



DHH Behavioral Health Qualitative Research Presentation of Findings

September 1, 2015

Background

The *Louisiana Department of Health and Hospitals (DHH)* commissioned *Q2 Insights* to conduct Qualitative Research in the form of seven Focus Groups with Medicaid Behavioral Health recipients in four Louisiana markets: New Orleans, Lafayette, Alexandria and Shreveport.

Medicaid Behavioral Health services are currently administered by Magellan; however, after December 1, 2015, Bayou Health will coordinate with the five contracted managed care organizations to provide specialized Behavioral Health services to Louisiana's Medicaid recipients.

This change to Behavioral Health under the Medicaid program will affect more than one million Medicaid recipients and will be implemented on December 1, 2015.

This study was designed to understand **reaction to integration** of specialized Behavioral Health services into Bayou Health's benefit plans. It was also designed to **evaluate the letters** that will be sent to Medicaid Behavioral Health recipients about the transition as well as explore consumers' **expectations and concerns**.

Methodology

Qualitative Research in the form of seven Focus Groups with Medicaid Behavioral Health recipients, caregivers and parents in four regions of Louisiana was conducted. Two senior qualitative researchers conducted the Focus Groups over a three day period from July 27 to 29, 2015.

The seven Focus Groups included 57 recipients of Medicaid Behavioral Health services and caregivers of recipients of Medicaid Behavioral Health services. The final sampling scheme is presented below:

	Urban	Rural
New Orleans	One Focus Group	One Focus Group
Lafayette	One Focus Group	One Focus Group
Shreveport	One Focus Group	–
Alexandria	One Focus Group	One Focus Group
Total	n = 4	n = 3

Respondent Profile

Medicaid	Age			Gender
Self and Dependent: 27 Self: 26 Dependent: Three	18 to 24: Two 25 to 29: Five 30 to 34: Ten 35 to 39: Nine	40 to 44: Seven 45 to 49: Five 50 to 54: Nine 55 to 59: Four	60 to 64: Five 65 or Older: One	Female: 34 Male: 23

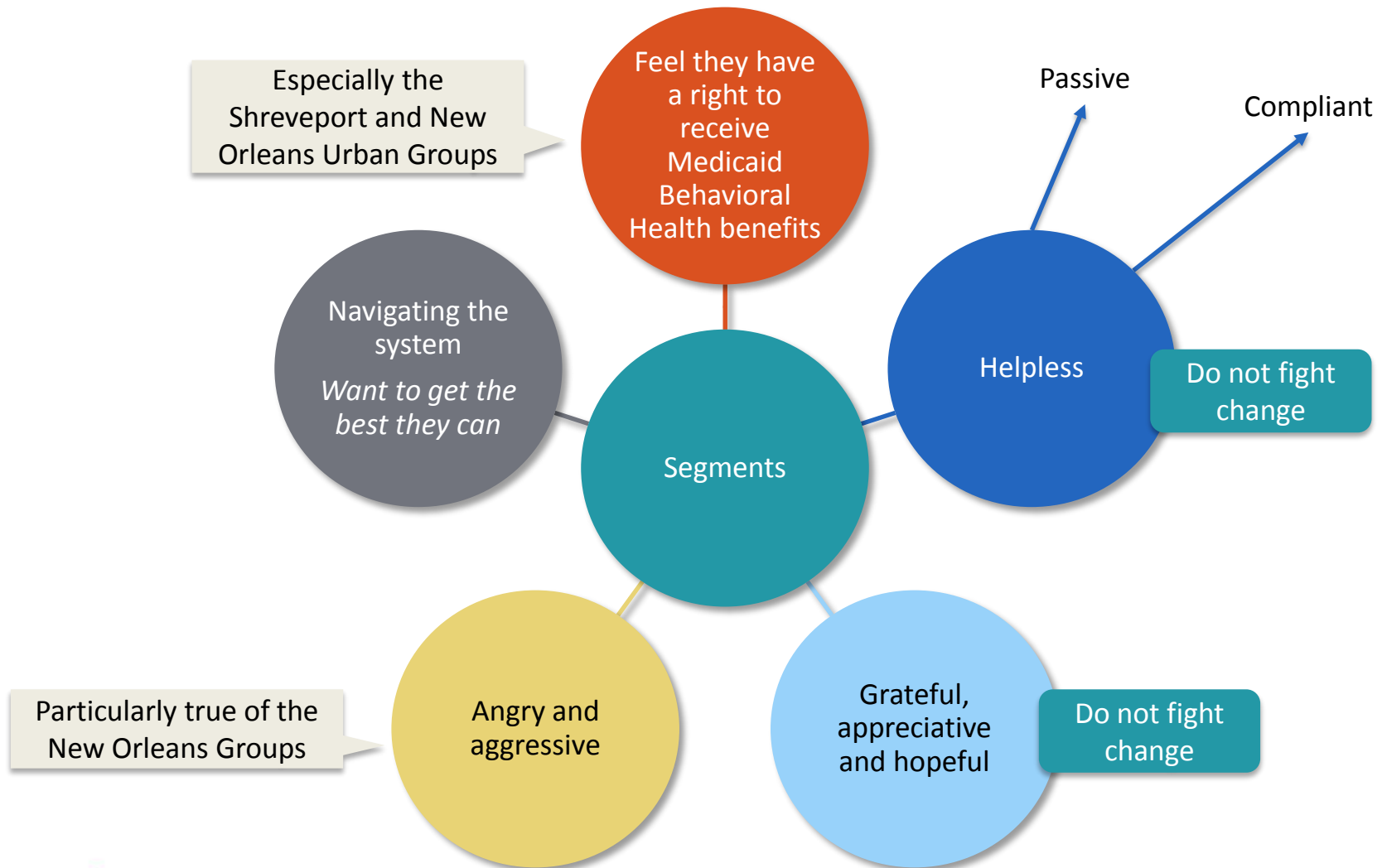
Individual Diagnoses	Caregiver Diagnoses	Foster Child
Bipolar Disorder: 25 Depression: 47 Alcohol or Drug Dependency: 14 PTSD: Two Anxiety: Five Schizophrenia: 13 Other mental health: Ten	Bipolar Disorder: Ten Depression: 11 Alcohol or Drug Dependency: One PTSD: One Anxiety: Two ADD / ADHD: Five Mood Disorder: One Schizophrenia: One Other mental health: Ten	Yes: Two

