



**Louisiana Department of Health  
Informational Bulletin 15-12  
September 1, 2015**

**Open Enrollment for Managed Care Plans**

This bulletin outlines the details and dates of the upcoming open enrollment for existing and soon to be enrolled Louisiana Medicaid Managed Care Plan members.

**Dates and Mailings:**

The open enrollment period will begin **Monday, Aug. 24** and close **Friday, Nov. 6** with enrollment changes becoming effective Dec. 1, 2015. Letters containing information on this process will be mailed to all members that will be included in this open enrollment period. Members will be able to call Healthy Louisiana toll free at 1-855-229-6848 or visit [www.myplan.healthy.la.gov](http://www.myplan.healthy.la.gov) to make a choice or change Plans.

If members currently in Healthy Louisiana want to **keep** their current Health Plan, they do not need to do anything. They will continue to get their physical health services – and now their specialized behavioral health services as well – from their current Plan. The member will stay with their Health Plan for another year, as long as they are still qualified for Medicaid.

Automatic enrollment, also known as “auto assignment,” will occur on Nov. 8. The five Managed Care Plans will begin receiving information on new members the week of Nov. 9. All members will be able to change Plans from Dec. 1 through Feb. 26, 2016.

**Changes Included in this Open Enrollment Period:**

Specialized behavioral health services, also known as mental health and substance use disorder services, are being integrated into the Medicaid Managed Care program which is known as Healthy Louisiana. Beginning Dec. 1, 2015, members who previously accessed care through Magellan (also known as the Louisiana Behavioral Health Partnership) will now access behavioral health services through Healthy Louisiana, with the exception of Coordinated System of Care (CSoC) enrollees. As part of this transition, additional Medicaid members not previously enrolled in Healthy Louisiana will now be able to get behavioral health services through a Managed Care Plan. Those members already enrolled in Healthy Louisiana will now have a single source for both their physical and behavioral health care.

**Changes in Populations Included in Healthy Louisiana:**

*Opt-Out Populations:*

Starting Dec. 1, there will no longer be an opt-out population for physical health services in Healthy Louisiana. The following populations will now become mandatory participants in Healthy Louisiana:

- Children under age 19 with a disability or special health care need (SSI & Family Opportunity Act)
- Children in foster care
- Native Americans/Alaskan Natives

If a choice of Health Plans is not made by Nov. 6, members of these populations will be auto-assigned to a Plan.

#### *Opt-In Populations:*

Members included in Chisholm, and Home and Community Based Services (HCBS) waivers will be required to enroll in a Managed Care Plan for specialized behavioral health services and Non-Emergency Medical Transportation (NEMT). Members included in Chisholm and HCBS waiver participants who do not have Medicare will also have the opportunity to proactively opt-in for physical health services as well. They can return to fee-for-service Medicaid for their physical health services at any time, but will have to stay enrolled in Healthy Louisiana for their behavioral health services.

#### *Other Impacted Populations:*

Members that are considered to have full dual eligibility (Medicaid and Medicare) will be required to enroll in a Managed Care Plan for specialized behavioral health and NEMT services. The member's Managed Care Plan will be responsible for specialized behavioral health and NEMT only. All other services including pharmacy will continue to be covered through fee-for-service Medicaid. Note that NEMT for these populations includes transportation to and from ALL Medicaid covered services, including physical health and dental.

Medicaid eligible nursing home residents and children under age 21 residing in Intermediate Care Facilities for individuals with Developmental Disabilities (ICF-DD) will be required to enroll in a Managed Care Plan for specialized behavioral health services only. Non-emergency medical transportation services that do not require an ambulance are the responsibility of the nursing homes or ICF-DDs for these members and not covered by the Health Plan. This is true for nursing home and ICF-DD members under age 21, regardless of whether they are dually eligible. However, non-emergency ambulance services that are medically necessary are covered by the Health Plan.

Children enrolled in the CSoc program will now be a mandatory population for physical health services for Healthy Louisiana and must enroll in a Health Plan.

#### Reminder to Providers:

**As a provider, it is important to let your patients know what Managed Care Plans you are accepting. There are limitations on what you can tell a member** – when you enroll with a Managed Care 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 Managed Care Organization (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.

- 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 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 MCO Continuity of Care provisions remain applicable and the Health Plan 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 special behavioral health.

LDH launched the ***Integrated Health Care*** webpage dedicated to the transition of the Louisiana Behavioral Health Partnership into Healthy Louisiana. 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 LDH as well through this e-mail account: [integratedhealthcare@la.gov](mailto:integratedhealthcare@la.gov) or [healthy@la.gov](mailto:healthy@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 "Healthy Louisiana" to get only Healthy Louisiana information, that includes Informational Bulletin updates. Select "All Department News" to get information on all LDH programs.
- You may also speak directly with your provider relations contact with your Managed Care Plan. All claims or provider enrollment questions should be directed to the Health Plan.

A number of Informational Bulletins address common Open Enrollment questions. Providers are encouraged to reference these documents [here](#).

Special Topic of Concern:

[IB 12-4 Continuity of Care for Pregnant Women](#)