



State of Louisiana
Department of Health and Hospitals
Office of the Secretary

April 5, 2016

MEMORANDUM

TO: The Honorable John A. Alario, President, Louisiana Senate
The Honorable Taylor F. Barras, Speaker of the House
The Honorable Fred H. Mills, Jr., Chairman, Senate Committee on Health and Welfare
The Honorable Frank A. Hoffmann, Chairman, House Committee on Health and Welfare
The Honorable Eric LaFleur, Chairman, Senate Finance Committee
The Honorable Cameron Henry, Chairman, House Appropriations Committee

FROM: Rebekah E. Gee MD, MPH
Secretary

A handwritten signature in blue ink, appearing to read "Rebekah E. Gee" with "for" written below it.

RE: Oversight Report on Bureau of Health Services Financing Proposed Rulemaking

In accordance with the Administrative Procedure Act (R.S. 49:950 et seq.) as amended, we are submitting the attached documents for the proposed Rule for Greater New Orleans Community Health Connection - Waiver Termination.

The Department published a Notice of Intent on this proposed Rule in the February 20, 2016 issue of the *Louisiana Register* (Volume 42, Number 2). A public hearing was held on March 31, 2016 at which Michael Andry, a representative of Excelth, Inc. and Department of Health and Hospitals staff were present. Oral testimony was given by Mr. Andry; however, no written comments were received regarding this proposed Rule.

The Department anticipates adopting the Notice of Intent as a final Rule in the May 20, 2016 issue of the *Louisiana Register*.

The following documents are attached:

1. a copy of the Notice of Intent;
2. the public hearing certification;
3. the public hearing attendance roster; and
4. summary of all oral testimony given at the public hearing.

REG/WJR/VYD

Attachments (4)

NOTICE OF INTENT

Department of Health and Hospitals
Bureau of Health Services Financing

Greater New Orleans Community Health Connection
Waiver Termination
(LAC 50:XXII.Chapters 61-69)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to repeal LAC 50:XXII.Chapters 61-69 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act on July 1, 2016 or upon the implementation of Medicaid expansion under the provisions of the Affordable Care Act (ACA). This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Bureau of Health Services Financing adopted provisions to establish a demonstration program under the authority of a Section 1115 Waiver, called the Greater New Orleans Community Health Connection (GNOCHC) Waiver to ensure continued access to primary and behavioral health care services that were restored and expanded in the greater New Orleans area post Hurricanes Katrina and Rita (*Louisiana Register*, Volume 38, Number 3).

The Patient Protection and Affordable Care Act (P.L. No. 111-148), hereafter referred to as the Affordable Care Act (ACA), and §1937 of Title XIX of the Social Security Act (SSA) provided states with the flexibility to expand Medicaid coverage to a new mandatory

adult group not currently eligible for Medicaid benefits by designing alternative Medicaid benefit packages under their Medicaid State Plan. There are many options available to states in selecting an Alternative Benefit Plan (ABP) and designing an enhanced benefits package to cover targeted populations to appropriately meet their needs.

The U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) has directed states who wish to expand Medicaid coverage under the provisions of ACA to submit State Plan amendments (SPAs) to secure approval to implement Medicaid expansion. In compliance with CMS' directive and federal regulations, the Department of Health and Hospitals, Bureau of Health Services Financing proposes to adopt provisions in the Medicaid Program to expand Medicaid coverage to the newly eligible adult group. The department will submit the corresponding SPAs to CMS upon meeting the technical requirements for public notice and undergoing the federally-approved tribal consultation process.

In light of the expansion of Medicaid coverage in the Medicaid Program, the department has determined that it is necessary to terminate coverage under the GNOCHC Waiver and transition these individuals to coverage under the ABP. Hence, the department hereby proposes to repeal the provisions governing the GNOCHC Waiver in order to terminate coverage under the §1115 waiver authority, effective July 1, 2016 or upon the implementation of Medicaid expansion under the provisions of the Affordable Care Act (ACA).

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XXII. 1115 Demonstration Waivers
Subpart 7. Greater New Orleans Community Health Connection Waiver

Chapter 61. General Provisions

§6101. Purpose

Repealed.

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), repealed LR 42:

§6103. Program Design

Repealed.

