



Louisiana Department of Health and Hospitals BAYOU HEALTH Informational Bulletin 12-23 June 5, 2012

Issue: Effective Date of Health Plan Enrollment

- Eligibility in a Bayou Health Plan is always effective on the first day of a future month and ends on the last day of the month except in the case of newborns.
- MEVS (accessible to providers on lamedicaid.com) or REVS is the definitive source for verifying a member's eligibility in Legacy Medicaid or a Bayou Health Plan except in the case of a newborn. The newborn enrollment process into Medicaid and subsequently into a Bayou Health Plan takes a minimum of 10-14 days before the definitive coverage shows up in MEVS/REVS.
- Newborns are the only classification of members that are effective in Bayou Health retroactively to their date of birth in the health plan of their mother.
- If a pregnant member is hospitalized for delivery and is covered by Legacy Medicaid on admission, the newborn will be covered by Legacy Medicaid until discharge.
- As new members become eligible for Medicaid and are added to the Medicaid eligibility file, they will be covered briefly by Legacy Medicaid until they are deemed eligible for Bayou Health. At this time, the member will be offered a choice of plans. If no choice is made, the member will then be auto assigned to a Bayou Health plan.
- Hospitalized recipients are covered by the type coverage in effect at the time of their admission, either legacy Medicaid or the designated Bayou Health Plan, until they are discharged. If a patient is hospitalized on December 31 at 12:00 midnight and is covered by Legacy Medicaid but effective with a Bayou Health Plan January 1, the hospitalization is covered by Legacy Medicaid.
- If a member's plan changes during the hospitalization as in the example above, the new plan does not assume financial responsibility for inpatient or outpatient charges for the member until he/she is discharged to home or discharged and transferred to an accepting facility. Changes in levels of care within a facility DO NOT constitute a change in financial responsibility to the newly designated health plan.
- The newly designated health plan in the example above however is responsible for all professional charges associated with the inpatient stay on the first of month that the new plan is effective.