State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

October 11, 2019

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
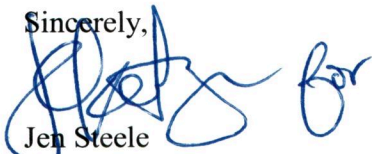1301 Young Street, Room #833
Dallas, Texas 75202

Dear Mr. Brooks:

RE: LA SPA TN 18-0027 RAI Response
Electronic Medicaid Application

Please refer to our proposed amendment to the Medicaid State Plan submitted under transmittal number (TN) 18-0027 with the proposed effective date of November 13, 2018. The State Plan amendment (SPA) proposes to revise the electronic version of the Medicaid application that was developed as part of the State's new LaMEDS Eligibility and Enrollment System. We are providing the attached document in response to your request for additional information (RAI) dated March 12, 2019.

Please consider this as a formal request to begin the 90-day clock. As always, we appreciate the assistance of CMS in resolving these issues and we trust this RAI response will result in the approval of the pending SPA. If additional information is required, you may contact Karen H. Barnes at Karen.Barnes@la.gov or by phone (225) 342-3881.
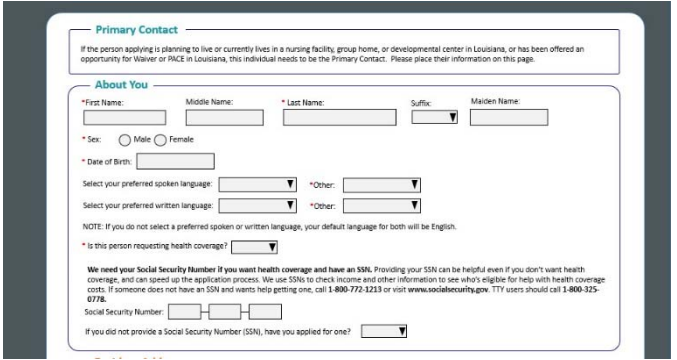
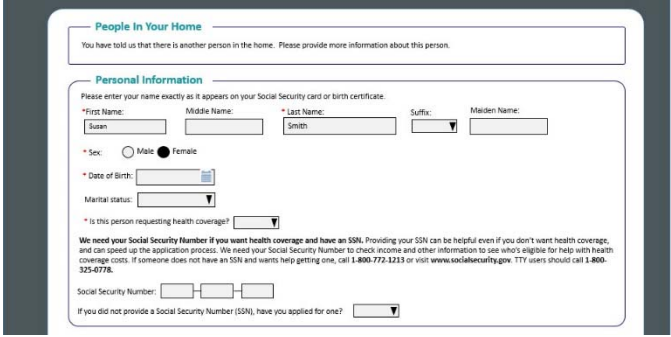Sincerely,

Jen Steele
Medicaid Director

JS:KHB:MVJ

Attachments (1)

c: Karen H. Barnes
    Tobias Griffin
    Tamara Sampson

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
1	The agency may request a non-applicant's SSN if clear notice is provided that provision of the non-applicant's SSN is voluntary. A state agency is required to assist only applicants with applying for an SSN.	The question about whether a person applied for an SSN appears to be mandatory. Please confirm. Individuals who are not seeking coverage should not be required to answer the question.	42 CFR 435.907(e)(3)(i); 42 CFR 435.910(e)(1)	Change completed August 2019. The State moved this question and it only displays if individual is seeking coverage. The State made the following changes to the "Primary Contact" screen: • Is this person requesting health coverage?' has been added to the Primary Contact screen as a mandatory question. • If the Primary Contact is not applying for coverage, then the Social Security Number" boxes remain on screen as optional. • The "If you did not provide a Social Security Number (SSN), have you applied for one?" question disappears also from view. The State made the following changes to the "People in Your Home" screen: • 'Is this person requesting health coverage?' has been moved before questions relating to Social Security Number.