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), repealed LR 42:

Chapter 63. Eligibility

§6301. General Provisions

Repealed.

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), repealed LR 42:

§6303. Recipient Qualifications

Repealed.

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), LR 39:3297 (December 2013), repealed LR 42:

Chapter 65. Services

§6501. Covered Services

Repealed.

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), repealed LR 42:

§6503. Service Delivery

Repealed.

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), repealed LR 42:

Chapter 67. Provider Participation

§6701. General Provisions

Repealed.

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), repealed LR 42:

§6703. Reporting Requirements

Repealed.

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), repealed LR 42:

Chapter 69. Reimbursement

§6901. General Provisions

Repealed.

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), repealed LR 42:

§6903. Reimbursement Methodology

Repealed.

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), LR 39:3297 (March 2013), repealed LR 42:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability or autonomy as described in R.S. 49:972 since GNOCHC waiver recipients will be transitioned to coverage under Medicaid expansion.

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973 since GNOCHC waiver recipients will be transitioned to coverage under Medicaid expansion.

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider

impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, no direct or indirect cost to the provider to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Interested persons may submit written comments to Jen Steele, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Steele is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, March 31, 2016 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Rebekah E. Gee MD, MPH

Secretary



State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

PUBLIC HEARING CERTIFICATION
March 31, 2016
9:30 a.m.

RE: Greater New Orleans Community Health Connection
Waiver Termination
Docket # 03312016-1
Department of Health and Hospitals
State of Louisiana

CERTIFICATION

In accordance with LA R.S. 49:950 et seq., the attached public hearing agenda, together with one digital recording of the public hearing conducted on March 31, 2016 in Baton Rouge, Louisiana constitute the official record of the above-referenced public hearing.

A handwritten signature in blue ink, appearing to read "Robert K. Andrepont".

Robert K. Andrepont
Medicaid Policy and
Compliance Section

03/31/16
Date

DHH/BHSF PUBLIC HEARING

Topic - **Greater New Orleans Community Health Connection Waiver Termination**

Date - March 31, 2016

PERSONS IN ATTENDANCE

Name	Address	Telephone Number	AGENCY or GROUP you represent
1. <i>Cornette Scott</i>	<i>State of Louisiana Dept. of Health & Hospitals 628 N 4th Street Baton Rouge, LA 70802</i>	<i>225-342-3881</i>	<i>DHH- MVA- Medicaid Policy & Compliance</i>
2. <i>Susan Badaux</i>	<i>DHH 628 N. 4th St Baton Rouge, LA 70802</i>	<i>225-275-1160</i>	<i>DHH- GNOcite waiver + Compliance</i>
3. <i>Kelle Francis</i>	<i>DH 628 4th St BR, LA</i>	<i>225-342-9606</i>	<i>OBH</i>
4. <i>Michael Andry</i>	<i>1515 Poydras St. SF 21070 NO LA 70112</i>	<i>504-524-1210</i>	<i>EXCERH, Inc. 504 HEALTHNET</i>
5. <i>Marie Darr</i>	<i>628 N 4th St Baton Rouge, LA 70802</i>	<i>225-342-9291</i>	<i>OPH/DHH</i>
6.			

SUMMARY OF PUBLIC HEARING TESTIMONY

Proposed Rule: Greater New Orleans Community Health Connection – Waiver Termination Notice of Intent
Public Hearing Date: March 31, 2016
Docket No. : 03312016-1
Conducted By: Department of Health and Hospitals, Bureau of Health Services Financing Staff

Oral Testimony Given By	Organization Represented	Summary of Comments
Michael Andry, CEO	Excelth, Inc.	<p>Absolutely support expanded coverage provided by transitioning of GNOCHC patient population to Medicaid under the expansion. However, some side benefits of the GNOCHC program are not addressed with the transition:</p> <ol style="list-style-type: none"> 1. Repeal of coverage provides an increase in the number of individuals receiving Medicaid directly, but does not address some additional goals within the design of the GNOCHC program, such as development of Patient-Centered Medical Homes (PCMH). Would like to see continued effort to address efficiency and effectiveness of care providers in the development of PCMH; and 2. Suspension of the GNOCHC waiver will more than likely result in unobligated federal funds, which will not be available for transitioning into Medicaid expansion. Want the Department to ensure that claims “in-status” related to GNOCHC services are completely paid/adjudicated “before the book is closed” on these federal funds.



