

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: <b>11-06</b>	2. STATE <b>Louisiana</b>
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE <b>January 21, 2011</b>	

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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: <b>42 CFR 440 Subpart B</b> <b>42 CFR 447 Subpart A</b>	7. FEDERAL BUDGET IMPACT: ** a. FFY <u>2011</u> \$14,282,251 ( <del>\$14,282,251</del> ) ** b. FFY <u>2012</u> & 16,392,299 ( <del>\$16,392,300</del> )
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 3.1-F, Page 1</b> <b>Attachment 3.1-F, Page 1a</b> <b>Attachment 3.1-F, Page 4</b> <b>Attachment 3.1-F, Page 13</b> *Attachment 3.1-F, page 5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Same (TN 06-18)</b> <b>None (New Page)</b> <b>Same (TN 06-01)</b> <b>Same (TN 10-32)</b> <b>Same (TN 06-31)</b>
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10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to redesign the CommunityCARE Program by revising the recipient participation criteria and PCP reimbursement.**

11. GOVERNOR'S REVIEW (Check One):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT     OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED    **The Governor does not review state plan material.**  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:  <b>Bruce D. Greenstein</b>	16. RETURN TO: <b>Don Gregory, Medicaid Director</b> <b>Department of Health and Hospitals</b> <b>628 N. 4<sup>th</sup> Street</b> <b>PO Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>
13. TYPED NAME: <b>Bruce D. Greenstein</b>	
14. TITLE: <b>Secretary</b>	
15. DATE SUBMITTED: <b>March 15, 2011</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: <b>17 March, 2011</b>	18. DATE APPROVED: <b>15 June 2011</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>21 January, 2011</b>	20. SIGNATURE OF REGIONAL OFFICIAL: <b>[Signature]</b>
21. TYPED NAME: <b>Bill Brooks</b>	22. TITLE: <b>Associate Regional Administrator</b> <b>Division of Medicaid &amp; Children's Health</b>

23. REMARKS: \* Pen and Ink change made per State's E-mail dated 21 March, 2011, deleting Attachment 3.1-F, page 13  
 \*\* Pen and Ink change made per State's E-mail dated 10 May, 2011, changing the Fiscal Year Impact Figures

State: Louisiana

Citation Condition or Requirement

1932(a)(1)(A) A. Section 1932(a)(1)(A) of the Social Security Act.

The State of Louisiana enrolls Medicaid beneficiaries on a mandatory basis into managed care entities (managed care organization (MCOs) and/or primary care case managers (PCCMs)) in the absence of section 1115 or section 1915(b) waiver authority. This authority is granted under section 1932(a)(1)(A) of the Social Security Act (the Act). Under this authority, a state can amend its Medicaid state plan to require certain categories of Medicaid beneficiaries to enroll in managed care entities without being out of compliance with provisions of section 1902 of the Act on statewideness (42 CFR 431.50), freedom of choice (42 CFR 431.51) or comparability (42 CFR 440.230). This authority may *not* be used to mandate enrollment in Prepaid Inpatient Health Plans (PIHPs), Prepaid Ambulatory Health Plans (PAHPs), nor can it be used to mandate the enrollment of Medicaid beneficiaries who are Medicare eligible, who are Native Americans (unless they would be enrolled in certain plans—see D.2.ii. below), or who meet certain categories of “special needs” beneficiaries (see D.2.iii. - vii. below)

B. General Description of the Program and Public Process.

For B.1 and B.2, place a check mark on any or all that apply.

1932(a)(1)(B)(i)  
1932(a)(1)(B)(ii)  
42 CFR 438.50(b)(1)

1. The State will contract with an
- i. MCO
  - ii. PCCM (including capitated PCCMs that qualify as PAHPs)
  - iii. Both

42 CFR 438.50(b)(2)  
42 CFR 438.50(b)(3)

2. The payment method to the contracting entity will be:

- i. fee for service;
- ii. capitation;
- iii. a case management fee;  
**In addition to fee for service, Primary Care Providers (PCPs) are paid a management fee per member per month.**
- iv. a bonus/incentive payment;
- v. a supplemental payment, or
- vi. other. (Please provide a description below).

A	
STATE	<u>Louisiana</u>
DATE REC'D	<u>3-17-11</u>
DATE APP'VD	<u>6-15-11</u>
DATE EFF	<u>1-21-11</u>
HC.FA 179	<u>11-06</u>

\* **The Immunization Pay-for-Performance Initiative will be based on a published, three tier system of payment. The PCP must meet criteria of being enrolled in and utilizing Vaccines for Children Program (VFC) and the State Immunization Registry (LINKS) for the first level. Payment of the second and third levels will be based on HEDIS-like methodology for PCP linked CommunityCARE recipients who are up-to-date on immunizations. PCPs will only qualify for a single level of payment.**

\* **Effective January 1, 2011, PCPs will receive pay-for-performance payments based on PCP compliance with the following performance standards.**

- a. **All Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screenings are performed in the PCP's office;**

TN No. 11-06 Approval Date 6-15-11 Effective Date 1-21-11

Supersedes

TN No. 06-18

SUPERSEDES: TN- 06-18

State: Louisiana

Citation

Condition or Requirement

- b. National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home Level 1 or higher status recognition or Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Primary Care Home Accreditation.
- c. Extended office hours and the scheduling of routine, non-urgent and urgent appointments during these hours.
- d. Decreased inappropriate utilization of emergency room (ER) and the need for ER services by linked recipients as determined through monthly reporting on paid claims.

