

T-0000 FAIR HEARINGS**T-100 GENERAL INFORMATION**

Every applicant for, and enrollee of, Louisiana Medicaid benefits has the right to appeal any agency action or decision, and has the right to a fair hearing in the presence of an impartial hearing officer.

The Division of Administrative Law (DAL) provides an impartial hearing officer who assures the Medicaid agency has correctly applied federal and/or state law (basis of the Medicaid policy) in the specific case in appeal. In general, a decision rendered by DAL should not be considered a revision to the state Medicaid policy.

T-110 Federally Facilitated Marketplace (FFM)

Beginning July 1, 2016, Louisiana will accept Medicaid and CHIP determinations rendered by the Federally Facilitated Marketplace (FFM) for those Medicaid/CHIP programs based on the Modified Adjusted Gross Income (MAGI) methodology. When a request for a fair hearing of a Medicaid/CHIP decision is received, the FFM will process the request, including preparation of the summary of evidence and presenting the summary in the fair hearing before the FFM's appeal entity.

Note:

Historically, Louisiana was previously a determination state from January 1, 2015 through November 1, 2015, but converted to the assessment state model from November 1, 2015, through June 30, 2016.

The appellant retains the right to have their Medicaid or LaCHIP decision adjudicated by the state Medicaid agency. The appellant must notate this option on the appeal request submitted to the FFM or submit the request directly to the state Medicaid agency or the DAL. The FFM will turn over all pertinent data to the state Medicaid agency when this occurs.

T-120 Durable Medical Equipment (DME)

Molina Medicaid Solutions or the appropriate health plan (see more information in the Medicaid Member Support section below) shall prepare the summary of evidence and attend any hearing resulting from a prior authorization decision.

T-130 Long-Term Care Medical Certification Decisions

The Office of Aging and Adult Services (OAAS) or their designee shall prepare the summary of evidence and attend any hearing resulting from a long-term care (LTC) medical certification decision.

T-140 Lock-In

The Bureau of Health Services Financing (BHSF) Pharmacy Benefits Management Unit shall prepare the summary of evidence and attend any hearing resulting from a lock-in decision (if the appellant is a fee-for-service enrollee).

T-150 Estate Recovery

BHSF Recovery and Premium Assistance Section shall prepare the summary of evidence and attend any hearing resulting from an estate recovery decision.

T-160 Health Plan Relations/Centralized Appeals Unit

The Centralized Appeals Unit (CAU), under the Health Plan Relations section, shall be responsible for coordinating state fair hearing requests relating to a denial by way of termination, suspension or reduction of services. This responsibility includes ensuring the entity that rendered the decision (i.e., the health plans (Medicaid Managed Care), Molina Medicaid Solutions, University of Louisiana at Monroe (ULM), etc.) prepares and presents the summary of evidence at the appeals hearing, and that appropriate representation from relevant departments within the agency participate in the appeals hearing.

The CAU is responsible for fair hearing requests resulting from a Medicaid eligibility denial or proposed closure, and will complete all necessary appeals activity resulting from the request, including preparation and presentation of the summary of evidence at the appeals hearing.