



Member Enrollment for 2023 Health Plans

Louisiana Department of Health released Informational Bulletin 22-39 regarding member enrollment for 2023.

Between October 25 and November 6, 2022, most managed care members were auto-assigned to one of the six Managed Medicaid health plans effective January 1, 2023. Some members were assigned to a health plan that is different from their current health plan. Some members were assigned to the same plan. Dental plans will not change, for members that have one. The changes will be effective January 1, 2023, and member notifications were sent out at the end of November 2022.

Requests to Change Plans If the member wants to keep their health plan assigned to start on January 1, 2023, they don't need to do anything. If they wish to change their health plan, they have from November 8, 2022, until March 31, 2023 at 6 p.m. to make a change. They will not need a reason to change plans. After March 31, 2023, a member may change their plan if they have a special reason or at the next open enrollment.

Exclusions From Auto Assignment Approximately 38% of members had their current health plan assignment preserved due to high-risk conditions. This included, but is not limited to, members in case management or those that are part of the Chisholm settlement; cardiac patients; and members with asthma, high blood pressure, diabetes and cancer.

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 member. When you enroll with a health plan, your provider services representative should explain these limitations to you. In general, you can inform members which plans you accept as well as the benefits, services and specialty care offered. However, you cannot:

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

Providers can allow patients to use computers, phones and other equipment at provider offices to assist them in selecting or changing their health plan.

Additional information may be found at the following link: [Informational Bulletin 22-39](#)

Questions?

For answers to specific coverage or claims questions, please call the Provider Call Center at 866-675-1607.