



**Louisiana Department of Health
Informational Bulletin 16-20
October 7, 2016**

Open Enrollment for Healthy Louisiana Plans

This bulletin outlines the details and dates of the current open enrollment period for existing Louisiana Medicaid Healthy Louisiana managed care members.

Dates and Mailings:

The open enrollment period began **Thursday, Sept. 1** and will close **Monday, Nov. 21** with enrollment changes becoming effective Dec. 1, 2016. Letters containing information on this process have been mailed to all members that are included in this open enrollment period. Members are able to call Healthy Louisiana toll free at 1-855-229-6848 or visit www.myplan.healthy.la.gov to make a choice or change plans.

If members receiving physical and/or specialized behavioral health services want to **keep** their current health plan, they don't need to do anything. They will continue to get their health care and their specialized behavioral health services from their current plan. The member will stay with their health plan for another year, as long as they are still qualified for Medicaid.

The five health plans will begin receiving information on their new members on Nov. 2 with that process ending on Nov. 22. All new health plan assignments will be made by Nov. 23.

*The only members that are not included in this annual open enrollment are the newly enrolled Medicaid Expansion members. Because Medicaid Expansion coverage is new, this population was given the opportunity to change plans right before this open enrollment period began. They will be given the opportunity to participate in the Fall 2017 open enrollment period.

Reminder to Providers:

As a provider, it is important to let your patients know what Healthy Louisiana Plans you are accepting. There are limitations on what you can tell a member – when you enroll with a 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 health plan 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, for additional details on communications with your members.

- Under **NO CIRCUMSTANCES** is a provider allowed to change a member's health plan for him/her, or request a health plan reassignment on a member's behalf. **Members who wish to change health plans for cause must make this request to Medicaid themselves through the Healthy Louisiana Enrollment Broker.** These prohibitions against patient steering apply to participation in the Healthy Louisiana and the legacy Medicaid programs.
- The Managed Care Organization (MCO) Continuity of Care provisions remain applicable and the health plan shall provide continuation of such services for up to ninety (90) calendar days or until the member is reasonably transferred without interruption of care, whichever is less, including special behavioral health.

Providers are encouraged to reference Informational Bulletins for addressing typical member open enrollment questions which can be found at <http://new.dhh.louisiana.gov/index.cfm/page/1198/n/311>.

Providers may also speak directly with provider relations contacts at the health plans. All claims or provider enrollment questions should be directed to the health plans.