			• If the individual is not applying for coverage, then the Social Security Number" boxes remain on screen as optional. • The "If you did not provide a Social Security Number (SSN), have you applied for one?" question disappears also from view.
2	Applicants may only be asked to provide information necessary to make an eligibility determination	Please confirm whether the address question is required for individuals who are homeless. Those without a fixed address should be required to enter a mailing address (as already included in the next section), but a home address should not be required.	42 CFR 435.907(e)(1)	Change completed August 2019. When an applicant indicates they are homeless, there is system logic built in, that defaults to the regional Medicaid office in closest proximity to the city, state and zip code. The State added it to the Primary Contact screen to appear conditionally when the "*Are you homeless?*" question is answered "*Yes*". The new text is displayed in green and below. • Please note, if you are approved for Medicaid coverage, you will only be able to pick up your Medicaid and Health Plan card(s) at the Post Office where you have chosen to receive mail.

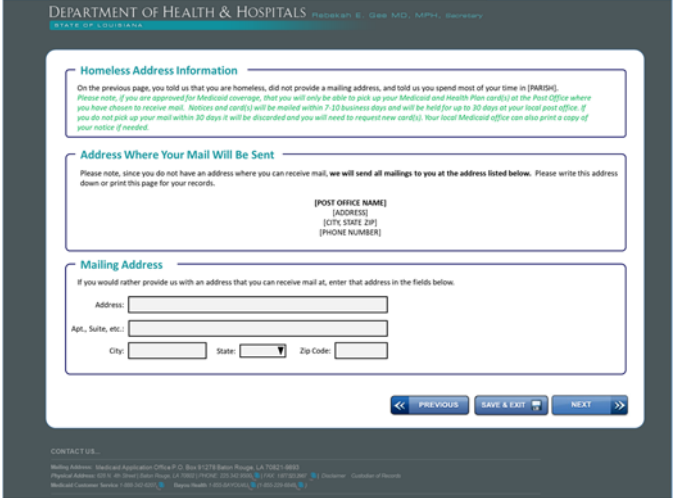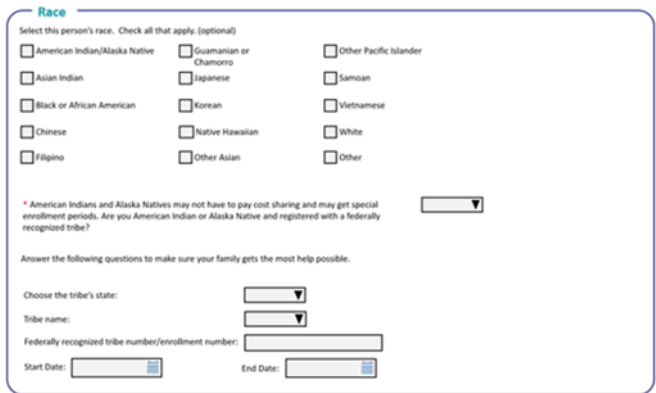| | | | | • Notices and card(s) will be mailed within 7-10 business days and will be held for up to 30 days at your local post office. If you do not pick up your mail within 30 days it will be discarded and you will need to request new card(s).
 • Your local Medicaid office can also print a copy of your notice if needed. |
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| | | | The State also added it to the Homeless Address Information section. This screen is queued when the "*Are you homeless*?" question is answered "Yes" and the text would always display when the screen was viewed:
 • Please note, if you are approved for Medicaid coverage, you will only be able to pick up your Medicaid and Health Plan card(s) at the Post Office where you have chosen to receive mail. |

				• Notices and card(s) will be mailed within 7-10 business days and will be held for up to 30 days at your local post office. If you do not pick up your mail within 30 days it will be discarded and you will need to request new card(s). • Your local Medicaid office can also print a copy of your notice if needed.
3	Applicants may only be asked to provide information necessary to make an eligibility determination	Please clarify whether the each of the detailed options for marital status is needed for eligibility. For example, the drop-downs ask for single-never married, divorced, and widowed. Does the system use responses to these questions differently?	42 CFR 435.907(e)(1)	These values are not currently used for eligibility but are gathered for T-MSIS reporting. Please see Appendix A - CMCS TMSIS Data Dictionary.
4	Applicants may only be asked to provide information necessary to	Please clarify how each of the responses in the "living arrangement" drop-down are	42 CFR 435.907(e)(1)	Proposed date for change October 2019. Living arrangement drop-down

