Children's Health Insurance Program Eligibility: General Information

State/Territory name:

Louisiana

Transmittal Number:

LA-15-0001

General Information:

Submission Title:

short (under 100 characters) label used to identify this submission in the web application

CHIP Eligibility Process (Group 4) FFM Determination to Assessment State

Children's Health Insurance Program Eligibility: Summary Page

State/Territory name:	L	ouisiana
Transmittal Number: Please enter the Transmi and 0000 = a four digit n	ittal Number (TN) in the form	nat ST - YY - 0000 where ST = the state abbreviation, YY = the last two digits of the submission year, we dashes must also be entered.
LA-15-0001		and the control of th
Type of SPA:		
	ility & Methods	
XXI Medicaio	l Expansion	
Establish 210	1(f) Group	
Eligibility Pro	ocessing	
Non-Financia	l Eligibility	
Proposed Effective Date		
11/01/2015	(mm/dd/yyyy)	
Federal Statute/Regulatio	n Citation	
2102(b)(3) & 2107(e)	(I)(O) of the SSA and 42	CFR 457, Subpart C
Federal Budget Impact This SPA has a budge	et impact.	
Total budget impact:	5 55	
State Funds:		S
Federal Funds:		
		\$
0.1.		
Subject of Amendment Please provide a brief	f summary of SPA chang	Top
The State proposes to a	adopt provisions to becom	ting Medicaid eligibility determinations made by the FFM.
Signature of State Agency	Official	
Submitted By:	······································	Karen Barnes
Last Revision Date:		Sep 23, 2015
Submit Date:		Sep 23, 2015



CHIP Eligibility

State Name: Lo	uisia	nna		OMB Control Number: 0938-	-1148	
Transmittal Nu	mbei	: LA - 15 - 0001		Expiration date: 10/31/2014		
 V.T 1. ** S. S.Y. SH (7T) ORS SERVED FIRE 		Health Insurance Program lity - Eligibility Processing			CS24	
2102(b)(3) & 2	107(e)(1)(O) of the SSA and 42 CFR 4	57, subpart	С		
The CHIP and enrollment.	Ager	icy meets all of the requirements of	of 42 CFR 45	57, subpart C for application processing, eligibility screening and		
Application Pr	oces	sing				
		ication the agency uses for individ ross income standard:	uals applying	g for coverage who may be eligible based on the applicable		
The sir	ngle, .ct.	streamlined application developed	d by the Secr	retary in accordance with section 1413(b)(1)(A) of the Affordable		
		ive single, streamlined application 3(b)(1)(B) of the Affordable Care		by the state and approved by the Secretary in accordance with		
		A	n attachmer	nt is submitted.		
agency	mal		alternative ap	an service programs approved by the Secretary, provided that the pplication used only for insurance affordability programs to as.		
		The state of the s	An attachm	nent is submitted.		
The agency the internet	's pr web	ocedures permit an individual, or site described in CFR 457.340(a),	authorized po by telephon	erson acting on behalf of the individual, to submit an application via e, via mail, in person and other commonly available electronic mea	ia ans.	
The agency	acc	epts applications in the following	other electro	onic means.		
⊠ Ot	her o	electronic means:				
		Name of method		Description		
	+	Fax	Received	by fax transmission		
Screen and En	roll	Process				
application, income chil	peri dren	odic redeterminations, and follow-	-up eligibilit	screening procedures in place that are applied at time of initial y determinations. The procedures ensure that only targeted lowent is facilitated for applicants found to be potentially eligible for		
Procedures	incl	ude:				



CHIP Eligibility

		Screening of application to identify all individuals eligible or potentially eligible for CHIP or other insurance affordability programs; and					
		ne eligibility test, with calculation of household income consistent with 42 CFR 457.315 for individuals identified as tially eligible for Medicaid or other insurance affordability programs based on household income; and					
		Screening process for individuals who may qualify for Medicaid on a basis other than having household income at or below the applicable MAGI standard, based on information in the single streamlined application.					
		e CHIP agency has entered into an arrangement with the Exchange to make eligibility determinations for advanced mium tax credits in accordance with section 1943(b)(2) of the SSA.	Yes				
Red	eter	mination Processing					
	√	Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 457.343:					
		Once every 12 months.					
		Without requiring information from the individual if able to do so based on reliable information contained in the individual account or other more current information available to the agency.	idual's				
		If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs addition information to complete the redetermination, it provides the individual with a pre-populated renewal form containing to information already available.					
Scre	enii	ng by Other Insurance Affordability Programs					
		HIP Agency provides assurance that it has adopted procedures to accept and process electronic accounts of individuals ed as potentially eligible for CHIP by other insurance affordability programs in accordance with the requirements of 42 57.348(b) and to determine eligibility in accordance with 42 CFR 457.340 in the same manner as if the application had ubmitted directly to, and processed by the state.					
		The CHIP Agency elects the option to accept CHIP eligibility decisions made by the Exchange or other agencies administ insurance affordability programs as provided in 42 CFR 457.348 and to furnish CHIP in accordance with requirements of CFR 457.340 to the same extent and in the same manner as if the applicant had been determined by the state to be eligible CHIP.	12				
		Check all Insurance Affordability Programs that apply:					
		☐ The Exchange					
		⊠ Medicaid					
		Other Insurance Affordability Program					
		CHIP Agency has entered into an agreement with agencies administering other insurance affordability programs to fulfill irements of 457.348(b) and will provide this agreement to the Secretary upon request.	he				



CHIP Eligibility

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140415