



**Louisiana Department of Health
Informational Bulletin 20-19
August 31, 2020**

Open Enrollment for Medicaid Dental Plans

This bulletin outlines the details and dates of the 2020 Open Enrollment period for Medicaid dental enrollees.

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

Dates and Mailings

Open Enrollment begins **October 15, 2020**, and runs through **November 30, 2020**. Enrollment changes made during this time will go into effect on January 1, 2021.

Medicaid enrollees will be able to choose a dental plan for the first time. Previously, all Medicaid enrollees received dental coverage through one dental plan.

Letters with information about the dental plans and instructions for how to select a plan during Open Enrollment will be mailed beginning in September to all enrollees that 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 dental coverage on the Healthy Louisiana mobile app, online at www.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 dental plans without a qualifying reason, outside of their initial enrollment period.

There are two dental plans to choose from: DentaQuest and MCNA

All enrollees must choose a dental plan or one will be selected for them since this is the first enrollment period with multiple dental plan options.

The dental plans will begin receiving information on their new enrollees on November 28, 2020, and dental plan assignments will be made by November 30, 2020. Confirmation letters will begin being mailed to enrollees on or about December 1, 2020.

Reminder to Providers

As a provider, it is important to let your patients know which dental plans you are accepting. **There are limitations on what you can tell an enrollee.** When you enroll with a dental plan, your provider services representative should explain these limitations to you. In general, you can inform enrollees which dental plans you accept, and the benefits, services and specialty care offered. However, you cannot:

- recommend one dental plan over another or incentivize a patient to select one dental plan over the other; or
- change an enrollee's 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.

Plan Identification

Dental plans will be issuing a member identification card to enrollees that contains important information and will identify the plan linkage.

Dental providers may also access the Medicaid Eligibility Verification System (MEVS) to determine which dental plan to bill. More details will be forthcoming about access and training opportunities for dental providers that have not used the MEVS system in the past.

You can reference [Informational Bulletin 20-15](#) , for additional details on communications with your enrollees. Providers may also speak directly with provider relations contacts for the dental plans.