	make an eligibility determination	used. Is there logic behind the responses to trigger specific questions or influence eligibility?		• Nursing Home, Group Home, Public Institution (i.e. IMD), Incarcerated are used to determine institutional status for eligibility in the type of programs to be considered and/or restrictions to claiming FMAP. • Job Corp, Attending School, and National Guard Youth Challenge statuses are used to determine temporary absence from home for Parent Caretaker Relative program. These values will be removed and staff will refer to policy manual to determine when to consider living in home for certain circumstances.
5	Applicants may only be asked to provide information necessary to make an eligibility determination	Please clarify how the question about whether a person moved in the last 12 months is used for Medicaid/CHIP?	42 CFR 435.907(e)(1)	This question will be removed March 2020. It is not used by the system. It was intended to trigger the non-MAGI worker to look for dual coverage or assets out of state.
6	States must identify American Indians and Alaska Natives who may be eligible for cost-sharing exemptions and income deductions for Medicaid/CHIP, SEPs and CSRs for QHPs on the Marketplace.	Because race/ethnicity questions are optional, American Indians and Alaska Natives who may be exempt from cost sharing or eligible for special enrollment periods for Marketplace coverage may not identify themselves. Please provide a separate non-optional question that asks about AI/AN status, with explanatory text about how that information will be used. The state also allows exemption for premium based programs. CMS understands that a supplemental form is used to collect this data and that since the form is only invoked for the	42 CFR 447.56, 435.603(e)	Change implemented August 2019. The State made the following changes to the People In Your Home Screen: • Added new mandatory question "Are you American Indian or Alaskan Native and registered with a federally recognized tribe?" • The tribe details section is listed below and will display conditionally if the question is answered "Yes", but none of the information is mandatory.

		premium programs, the state will consider updating this in a future release and/or adding help text. Are there any updates available?		
7	The agency must verify citizenship and immigration status through electronic services, and request and use information relevant to verifying eligibility.	The application does not ask if the individual/applicant is a Naturalized or derived US citizen. This information is needed because these individuals may need to be verified with the Department of Homeland Security's SAVE verification system, and may not always be verified with SSA. For this reason, the flow should allow a Naturalized or derived US citizen to provide a Certificate number and alien number, and these individuals do not need to answer the remaining questions under "Citizenship Information."	42 CFR 435.956(a) 42 CFR 435.945(b)	The State will make this change. Proposed date for change is October/November 2019.
8	The agency must verify citizenship and immigration status through electronic services, and request and	The application does not ask if the individual/applicant is attesting to having an eligible immigration status, which is required before requesting immigration status and/or immigration document	42 CFR 435.956(a)(2) 42 CFR 435.945(b)	The State will make this change. Proposed date for change is October/November 2019.

	use information relevant to verifying eligibility.	number. For individuals who do not attest to having an eligible immigration status, the questions under "Citizenship Information" should not appear. However, individuals applying for coverage of an emergency condition only may be in a valid immigration status (i.e., a qualified non-citizen), but not have an eligible status for Medicaid (e.g., a lawful permanent resident in the 5 year bar waiting period).		
9	The agency must verify citizenship and immigration status through electronic services, and request and use information relevant to verifying eligibility.	There is no question on this screen asking for an individual's document number. The Department of Homeland Security needs this information in order to verify the individual's immigration status.	42 CFR 435.956(a)(2) 42 CFR 435.945(b)	Currently LaMEDS collects document information based on Document type selected.
10	The agency must verify citizenship and immigration status through electronic services.	The question asking for an individual's "Immigration Grant Date" is confusing to applicants who may not understand what is being requested. Furthermore, it is the Department of Homeland Security that provides the grant date for qualified non-citizens if requested as it may be needed to determine if an individual has met the five year waiting period.	42 CFR 435.956(a)(2)	State has removed "immigration grant date". Change made August 2019.
11	The agency must determine if an individual	This section is missing a question asking "are you, or your spouse or	42 CFR 435.956(a)(3) 42 CFR 435.945(b)	Change made August 2019.

