



1 maneuvering through all five Bayou Health plans and the burden has only increased since  
2 pharmacy, dental and more recently, behavioral health care have all been rolled into Bayou  
3 Health; and

4 WHEREAS, the burden on recipients has also generated much frustration as many  
5 are not aware of their plan or the providers and services covered under their plan until they  
6 are issued a denial, and then they find it quite complicated to resolve without having to go  
7 to their legislator; and

8 WHEREAS, although many individuals have expressed concern with the use of five  
9 health plans to administer Bayou Health, the actual number of Bayou Health plans is  
10 currently completely within the discretion of the Department of Health and Hospitals; and

11 WHEREAS, Louisiana Medicaid recipients need to have access to health care  
12 providers, but those same providers are steadily exiting the program due to inadequate  
13 provider rates and the overwhelming burden of dealing with five Bayou Health plans; and

14 WHEREAS, before another RFP is issued in Summer 2017, and before any attempt  
15 to exercise an extension of any of the current contracts is made, a thorough evaluation should  
16 be conducted by the Department of Health and Hospitals to ensure that they are meeting the  
17 needs of Louisiana Medicaid recipients in the most appropriate manner that is not unduly  
18 burdensome on the providers who administer their care.

19 THEREFORE, BE IT RESOLVED that the Legislature of Louisiana does hereby  
20 urge and request the Department of Health and Hospitals to evaluate and report on the  
21 number of Bayou Health plans that are necessary and appropriate before releasing another  
22 RFP to procure such plans or exercising any option to extend the term of the current plan  
23 contracts.

24 BE IT FURTHER RESOLVED that in conducting its evaluation, the department  
25 shall consider the minimum number of health plans that would be allowed by the Centers  
26 for Medicare and Medicaid Services (CMS), the number of health plans in other states that  
27 have Medicaid managed care, and the minimum number of plans that would be needed to  
28 appropriately manage the population of recipients.

29 BE IT FURTHER RESOLVED that in developing the report, the department should  
30 consider such factors as complaint history and satisfaction with any of the five plans based