Respondent Profile

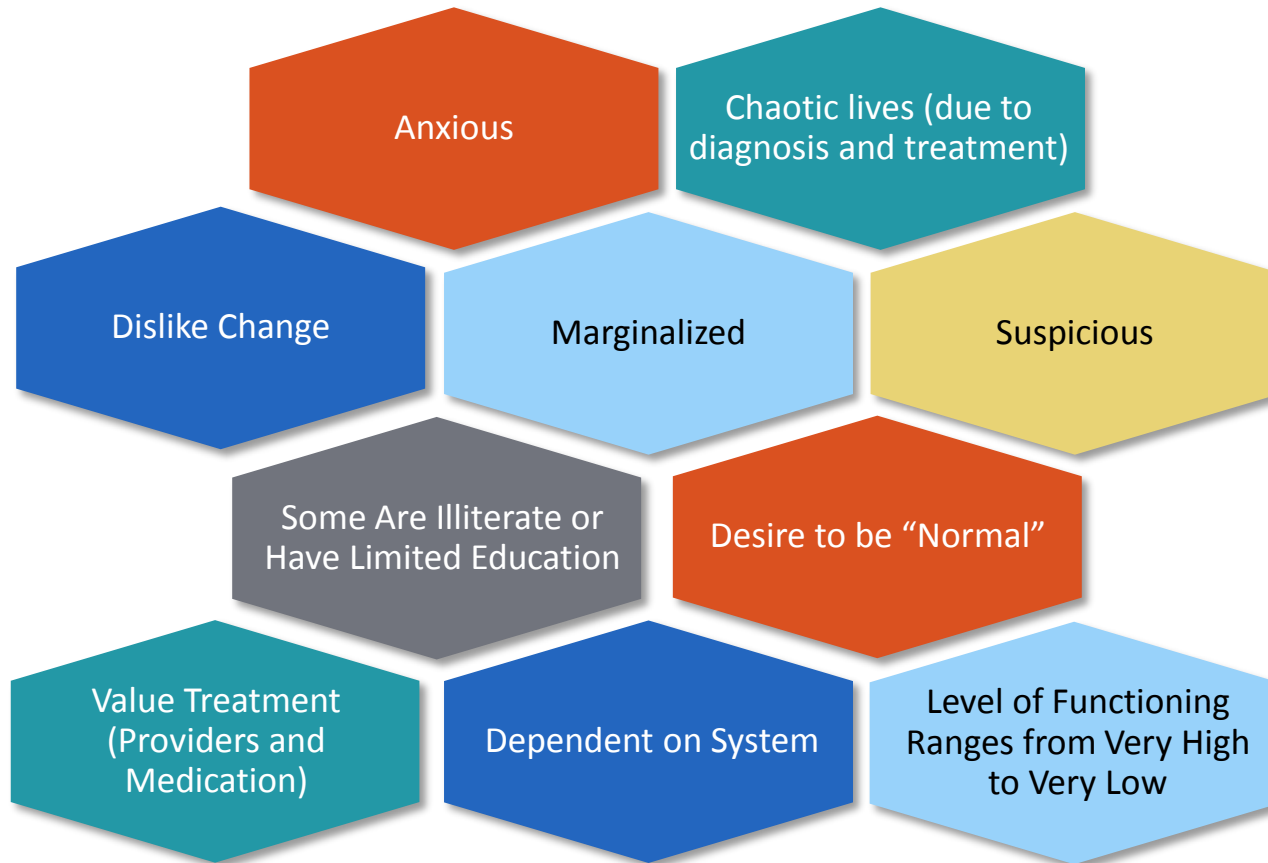
Education	Marital Status	Ethnicity
Elementary School: One Middle School: Two 7 th Grade: One 8 th Grade: Three 9 th Grade: Two 10 th Grade: Three 11 th Grade: Three High School / GED: 20 Trade School: One Attended College: 17 College Graduate: Four	Married: Eight Single: 30 Divorced: 13 Separated: Three Co-habiting: One Widowed: Two	Caucasian: 29 African American: 26 Biracial: One Creole: One

Zip Code				
70501 (Three)	70001	70121	70578	71109
70560 (Three)	70053	70122	70584	71112
70114 (Two)	70058	70125	70648	71301
70130 (Two)	70062	70360	70659	71302
70570 (Two)	70065	70501	71037	71306
71103 (Two)	70094	70503	71101	71405
71109 (Two)	70103	70520	71103	71456
71328 (Two)	70115	70544	71105	
71360 (Two)	70118	70556	71106	
71446 (Two)	70119	70571	71108	

Key Population Segments



Relevant Characteristics of Population



Relevant Characteristics of Population

The population of Medicaid Behavioral Health recipients has **tendencies toward feeling anxious and suspicious**.



Overall levels of functioning among this population range from very high to very low



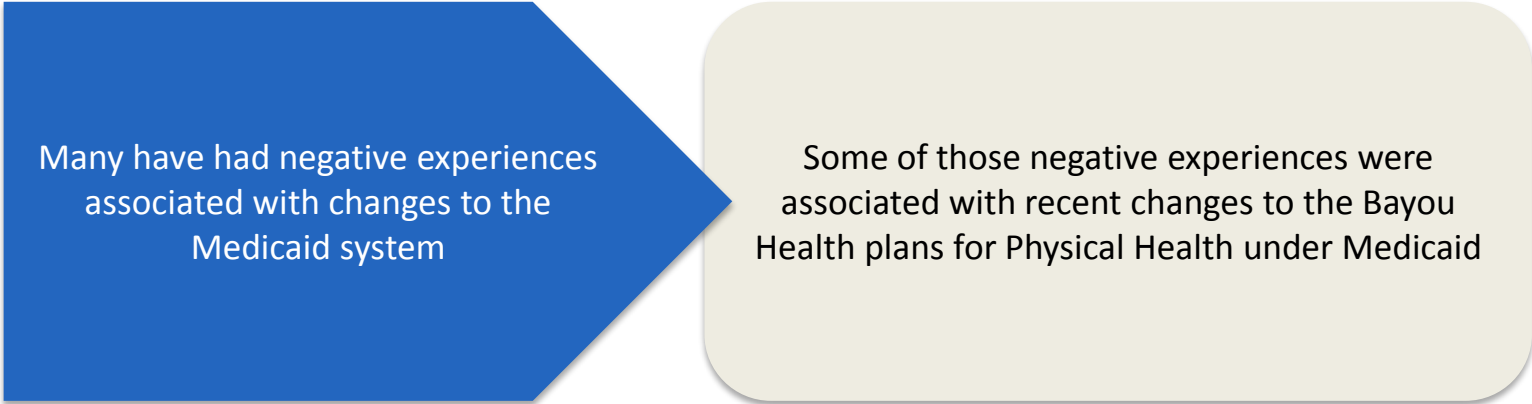
Limited education and low levels of literacy are common

Due to their diagnoses most frequently use their Medicaid Behavioral Health benefits. Consequently, they feel dependent on the system of care. Some feel marginalized.

This population describe themselves as **not liking change**.

Changes that occur toward the end of the calendar year are especially problematic as the holiday season can be a difficult and stressful time for those with mental health and substance abuse issues.

