NOTICE OF INTENT

Department of Health
Bureau of Health Services Financing

Dental Benefits Prepaid Ambulatory Health Plan
Enrollment Broker
(LAC 50:I.2105)

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 50:I.2105 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health, Bureau of Health Services Financing proposes to amend the provisions governing the dental benefits prepaid ambulatory health plan to simplify enrollment rules, allowing beneficiaries to transfer to another dental benefit program manager (DBPM) up to two times per calendar year. Following the second transfer, beneficiaries will be required to remain with their selected DBPM for the remainder of the calendar year. In addition, the proposed rule seeks to ease transfer restrictions and eliminate the open enrollment period, thereby enhancing beneficiary flexibility and expanding their options for dental coverage.

The rule text below has been drafted utilizing plain language principles to ensure clarity and accessibility for all

users. It has also been reviewed and tested for compliance with web accessibility standards.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part I. Administration

Subpart 3. Managed Care for Physical and Behavioral Health

Chapter 21. Dental Benefits Prepaid Ambulatory Health Plan

§2105. Prepaid Ambulatory Health Plan Responsibilities

A. - B.3. ...

C. Enrollment Period. The enrollment of a DBPM member shall be based on a calendar year, contingent upon his/her continued Medicaid eligibility. A member shall remain enrolled in the DBPM until:

1. the member submits a request to transfer to another DBPM. The member may request to transfer to another DBPM without cause up to two times per calendar year. After transferring a second time, the member will remain in that DBPM until the end of the calendar year unless the member submits a for cause disenrollment request, which is approved; or

2. Repealed.

C.3. – D.3. ...

E. Voluntary Selection of DBPM for New Enrollees

1. – 2. ...

3. Eligible enrollees shall be given the opportunity to change DBPMs two times each calendar year. If the enrollee transfers a second time, they will remain in that DBPM until the end of the calendar year.

4. All enrollees shall be given the opportunity to choose a DBPM at the start of a new DBPM contract through the regularly special enrollment period.

F – F.3 Repealed.

G. – G.4. ...

H. Disenrollment and Change of Dental Benefit Plan Manager

1. An enrollee may request disenrollment from the DBPM as follows:

a. for cause that is approved, once the member is locked into his/her DBPM. The following circumstances are cause for disenrollment:

i. – vi. ...

b. without cause for the following reasons:

i. ...

ii. upon automatic re-enrollment pursuant to 42 CFR §438.56(g);

iii. – iv. ...

v. at any time, up to two times per calendar year. After the second transfer, the enrollee will

remain in that DBPM for the remainder of the calendar year unless they receive approval for a for cause disenrollment.

I. – U.2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:784 (April 2014), amended by the Department of Health, Bureau of Health Services Financing, LR 46:1228 (September 2020), LR 49:682 (April 2023), LR 52:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule may have a positive impact on family functioning, stability and autonomy as described in R.S. 49:972 since it will allow beneficiaries to have more freedom of choice in their DBPM.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

Small Business Analysis

In compliance with the Small Business Protection Act, the economic impact of this proposed Rule on small businesses has been considered. It is anticipated that this proposed Rule will have no impact on small businesses.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, no direct or indirect cost to the provider to provide the same level of service and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Public Comments

Interested persons may submit written comments to Tangela Womack, Bureau of Health Services Financing, P.O. Box 91030,

Baton Rouge, LA 70821-9030. Ms. Womack is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is 4:30 p.m. on December 22, 2025.

Public Hearing

Interested persons may submit a written request to conduct a public hearing by U.S. mail to the Office of the Secretary ATTN: LDH Rulemaking Coordinator, Post Office Box 629, Baton Rouge, LA 70821-0629; however, such request must be received no later than 4:30 p.m. on December 10, 2025. If the criteria set forth in R.S. 49:961(B)(1) are satisfied, LDH will conduct a public hearing at 9:30 a.m. on December 29, 2025, in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether a public hearing will be held, interested persons should first call Allen Enger at (225) 342-1342 after December 10, 2025. If a public hearing is to be held, all interested persons are invited to attend and present data, views, comments, or arguments, orally or in writing.

Bruce D. Greenstein

Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Dental Benefits Prepaid Ambulatory Health Plan Enrollment Broker

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 25-26. It is anticipated that $639 ($320 SGF and $319 FED) will be expended in FY 25-26 for the state's administrative expense for promulgation of this proposed rule and the final rule.

This proposed rule amends the provisions governing the dental benefits prepaid ambulatory health plan to simplify enrollment rules, allowing beneficiaries to transfer to another dental benefit program manager (DBPM) up to two times per calendar year. Following the second transfer, beneficiaries will be required to remain with their selected DBPM for the remainder of the calendar year unless they submit a for-cause disenrollment request that is approved by the department. In addition, the proposed rule seeks to ease transfer restrictions and eliminate the open enrollment period, thereby enhancing beneficiary flexibility and expanding their options for dental coverage.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will have no effect on state or local governmental revenue collections for FY 25-26. It is anticipated that $319 will be collected in FY 25-26 for the federal share of the expense for promulgation of this proposed rule and the final rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR NON-GOVERNMENTAL GROUPS (Summary)

This proposed rule amends the provisions governing the dental benefits prepaid ambulatory health plan to simplify enrollment rules, allowing beneficiaries to transfer to another dental benefit program manager (DBPM) up to two times per calendar year. Following the second transfer, beneficiaries will be required to remain with their selected DBPM for the remainder of the calendar year. This will provide beneficiaries with more freedom of choice regarding their plan. In addition, the proposed rule seeks to ease transfer restrictions and eliminate the open enrollment period, thereby enhancing beneficiary flexibility and expanding their options for dental coverage. It is anticipated that implementation of this proposed rule will

have no impact on providers or businesses in FY 25-26, FY 26-27, and FY 27-28. The rule may result in some shifts in enrollment between DBPMs, but each DBPM will continue to receive the appropriate per-member per-month payments based on actual enrollment. Therefore, the rule is not expected to result in a net fiscal impact to DBPMs.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

LDH does not anticipate any significant impact on competition or employment among DBPMs, as the rule maintains equitable access to beneficiaries and does not alter provider network requirements or payment structures.