

Subpart 7. Greater New Orleans Community Health Connection Waiver

Chapter 61. General Provisions

§6101. Purpose

A. The Department of Health and Hospitals, Bureau of Health Services Financing hereby implements a Section 1115 demonstration waiver called the Greater New Orleans Community Health Connection (GNOCHC) Waiver to provide primary and behavioral health care services to eligible uninsured residents in the greater New Orleans area.

B. The intent of the GNOCHC Waiver is to preserve primary and behavioral health care access that was restored and expanded in the greater New Orleans area with Primary Care Access and Stabilization Grant (PCASG) funds awarded by CMS after Hurricane Katrina. Implementation of this waiver program is expected to reduce reliance on costlier emergency room services to meet primary care needs.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:820 (March 2012).

§6103. Program Design

A. The GNOCHC Waiver is designed to transition the PCASG medical home model to a financially sustainable model utilizing other funding resources over the long-term.

B. The waiver is a 39 month demonstration project which shall be implemented in two primary phases which span four fiscal years.

C. Phase one of the GNOCHC Waiver shall focus on preserving access to primary care services and developing a CMS approved plan for transitioning the funding of the demonstration project to long-term revenue sources. Phase two will focus on implementing the transition plan, assessment, and the demonstration project phase-down.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:820 (March 2012).

Chapter 63. Eligibility

§6301. General Provisions

A. The targeted population for GNOCHC waiver services shall be uninsured adults who live in the greater New Orleans area. For purposes of these provisions, the greater New Orleans area shall consist of the following parishes:

1. Jefferson;
2. Orleans;
3. Plaquemines; and

4. St. Bernard.

B. All applicants shall be pre-screened to determine possible eligibility for coverage in other Medicaid or Children’s Health Insurance Programs (CHIP) prior to determining eligibility for GNOCHC Waiver services.

C. Retroactive coverage is not available in the GNOCHC wavier program. The effective date of coverage for eligible recipients shall be the first day of the month in which the application for services was received.

D. At the department’s discretion, the following measures may be taken to manage eligibility for these services to ensure that waiver expenditures do not exceed funding allocations. The department may:

1. employ a first come, first served reservation list to manage the number of applications received;
2. limit the number of applications provided to potential recipients; or
3. impose enrollment limits.

E. Waiver recipients shall undergo an eligibility redetermination at least once every 12 months. Each redetermination shall include an assessment of the individual’s eligibility for coverage in other Medicaid or CHIP programs.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:820 (March 2012).

§6303. Recipient Qualifications

A. GNOCHC waiver services shall be provided to individuals who:

1. have been uninsured for at least six months;
2. are not pregnant;
3. are age 19 through 64 years old;
4. are not otherwise eligible for Medicaid, CHIP or Medicare coverage, with the exception of TAKE CHARGE family planning waiver participants and recipients who receive coverage through the Tuberculosis Infected Program;
5. are a resident of any one of the parishes in the greater New Orleans area as defined in §6301.A;
6. have family income up to 100 percent of the federal poverty level; and
7. meet citizenship requirements under the Deficit Reduction Act of 2008 and the Children’s Health Insurance Program Reauthorization Act of 2009.

B. A waiver recipient shall be disenrolled from the program if any one of the following occurs. The recipient:

1. has family income that exceeds the income limits for the program at redetermination;
2. voluntarily withdraws from the program;

3. no longer resides in a parish within the greater New Orleans area;

4. becomes incarcerated or becomes an inpatient in an institution for mental disorders;

5. obtains health insurance coverage;

6. turns 65 years old; or

7. dies.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:820 (March 2012), amended LR 39:3297 (December 2013).

Chapter 65. Services

§6501. Covered Services

A. The following services shall be available to GNOCHC Waiver recipients:

1. care coordination;
2. immunizations and influenza vaccines;
3. laboratory and radiology;
4. mental health care;
5. primary health care;
6. preventive health care;
7. substance abuse; and
8. specialty care (covered with a referral from the primary care physician).

B. Cost-sharing may be applicable to the services rendered in this waiver program. All demonstration cost-sharing shall be in compliance with federal statutes, regulations and policies. A wavier recipient’s share of the cost shall be restricted to a 5 percent aggregate limit per family.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:821 (March 2012).

§6503. Service Delivery

A. All of the covered services under this waiver program shall be delivered by an existing PCASG-funded provider.

B. All services shall be delivered on an outpatient basis. Reimbursement shall not be made under this waiver program for services rendered to recipients who meet inpatient status.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:821 (March 2012).

Chapter 67. Provider Participation

§6701. General Provisions

A. All providers participating in the delivery of services covered under the GNOCHC waiver shall adhere to all of the applicable federal and state regulations, policy, Rules, manuals and laws.