Negative Past Experiences with Medicaid Changes

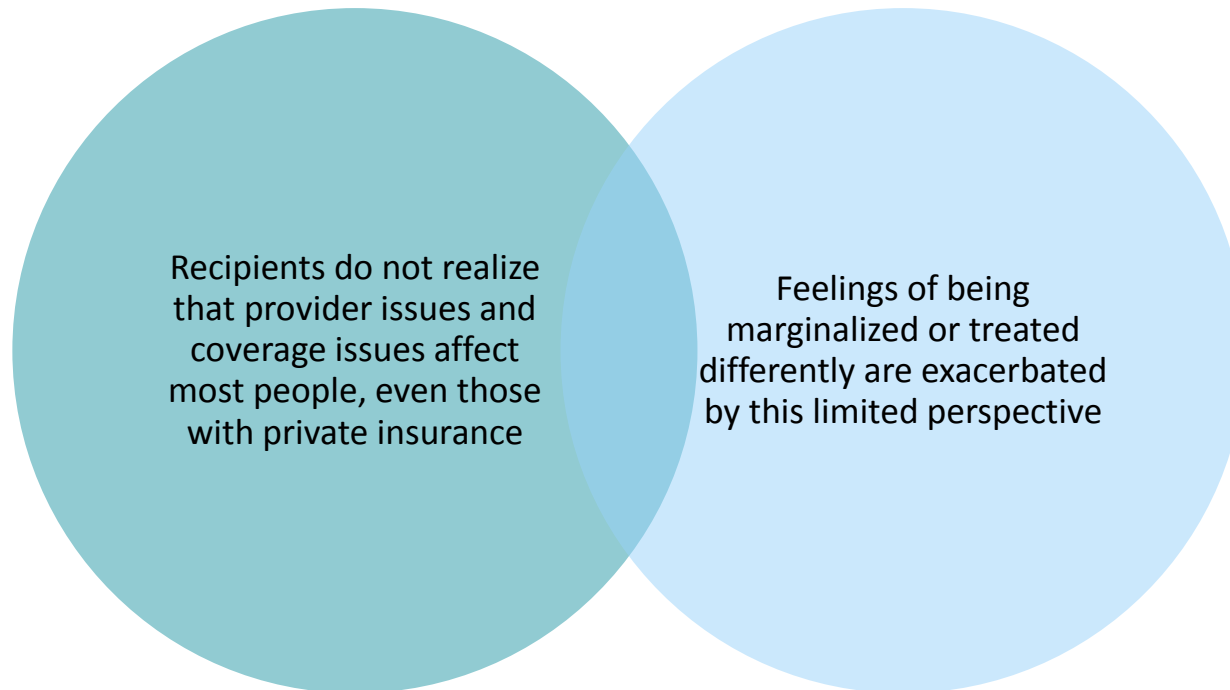


Many have had negative experiences associated with changes to the Medicaid system

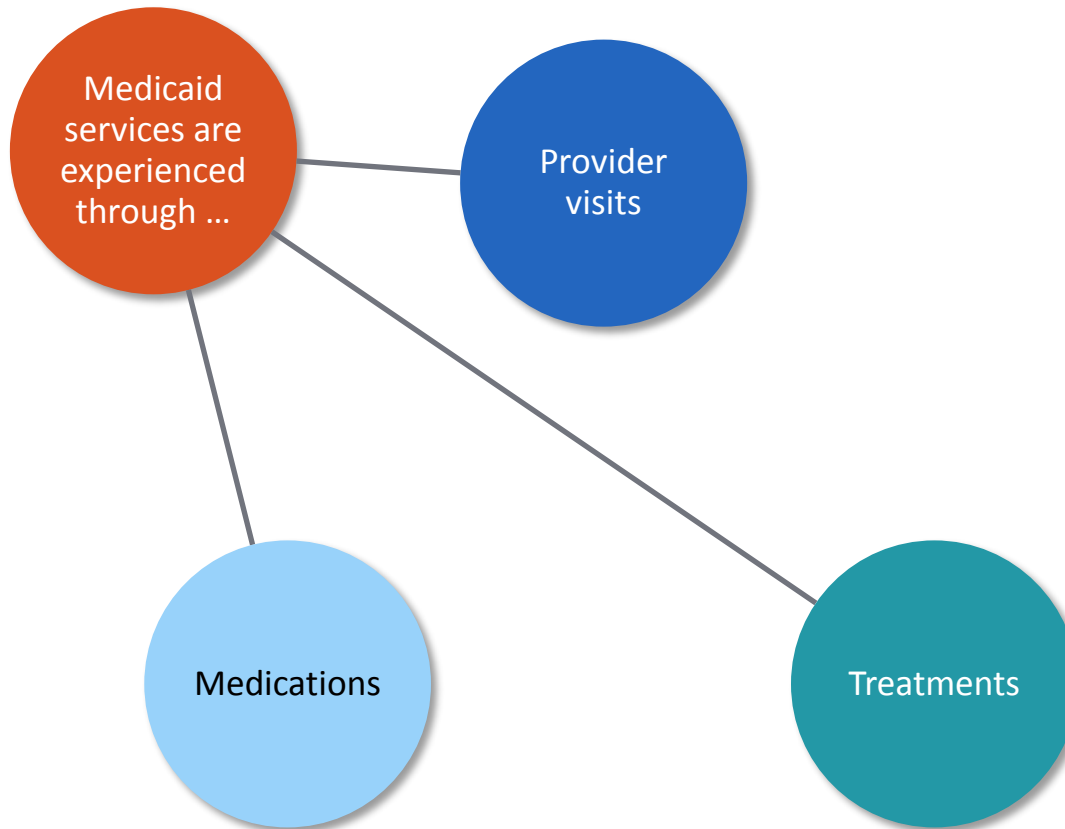
Some of those negative experiences were associated with recent changes to the Bayou Health plans for Physical Health under Medicaid

Little Experience with Private Health Insurance

There is very limited experience with private health insurance so perspectives are mainly limited to Medicaid healthcare services.



Medicaid Services



There is little to no understanding of how healthcare benefits are provided from an administrative perspective

Importance of Providers

Providers are relied upon to be the **conduit between the patient and Medicaid system**:

- Most have a functional or rational relationship with Medicaid, and specifically the health plans, but they have an emotional attachment to their providers
 - The emotional attachment appears to be a partnership at one extreme and a dependence at the other
 - Most are very dependent on their providers and medication in order to function
- Some are very dependent on Social Workers, providers and navigators to respond to changes in Medicaid coverage.

The main concern about the upcoming change from Magellan to Bayou Health plans is that **they may lose their providers**

Most are concerned that changing plans will result in the plans **not covering specific providers, treatments or medications**

There is also concern that they could lose access to providers if the providers feel it is **“too much trouble”** to keep dealing with Medicaid and stop taking Medicaid Behavioral Health recipients

Understanding of “Behavioral Health”

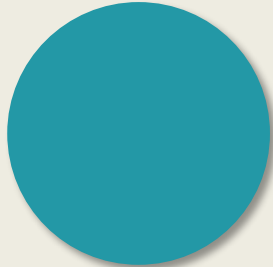
The term “Behavioral Health” is not immediately understood as referencing mental health and substance abuse treatment.



Some are able to define Behavioral Health as mental health and substance abuse treatment but not all. Confusion exists around categorical differences between Physical Health and Behavioral Health.

Differences Between Behavioral Health and Mental Health

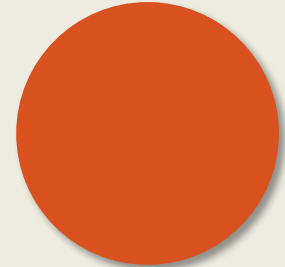
Some believe there are differences between Behavioral Health and mental health:



Mental health issues are viewed as those pertaining to **thoughts and feelings** while Behavioral Health is associated with **actions**.



While **mental health and substance abuse issues are acknowledged**, Behavioral Health issues are not viewed as a problem because **they “know how to behave.”**




In contrast, some said their **children do have problems with their behavior** and so they had no trouble describing their children as having “Behavioral Health” issues.



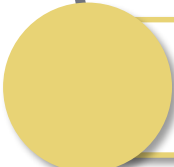
Knowledge of the Medicaid Health Plan System

Most do not seem to understand that Physical Health and Behavioral Health are **administered separately**.

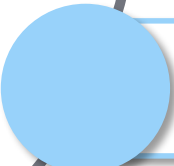
Knowledge about Medicaid plans, the Medicaid system and how the system works administratively ranged from no knowledge to considerable knowledge.



