

FREQUENTLY ASKED QUESTIONS

Question:

Will all Louisiana Medicaid and LaCHIP recipients enroll with a BAYOU HEALTH Plan?

Answer:

Most, but not all Medicaid/LaCHIP Recipients will enroll with a BAYOU HEALTH Plan. Approximately 865,000 of Louisiana's current 1.2 million recipients will be enrolled in a Health Plan. Some recipients will have the option to enroll in a Health Plan or keep their current Medicaid coverage, while some recipients are excluded from the BAYOU HEALTH Plan enrollment.

Question:

How will Medicaid/LaCHIP recipients select a BAYOU HEALTH Plan?

Answer:

Recipients will select a BAYOU HEALTH Plan with the assistance of an unbiased third party enrollment broker that has experience doing this work in many states. Recipients will be able to use any of the following methods to select any one of the five participating Health Plans:

- Complete the hard copy Enrollment Packet, which includes the Choice Letter, and return by mail.
- Choose a Health Plan by telephone with or without a counselor TOLL FREE at 1-855-BAYOU-4U (1-855-229-6848).
- Choose a Health Plan via website: bayouhealth.com.
- Choose a Health Plan, with counselor support, at one of the scheduled local area outreach meetings.

Question:

What if Medicaid/LaCHIP recipients do not select a BAYOU HEALTH Plan?

Answer:

The Department of Health and Hospitals (DHH) will select a Health Plan for recipients who do not select a Health Plan during their designated enrollment period.

Health Plan Choice Required

Medicaid and LaCHIP recipients under age 19

Parents of Medicaid recipients under age 19

Pregnant women except those enrolled in LaHIPP

Enrollees who receive Medicaid because of age, disability or blindness

Health Plan Choice Optional

Children under the age of 19 who receive SSI or Family Opportunity Act

Children under the age 19 who are in foster care

Children under the age 19 who are in juvenile justice custody

Children under age 19 receiving services through OPH Children's Special Health Clinics

Native Americans

Excluded from BAYOU HEALTH

Residents of a long-term care or DD facility

Medicare dual eligibles

Individuals enrolled in a Home and Community Based Waiver or age 3 through 20 and on waiting list for NOW or Children's Choice Waiver

Louisiana Health Insurance Premium Payment (LaHIPP) participants

Recipient enrolled only for family planning services

Question:

Will this new BAYOU HEALTH Plan choice process replace the current processes used to A) determine Medicaid/LaCHIP eligibility, and B) complete Medicaid/LaCHIP enrollment?

Answer:

No. The current Medicaid/LaCHIP eligibility and enrollment processes will remain in place. Recipients will choose a Health Plan after eligibility is determined and Medicaid/LaCHIP enrollment is completed.

Question:

Will recipients enrolled in a Health Plan still use the current Medicaid/LaCHIP card?

Answer:

Recipients will have two cards. One will be the standard Louisiana Medicaid card. This card can be used by providers to verify (through the Medicaid fiscal intermediary) eligibility and the patient's current Health Plan. The second card will be a Health Plan card - providers can use information on this card to contact the Health Plan with questions and problems.

Question:

How often can patients change BAYOU HEALTH Plans?

Answer:

Federal requirements allow patients to change Health Plans (at will) during the first 90 days of their enrollment. After the 90-day period ends, patients will remain in their chosen Health Plan for another nine months. Patients will be allowed to change Health Plans as needed if they have a good reason such as to join a Plan in which other family members are enrolled.

Question:

What is allowed/not allowed for providers when communicating with their Medicaid/LaCHIP patients about BAYOU HEALTH Plans?

Answer:

Providers may identify the Health Plans that they have joined. Providers are not allowed to counsel patients regarding Health Plan choices or recommend any Health Plan choices to patients. The following are specific actions that are allowed (but not required) and actions that are not allowed:

Provider "Dos"

Identify for your patients the names of all Health Plans you have joined.

Explain the benefits and services offered to patients by all the Health Plans you have joined.

Display Health Plan participation stickers in your office for all the Health Plans you have joined.

Display and/or distribute health information materials for all Health Plans you have joined.

Encourage your Medicaid/LaCHIP patients to attend local outreach "Choose Health" meetings to learn more about their Health Plan choices.

Encourage your Medicaid/LaCHIP patients to use the support services of the enrollment broker to choose a Health Plan that best meets their needs.

Provider "Don'ts"

Identify for your patients the names of only some of the Health Plans you have joined.

Explain the benefits and services offered to patients by only some of the Health Plans you have joined.

Display Health Plan participation stickers in your office for only some of the Health Plans you have joined.

Display and/or distribute health information materials for only some of the Health Plans you have joined.

Recommend, encourage, or provide incentives for your patients to select one Health Plan over another.

Guide your patients in their decision to select a Health Plan.