	is a veteran described at 8 USC 1613.	parent, a veteran or an active-duty member of the US military?" This question is needed to determine if the applicant may be exempt from the 5 year waiting period (see also comments to the list of immigration statuses, below at comment 13).		"Are you, or your spouse or parent, a veteran or an active-duty member of the US military?" question has been added to the Citizenship Information section and is used by the Business Rules Engine to determine exemption from 5 year waiting period.
12	The list of eligible immigration statuses should be comprehensive so an individual can select a status from the dropdown list. The agency must request and use information relevant to verifying eligibility.	Comments to the list of immigration statuses: Please change "Spouse/Child of Battered Alien" to the actual immigration status, which is "Battered spouse, child or parent. Change "Victim of trafficking" to "Victim of trafficking and his/her spouse, child, sibling or parent." Change "deportation withheld" to "Granted withholding of deportation or removal" Please. Change "Conditional Entry" to "Conditional Entrant" Please remove "Qualified Alien since this is not an immigration status.	42 CFR 435.956(a)(2); 42 CFR 435.945(b)	Change was completed August 18, 2019. •Lawful Permanent Resident •Asylee •Refugee •Cuban/Haitian Entrant •Parolee •Conditional Entrant •Battered Spouse, Child and Parent •Victim of Trafficking and his/her Spouse, Child, Sibling or Parent •Granted Withholding of Deportation or Withholding of Removal •Individual with Non-immigrant Status •Temporary Protected Status •Deferred Enforced Departure •Deferred Action Status •Temporary Worker/Temporary Resident Status and his/her children • Enrolled member of an Indian tribe • American Indian Born in Canada (50%+) • Amerasian Immigrant • Afghani/Iraqi Special Immigrant • Pending application for asylum • Pending special immigrant juvenile status

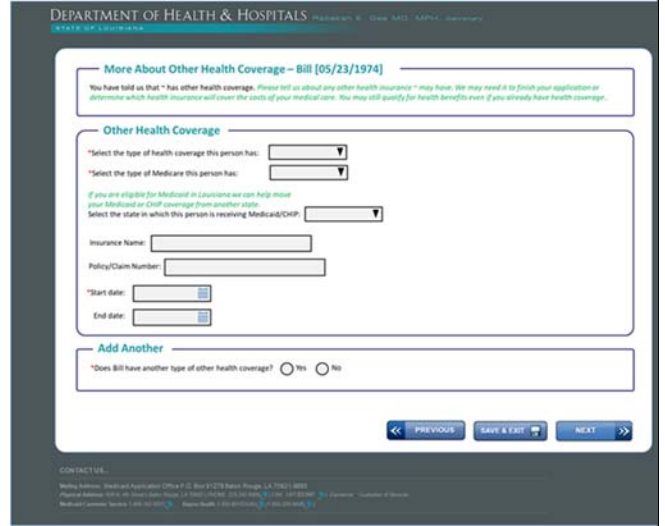| 13	Some of the items on the dropdown list are not eligible immigration statuses and should be removed since applicants may only be asked to provide information necessary to make an eligibility determination	Remove "Undocumented Aliens" from this list of eligible immigration statuses. Please remove all references to veterans or their family members from this list since these are not immigration statuses. See question 11, above for instructions on how to capture this information, and why it is needed on the application. remove "SDX/None/Unknown, since this is not an immigration status	42 CFR 435.907(e)(1) 42 CFR 435.945(b)	Please see response to question 12.
14	The list of eligible immigration statuses should be comprehensive so an individual can select a status from the dropdown list. The agency must request and use information relevant to verifying eligibility	The state may wish to remove some of the less common non-immigrant statuses from this list (e.g., Member of the Foreign Media, Crewman on Shore leave, International Organization Rep. and Family), and replace them with more commonly used non-immigrant statuses, such as "Individual with Non-immigrant Status, includes worker visas (such as H1, H-2A, H-2B), student visas, U-visa, T-visa, and other visas, and citizens of Micronesia, the Marshall Islands, and Palau; Temporary Protected Status (TPS); Deferred Enforced Departure (DED)."	42 CFR 435.956(a)(2); 42 CFR 435.945(b)	Please see response to questions 12.