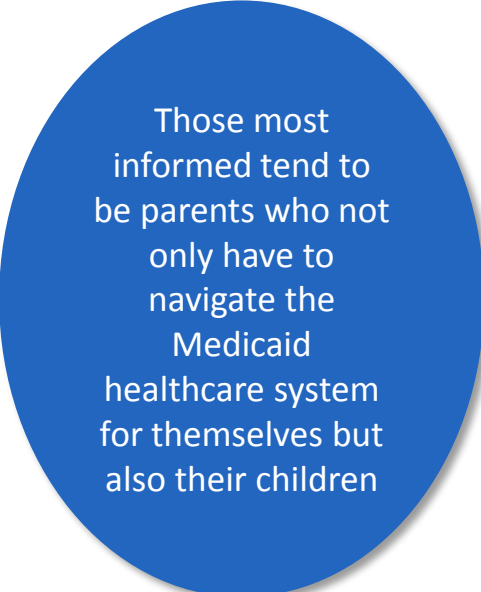
Knowledge or interest in the “background” information is limited.



Counselors are often asked to review letters, explain what they mean and help Medicaid Behavioral Health recipients act on the information in the letters.



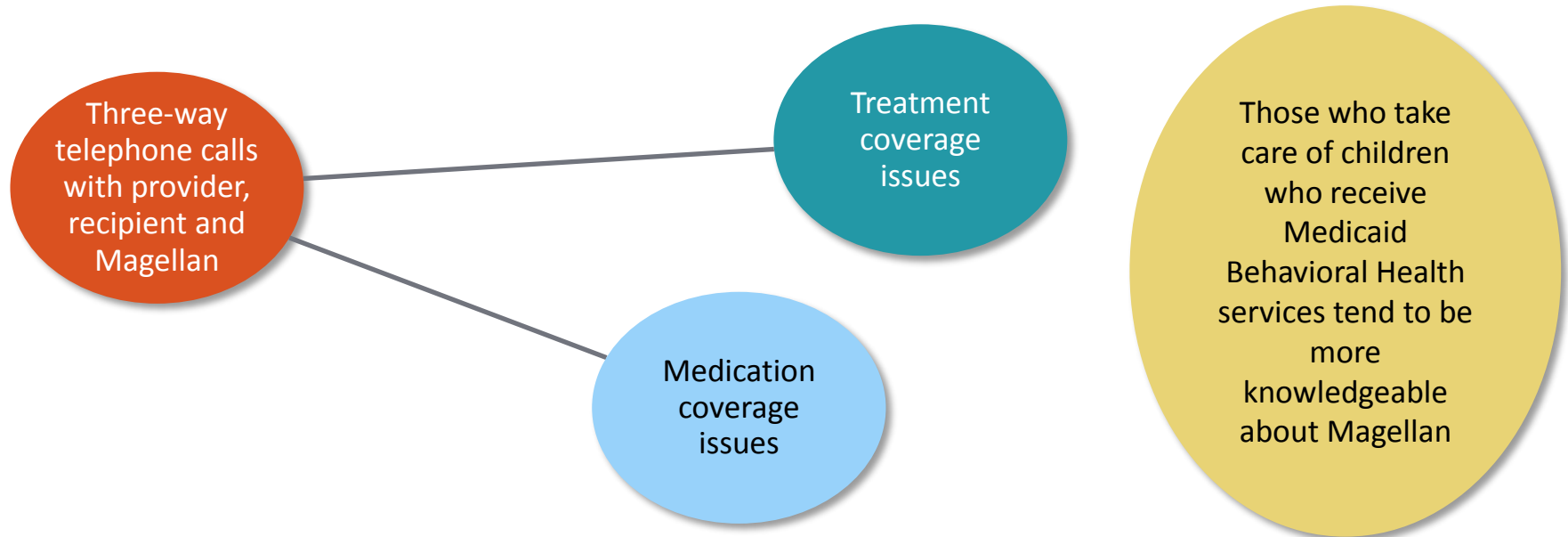
Some disregard notices and wait to see if anything different happens when they continue with their regular services.



Those most informed tend to be parents who not only have to navigate the Medicaid healthcare system for themselves but also their children

Understanding of Magellan

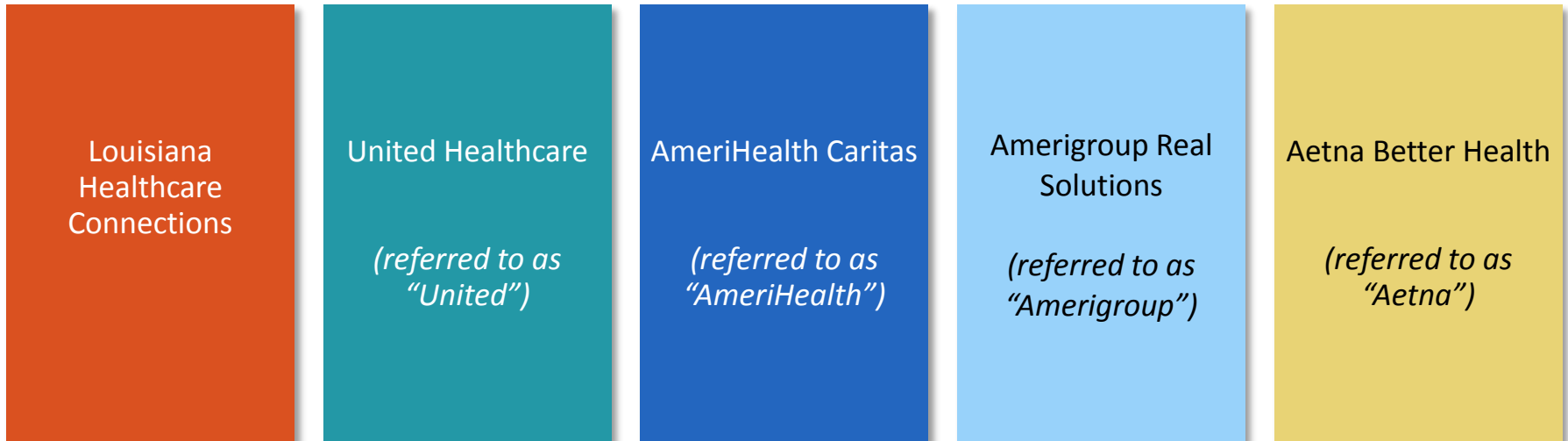
Knowledge and familiarity with Magellan is limited; some have no awareness at all. Those who are familiar with Magellan seem to have become aware due to issues with coverage.



While some are satisfied with their current Behavioral Health benefits, others are not. Some report that their medications have recently been dropped resulting in the need for new medications that may not work as well.

Familiarity with Bayou Health

After defining the term “Behavioral Health” for the respondents and then asking which company provides their Medicaid coverage for Behavioral Health needs, the majority report the name of the company providing their Physical Health coverage.



Familiarity with Bayou Health mainly stems from recent a recent transition from regular Medicaid to one of five Bayou Health plans for primary care.

Understanding of Bayou Health

Some are familiar with Bayou Health and others are not. Bayou Health is generally understood to be a **part of Medicaid**. If Medicaid covers Physical Health, most tend to know which plan they have (Aetna Better Health, Amerigroup Real Solutions, AmeriHealth Caritas, Louisiana Healthcare Connections or United Healthcare) but are confused as to whether they have United Healthcare and Bayou Health, for example.

