



## ***Open Enrollment for 2024 Medicaid Managed Care and Dental Plans***

This bulletin outlines the Louisiana Medicaid annual open enrollment period for the 2024 plan year.

### Dates and Mailings

Open Enrollment begins October 15, 2023, and ends at 6 p.m. on November 30, 2023. All changes made during this period will be effective on January 1, 2024.

Letters with information about the plans and instructions for how to change plans during Open Enrollment were mailed to enrollees in August. Please download the [OEFlyer2023.pdf \(la.gov\)](#) and display it in your office. This information will also be sent electronically to Enrollees who signed up to receive emails or text messages.

Enrollees can make a change to their healthcare coverage on the Healthy Louisiana mobile app, online at [Healthy Louisiana \(la.gov\)](#) or by calling toll free 1-855-229-6848. The Healthy Louisiana mobile app is free and available for download to Apple and Android devices. Open Enrollment is the only time Medicaid enrollees can change health plans or dental plans without a qualifying reason, outside of their initial enrollment period.

### Plan research and comparison

Enrollees are encouraged to visit [Healthy Louisiana \(la.gov\)](#) when deciding whether to keep their current plan or change to another plan for 2024. 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 [Compare Plans](#). Enrollees are also encouraged to confirm whether their providers are enrolled with their chosen health or dental plan. This information can be found at [Healthy Louisiana \(la.gov\)](#).

There are six health plans and two dental 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

Dental Plans
DentaQuest
MCNA

If enrollees want to keep their current health and/or dental plans, they do not need to do anything.

#### 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 an enrollee. When you enroll with a health or dental plan, your provider services representative should explain these limitations to you. In general, you can inform enrollees 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:
- Change an enrollee's health or dental plan for him/her or request a disenrollment on a enrollee'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 enrollee is reasonably transferred without interruption of care, whichever is less, including specialized behavioral health.

You can reference [IB12-31 revised 4.25.18.pdf \(la.gov\)](#) for additional details on communications with your enrollees.

### 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 enrollees. This renewal process is still ongoing, but it is separate and distinct from Open Enrollment.

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

Some enrollees may get letters for both Open Enrollment and renewal at the same time. It is important they understand these are two separate requests, and they must act on their renewal mail, or they will lose their coverage. An enrollee'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 [Keep Your Medicaid Coverage | La Dept. of Health](#). LDH has published Information Bulletin 23-19 for your reference [IB23-19.pdf \(la.gov\)](#). Questions or concerns regarding this document can be addressed by contacting UnitedHealthcare Community Plan at 1-866-675-1607.