State of Louisiana
Department of Health and Hospitals
Office of the Secretary

April 5, 2016

MEMORANDUM

TO: The Honorable John A. Alario, President, Louisiana Senate
The Honorable Taylor F. Barras, Speaker of the House
The Honorable Fred H. Mills, Jr., Chairman, Senate Committee on Health and Welfare
The Honorable Frank A. Hoffmann, Chairman, House Committee on Health and Welfare
The Honorable Eric LaFleur, Chairman, Senate Finance Committee
The Honorable Cameron Henry, Chairman, House Appropriations Committee

FROM: Rebekah E. Gee MD, MPH
Secretary 

RE: Oversight Report on Bureau of Health Services Financing Proposed Rulemaking

In accordance with the Administrative Procedure Act (R.S. 49:950 et seq.) as amended, we are submitting the attached documents for the proposed Rule for Managed Care for Physical and Behavioral Health – Expansion under the Affordable Care Act.

The Department published a Notice of Intent on this proposed Rule in the February 20, 2016 issue of the *Louisiana Register* (Volume 42, Number 2). A public hearing was held on March 31, 2016 at which Department of Health and Hospitals staff were present. Michael Andry, a representative of Excelth, Inc., was also present and gave oral testimony; however, he did not sign the attendance roster. No written comments were received regarding this proposed Rule.

The Department anticipates adopting the Notice of Intent as a final Rule in the May 20, 2016 issue of the *Louisiana Register*.

The following documents are attached:

1. a copy of the Notice of Intent;
2. the public hearing certification;
3. the public hearing attendance roster; and
4. summary of all oral testimony given at the public hearing.

REG/WJR/VYD

Attachments (4)

NOTICE OF INTENT

**Department of Health and Hospitals
Bureau of Health Services Financing**

**Managed Care for Physical and Behavioral Health
Expansion under the Affordable Care Act
(LAC 50:I.3103, 3301, 3507, 3509)**

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to amend LAC 50:I.3103, §3301, §3507 and §3509 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Patient Protection and Affordable Care Act (P.L. No. 111-148), hereafter referred to as the Affordable Care Act (ACA), and §1937 of Title XIX of the Social Security Act (SSA) provides states with the option to expand Medicaid coverage to individuals from age 19 to 65 years old at or below 133 percent of the federal poverty level with a 5 percent income disregard as provided in 42 CFR 435.119, hereafter referred to as the new adult group.

The U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) has directed states that wish to expand Medicaid coverage to the new adult group to submit State Plan amendments (SPAs) to secure approval for

implementation. In compliance with CMS' directive and federal regulations, the Department of Health and Hospitals, Bureau of Health Services Financing proposes to adopt provisions in the Medicaid Program to expand Medicaid coverage to the new adult group, and to enroll these individuals in Bayou Health managed care organizations. The department will submit the corresponding SPAs to CMS upon meeting the technical requirements for public notice and undergoing the federally-approved tribal consultation process.

The department now proposes to amend the provisions governing managed care for physical and behavioral health to enroll the new adult group into Bayou Health managed care organizations (MCOs). Recipients who enroll with a health plan will have their Medicaid covered services coordinated through Bayou Health.

Title 50

PUBLIC HEALTH-MEDICAL ASSISTANCE

Part I. Administration

Subpart 3. Managed Care for Physical and Behavioral Health

Chapter 31. General Provisions

§3103. Recipient Participation

A. - A.1.h. ...

i. former foster care children eligible under §1902(a)(10)(A)(i)(IX) and (XVII) of the Act;

j. individuals and families who have more income than is allowed for Medicaid eligibility, but who meet the standards for the Regular Medically Needy Program; or

k. individuals from age 19 to 65 years old at or below 133 percent of the Federal Poverty Level with a 5 percent income disregard as provided in 42 CFR 435.119, hereafter referred to as the new adult group.

B. - H.1.c. ...

d. have a limited period of eligibility and participate in either the Spend-Down Medically Needy Program or the Emergency Services Only program; or

e. receive services through the Take Charge Plus program.

f. Repealed.