When Bayou Health is recognized, it is most frequently understood in the context of Physical Health

The majority fail to understand that Bayou Health is not already covering their Behavioral Health needs

There is very limited understanding of the structure of Bayou Health in relation to Medicaid and the five health plans

Bayou Health is thought to be:

An agency working for Medicaid

Case management such as arranging for transportation or extra services like nutrition counseling

The new Medicaid provider


"Bayou Health Plan is a provider that ... pays for your insurance ..." [Behavioral Health Medicaid Recipient, Depression and Schizophrenia, 35 to 39, Male, Lafayette, Urban]

General Concept Statement

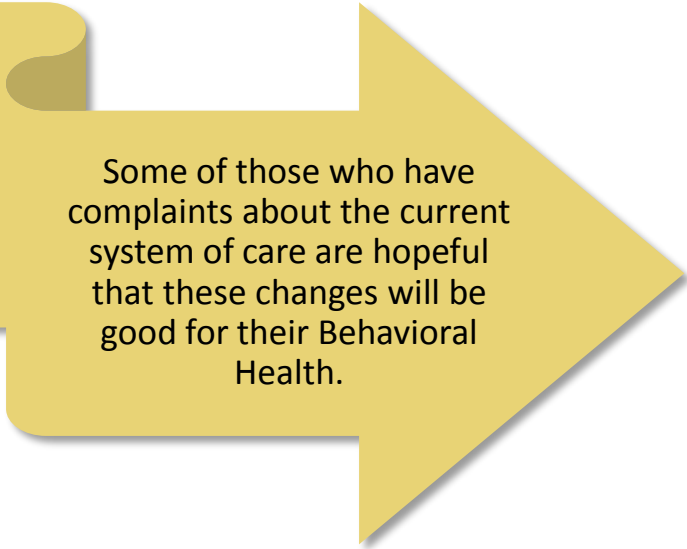
Currently Bayou Health has five managed care plans, also called health plans, which provide Physical Health benefits and services. After December 1, 2015, the five Bayou Health benefit plans will also provide specialized Behavioral Health services to Louisiana's Medicaid recipients. Management of Behavioral Health care will be switched from Magellan to the Bayou Health Plan in which the Medicaid member is enrolled. During this change you will be able to choose the plans that best fits your needs or the needs of your dependent. Some of you are not currently in a Bayou Health Plan for Physical Health. You will be given the chance to choose the Plan that best meets your needs. If you do not make a choice, Medicaid will pick a plan in which you or your dependent will be enrolled.

Initial Reaction to Health Benefit Plan Change

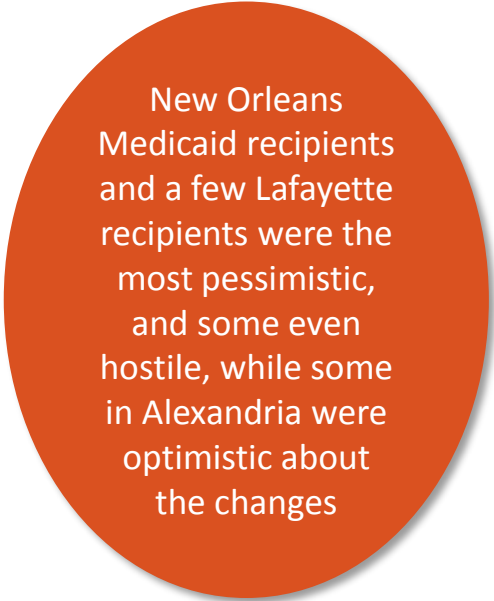
Initial reactions to the impending change from Magellan to one of five Bayou Health managed care plans were mixed. Overall there was general skepticism about whether the change is intended to provide better care.



Those who are happy with their current care expressed sentiments such as **“why fix it if it isn’t broken.”**



Some of those who have complaints about the current system of care are hopeful that these changes will be good for their Behavioral Health.




New Orleans Medicaid recipients and a few Lafayette recipients were the most pessimistic, and some even hostile, while some in Alexandria were optimistic about the changes

Initial Concerns About Behavioral Health Benefit Plan Change

Of most significant concern was **whether recipients would be forced to switch providers or medications** and whether there would be **continuation of service coverage**.



Many are dependent on their providers and medications to function



If the services and treatments they regularly receive are no longer covered by a new Bayou Health plan, they will have to forego the services because they do not have the money to pay out of pocket

There were questions about **formal notification** of the change and **how far in advance** of the December 1st deadline they would be notified.

Without knowing any further details about the change from Magellan to Bayou Health plans for Behavioral Health, this population generally feels the change will **negatively affect them personally**.

Strengths and Weaknesses of General Concept Statement

Reaction to the general concept statement describing the upcoming change in Medicaid Behavioral Health services was more positive than reaction to the letters and there was less confusion.



- Ability to choose plan that best fits my needs and / or needs of dependent
- Greater choice of physicians
- May gain services
- “Specialized”
- Switching from Magellan

- December 1st deadline (“When are they going to tell us?”)
- Losing current coverage
- Losing providers and current prescribed medications
- The term “Behavioral Health”
- Transition in general
- Switching from Magellan



Confusing Elements of All Letters

Physical Health plans and Behavioral Health plans are viewed as the same

- As the population is not completely clear on the administrative structure of their Medicaid coverage, some do not realize they are being asked to choose a separate plan for Behavioral Health
- Some believe their current Bayou Health plan provides and will provide for both their both Physical Health and Behavioral Health needs
- Sections of the letters that switch between referencing Physical Health and Behavioral Health only serve to exacerbate recipient confusion

Confusion about the option to keep their current plan

- Wording that states they can keep their current plans followed by wording that states if they do not choose a Bayou Health plan by December 1, 2015, a choice will be made for them is **contradictory**

Concern and confusion about whether they are being dropped from Medicaid

- Letters that state that patients and caregivers will no longer be receiving “regular Medicaid” are interpreted by some to mean they are being dropped from Medicaid
- The **fear of being “dropped”** from Medicaid or that these changes will affect their Medicaid eligibility is pervasive within this population

Negative Reactions to Specific Language

“Must”

- As Medicaid recipients are vulnerable to feeling marginalized, they tend to have negative reactions to wording that can be perceived as forceful or directive
- The usage of “**you must**” is perceived as being mandated upon them; Medicaid recipients would rather the wording convey a sense of choice

“Change”

- Medicaid recipients are generally **averse to change**
- Many have **immediate negative reaction** when they read the word “change” due to negative experiences they have had in the past with changes to their healthcare benefits
- For some Medicaid recipients, mental health and substance abuse issues are often precipitated by big changes in their lives
- There is **fear** that disruptions to healthcare benefits would be detrimental to their emotional stability and well-being

Negative Reactions to Specific Language

“Regular Medicaid”

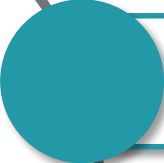
- The Medicaid system is perceived as overly complicated and there is a lack of understanding about the system causing this population to jump to negative conclusions when reading the term “Regular Medicaid”
- To Medicaid recipients, **this wording indicates they will no longer be eligible for Medicaid and in turn will lose their Medicaid benefits**
- There is general suspicion that they are being dropped from “regular Medicaid” because of their mental health and substance abuse problems
- Medicaid recipients want to know what is meant by the term “regular Medicaid”
- Some seek treatment so they can be “normal” and to them, the wording segregates them

It is not clear to all that a **different plan can be selected for each person** in the household.

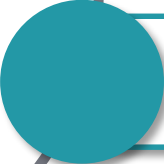
Comparison Chart

Medicaid Behavioral Health recipients who noticed that a comparison chart would accompany the letters were relieved. For these Medicaid recipients, the comparison charts are **anticipated to be quite helpful** for choosing one of the five Bayou Health plans.

Most emphasize the importance of the comparison chart being accurate.