B. Each participating provider shall meet the following requirements. The provider shall:

1. be an existing PCASG-funded provider;
2. be operational and serving waiver recipients on October 1, 2010;
 - a. if a former PCASG provider wishes to reestablish operations as a GNOCHC participating provider after October 1, 2010, CMS approval shall be required;
3. be a public or private not-for-profit entity that meets the following conditions:
 - a. the entity must not be an individual practitioner in private solo or group practice;
 - b. the provider shall be currently licensed, if applicable;
 - c. either the provider or its licensed practitioners shall be currently enrolled in the Medicaid Program; and
 - d. all health care practitioners affiliated with the provider that provide health care treatment, behavioral health counseling, or any other type of clinical health care services to patients shall hold a current, unrestricted license to practice in the state of Louisiana within the scope of that licensure;
4. provide full disclosure of ownership and control, including but not limited to any relative contractual agreements, partnerships, etc.;
5. have a statutory, regulatory or formally established policy commitment (e.g. through corporate bylaws) to serve all people, including patients without insurance, at every income level regardless of their ability to pay for services, and be willing to accept and serve new publicly insured and uninsured individuals;
6. maintain one or more health care access points or service delivery sites for the provision of health care services which may include medical care, behavioral health care and substance abuse services, either directly on-site or through established contractual arrangements; and
7. be capable of implementing and evaluating the effectiveness of an organization-specific strategic plan to become a sustainable organizational entity by December 31, 2013 which is capable of permanently providing primary or behavioral health care services to residents in the greater New Orleans area.

a. For purposes of these provisions, a sustainable organizational entity shall be defined as an entity actively developing, implementing and evaluating the effectiveness

of its organization to diversify its operating income and funding resources to include non-demonstration funding sources.

C. Participating providers shall be responsible for:

1. collection of all data on the services rendered to demonstration participants through encounter data or other methods so specified by the department; and
2. maintenance of such data at the provider level.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:821 (March 2012).

§6703. Reporting Requirements

A. GNOCHC participating providers shall be required to provide a sustainability plan to the department by March 1, 2011.

B. Semi-annual progress reports on the sustainability plan shall be submitted during the second and fourth quarter of each demonstration year. The first annual report is due in the fourth quarter of the first demonstration year.

C. Participating providers shall be required to provide encounter data in the format and frequency specified by the department.

D. Participating providers shall be required to report quarterly on infrastructure investment and community care coordination payment expenditures.

E. Providers that do not comply with these reporting requirements shall not be eligible to receive payments from this demonstration program and may receive financial penalties for noncompliance.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:822 (March 2012).

Chapter 69. Reimbursement

§6901. General Provisions

A. Providers shall ensure that reimbursement for services covered under the GNOCHC Waiver is requested only for those individuals who meet the program criteria.

B. Federal financial participation (FFP) for this waiver program is limited to the federal share of \$30 million annually in demonstration expenditures in each of the first three years of the demonstration. In year four, FFP is limited to the federal share of \$7.5 million. Thus, the total FFP for this demonstration waiver program over all four years is limited to the federal share of \$97.5 million. Federal funding will not be available for expenditures in excess of these annual limits even when the expenditure limit was not reached in prior years.

1. These provisions do not preclude the department from including as allowable expenditures for a particular

demonstration year any expenditures incurred after the end of a demonstration year for items or services furnished during that year.

C. The federal share of expenditures for payments to GNOCHC providers shall be calculated based upon the applicable federal medical assistance percentage rate for the year in which the expenditures were incurred.

D. The department may make an urgent sustainability payment to any eligible GNOCHC provider that meets the criteria of this Chapter 67 and requires financial support to maintain clinical operations while the department seeks CMS approval for the funding and reimbursement protocol for this waiver program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:822 (March 2012).

§6903. Reimbursement Methodology Payments

A. Interim Payments

1. Interim payments may be made to eligible providers according to the following criteria.

a. For the period beginning October 1, 2010 through December 31, 2010, an eligible provider’s interim payment will be a quarterly urgent sustainability payment equal to 25 percent of the provider’s average annual historical grant award received under the PCASG program.

b. For the period beginning January 1, 2011 through September 30, 2011, an eligible provider’s interim payment will be monthly up to one third of the quarterly urgent sustainability payment.

2. Interim payments may be reduced by the department at the request of the provider and after consideration of limitations to ensure budget neutrality and promote sustainability.

3. The amount of interim payments, including urgent sustainability payments, made to providers in the period of October 1, 2010 through September 30, 2011 will be

reconciled against the actual payments that would have been made to the providers to reimburse waiver-related costs through targeted payments, incentive payments, and encounter rate payments for dates of service during the period.

a. The reconciliation shall occur simultaneously with the demonstration year end adjustments.

b. Any overpayments may be offset against a provider’s payment in the quarter following the reconciliation. Any underpayments may be made in the quarter following the reconciliation, subject to any limitations necessary to maintain budget neutrality and promote sustainability.

B. Primary Care Encounter Rates. Encounter rates shall be paid on a per visit basis for primary care services. The primary care encounter rate will be a fixed amount for all providers and will not be provider-specific or vary by patient acuity or service intensity.

C. Effective for dates of service on or after January 1, 2014, the department shall make the following payment reductions in the GNOCHC Waiver.

1. The bundled payment rate for primary care encounters shall be reduced from \$235.51 to \$205. Behavioral health encounters will continue to be reimbursed at the current rates in effect on December 31, 2013.

2. Infrastructure investment payments shall be eliminated.

3. Year-end supplemental payments, which proportionately redistribute any remaining balance of the annual program budget amongst all providers, shall be eliminated.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:822 (March 2012), amended LR 39:3297 (December 2013).