I. ...

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 37:1573 (June 2011), amended LR 40:310 (February 2014), LR 40:1096 (June 2014), LR 40:2258 (November 2014), LR 41:929 (May 2015), LR 41:2363 (November 2015), LR 42:

§3105. Enrollment Process

A. - G.3. ...

a. Special Provisions for Medicaid Expansion.

Individuals enrolled in the Take Charge Plus and/or the Greater New Orleans Community Health Connection (GNOCHC) Waiver program upon implementation of the new adult group will be auto assigned to an MCO by the enrollment broker as provided for in the Automatic Assignment Process defined in §3105.H.-H.3.

4. ...

a. Special Provisions for Medicaid Expansion.

Individuals transferred from Take Charge Plus and/or GNOCHC will be given 90 days to change plans without cause following auto assignment to an MCO upon implementation of the new adult group.

G.5. - K.3. ...

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 37:1574 (June 2011), amended LR 40:310 (February 2014), LR 40:1097 (June 2014), LR 41:929 (May 2015), LR 41:2364 (November 2015), LR 42:

Chapter 33. Coordinated Care Network Shared Savings Model

§3301. Participation Requirements

A. - B. ...

C. Repealed.

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 37:1577 (June 2011), amended LR 41:932 (May 2015), LR 42:

Chapter 35. Managed Care Organization Participation Criteria
§3507. Benefits and Services

A. - D.36. ...

37. other services as required which incorporate the benefits and services covered under the Medicaid State Plan, including the essential health benefits provided in 42 CFR 440.347.

NOTE - H.5. ...

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 37:185 (June 2011), amended LR 39:92 (January 2013), repromulgated LR 39:318 (February 2013), LR 41:936 (May 2015), LR 41:2367 (November 2015), LR 42:

§3509. Reimbursement Methodology

A. - A.1. ...

2. As the Bayou Health Program matures and fee-for-service, shared savings and LBHP data are no longer available, there will be increasing reliance on Bayou Health managed care organization encounter data and/or financial data to set future rates, subject to comparable adjustments.

3. ...

4. Capitation rates will be risk-adjusted for the health of Medicaid enrollees enrolled in the MCO as appropriate.

A.4.a. - N.2.a. ...

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 37:1587 (June 2011), amended LR 39:92 (January 2013), repromulgated LR 39:318 (February 2013), LR 41:937 (May 2015), LR 41:2367 (November 2015), LR 42:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this

proposed Rule may have a positive impact on family functioning, stability or autonomy as described in R.S. 49:972 by providing families with better coordination of their total health care services and increasing the quality and continuity of care for the individual and the entire family.

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule may have a positive impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973 by reducing the financial burden on families through better coordinated health care services and increased continuity of care.

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, no direct or indirect cost to the provider to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Interested persons may submit written comments to Jen Steele, Bureau of Health Services Financing, P.O. Box 91030,

Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Steele is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, March 31, 2016 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Rebekah E. Gee MD, MPH

Secretary

John Bel Edwards
GOVERNOR



Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

PUBLIC HEARING CERTIFICATION
March 31, 2016
9:30 a.m.

RE: Managed Care for Physical and Behavioral Health
Expansion under the Affordable Care Act
Docket # 03312016-2
Department of Health and Hospitals
State of Louisiana

CERTIFICATION

In accordance with LA R.S. 49:950 et seq., the attached public hearing agenda, together with one digital recording of the public hearing conducted on March 31, 2016 in Baton Rouge, Louisiana constitute the official record of the above-referenced public hearing.

A handwritten signature in blue ink, appearing to read "Robert K. Andrepont", written over a horizontal line.

Robert K. Andrepont
Medicaid Policy and
Compliance Section

03/31/16
Date

DHH/BHSF PUBLIC HEARING

Topic – Managed Care for Physical and Behavioral Health Expansion under the Affordable Care Act

Date – March 31, 2016

PERSONS IN ATTENDANCE

Name	Address	Telephone Number	AGENCY or GROUP you represent
1. Cornette Scott	State of Louisiana Dept. of Health & Hospitals 628 N. 4th Street Baton Rouge, LA 70802	225-342-3881	DHH / MZIA / Medicaid Policy & Compliance
2. Alexander void Kayla Kennedy	DHH / Policy	342-3881	DHH Staff
3. Mare Davis	628 N 4th St Baton Rouge, LA 70802	225-342-9291	DHH Staff
4.			
5.			
6.			