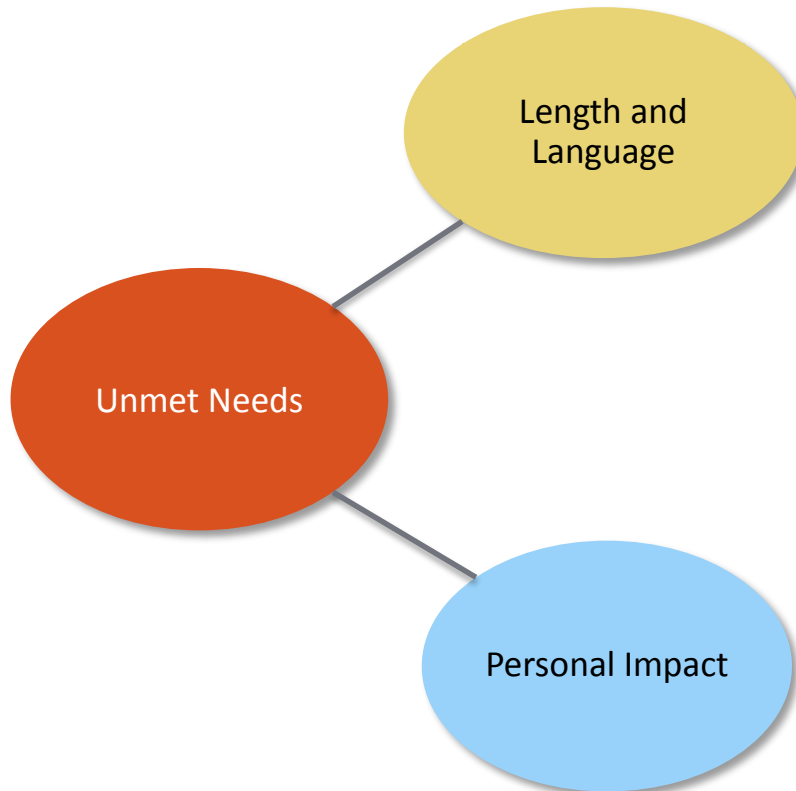


Some would like the comparison chart to indicate which providers will participate in each of the five Bayou Health plans



Many would like to know when providers will be informed of the transition so they can determine if their providers are going to participate in the Bayou Health plans

Unmet Needs



- Repeated requests were made to **shorten and simplify the letters**
- Most want to understand what is changing and **how the change affects** them and desire that **information in the simplest format possible**
- **How will this change will impact their individual Medicaid benefits and in turn, their personal lives**
- This information is **critical to the well-being** of Medicaid Behavioral Health recipients

Barriers to Receiving Communications about Medicaid Benefits

Some face several barriers to receiving and understanding communications about changes to their Medicaid benefits.

Portions of the population have low to no level of literacy impacting their ability to get directions or call a phone number.

Large type was recommended for the letters as some Medicaid recipients have difficulties with their vision.

Access to computers often involves obstacles with transportation in addition to lack of education regarding use of computers and internet.

Some Medicaid recipients do not have access to the Internet.

There is a tendency among some to disregard mail that is not perceived to be important.

Medicaid recipients that do not currently have Bayou Health may not know the letter pertains to their Medicaid coverage.

It was suggested that the letters say "Important" on the envelope.

Many requested that the letters include both the Bayou Health and Medicaid logos.

Frequently Asked Questions

Reasons the Change is Occurring

- Why is the switch from Magellan to Bayou Health happening?
- Does this have anything to do with Obamacare?

Clarification on Administrative Rules

- Why do we have to wait a year before changing plans?
- Can we change health plans before one year?
- What if the plan I choose does not work?
- What if I do not choose a plan (i.e. do nothing in response to the letter)?
- If Medicaid picks a plan for me, how will Medicaid pick my plan?
- Is it better for me to choose my plan or let Medicaid pick one for me?
- What if I do not choose a plan and I do not want Medicaid to choose for me?
- Can I be a part of more than one plan to meet my needs?
- Once my child turns 18 years of age, will they be dropped from the plan?
- *For dual insured (private and Medicaid):* How will this effect coverage?

Impact of One Company for Physical and Behavioral Health

- Is my Physical Health coverage going to change to cover my Behavioral Health?
- Will Physical Health and Behavioral Health plans work together?

Frequently Asked Questions

Choosing a Plan

- When will Medicaid tell us about this change?
- When will I receive the Bayou Health plan comparison chart?
- Will we see all five Bayou Health plans?
- Which of the five plans is best for me?
- What physicians will accept each of the new plans?
- How quickly is my provider going to be given this information so I can stay with them?
- Will my dependents and I be on the same plan or different plans?
- What if I need help to understand the five Bayou Health plans and the choices they have?
- Will I be able to get in touch with a person to discuss the five Bayou Health plans?

Providers

- What physicians will participate in the five Bayou Health plans?
- Will I have to change my doctor, social worker or provider?

Coverages / Services

- Will there be more options for care?
- Will I receive the same benefits?
- Will I have to pay co-pays?
- Does this change mean that they are trying to drop me from Medicaid?

Frequently Asked Questions

Medicines

- Will I lose my medication?
- Will the plan turn down recommended medicines?
- Will my medicine stay at the same price?

Expectations Based On Change with Physical Health

Expectations about the upcoming change to Medicaid Behavioral Health coverage are based in large part on recent experiences with Medicaid benefits for Physical Health; Medicaid recipients recently went through a similar change where they received a letter about Medicaid switching to Bayou Health plans.

Learning that Behavioral Health is moving to the Bayou Health plans **is puzzling** to some as they believe that their Bayou Health plan is already administering their Behavioral Health

Some **express frustration** that another transition is occurring

Changing from regular Medicaid to Bayou Health plans for Physical Health caused different scenarios that **impacted these Medicaid recipients negatively.**

Some providers decided to stop taking Medicaid because it became too much trouble

It became difficult to find Medicaid providers in general

Some medicines were no longer covered

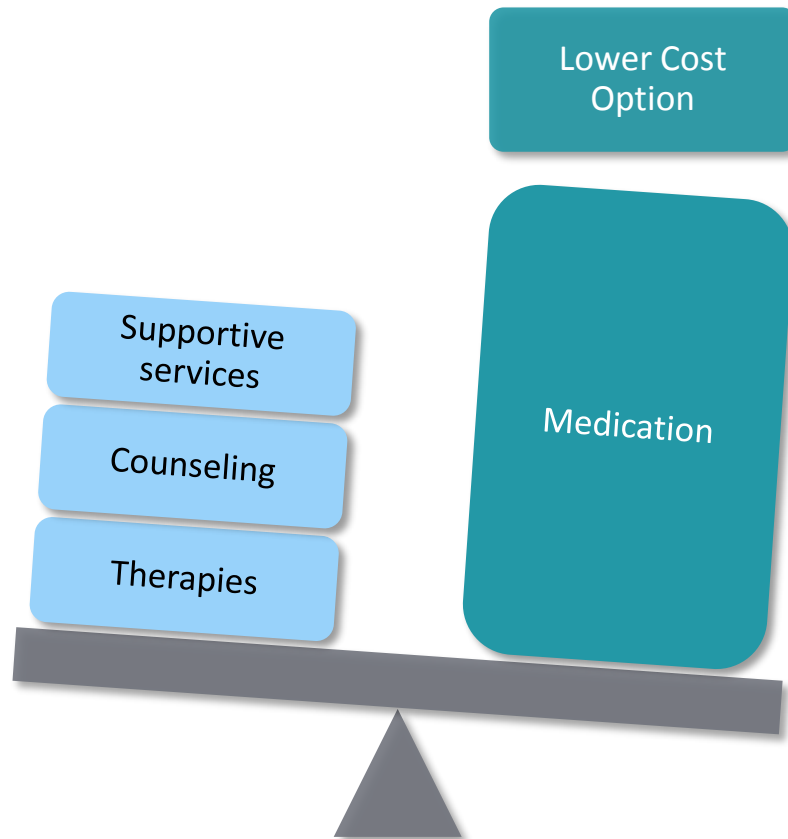
Overall the change they experienced with their Physical Health plans was **considered a hassle and this group has a skeptical view about why** these types of changes occur to their Medicaid.

