

## Table of Contents

State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 12-57

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young St., Room 833  
Dallas, TX 75202



**DIVISION OF MEDICAID AND CHILDREN'S HEALTH, REGION VI**

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December 21, 2012

Our Reference: SPA LA 12-57

Ms. Ruth Kennedy, State Medicaid Director  
Department of Health and Hospitals  
Bienville Building  
628 North 4<sup>th</sup> Street  
Post Office Box 91030  
Baton Rouge, LA 70821-9030

Attn: Keydra Singleton

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 12-57. This state plan amendment allows the State to implement immediate auto-assignment of pregnant women whose Medicaid eligibility is limited to prenatal, delivery, and post-partum services to the Bayou Health program.

Transmittal Number 12-57 is approved with an effective date of August 1, 2012 as requested. A copy of the HCFA-179, Transmittal No. 12-57 dated September 25, 2012 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III at [ford.blunt@cms.hhs.gov](mailto:ford.blunt@cms.hhs.gov) or by phone at (214) 767-6381.

Sincerely,



Bill Brooks  
Associate Regional Administrator

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER:  <b>12-57</b>	2. STATE  <b>Louisiana</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE  <b>August 1, 2012</b>	

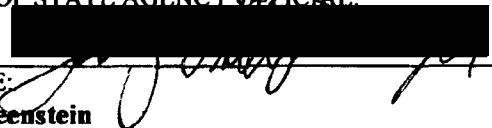
5. TYPE OF PLAN MATERIAL (Check One):  
 NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT  
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: <b>Social Security Act, Section 1932 (a)(4) 42 CFR 448.50</b>	7. FEDERAL BUDGET IMPACT: a. FFY <u>2012</u> <b>\$0</b> b. FFY <u>2013</u> <b>\$0</b>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 3.1-F, Page 8 Attachment 3.1-F, Page 8a</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Same (TN 11-21) Same (TN 11-21)</b>
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10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to implement immediate auto-assignment of pregnant women whose Medicaid eligibility is limited to prenatal, delivery and post-partum services.**


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: 	16. RETURN TO: <b>J. Ruth Kennedy, Medicaid Director State of Louisiana Department of Health and Hospitals 628 N. 4<sup>th</sup> Street PO Box 91030 Baton Rouge, LA 70821-9030</b>
13. TYPED NAME: <b>Bruce D. Greenstein</b>	
14. TITLE: <b>Secretary</b>	
15. DATE SUBMITTED: <b>September 21, 2012</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: <b>25 September, 2012</b>	18. DATE APPROVED: <b>December 21, 2012</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>1 August, 2012</b>	20. SIGNATURE: 
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21. TYPED NAME: <b>Bill Brooks</b>	22. TITLE: <b>Associate regional Administrator Division of Medicaid &amp; Children's Health</b>
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23. REMARKS:

State: Louisiana

Citation	Condition or Requirement
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42 CFR 438.50 G. List all other eligible groups who will be permitted to enroll on a voluntary basis  
N/A

1932(a)(4) H. Enrollment process.  
42 CFR 438.50

1. Definitions

- i. An existing provider-recipient relationship is one in which the provider was the main source of Medicaid services for the recipient during the previous year. This may be established through state records of previous managed care enrollment or fee-for-service experience, or through contact with the recipient.
- ii. A provider is considered to have "traditionally served" Medicaid recipients if it has experience in serving the Medicaid population.

1932(a)(4) 2. State process for enrollment by default.  
42 CFR 438.50

Describe how the state's default enrollment process will preserve:

- i. the existing provider-recipient relationship (as defined in H.1.i).

**As part of the financial Medicaid and LaCHIP application process, applicants may be given the option to indicate their preferred choice of CCN and PCP. If the choice of CCN and PCP is not indicated on the new enrollee file transmitted by DHH to the Enrollment Broker, the Enrollment Broker shall contact the enrollee to request their choice of CCN and PCP. The Enrollment Broker shall encourage the continuation of any existing satisfactory provider/patient relationship with their current PCP who is in a CCN.**

**Enrollment Broker staff will be available by telephone to assist program enrollees. Program enrollees will be offered multilingual enrollment materials or materials in alternative formats, large print, and/or Braille when needed. The enrollment broker shall assist the Medicaid enrollee with the selection of a CCN that meets the enrollee's needs by explaining in a non-biased manner the criteria that may be considered when selecting a CCN.**

**If no CCN choice is made, the enrollment broker will utilize available information about relationships with existing PCPs in the assignment process.**

**Medicaid potential enrollees who are eligible for CCN, excluding those whose Medicaid eligibility is predicated upon determination of pregnancy, will have thirty (30) calendar days from the postmark date that an enrollment form is sent to them by the Enrollment Broker to select a CCN. Pregnant recipients with Medicaid eligibility limited to prenatal, delivery, and post-partum services will immediately be automatically assigned to a CCN by the enrollment broker. All members of a family unit will be encouraged to select the same CCN.**

A	
STATE <u>Louisiana</u>	
DATE REC'D <u>9-25-12</u>	
DATE APP'VD <u>12-21-12</u>	
DATE EFF <u>8-1-12</u>	
NOFA <u>179</u>	<u>12-57</u>

SUPERSEDES: 071 11-21

State: Louisiana

Citation	Condition or Requirement
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With the implementation of the CCNs in a geographic service area, enrollees will be given the chance to choose a CCN. Enrollees have 90 days from the initial date of enrollment into a CCN in which they may change the CCN for any reason. If the enrollee does not request a disenrollment from the CCN within 90 days, the enrollee will be locked-in to the CCN for up to 12 months, or until their next annual open enrollment period unless they are disenrolled for cause.

- ii. the relationship with providers that have traditionally served Medicaid recipients (as defined in H.2.ii).

All CCNs will contract with providers who have traditionally served Medicaid recipients and will be available for choice and default assignment. Preexisting relationships are a factor in the auto-assignment algorithm.

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>9-25-12</u>	
DATE APPV'D	<u>12-21-12</u>	
DATE EFF	<u>8-1-12</u>	
NOFA 179	<u>12-57</u>	

SUPERSEDES: EN- 11-21