behavioral health and Coordinated Systems of Care (CSoC) services (specific only to the CSoC population).

#### 6. How do I determine a patient’s Bayou Health coverage level?

A patient’s eligibility can be verified in the same manner it is today, using the Web, phone and swipe card options in the eligibility verification system operated by Molina. This is considered the “source of truth” for eligibility. A member may have a Bayou Health Plan ID card, but it is possible for a member to be enrolled in a Plan different from the card they have on hand, so the Molina system is always recommended.

## 7. Where can I turn for answers to my questions regarding the integration of behavioral health care?

DHH launched the ***Integrated Health Care*** webpage dedicated to the transition of the Louisiana Behavioral Health Partnership into Bayou Health. This webpage is continuously updated with transition related information, including ***Frequently Asked Questions***.

- You can access the integrated health care page through [www.MakingMedicaidBetter.com](http://www.MakingMedicaidBetter.com). Click on the “Behavioral Health” tab.
- You can direct questions to DHH as well through this e-mail account: [integratedhealthcare@la.gov](mailto:integratedhealthcare@la.gov) or [bayouhealth@la.gov](mailto:bayouhealth@la.gov).
- You can review the Informational Bulletins at [www.MakingMedicaidBetter.com](http://www.MakingMedicaidBetter.com) for the latest integration details, or you can sign up to have these delivered direct to your inbox through the “Subscribe” tab on the right hand side of the home page at [www.MakingMedicaidBetter.com](http://www.MakingMedicaidBetter.com). Select “Bayou Health” to get only Bayou Health information, that includes Informational Bulletin updates. Select “All Department News” to get information on all DHH programs.
- You may also speak directly with your provider relations contact with your Bayou Health plan. All claims or provider enrollment questions should be directed to the Health Plan.