



**Louisiana Department of Health
Informational Bulletin 24-33
September 26, 2024**

Open Enrollment for 2025 Medicaid Managed Care and Dental Plans

This bulletin outlines the details and dates of the annual open enrollment period for the 2025 plan year for managed care and dental members.

Please download the [Open Enrollment Informational Flyer](#) and display it in your office.

Dates and Mailings

Open Enrollment begins **October 15, 2024**, and ends at 6 p.m. on **December 2, 2024**. During this time, members will have the option of choosing a health and dental plan. Any changes made during this period will be effective starting January 1, 2025.

Letters with information about the plans and instructions for how to change plans during Open Enrollment were mailed in August to all members who are included in this Open Enrollment period. Members who have opted into emails or text messages will receive this information electronically. Members can sign up for emails and/or text messages at myplan.healthy.la.gov. Please note, Medicaid members also have the option to sign up for emails and text messages to get eligibility updates from Louisiana Medicaid. These are two different email and text messaging systems and signing up for one does not sign up a member for the other.

Members can make a change to their healthcare coverage on the Healthy Louisiana mobile app, online at myplan.healthy.la.gov or by calling toll-free 1-855-229-6848. The Healthy Louisiana mobile app is free and available for download on [Apple](#) and [Android](#) devices.

Open Enrollment is the only time Medicaid members can change health plans or dental plans without a qualifying reason, outside of their initial enrollment period.

There are six health plans to choose from.

Health Plans
Aetna Better Health of Louisiana
AmeriHealth Caritas Louisiana
Healthy Blue
Humana Healthy Horizons in Louisiana
Louisiana Healthcare Connections
UnitedHealthcare Community Plan of Louisiana

Additionally, there are two dental plans to choose from:

Dental Plans
DentaQuest
MCNA Dental

Plan Research and Comparison

Members are encouraged to visit myplan.healthy.la.gov when deciding whether to keep their current plan or change to another plan for 2025. All health and dental plans offer the same basic benefits. Some also offer extra services, based on age and need, which are subject to change. Comparison charts with details on each health and dental plan’s extra services can be found [here](#). Members are also encouraged to confirm whether or not their providers are enrolled with their chosen health or dental plan. This information can be found at myplan.healthy.la.gov

If members want to keep their current health and/or dental plans, they do not need to do anything. The member will stay with their health and/or dental plan for another year, as long as they are still eligible for Medicaid.

The health and dental plans will begin receiving information on their new members on December 3, 2024. Confirmation letters will begin being mailed to members on or about December 3, 2024.

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 patient.** When you enroll with a health or dental plan, your provider services representative should explain these limitations to you. In general, you can inform patients which plans you accept, and the benefits, services and specialty care offered. However, you cannot:

- Recommend one health or dental plan over another or incentivize a patient to select one health or dental plan over the other; or
- Change a patient's health or dental plan for him/her, or request a disenrollment on a patient'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 or dental plan.

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.

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.

Open Enrollment and Medicaid Renewals

Individuals who receive Medicaid typically go through an annual process to confirm whether they still qualify for the program. These eligibility reviews were paused during the Federal COVID-19 Public Health Emergency.

In April 2023, Medicaid restarted eligibility reviews, known as renewals, for all Medicaid members.

When a Medicaid member needs to take action to complete their renewal, Medicaid mails them a renewal packet. Members must follow the guidance in the letter and complete their renewals, or their coverage will end.

Some members may get letters for both Open Enrollment and renewal in the same time period. It is important they understand these are two separate requests, and they must take action on their renewal mail or they will lose their coverage. A member's Medicaid eligibility is not impacted by whether they do or do not respond to the Open Enrollment letter.

For more information on Medicaid renewals, visit www.healthy.la.gov. The site contains a renewal toolkit with renewal information you can share with your members.