



**Louisiana Department of Health  
Informational Bulletin 22-39  
December 9, 2022**

**Member Enrollment for 2023 Health Plans**

Healthy Louisiana will have six health plan options starting January 1, 2023. The plans are Aetna Better Health of Louisiana, AmeriHealth Caritas Louisiana, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare Community Plan of Louisiana.

Between October 25 and November 6, 2022, most managed care members were auto-assigned to one of the six health plans effective January 1, 2023. Some members were assigned to a health plan that is different from their current health plan. Some members were assigned to the same plan. Dental plans will not change, for members that have one.

This does not affect anyone's Medicaid eligibility coverage.

The changes will be effective January 1, 2023 and all members will be notified by mail of their plan assignment by December 1, 2022. Click [here](#) to view a sample letter.

**Requests to change plans**

If the member wants to keep their health plan assigned to start on January 1, 2023, they don't need to do anything. If they wish to change their health plan, they have from November 8, 2022 until March 31, 2023 at 6 p.m. to make a change. They will not need a reason to change plans. After March 31, 2023, a member may change their plan if they have a special reason or at the next open enrollment.

**Exclusions from auto assignment**

Approximately 38% of members had their current health plan assignment preserved due to high-risk conditions. This included, but is not limited to, members in case management or those that are part of the Chisholm settlement; cardiac patients; and members with asthma, high blood pressure, diabetes and cancer.

### **Auto assignment**

The automatic assignment logic sought to preserve provider-patient relationships based on primary care providers and other provider claims during the past 12 months, and maintain households within the same health plan for the majority of members.

### **Communications with patients**

As a provider, it is important to let your patients know which 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 limitations to you. In general, you can inform members which plans you accept as well as the benefits, services and specialty care offered.

However, you cannot:

- Recommend one health plan over another or incentivize a patient to select one health plan over the other; or
- Change a member's plan for him/her or request a disenrollment on a member's behalf. These prohibitions against patient steering apply to participation in all Medicaid programs.

Providers **can** allow patients to use computers, phones and other equipment at provider offices to assist them in selecting or changing their health plan.

You can reference [Informational Bulletin 12-31](#) for additional details on communications with your patients. Providers may also speak directly with provider relations contacts for the health plans.

The MCO continuity of care provisions remain applicable, and the MCO shall provide continuation of such services for up to 90 calendar days or until the member is reasonably transferred without interruption of care, whichever is less, including specialized behavioral health.

### **Resources**

Louisiana Medicaid hosted a series of webinars on upcoming changes to Medicaid's managed care program and the potential changes in health plan enrollment for Medicaid members. The webinar can be viewed [here](#), and the slides are [here](#).

A [communications toolkit](#) has been created to assist providers and other stakeholders in sharing this information with Medicaid members. The toolkit includes a flyer that can be posted in provider offices, as well as other resources. The toolkit will be updated with new information and resources as they are available. Frequently asked questions can be reviewed [here](#).