



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

VIA ELECTRONIC MAIL ONLY

December 18, 2014

Bill Brooks
Centers for Medicare and Medicaid Services
Division of Medicaid and Children's Health Operations
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, TX 75202

**RE: LA SPA 14-0015 RAI Response
Coordinated Care Network-Recipient Participation**

Dear Mr. Brooks:

Please refer to our proposed amendment to the Medicaid State Plan submitted under transmittal number (TN) 14-0015 with a proposed effective date of July 1, 2014. The purpose of this amendment is to make individuals receiving hospice services mandatory participants in BAYOU HEALTH and individuals receiving home and community based waiver services voluntary participants. We are providing the following additional information as requested in your RAI correspondence dated December 17, 2014.

CMS -179

1. Section 10 – Subject of the Amendment. **“The Spa proposes to make individuals receiving hospice services mandatory in BAYOU HEALTH and individuals receiving home and community based waiver services voluntary participants.”** What does that mean for each group? Additionally where are they now?

Response: Currently, members who receive community based hospice services are disenrolled from Bayou Health regardless of their aid category/type case status and transitioned to legacy Medicaid benefits as long as they remain enrolled in hospice. This transition occurs no later than the first day of the second month following the approval of hospice services.

Effective February 1, 2015, members with an aid category/type case who are mandatory or voluntary Bayou Health members will remain Bayou Health members after hospice services begins. The managed care organizations (MCOs) will determine if hospice eligibility factors are met and provide the care for these members.

Home and Community Based Service (HCBS) members receive their benefits through legacy Medicaid until they voluntarily opt into managed care participation. Only acute care needs are covered through the MCO, while the waiver benefits continue being coordinated by case managers and program offices. HCBS members can opt out of Bayou Health enrollment at any time and are not subject to the lock-in period after 90 days.

2. The State is adding hospice and making several other groups of Medicaid populations optional to managed care even for some populations, how is there no fiscal impact?

Response: There is no impact to the Medicaid program overall – monies are only transferring from fee-for-service (FFS) to managed care. The State did not isolate the Bayou Health-only side of the equation.

General Questions

3. Does the State have the provider capacity in BAYOU HEALTH to ensure beneficiaries have timely access to care? Does this group of providers have the background and experience to treat this population?

Response: Yes, the MCOs are responsible for the same state plan services for the HCBS population that are currently provided to all of their Bayou Health members. Each MCO has and will continue to demonstrate network adequacy quarterly, including plans to assure access even in areas with limited capacity. The current MCO networks include specialists and providers who do not participate in FFS Medicaid. This access to an extended network of specialists and providers is a significant reason the State is seeking to expand participation in Bayou Health to this previously excluded group. In addition, the case management and care coordination services provided by the MCOs tremendously enhances the coordination of care within Bayou Health and with carved out waiver services.

The MCOs have been building their networks and working collaboratively with the State and the Louisiana-Mississippi Hospice and Palliative Care Organization (LMHPCO) to ensure network adequacy for hospice services.

All MCOs will provide updated network adequacy documentation as part of the readiness review for the upcoming February 1, 2015 implementation. The State will submit certification of network adequacy to CMS in January 2015.

4. What is the State's plan for routine monitoring/reporting to determine the success of implementation? Will it be separate from what currently exists?

Response: While some of the reporting will be the same or similar, the expanded population will be reported as a subset or stand-alone group as appropriate. A significant portion of the monitoring effort for this population will be extracted from the newly implemented Prior Authorization Transaction Reporting and Monitoring system. The MCOs are currently reporting all prior authorization determinations (approved, denied and partially denied). The State regularly reviews a sampling of communications to members from these transactions and conducts various trend analyses to determine appropriate and/or inappropriate authorization practices or issues. Another significant component of state monitoring focuses on grievances and appeals. This monitoring component not only centers on the volume, trends, and outliers across plans and/or providers; but, also on timely and appropriate follow-up and resolution.

5. Does the State now cover tribal members under managed care?

Response: The State covers tribal members under managed care but members have the opportunity to request disenrollment based on tribal affiliation and are not mandated to remain in managed care after tribal status is confirmed. Members are disenrolled no later than the first day of the second month after tribal affiliation is verified.

Please consider this a formal request to begin the 90-day clock. We trust that this additional information will be sufficient to result in the approval of the pending plan amendment. We look forward to negotiating with CMS to ensure approval.

As always, we appreciate the assistance of Ford Blunt in resolving these issues. If further information is required, you may contact Darlene A. Budgewater at Darlene.Budgewater@la.gov or by phone (225)342-3881.

Sincerely,



J. Ruth Kennedy
Medicaid Director

JRK/DAB/SSJ