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State/Territory Name: **Louisiana**

State Plan Amendment (SPA) #: **LA-24-0024**

- 1) Approval Letter
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Financial Management Group
Division of Financial Policy & Oversight

October 9, 2024

Kimberly Sullivan
Medicaid Executive Director
Louisiana Department of Health
Bureau of Health Services Financing
628 North 4th Street
Baton Rouge, Louisiana 70802

Dear Kimberly Sullivan:

Enclosed for your records is an approved copy of the following state plan amendment (SPA).

Transmittal LA 24-0024:

- This SPA provides assurance in Attachment D that the benefit package provided for all individuals through the postpartum extension complies with section 1937 of the Act, including the provision of essential health benefits (EHBs) and that no treatment limitations that are more restrictive than the Alternative Benefit Plan (ABP).
- This SPA is effective July 1, 2024

If you would like to discuss further, please contact either financial analyst, Yvette Moore at (667) 290-9825 or Medicaid financial branch chief, Stuart Goldstein at (410) 786-0694.

Sincerely,

Charlie Arnold
Director
Division of Financial Policy & Oversight

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER 24-0024	2. STATE LA
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE July 1, 2024	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)	
a. <u>FFY 2024</u> <u>\$0</u>	
b. <u>FFY 2025</u> <u>\$0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment D to Supplement 18 to Attachment 2.6A	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 22-0020)

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

**42 CFR 435.119
42 CFR 433.204(a)(1)**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment D to Supplement 18 to Attachment 2.6A

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$0
b. FFY 2025 \$0

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same (TN 22-0020)

9. SUBJECT OF AMENDMENT

The purpose of this SPA is to add clarifying language to the proxy methodology to account for the proportion of Federal Medical Assistance Percentage (FMAP) expenditures for beneficiaries receiving extended postpartum coverage.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

The Governor does not review State Plan material.

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Michael Harrington, MBA, MA

13. TITLE

Secretary

14. DATE SUBMITTED

September 30, 2024

15. RETURN TO

**Kimberly Sullivan, J.D.
Medicaid Executive Director
Louisiana Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030**

FOR CMS USE ONLY

16. DATE RECEIVED

September 30, 2024

17. DATE APPROVED

October 9, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Charlie Arnold

21. TITLE OF APPROVING OFFICIAL

Director - Division of Financial Policy

22. REMARKS

PEN/INK Authorization: Block#5 ADD: 42 CFR 433.206(g)

Attachment D

Louisiana proposes to use proxy methodology to account for the proportion of individuals covered under the extended postpartum coverage option who would otherwise be newly eligible for coverage in the Adult Expansion Group (435.119) and for the newly eligible FMAP under section 1905(y) of the Act, if the State completed a redetermination.

Louisiana assures that the benefit package provided for all individuals through the postpartum extension complies with section 1937 of the Act, including the provision of essential health benefits (EHBs), no treatment limitations that are more restrictive than the Alternative Benefit Plan (ABP) benefit package, compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA), and the absence of cost sharing for preventive services meeting the definition of an EHB.

Based upon Calendar Years 2018 and 2019, LDH will document the total number of members closed in the Pregnancy/Post-Partum group (435.116) and the number of members who transitioned to the Adult Group within 10 months of the expiration of their pregnancy coverage (60 day post-partum). We will also review the duration of those members who transitioned to the Adult Group, identifying the average number of months the individual maintained eligibility through the extended 10-month period.

The proxy percentage will be determined as follows:

# of Members in Pregnancy/Post-Partum Group (435.116) who Transitioned to Adult Group as newly eligible (435.119) Within 10 months of the Expiration of Pregnancy/Post-Partum Group Eligibility During Calendar Years 2018 and 2019	Divided By (÷)	Total # of Members whose coverage ended in Pregnancy/Post-Partum Group During Calendar Years 2018 and 2019	Multiplied by (X)	Percent of time members of the Pregnancy/Post-Partum Group remained in Adult Group in the 10 month post-partum period	Equals (=)	Proxy Percentage for Claiming
23,755	Divided By (÷)	42,629	Multiplied by (X)	.77	Equals (=)	43%

1. On a monthly basis, identify the individuals in day 61 – 365 of postpartum coverage and the per member per month (PMPM) payments paid to the managed care organizations for this identified population.
2. Apply the derived proxy percentage to the actual PMPM spend for the identified population.
3. On quarterly basis, reclass the proxy cost for the identified population from the regular FMAP reporting line to the expansion FMAP reporting line.