SUMMARY OF PUBLIC HEARING TESTIMONY

Proposed Rule: Managed Care for Physical and Behavioral Health – Expansion under the Affordable Care Act
Public Hearing Date: March 31, 2016
Docket No. : 03312016-2
Conducted By: Department of Health and Hospitals, Bureau of Health Services Financing Staff

Oral Testimony Given By	Organization Represented	Summary of Comments
Michael Andry, CEO	Excelth, Inc.	One of the notes regarding benefits and services that has consistently been addressed to the Department under eligible providers for behavioral health services in Federally-Qualified Health Centers (FQHCs) has been licensed professional counselors and licensed medical, family and health therapists. Would like to see the rulemaking address this because the absence of this population, specifically in FQHCs, is not providing appropriate access to benefits and services under the plan for those providers.



State of Louisiana
Department of Health and Hospitals
Office of the Secretary

April 5, 2016

MEMORANDUM

TO: The Honorable John A. Alario, President, Louisiana Senate
The Honorable Taylor F. Barras, Speaker of the House
The Honorable Fred H. Mills, Jr., Chairman, Senate Committee on Health and Welfare
The Honorable Frank A. Hoffmann, Chairman, House Committee on Health and Welfare
The Honorable Eric LaFleur, Chairman, Senate Finance Committee
The Honorable Cameron Henry, Chairman, House Appropriations Committee

FROM: Rebekah E. Gee MD, MPH
Secretary 

RE: Oversight Report on Bureau of Health Services Financing Proposed Rulemaking

In accordance with the Administrative Procedure Act (R.S. 49:950 et seq.) as amended, we are submitting the attached documents for the proposed Rule for Medicaid Eligibility - Expansion under the Affordable Care Act.

The Department published a Notice of Intent on this proposed Rule in the February 20, 2016 issue of the *Louisiana Register* (Volume 42, Number 2). A public hearing was held on March 31, 2016 at which members of the public listed on the attached attendance roster and Department of Health and Hospitals staff were present. No oral testimony was given or written comments received regarding this proposed Rule.

The Department anticipates adopting the Notice of Intent as a final Rule in the May 20, 2016 issue of the *Louisiana Register*.

The following documents are attached:

1. a copy of the Notice of Intent;
2. the public hearing certification; and
3. the public hearing attendance roster.

REG/WJR/RKA

Attachments (3)

NOTICE OF INTENT

**Department of Health and Hospitals
Bureau of Health Services Financing**

**Medicaid Eligibility
Expansion under the Affordable Care Act
(LAC 50:III.2317)**

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to adopt LAC 50:III.2317 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Patient Protection and Affordable Care Act (P.L. No. 111-148), hereafter referred to as the Affordable Care Act (ACA), and §1937 of Title XIX of the Social Security Act (SSA) provides states with the option to expand Medicaid coverage to individuals from age 19 to 65 years old at or below 133 percent of the Federal Poverty Level with a 5 percent income disregard as provided in 42 CFR 435.119, hereafter referred to as the new adult group.

The U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) has directed states that wish to expand Medicaid coverage to this new adult group to submit State Plan amendments (SPAs) to secure approval for implementation. In compliance with CMS' directive and federal regulations, the Department of Health and Hospitals, Bureau of Health Services Financing proposes to amend the provisions governing Medicaid

eligibility to adopt provisions in the Medicaid Program to expand coverage to the new adult group. The department will submit the corresponding SPAs to CMS upon meeting the technical requirements for public notice and undergoing the federally-approved tribal consultation process.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part III. Eligibility

Subpart 3. Eligibility Groups and Factors

Chapter 23. Eligibility Groups and Medicaid Programs

§2317. New Adult Eligibility Group

A. Pursuant to the Patient Protection and Affordable Care Act (P.L. No. 111-148), hereafter referred to as the Affordable Care Act (ACA), and §1937 of Title XIX of the Social Security Act, the department will expand Medicaid coverage to a targeted new eligibility group, hereafter referred to as the new adult group.

B. Effective July 1, 2016, the department will establish a new Medicaid eligibility category for the new adult group, as defined in §1905(y)(2)(A) of Title XIX of the Social Security Act.

