



**Louisiana Department of Health
Informational Bulletin 21-12
July 2, 2021**

Open Enrollment for Medicaid Managed Care and Dental Plans

This bulletin outlines the details and dates of the 2021 Open Enrollment period for managed care and dental enrollees.

Please download the [Open Enrollment Informational Flyer](#) and display it in your office.

Dates and Mailings

Open Enrollment begins **October 15, 2021**, and ends at 6:00 p.m. on **November 30, 2021**. During this time, enrollees will have the option of choosing a health and dental plan.

Letters with information about the plans and instructions for how to change plans during Open Enrollment will be mailed beginning in September to all enrollees who are included in this open enrollment period. Enrollees who have opted in to emails or text messages will receive this information electronically. Enrollees can sign up for emails and/or text messages at myplan.healthy.la.gov.

Enrollees can make a change to their healthcare coverage on the Healthy Louisiana mobile app, online at myplan.healthy.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 without a qualifying reason, outside of their initial enrollment period.

There are five health plans to choose from.

Health Plans
Aetna Better Health

AmeriHealth Caritas of Louisiana
Healthy Blue
Louisiana Healthcare Connections
UnitedHealthcare

Additionally, there are two dental plans to choose from:

Dental Plans
DentaQuest
MCNA

If enrollees want to keep their current health and/or dental plans, they do not need to do anything. The enrollee will stay with their health and/or dental plan for another year, as long as they are still eligible for Medicaid.

The health and dental plans will begin receiving information on their new enrollees on November 28, 2021. All health and dental plan assignments will be made by November 30, 2021. Confirmation letters will begin being mailed to enrollees on or about December 1, 2021.

Reminder to Providers

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 plan over another or incentivize a patient to select one health plan over the other; or
- change an enrollee’s health or dental plan for him/her, or request a disenrollment on an enrollee’s behalf. These prohibitions against patient steering apply to participation in all Medicaid programs.

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 [Informational Bulletin 12-31](#) for additional details on communications with your enrollees. Providers may also speak directly with provider relations contacts for the health plans.