



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

September 30, 2024

James G. Scott, Director  
Division of Program Operations  
Medicaid & CHIP Operations Group  
601 East 12<sup>th</sup> Street, Room 0300  
Kansas City, Missouri 64106-2898


RE: Louisiana Title XIX State Plan  
Transmittal No. 24-0024

Dear Mr. Scott:

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan.  
Should you have any questions or concerns regarding this matter, please contact Marjorie Jenkins at (225) 342-3881 or via email at [Marjorie.Jenkins@la.gov](mailto:Marjorie.Jenkins@la.gov).

Sincerely,

  
Michael Harrington, MBA, MA  
Secretary

Attachments (2)

MH:MJ

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
**24-0024**

2. STATE  
**LA**

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

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**July 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION

**42 CFR 435.119**  
**42 CFR 433.204(a)(1)**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY **2024** **\$0**  
b. FFY **2025** **\$0**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment D to Supplement 18 to Attachment  
2.6A**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  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

**Same (TN 22-0020)**

9. SUBJECT OF AMENDMENT

**The purpose of this SPA is to add clarifying language to the proxy methodology to account for the proportion of Federal Medical Assistance Percentage (FMAP) expenditures for beneficiaries receiving extended postpartum coverage.**

10. 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.

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

**Michael Harrington, MBA, MA**

13. TITLE

**Secretary**

14. DATE SUBMITTED

**September 30, 2024**

15. RETURN TO

**Kimberly Sullivan, J.D.  
Medicaid Executive Director  
Louisiana Department of Health  
628 North 4<sup>th</sup> Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030**

**FOR CMS USE ONLY**

16. DATE RECEIVED

17. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

## Attachment D

Louisiana proposes to use proxy methodology to account for the proportion of individuals covered under the extended postpartum coverage option who would otherwise be newly eligible for coverage in the Adult Expansion Group (435.119) and for the newly eligible FMAP under section 1905(y) of the Act, if the State completed a redetermination.

Louisiana assures that the benefit package provided for all individuals through the postpartum extension complies with section 1937 of the Act, including the provision of essential health benefits (EHBs), no treatment limitations that are more restrictive than the Alternative Benefit Plan (ABP) benefit package, compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA), and the absence of cost sharing for preventive services meeting the definition of an EHB.

Based upon Calendar Years 2018 and 2019, LDH will document the total number of members closed in the Pregnancy/Post-Partum group (435.116) and the number of members who transitioned to the Adult Group within 10 months of the expiration of their pregnancy coverage (60 day post-partum). We will also review the duration of those members who transitioned to the Adult Group, identifying the average number of months the individual maintained eligibility through the extended 10-month period.

The proxy percentage will be determined as follows:

# of Members in Pregnancy/Post-Partum Group (435.116) who Transitioned to Adult Group as newly eligible (435.119) Within 10 months of the Expiration of Pregnancy/Post-Partum Group Eligibility During Calendar Years 2018 and 2019	Divided By (÷)	Total # of Members whose coverage ended in Pregnancy/Post-Partum Group During Calendar Years 2018 and 2019	Multiplied by (X)	Percent of time members of the Pregnancy/Post-Partum Group remained in Adult Group in the 10 month post-partum period	Equals (=)	Proxy Percentage for Claiming
23,755	Divided By (÷)	42,629	Multiplied by (X)	.77	Equals (=)	43%

1. On a monthly basis, identify the individuals in day 61 – 365 of postpartum coverage and the per member per month (PMPM) payments paid to the managed care organizations for this identified population.
2. Apply the derived proxy percentage to the actual PMPM spend for the identified population.
3. On quarterly basis, reclass the proxy cost for the identified population from the regular FMAP reporting line to the expansion FMAP reporting line.