C. Eligibility Requirements. Coverage in the new adult group will be provided to individuals with household income up to 133 percent of the Federal poverty level with a 5 percent income disregard who are:

1. from age 19 to 65 years old;
2. not pregnant;

3. not entitled to, or enrolled in Medicare Part A or Medicare Part B; and

4. not otherwise eligible for and enrolled in mandatory coverage under the Medicaid State Plan.

a. Parents, children or disabled persons receiving Supplemental Security Income (SSI) benefits are excluded from enrollment as a new adult.

D. Covered Services. The new adult group will be provided with a benefit package which incorporates the benefits and services covered under the Medicaid State Plan including essential health benefits as provided in §1302(b) of ACA effective July 1, 2016.

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 42:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule may have a positive impact on family functioning, stability or

autonomy as described in R.S. 49:972 by expanding Medicaid coverage to a new targeted adult eligibility group.

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule may have a positive impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973 by reducing the financial burden for health care costs for certain families who may qualify under the newly eligible adult group.

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, no direct or indirect cost to the provider to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Interested persons may submit written comments to Jen Steele, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Steele is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, March 31, 2016 at 9:30 a.m. in Room 118, Bienville

Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Rebekah E. Gee MD, MPH

Secretary

John Bel Edwards
GOVERNOR



Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

PUBLIC HEARING CERTIFICATION
March 31, 2016
9:30 a.m.

RE: Medicaid Expansion under the Affordable Care Act
Docket # 03312016-4
Department of Health and Hospitals
State of Louisiana

CERTIFICATION

In accordance with LA R.S. 49:950 et seq., the attached public hearing agenda, together with one digital recording of the public hearing conducted on March 31, 2016 in Baton Rouge, Louisiana constitute the official record of the above-referenced public hearing.

A handwritten signature in blue ink, appearing to read "R. K. Andrepont", written over a horizontal line.

Robert K. Andrepont
Medicaid Policy and
Compliance Section

03/31/16

Date

DHH/BHSF PUBLIC HEARING

Topic – Medicaid Expansion under the Affordable Care Act

Date – March 31, 2016

PERSONS IN ATTENDANCE

Name	Address	Telephone Number	AGENCY or GROUP you represent
1. <i>Cornette Scott</i>	<i>State of Louisiana Dept. of Health & Hospitals 628 N. 4th Street Baton Rouge, LA 70802</i>	<i>525-342-3881</i>	<i>DHH/MHA/Medicaid Policy & Compliance</i>
2. <i>Gerrelda Davis</i>	<i>503 Colonial Drive BR, LA 70806</i>	<i>225 - 927- 7662</i>	<i>Louisiana Primary Care Association</i>
3. <i>Avis Richards</i>	<i>OPH</i>	<i>342-3417</i>	<i>Bureau of Primary Care + Rural</i>
4. <i>MICHAEL ANDRY</i>	<i>1515 Poydras St. SE100 NOZA</i>	<i>504 524 1210</i>	<i>EXCITA Inc LPCA & SOLICITANT NET</i>
5. <i>Jackson Casey</i>	<i>OBH</i>	<i>—</i>	<i>—</i>
6. <i>Morie Darr</i>	<i>228 N 4th St Baton Rouge, LA 70802</i>	<i>225-342-9291</i>	<i>DHH STAFF</i>



State of Louisiana
Department of Health and Hospitals
Office of the Secretary

April 5, 2016

MEMORANDUM

TO: The Honorable John A. Alario, President, Louisiana Senate
The Honorable Taylor F. Barras, Speaker of the House
The Honorable Fred H. Mills, Jr., Chairman, Senate Committee on Health and Welfare
The Honorable Frank A. Hoffmann, Chairman, House Committee on Health and Welfare
The Honorable Eric LaFleur, Chairman, Senate Finance Committee
The Honorable Cameron Henry, Chairman, House Appropriations Committee

FROM: Rebekah E. Gee MD, MPH
Secretary

RE: Oversight Report on Bureau of Health Services Financing Proposed Rulemaking

In accordance with the Administrative Procedure Act (R.S. 49:950 et seq.) as amended, we are submitting the attached documents for the proposed Rule for Medicaid Expansion under the Affordable Care Act.