This population has a tendency to expect barriers

Expectations Of Medicaid Behavioral Health

Some easily imagine that companies and/or the government would be motivated by the idea that it is probably cheaper to medicate those with mental health problems than it is to provide therapies, counseling and supportive services.

Regarding Behavioral Health specifically, there is speculation that therapies such as counseling would be cut from plans for cost cutting measures.



Advantages of the Same Entity Administering Care

When asked what advantages would be associated with having both Physical and Behavioral Health administered by the same entity, **most could not articulate the benefits.**

The “why” behind these changes is not evident and the assumption is that the changes are being made in the spirit of saving money or for other political reasons far removed from the realm of patient care.

Not all are completely pessimistic. Some can imagine advantages associated with the upcoming change from Magellan to Bayou Health plans. Expected advantages associated with having the same company provide Physical Health and Behavioral Health include:

Patients/Medicaid Behavioral Health recipients will receive better care by having several providers “come together” from the Physical Health and Behavioral Health sides

Providers will make fewer “mistakes,” especially with medications, because they will be aware of all the medications prescribed to individuals

There could possibly be less paperwork and less hassle overall

The new system may be more efficient with getting authorizations and approvals

Disadvantages Associated With the Same Entity Administering Care

When asked what disadvantages would be associated with having both physical and Behavioral Health administered by the same entity, **losing providers and treatments** (both pharmaceutical and psychosocial) were main concerns.

Overall thoughts about the change from Magellan to Bayou Health plans for Behavioral Health relate to the following sentiments:

- Some have a “wait and see” attitude

- Depends on the services, medications and providers available

“Just don’t mess with my coverage ...” [Behavioral Health Medicaid Recipient, Depression and Dependency, 40 to 44, Female, Alexandria, Rural]

- The letters need to be sent out well in advance to allow sufficient time for choosing a plan

- The Medicaid system is too complicated

“Medicaid should just be Medicaid” [Behavioral Health Medicaid Recipient, Depression, Schizophrenia, Dependency and Anxiety, 60 to 64, Female, New Orleans, Urban]

- Those who are not satisfied with services and treatments under Magellan are hoping coverage will be better with Bayou Health plans

Preferences for Communications

Most indicated they prefer a multipronged communications approach in order to understand this change, including:

Television commercials

Television news segments

Flyers in providers' offices

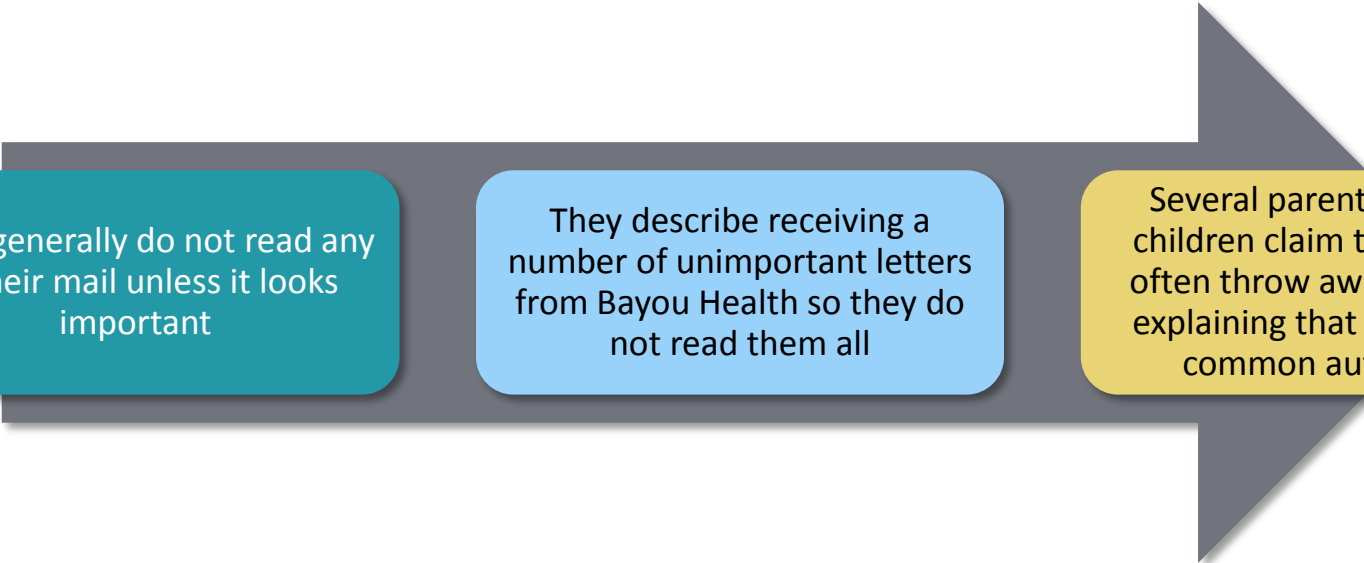
Storytelling on relevant websites

Radio advertising

Community meetings

Mailing Communications Regarding Change

Letters need to stand out as being important. Some describe having tendencies to not read their mail.



Some generally do not read any of their mail unless it looks important

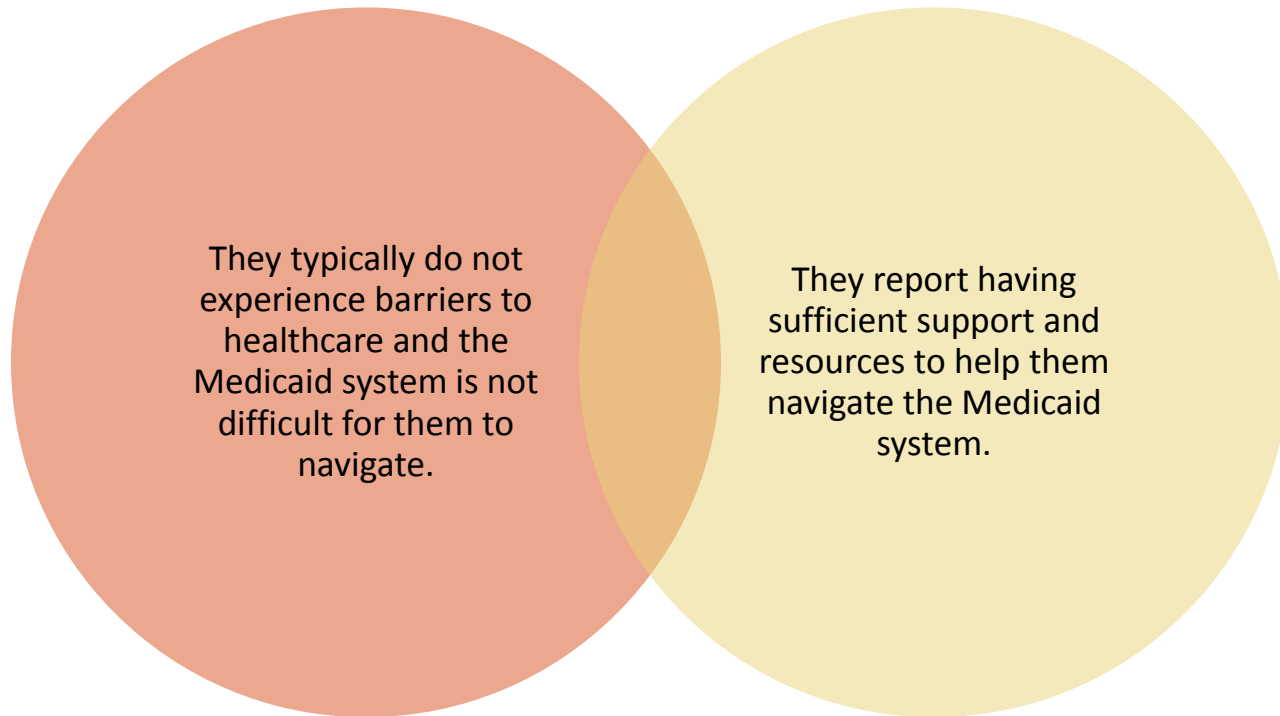
They describe receiving a number of unimportant letters from Bayou Health so they do not read them all