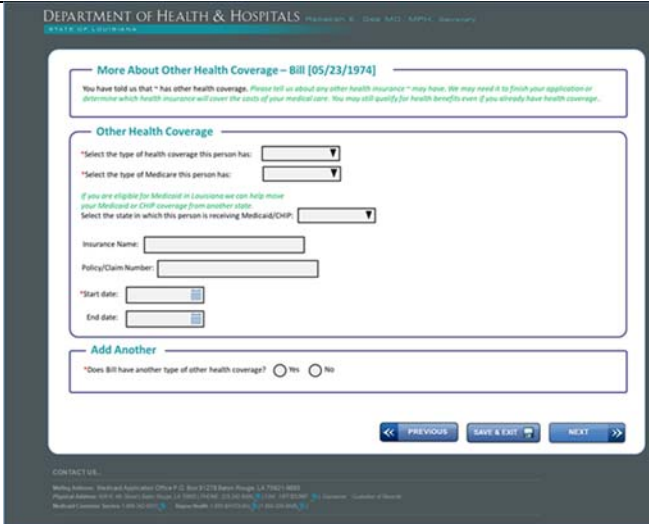| 15	States that elect the option to provide coverage lawfully residing immigrants must verify the individual meets that definition according to the rules at 1137(d), and must request and use information relevant to verifying eligibility.	Because the state is electing the option to cover lawfully present children under age 19 in Medicaid and CHIP (LA SPAs 19-0009 and 19-0010), the list of eligible statuses should include a complete list of qualified non-citizen and lawfully present non-citizen statuses listed in those SPAs. Please see also the CMS State health Official Letter for a list of lawfully present statuses: https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SHO10006.pdf	42 CFR 435.956(a)(2) 42 CFR 435.945(b)	Please see response to question 12.
16	Applicants may only be asked to provide information necessary to make an eligibility determination	It appears that applicants are asked whether they are "aged" in the section on disability status in a question asking what type of condition a person has. It is likely that individuals may not consider themselves as having a condition if they are aged. Additionally, the application would have collected each applicant's age earlier on. Are questions about aged individuals needed in this section at all?	42 CFR 435.907(e)(1)	Aged is defaulted based on date of birth. Yes, these options are used to identify duplicate coverage and/or TPL.

17	Applicants may only be asked to provide information necessary to make an eligibility determination	If an individual has attested to having a disability, would it appears that they are asked a follow-up question about other potential disabilities. If this question is only used as a screening tool for non-MAGI, are the follow-up questions about additional disabilities required?	42 CFR 435.907(e)(1)	The follow-up questions are conditionally mandatory. The State will implement an enhancement to make them optional October, 2019.
18	Applicants may only be asked to provide information necessary to make an eligibility determination	Detailed information about offers of employer sponsored health coverage is not needed for individuals potentially eligible for Medicaid/CHIP. Please clarify whether the questions in this section, beyond those needed for TPL, are asked of all applicants or only those screened as potentially eligible for APTC? The state indicated that this data is needed to determine if an individual is eligible under the Family Opportunity Act program and also is used for the HIPP program, referral process. In order to meet the dynamic functionality requirement, these questions should only be asked of applicants who appear to be eligible under the Family Opportunity Act program. The state indicated that they could add questions to screen for FOA	42 CFR 435.907(e)(1)	Anticipated change is October 2019. The State proposes to make the Employer Sponsored Health Coverage question optional. For anyone selected, Enrollment Status will be required. Employer Information section will be displayed and optional to complete.

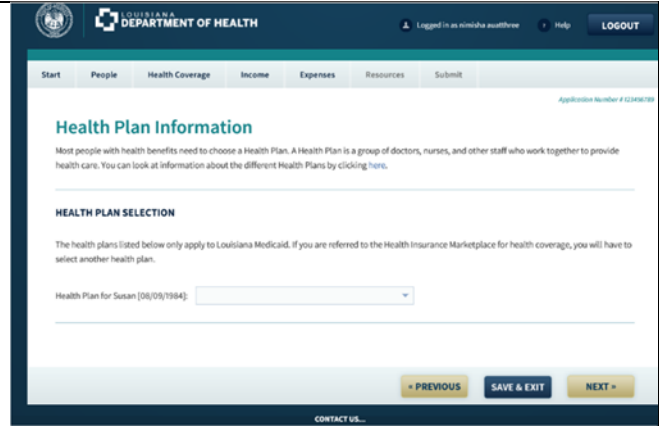|		program, and therefore be able to show ESC questions dynamically.		
19	Applicants may only be asked to provide information necessary to make an eligibility determination	Please clarify how the "out-of-state" options in the other coverage drop-down menu are used. Are they used to identify potential residency inconsistencies or duplicate coverage?	42 CFR 435.907(e)(1)	Change completed August 2019. The State added the following text: • You have told us that ~ has other health coverage. Please tell us about any other health insurance ~ may have. We may need it to finish your application or determine which health insurance will cover the costs of your medical care. You may still qualify for health benefits even if you already have health coverage. • If you are eligible for Medicaid in Louisiana, we can help move your Medicaid or CHIP coverage from another state.

