

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street
Dallas, Texas 75202



Regional Operations Group

October 23, 2019

Ms. Jen Steele, State Medicaid Director
Department of Health
628 North 4th St.
Post Office Box 91030
Baton Rouge, LA 70821-9030

Attention: Karen Barnes

RE: State Plan Amendment LA 19-0024

Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 19-0024 dated September 24, 2019. This state plan amendment is to request to amend the provisions governing the enrollment choice period for Medicaid beneficiaries enrolled in a Managed Care Organizations, from a 90-day period to a minimum of 30 days.

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of October 1, 2019. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions, please contact Tobias Griffin at (214) 767-4425 or by email at Tobias.Griffin@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks". The signature is written in a cursive, flowing style.

Bill Brooks
Director
Centers for Medicaid & CHIP Services
Regional Operations Group

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
19-0024

2. STATE
Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2019

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447 Subpart E

7. FEDERAL BUDGET IMPACT

a. FFY **2020** \$ **0**
b. FFY **2021** \$ **0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-F, Page 11
Attachment 3.1-F, Page 12

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same (TN 18-0012)
Same (TN 18-0007)

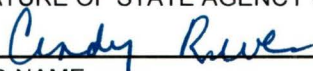
10. SUBJECT OF AMENDMENT **The purpose of this SPA is to amend the provisions governing the enrollment choice period for Medicaid beneficiaries enrolled in a Managed Care Organization, from a 90-day period to a minimum of 30 days.**

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED
The Governor does not review State Plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL



13. TYPED NAME

Cindy Rives, designee for Rebekah E. Gee MD, MPH

14. TITLE

Secretary

15. DATE SUBMITTED

September 24, 2019

16. RETURN TO

Jen Steele, Medicaid Director
State of Louisiana
Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

September 24, 2019

18. DATE APPROVED

October 23, 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL



21. TYPED NAME

Bill Brooks

22. TITLE

Director
Regional Operations Group

23. REMARKS

State: **LOUISIANA**

Citation Condition or Requirement

Population	V	E	Notes
Other Insurance --Medicaid beneficiaries who have other health insurance		X	
Reside in Nursing Facility or ICF/IID --Medicaid beneficiaries who reside in Nursing Facilities (NF) or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).		X	Individuals residing in nursing facilities and individuals under age 21 residing in ICFs/IID are mandatory enrollees in Healthy Louisiana for specialized behavioral health, applied behavior analysis (ABA)-based therapy and non-emergency ambulance services only. Skilled nursing facility services may be utilized by members who transition from acute care hospital services as a step-down continuum of care for a specified period of time.
Enrolled in Another Managed Care Program --Medicaid beneficiaries who are enrolled in another Medicaid managed care program			N/A
Eligibility Less Than 3 Months --Medicaid beneficiaries who would have less than three months of Medicaid eligibility remaining upon enrollment into the program			N/A
Participate in HCBS Waiver --Medicaid beneficiaries who participate in a Home and Community Based Waiver (HCBS, also referred to as a 1915(c) waiver).	X		
Retroactive Eligibility --Medicaid beneficiaries for the period of retroactive eligibility.			N/A
Other (Please define):			

1932(a)(4)
 42 CFR 438.54

F. Enrollment Process.

Based on whether mandatory and/or voluntary enrollment are applicable to your program (see E. Populations and Geographic Area and definitions in 42 CFR 438.54(b)), please complete the below:

1. For **voluntary** enrollment: (see 42 CFR 438.54(c))
 - a. Please describe how the state fulfills its obligations to provide information as specified in 42 CFR 438.10(c)(4), 42 CFR 438.10(e) and 42 CFR 438.54(c)(3). **Information is provided in the member handbook that is available on the State's website, the MCO's website and/or by mail.**

States with voluntary enrollment must have an enrollment choice period or passive enrollment. Please indicate which will apply to the managed care program:

- b. ☒ If applicable, please check here to indicate that the state provides an **enrollment choice period**, as described in 42 CFR 438.54(c)(1)(i) and 42 CFR 438.54(c)(2)(i), during which individuals who are subject to voluntary enrollment may make an active choice to enroll in the managed care program, or will otherwise continue to receive covered services through the fee-for-service delivery system.
 - i. Please indicate the length of the enrollment choice period:
A minimum of 30 days.

State: Louisiana
 Date Received: 09-24-19
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 Transmittal Number: 19-0024

TN 19-0024
 Supersedes
 TN 18-0012

Approval Date 10-23-19 Effective Date 10-01-19

State: **LOUISIANA**

- c. ☐ If applicable, please check here to indicate that the state uses a **passive enrollment** process, as described in 42 CFR 438.54(c)(1)(ii) and 438.54(c)(2)(ii), for individuals who are subject to voluntary enrollment.
- i. If so, please describe the algorithm used for passive enrollment and how the algorithm and the state's provision of information meets all of the requirements of 42 CFR 438.54(c)(4),(5),(6),(7), and (8).
 - ii. Please indicate how long the enrollee will have to disenroll from the plan and return to the fee-for-service delivery system:

2. For **mandatory** enrollment: (see 42 CFR 438.54(d))

- a. Please describe how the state fulfills its obligations to provide information as specified in 42 CFR 438.10(c)(4), 42 CFR 438.10(e) and 42 CFR 438.54(d)(3).

Information is provided in the member handbook that is available on the State's website, the MCO's website and/or by mail.

- b. ☐ If applicable, please check here to indicate that the state provides an **enrollment choice period**, as described in 42 CFR 438.54(d)(2)(i), during which individuals who are subject to mandatory enrollment may make an active choice to select a managed care plan, or will otherwise be enrolled in a plan selected by the State's default enrollment process.
- i. Please indicate the length of the enrollment choice period:

- c. ☒ If applicable, please check here to indicate that the state uses a **default** enrollment process, as described in 42 CFR 438.54(d)(5), for individuals who are subject to mandatory enrollment.
- i. If so, please describe the algorithm used for default enrollment and how it meets all of the requirements of 42 CFR 438.54(d)(4), (5), (7), and (8).
If the recipient fails to choose an MCO upon application, the State will assign the recipient to a MCO. The automatic assignment methodology shall seek to preserve existing provider-beneficiary relationships during the previous year and relationships with providers that have traditionally served Medicaid beneficiaries. After consideration of provider-beneficiary relationships, the methodology shall assign beneficiaries equitably among MCOs, excluding those subject to the intermediate sanction described in 42 C.F.R. §438.702(a)(4).

- d. ☐ If applicable, please check here to indicate that the state uses a **passive enrollment** process, as described in 42 CFR 438.54(d)(2), for individuals who are subject to mandatory enrollment.

- i. If so, please describe the algorithm used for passive enrollment and how it meets all of the requirements of 42 CFR 438.54(d)(4), (6), (7), and (8)

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