STATE <u>Louisiana</u>	A
DATE REC'D <u>3-17-11</u>	
DATE APPV'D <u>6-15-11</u>	
DATE EFF <u>1-21-11</u>	
HCFA 179 <u>11-06</u>	

SUPERSEDES: NONE - NEW PAGE

TN No. 11-06 Approval Date 6-15-11 Effective Date 1-21-11

SUPERSEDES: NONE - NEW PAGE

TN No. \_\_\_\_\_

State: Louisiana

Citation	Condition or Requirement
1903(m)	
1932(a)(1)(A) 42 CFR 438.6(c) 42 CFR 438.50(c)(6)	6. <input type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.6(c) for payments under any risk contracts will be met.
1932(a)(1)(A) 42 CFR 438.50(c)(6)	7. <input type="checkbox"/> The state assures that all applicable requirements of 42 CFR 447.362 for 42 CFR 447.362 payments under any nonrisk contracts will be met.
45 CFR 74.40	8. <input type="checkbox"/> The state assures that all applicable requirements of 45 CFR 92.36 for procurement of contracts will be met.

D. Eligible groups

- 1932(a)(1)(A)(i)
- List all eligible groups that will be enrolled on a mandatory basis.
    - SSI & SSI-related (age 19 and older)
    - AFDC and AFDC-related
    - Poverty Level Eligibility Groups
  - Mandatory exempt groups identified in 1932(a)(1)(A)(i) and 42 CFR 438.50.
 

Use a check mark to affirm if there is voluntary enrollment of any of the following mandatory exempt groups.

    - Recipients who are also eligible for Medicare.
 

If enrollment is voluntary, describe the circumstances of enrollment.  
(Example: Recipients who become Medicare eligible during mid-enrollment, remain eligible for managed care and are not disenrolled into fee-for-service.)
    - Native Americans who are members of Federally recognized Tribes except when the MCO or PCCM is operated by the Indian Health Service or an Indian Health program operating under a contract, grant or cooperative agreement with the Indian Health Service pursuant to the Indian Self Determination Act; or an Urban Indian program operating under a contract or grant with the Indian Health Service pursuant to title V of the Indian Health Care Improvement Act.
- 1932(a)(2)(B)  
42 CFR 438(d)(1)
- 1932(a)(2)(C)  
42 CFR 438(d)(2)

STATE <u>Louisiana</u>	A
DATE REC'D <u>3-17-11</u>	
DATE APPV'D <u>6-15-11</u>	
DATE EFF <u>1-21-11</u>	
HCFA 179 <u>11-06</u>	

SUPERSEDES: TN 06-01

TN No. 11-06 Approval Date 6-15-11 Effective Date 1-21-11  
 Supersedes  
 TN No. 06-01

State: Louisiana

Citation	Condition or Requirement
1932(a)(2)(A)(i) 42 CFR 438.50(d)(3)(i)	iii. <u>X</u> Children under the age of 19 years, who are eligible for Supplemental Security Income (SSI) under title XVI.
1932(a)(2)(A)(iii) 42 CFR 438.50(d)(3)(ii)	iv. _____ Children under the age of 19 years who are eligible under 1902(e)(3) of the Act.
1932(a)(2)(A)(v) 42 CFR 438.50(3)(iii)	v. <u>X</u> Children under the age of 19 years who are in foster care or other out-of-the-home placement.
1932(a)(2)(A)(iv) 42 CFR 438.50(3)(iv)	vi. <u>X</u> Children under the age of 19 years who are receiving foster care or adoption assistance under title IV-E.
1932(a)(2)(A)(ii) 42 CFR 438.50(3)(v)	vii. <u>X</u> Children under the age of 19 years who are receiving services through a family-centered, community based, coordinated care system that receives grant funds under section 501(a)(1)(D) of title V, and is defined by the state in terms of either program participation or special health care needs.

E. Identification of Mandatory Exempt Groups

- 1932(a)(2)  
42 CFR 438.50(d)
1. Describe how the state defines children who receive services that are funded under section 501(a)(1)(D) of title V. (*Examples: children receiving services at a specific clinic or enrolled in a particular program.*)

**The state defines the above referenced by receiving services at a specific clinic.**

- 1932(a)(2)  
42 CFR 438.50(d)
2. Place a check mark to affirm if the state's definition of title V children is determined by:

- X i. program participation,  
 \_\_\_\_\_ ii. special health care needs, or  
 \_\_\_\_\_ iii. both

- 1932(a)(2)  
42 CFR 438.50(d)
3. Place a check mark to affirm if the scope of these title V services is received through a family-centered, community-based, coordinated care system.

- X i. yes  
 \_\_\_\_\_ ii. no

STATE <u>Louisiana</u>	<b>A</b>
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DATE APP'D <u>6-15-11</u>	
DATE EFF <u>1-21-11</u>	
HCFA 179 <u>11-06</u>	

SUPERSEDES: TN- 06-31

TN No. 11-06 Approval Date 6-15-11 Effective Date 1-21-11  
 Supersedes  
 TN No. 06-31