20	Applicants may only be asked to provide information necessary to make an eligibility determination	Income Types- 1. SSI and VA Benefits are non-taxable income not counted in determining Medicaid/CHIP MAGI-based income. Non-taxable Social Security benefits are counted in determining Medicaid/CHIP MAGI-based income. 2. The state may only ask for income types that are countable under MAGI, which generally are just taxable income as well as non-taxable Social Security, foreign earned income and non-taxable interest.	42 CFR 435.907(e)(1)	State will make non-taxable income types dynamic to non-MAGI applicants. Proposed date for the change is March 31, 2020.
21	Applicants may only be asked to provide information necessary to	Per 42 CFR 435.907 (e) (1), applicants may only be asked to provide information necessary to	42 CFR 435.907(e)(1)	CMS requests that the State make all resource questions non-mandatory until after the MAGI determination is made.

	make an eligibility determination	make an eligibility determination for MAGI, unless the individual answers yes to one of the non-MAGI screening questions. If so, the additional questions must still be optional to permit applicants to receive a determination while they provide additional information. Please confirm that these questions are only asked of individuals who are potentially eligible for Medicaid on a non-MAGI basis and that applicants can complete and submit the application without answering these questions?		This enhancement will be implemented by March 31, 2020.
22	Please provide updated screenshots showing the help text that is provided to applicants.	In including questions about managed care enrollment as part of the application, we also recommend that the state provide clear notice to applicants as follows: That the plan selection will not be utilized if the applicant is determined eligible for coverage through the Health Insurance Marketplace, and the applicant will need to enter a new plan selection process if that occurs. We understand that clarifying text will be considered for a future release.	42 CFR 438.10	Change made August 2019. The State added the following new help text to the Health Plan Information Screen: • The health plans listed below only apply to Louisiana Medicaid. If you are referred to the Health Insurance Marketplace for health coverage, you will have to select another health plan.

		The state confirmed that if an applicant does not select a plan in the initial application process, eligible individuals who do not select a plan will be automatically enrolled and that this information is part of help text.		
23	General	CMS understands that Louisiana will start using IRS to verification income for Medicaid/CHIP and will update this language to ask for consent to use the data at renewal for Medicaid and CHIP as well as for the FFE. If accurate, please clarify when this change will be implemented.	42 CFR435.916	This change was implemented with federal tax information (FTI) in May 2019.

APPENDIX A

CMCS TMSIS Data Dictionary, Version Nov23v2.2 (last modified on 11/23/2018)

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT
2800	ELG034	MARITAL-STATUS	A code to classify eligible individual's marital/domestic-relationship status.	Required	This element should be reported by the state when the information is material to eligibility (i.e., institutionalization).
2801	ELG034	MARITAL-STATUS	Not Applicable	NA	Value must be equal to a valid value.
2802	ELG034	MARITAL-STATUS	Not Applicable	NA	An eligible individual who is younger than 12 years should have a marital status of never married or unknown.
2803	ELG035	MARITAL-STATUS-OTHER-EXPLANATION	A free-text field to capture the description of the marital/domestic-relationship status when MARITAL-STATUS=14 (Other) is selected.	Conditional	Conditional; required when MARITAL-STATUS = "14" (Other)
2804	ELG035	MARITAL-STATUS-OTHER-EXPLANATION	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (|).

Appendix A

T-MSIS Data Dictionary Appendices, Version 2.2 (dated 11/23/2018), Appendix A: Valid Values

Code	Description
01	Legally Married (to opposite sex), spouse present
02	Legally Married (to opposite sex), spouse absent
03	Legally Married (to same sex), spouse present
04	Legally Married (to same sex), spouse absent
05	Partnered or in Civil Union (to opposite sex), spouse present
06	Partnered or in Civil Union (to opposite sex), spouse absent
07	Partnered or in Civil Union (to same sex), spouse present
08	Partnered or in Civil Union (to same sex), spouse absent
09	Legally separated (and not married or partnered)
10	Divorced (and not currently married or partnered)
11	Separated (and not currently married or partnered)
12	Widower/Widow (and not currently married or partnered)
13	Never married/partnered
14	Other