



State of Louisiana
Louisiana Department of Health
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

January 27, 2020

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

RE: Louisiana Title XIX State Plan
Transmittal No. 20-0001

Dear Mr. Brooks:

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan. Should you have any questions or concerns regarding this matter, please contact Karen Barnes at (225) 342-3881 or via email at Karen.Barnes@la.gov.

Warmly,

 , for
Rebekah E. Gee MD, MPH
Secretary

Attachments (2)

REG:EC:KDS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 20-0001	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2020
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5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

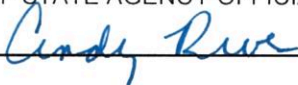
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 438.50 (b)(4)	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$ 0 b. FFY 2021 \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-F, Page 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 18-0007)
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10. SUBJECT OF AMENDMENT The purpose of this SPA is to amend the provisions governing public process for managed care organizations (MCOs) in order to remove language that refers to the utilization of rulemaking to satisfy public comment requirements and to add language that requires a 30-day public comment period for MCO contract amendments and a 45-day public comment period for policy or procedure changes unless the Louisiana Department of Health finds that imminent peril to the public's health, safety, or welfare requires immediate approval.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review State Plan material.
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Erin Campbell, Acting Medicaid Director State of Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME Cindy Rives, designee for Rebekah E. Gee MD, MPH	
14. TITLE Secretary	
15. DATE SUBMITTED January 27, 2020	

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17. DATE RECEIVED	18. DATE APPROVED
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME	22. TITLE

23. REMARKS

State: **LOUISIANA**

shop” for documents and information regarding MCOs and includes an online form that interested parties can submit electronically to provide suggestions or ask questions.

A MCO Resource Guide for Providers was developed and posted on the website to inform providers of the MCO program and included a program overview, timelines for implementation, how the LDH (formerly DHH) addressed provider concerns, MCO provider recruitment process, information to know about interacting with MCOs, marketing guidelines, etc.

Meetings and presentations were made to legislative committees, advocates such as Covering Kids and Families Coalition, Louisiana Consumer Healthcare Coalition, Louisiana Maternal and Child Health Coalition, Interagency Council on Homelessness, and Office of Developmental Disabilities; associations such as the Louisiana Primary Care Association, Hospital Association, Louisiana Medical Society; health care providers such as physician groups, hospitals, transportation providers and health care plans. Nine public forums were conducted in each of the nine major geographic regions of the state.

An emergency rule creating the managed care model was published in the eight major daily newspapers in Louisiana in September 2010, but was withdrawn to obtain greater public input. After obtaining additional input from stakeholders, the Notice of Intent (NOI) was published on February 20, 2011 in the *Louisiana Register*. LDH solicited written comments and received 24 written comments which were each responded to individually. The public hearing on the Notice of Intent was held on March 30, 2011 with approximately 67 attendees. Feedback received during the administrative rulemaking process was incorporated into both the Request for Proposals issued April 11, 2011 and the Final Rule that was published in the *Louisiana Register* on June 20, 2011. Public input continued during and after the implementation of the program, through website recommendations, public meetings, provider meetings, and LDH Advisory Council meetings, etc.

The final rule and the proposed State Plan amendment were shared with the four federally recognized Tribes in Louisiana (Coushatta, Chitimacha, Biloxi-Tunica, and Jena Band of Choctaws), prior to the submittal of the State Plan Amendment pages to CMS. The Department provided a notification letter to the tribal contacts for each of the four tribes and gave them time to comment on the proposed amendment. The Department continues to utilize every opportunity to engage the tribes, post-implementation, through its CMS-approved tribal notification and comment process.

Outreach and education for Medicaid enrollees who would be enrolled, began in early October 2011 and robust efforts continue to ensure that consumers are abreast of program changes and to provide information on the benefits.

State statute requires a 30-day public comment period for MCO contract amendments and a 45-day public comment period for policy or procedure changes unless LDH finds that imminent peril to the public’s health, safety, or welfare requires immediate approval.

TN _____
Supersedes
TN _____

Approval Date _____ Effective Date _____