

NOTICE OF INTENT

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

**Medicaid Eligibility
Federally-Facilitated Marketplace Determinations
(LAC 50:III.505)**

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to amend LAC 50:III.505 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 (ACA) of 2010 requires that all applicants for coverage through the federal health insurance marketplace be assessed for eligibility in other government programs, including Medicaid. States are required to select a marketplace model that is state-based, federally-facilitated or working in partnership with the federal marketplace. States with a federally-facilitated marketplace (FFM), like Louisiana, must elect to either have the FFM make assessments of Medicaid eligibility and transfer the account to the state Medicaid agency for a final determination, or delegate the authority to make Medicaid eligibility determinations to the FFM. Initially, Louisiana elected to become a determination state and accepted eligibility determinations made by the FFM.

In August 2014, the Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing Medicaid eligibility in order to become an assessment state and only accept eligibility assessments from the FFM (*Louisiana Register*, Volume 41, Number 8). The department has now determined that it is necessary to amend the provisions governing Medicaid eligibility in order to return to a determination state and accept Medicaid eligibility determinations made by the FFM.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE Part III. Eligibility Subpart 1. General Administration

Chapter 5. Application Processing

§505. Federally-Facilitated Marketplace

~~Assessments~~Determinations

A. Effective ~~October 1, 2015~~April 20, 2016, Louisiana Medicaid will delegate its Medicaid eligibility determination authority to no longer accept Medicaid eligibility determinations made by the federally-facilitated marketplace (FFM) in order to begin accepting eligibility determinations made by the FFM for only those individuals who apply for healthcare coverage through the FFM. ~~Initial assessment of an applicant's Medicaid eligibility will be made by the FFM and transferred to the department to make the final Medicaid~~

~~eligibility determination, which~~ This action will result in the state becoming ~~an a assessment~~ determination state.

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 41:1489 (August 2015), amended 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 and autonomy as described in R.S. 49:972.

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.

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, May 26, 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