The Department published a Notice of Intent on this proposed Rule in the February 20, 2016 issue of the *Louisiana Register* (Volume 42, Number 2). A public hearing was held on March 31, 2016 at which a representative of Excelth, Inc. and Department of Health and Hospitals staff were present. No oral testimony was given or written comments received regarding this proposed Rule.

The Department anticipates adopting the Notice of Intent as a final Rule in the May 20, 2016 issue of the *Louisiana Register*.

The following documents are attached:

1. a copy of the Notice of Intent;
2. the public hearing certification; and
3. the public hearing attendance roster.

REG/WJR/RKA

Attachments (3)

NOTICE OF INTENT

Department of Health and Hospitals
Bureau of Health Services Financing

Medicaid Expansion under the Affordable Care Act
(LAC 50:I.Chapter 101-103)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to adopt LAC 50:I.Chapter 101-103 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Patient Protection and Affordable Care Act (P.L. No. 111-148), hereafter referred to as the Affordable Care Act (ACA), and §1937 of Title XIX of the Social Security Act (SSA) provides states with the option to expand Medicaid coverage to individuals from age 19 to 65 years old at or below 133 percent of the Federal Poverty Level with a 5 percent income disregard as provided in 42 CFR 435.119, hereafter referred to as the new adult group.

Under the provisions of §1937 of the SSA, state Medicaid programs have the option to provide enrollees with "benchmark" or "benchmark-equivalent" coverage based on one of three commercial insurance products, or a fourth Secretary-approved coverage option which can include the Medicaid State Plan benefit package offered in their state. "Benchmark" benefits are those that are at least equal to one of the statutorily specified benchmark plans, and "benchmark-equivalent" are those benefits that include certain specified

services, and the overall benefits are at least actuarially equivalent to one of the statutorily specified benchmark coverage packages. Federal regulations under ACA also stipulate that the packages must cover essential health benefits as designated in §1302(b) of ACA which includes ten specific benefit categories.

The U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) has directed states that wish to expand Medicaid coverage to the new adult group to submit State Plan amendments (SPAs) to secure approval for implementation. In compliance with CMS' directive and federal regulations, the Department of Health and Hospitals, Bureau of Health Services Financing proposes to adopt provisions in the Medicaid Program to:

- 1) expand Medicaid coverage to individuals from age 19 to 65 years old at or below 133 percent of the Federal Poverty Level with a 5 percent income disregard as provided in 42 CFR 435.119;
- 2) implement a Secretary-approved coverage option which incorporates the benefits and services covered under the Medicaid State Plan, including the essential health benefits as provided in §1302(b) of ACA;
- 3) use the Basic Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employees Health Benefit program as the state's benchmark benefit package;
- and 4) establish provisions for the use of the Supplemental Nutrition Assistance Program (SNAP) option for streamlined enrollment of SNAP recipients who meet eligibility requirements for the new adult group.

The department will submit the corresponding SPAs to CMS upon meeting the technical requirements

for public notice and undergoing the federally-approved tribal consultation process.

The department hereby proposes to adopt provisions in the Medicaid Program to expand Medicaid coverage to the new adult group, and to establish these provisions in Title 50, Part I of the *Louisiana Administrative Code*. This proposed Rule is also being promulgated to satisfy federal public notice requirements.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part I. Administration

Subpart 11. Medicaid Expansion under the Affordable Care Act

Chapter 101. Alternative Benefit Plan

§10101. General Provisions

A. Pursuant to the Patient Protection and Affordable Care Act (P.L. No. 111-148), hereafter referred to as the Affordable Care Act (ACA), and §1937 of Title XIX of the Social Security Act, the department shall expand Medicaid coverage to individuals from age 19 to 65 years old at or below 133 percent of the Federal Poverty Level with a 5 percent income disregard as provided in 42 CFR 435.119, hereafter referred to as the new adult group.

B. Effective July 1, 2016, the department will expand Medicaid coverage to the new adult group, as defined in §1905(y)(2)(A) of Title XIX of the Social Security Act, and provide a Secretary-approved coverage option, hereafter referred to as the Alternative Benefit Plan (ABP), which incorporates the benefits and services covered under the Medicaid State Plan, including the

essential health benefits as provided in §1302(b) of ACA. The department will utilize a federally-approved benchmark benefit package to ensure that the ABP includes benefits that are appropriate to meet the needs of the new adult group.