Several parents of autistic children claim their children often throw away their mail, explaining that behavior is a common autistic trait

Although this group said they are likely to read mail that is about their Medicaid coverage, those who do not currently receive Medicaid benefits through Bayou Health may not necessarily know the letter they will receive pertains to their Medicaid.

CSoC and Foster Care

Caregivers of children in Louisiana's Coordinated System of Care (CSoC) and foster care have very few or no problems at all with getting their children the Behavioral Health services they need.



Changes To The Medicaid System

The Medicaid system changes too often for this population. In general they find change to be difficult. Because they rely heavily on Medicaid services for their overall health and stability, they have a tendency to become overwhelmed easily and overreact negatively to changes in their healthcare plans.

To avoid unnecessary confusion, consider developing a simple “how-does-this-change-affect-me” flyer; the use of bullets and simple language is recommended.

Share Advantages Of Having Bayou Health

When asked about advantages to having the same company provide Physical Health and Behavioral Health, **most could not think of any.**

Although some imagine there may be fewer provider mistakes, **most have a more cynical view of changes** that take place in the Medicaid system in Louisiana.

- They suspect these changes to Medicaid are **motivated by efforts to save money** and these changes are not necessarily done in the spirit of better patient care.

Because the tone of these communications have such an impact on the processing of this information, it is important to **set the tone with positive statements.**

- If recipients learn about advantages to having Bayou Health for Behavioral Health and Physical Health, then they may be more receptive to communications and more compliant with requests to take action.

If there are advantages to Medicaid Behavioral Health recipients having Bayou Health provide Physical Health and Behavioral Health, this information should be explicitly stated in communications.

Simplifying Communications

The letters are confusing and contradictory in places. For example, the letters state that recipients can keep their current plans in one paragraph but also state they must choose a Bayou Health plan by December 1, 2015, or one will be chosen for them.

- The letters explaining the transition from Magellan to one of five Bayou Health Plans should be significantly simplified, perhaps with the use of images or simple storytelling.
- Other more visual or auditory means of communicating with this population should also be employed. Suggestions included:
 - Television
 - On relevant websites
 - Radio
 - Flyers in providers offices
 - Community meetings (although these are not recommended by Q2 Insights)
- Pre-alert and reminder postcards should be considered

Use Neutral Language

Some of the language in the letters elicited negative feelings, specifically the use of the terms “regular Medicaid” and “you must” choose a plan.

- Medicaid recipients wonder if they can no longer have “regular Medicaid” because of their mental health or substance abuse issues.
- Generally, being told one “must” do something naturally elicits psychological reactance in which one will resist pressures being put on them by others; this population is no exception. Additionally, many have historically or culturally faced barriers and relatively less choice over the course of their lives. They are vulnerable to feeling marginalized. Further exacerbating the situation are this population’s diagnoses.

Consider using more neutral language that sounds welcoming. Language that overtly or covertly implies empowerment is strongly recommended.

Recommend Which Plan Fits Needs Best

Most do not know which plan they currently have for their Medicaid Behavioral Health services; therefore, they have difficulty knowing which Bayou Health plan is best for them.

Ideally, DHH would recommend which of five Bayou Health plans would be best suited to the needs of each Medicaid recipient perhaps basing these recommendations on which plan is most like their current plan.

Additionally, if there are any advantages or benefits to choosing the same Bayou Health plan for both Behavioral and Physical Health, this information should be communicated to Medicaid recipients as they consider their Behavioral Health plan options going forward.

Time Is Required to Research and Choose A Plan

Across group locations, consensus was that sufficient time is needed to choose a plan that is best suited to their needs or the needs of their dependents. **Sixty to ninety days was considered the most appropriate** timeframe for notifying Medicaid recipients of upcoming changes.

Ideally letters and other communications should be sent to Medicaid recipients 60 to 90 days before the December 1, 2015 transition date. A timeframe of early to late September is recommended

Increase Likelihood Of Letters Being Read

Those who do not receive Physical Health Medicaid benefits through Bayou Health currently may not understand the letter pertains to their Medicaid; additionally, some Medicaid recipients describe themselves as characteristically unlikely to open mail unless it looks important or they simply skim the headings.

- The envelopes and/or letters should identify the communication as having to do with changes to current Medicaid coverage.
- Use bold headings and bold sentences carefully as some are likely to only read the typeface that is in bold.
- Use of both the Medicaid and Bayou Health logos on both the envelopes and letterhead is recommended.

Up-To-Date and Accurate Provider Lists

Across group locations there were complaints about the recent change to Bayou Health plans for Physical Health coverage. One of the most common complaints was about outdated provider lists. Many were frustrated about choosing a plan and later learning that many of the providers on the list do not take new Medicaid patients or they are no longer practicing in the area.

To minimize frustrations and disruptions to patient care, it is important that provider lists are kept current and as accurate as possible.

Distinction Between Behavioral and Physical Health

The categorical distinction between Behavioral Health and Physical Health (primary care) is not evident to all Medicaid recipients. Furthermore, language in the letters such as “health plans” is confusing to readers who are not sure whether “health plans” refer to Physical Health or Behavioral Health. Many do not understand why there are two separate plans instead of one plan that covers both Physical Health and Behavioral Health needs.

To avoid confusion, specify whether “health plans” refer to Physical Health coverage or Behavioral Health coverage.

Counter Fear of Losing Medicaid Coverage

In the letters there is a statement about keeping current plans for one year as long as the person still receives Medicaid. The phrase “as long as you still receive Medicaid” causes fear about losing Medicaid coverage. Some questioned what this phrase means and whether this change would affect their Medicaid eligibility. Common stories about being “dropped” from Medicaid in the past were shared.

Make explicit in the letter that the rules of eligibility will remain the same and that the change from Magellan to Bayou Health plans will not affect their eligibility to receive Medicaid benefits.

Develop An Easy To Understand Comparison Chart

The comparison charts comparing the five Bayou Health plans that were referenced in the letters are expected to be useful in helping Medicaid recipients select the best Bayou Health plan for their needs and the needs of their dependents.

- It is strongly recommended that the comparison charts be simple to understand and easily absorbed by the population experiencing this change.
- Toward this end, DHH might consider a small study with this population to quickly optimize the comparison chart. Areas of investigation would include, but not be limited to:
 - Ease of understanding
 - Ease of navigation through the chart
 - Usefulness
 - Whether the chart addresses areas of greatest importance to the population
 - Review of the best visual display for effective communications
 - Identification of problematic or confusing aspects of the chart
- Should this exercise be undertaken, it would also be possible to evaluate the next iteration of the letters

Thank You

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