1. *Benchmark*-coverage is based on benefits that are at least equivalent to one of the federally statutorily specified benchmark plans.

C. The Basic Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employees Health Benefit program (FEHBP) will be the benchmark plan used to design the ABP for the state.

D. The ABP shall provide coverage of essential health benefits pursuant to federal regulations in §1302(b) of ACA.

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 42:

§10103. Benefits and Services

A. Minimum Essential Health Benefits. Pursuant to §1302(b) of ACA, the ABP must provide the new adult group with a benchmark benefit or benchmark-equivalent benefit package that includes the required minimum essential health benefits (EHBs) provided in Affordable Insurance Exchanges. There are 10 benefit categories and some of the categories include more than one type of benefit. The following services are considered EHBs:

1. ambulatory patient services;

2. emergency services;
3. hospitalization;
4. maternity and newborn care;
5. mental health and substance use disorder services,

including behavioral health treatment:

a. These services shall be in accordance with the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008.

6. prescription drugs;
7. rehabilitative and habilitative services and devices;
8. laboratory services;
9. preventive services and chronic disease management;

and

10. pediatric services, including oral and vision care:

a. The requirements of this service category are met through the Early and Periodic Screening, Diagnosis and Treatment Program.

B. Enrollees shall receive the full range of benefits and services covered under the ABP State Plan Amendment. The ABP package will incorporate the benefits and services covered under the Medicaid State Plan, including the essential health benefits as provided in §1302(b) of ACA.

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 42:

Chapter 103. Supplemental Nutrition Assistance Program Enrollment Option

§10301. General Provisions

A. Effective July 1, 2016, the department may use the Supplemental Nutrition Assistance Program (SNAP) option for streamlined enrollment of SNAP recipients who meet eligibility requirements for the new adult group.

B. In the event the SNAP enrollment option is used, the Medicaid program will not conduct a separate Modified Adjusted Gross Income (MAGI) based income determination on SNAP participants. The department will utilize the gross income determination provided by SNAP to make the financial eligibility determination.

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 42:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule may have a positive impact on family functioning, stability or

autonomy as described in R.S. 49:972 by expanding Medicaid coverage to a new targeted adult eligibility group.

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule may have a positive impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973 by reducing the financial burden for health care costs for certain families who may qualify under the newly eligible adult group.

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, no direct or indirect cost to the provider to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Interested persons may submit written comments to Jen Steele, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Steele is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, March 31, 2016 at 9:30 a.m. in Room 118, Bienville

Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Rebekah E. Gee MD, MPH

Secretary



State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

PUBLIC HEARING CERTIFICATION
March 31, 2016
9:30 a.m.

RE: Medicaid Eligibility
Expansion under the Affordable Care Act
Docket # 03312016-3
Department of Health and Hospitals
State of Louisiana

CERTIFICATION

In accordance with LA R.S. 49:950 et seq., the attached public hearing agenda, together with one digital recording of the public hearing conducted on March 31, 2016 in Baton Rouge, Louisiana constitute the official record of the above-referenced public hearing.

A handwritten signature in blue ink, appearing to read "R. K. Andrepont".

Robert K. Andrepont
Medicaid Policy and
Compliance Section

03/31/16

Date

DHH/BHSF PUBLIC HEARING

Topic - Medicaid Eligibility Expansion under the Affordable Care Act

Date - March 31, 2016

PERSONS IN ATTENDANCE

Name	Address	Telephone Number	AGENCY or GROUP you represent
1. Cornette Scott	State of Louisiana Dept. of Health & Hospitals 628 N. 4th Street Baton Rouge, LA 70802	825-342-3881	DHH/M2A/Medicaid Policy & Compliance
2. MICHAEL ANDREY	1515 Poydras St. 5th floor New Orleans, LA 70112	504-524-1210	EXCERTE, Inc & LPCA & 504 HEALTHNET
3. Lolani Wilkin	DHH/Policy	342-6419	DHH Staff
4. Marie Darr	628 N 4th St Baton Rouge, LA 70802	225-342-9291	DHH Staff
5. Jodie E. Helbert	628 N. 4th St BR, LA 70802	225-342-6888	DHH/Medicaid
6.			