

State: **LOUISIANA**

Citation Condition or Requirement

Population	V	E	Notes
Other Insurance --Medicaid beneficiaries who have other health insurance		X	
Reside in Nursing Facility or ICF/IID -- Medicaid beneficiaries who reside in Nursing Facilities (NF) or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).		X	Individuals residing in nursing facilities and individuals under age 21 residing in ICFs/IID are mandatory enrollees in Healthy Louisiana for specialized behavioral health, applied behavior analysis (ABA)-based therapy and non-emergency ambulance services only. Skilled nursing facility services may be utilized by members who transition from acute care hospital services as a step-down continuum of care for a specified period of time.
Enrolled in Another Managed Care Program --Medicaid beneficiaries who are enrolled in another Medicaid managed care program			N/A
Eligibility Less Than 3 Months --Medicaid beneficiaries who would have less than three months of Medicaid eligibility remaining upon enrollment into the program			N/A
Participate in HCBS Waiver --Medicaid beneficiaries who participate in a Home and Community Based Waiver (HCBS, also referred to as a 1915(c) waiver).	X		
Retroactive Eligibility --Medicaid beneficiaries for the period of retroactive eligibility.			N/A
Other (Please define):			

1932(a)(4)
 42 CFR 438.54

F. Enrollment Process.

Based on whether mandatory and/or voluntary enrollment are applicable to your program (see E. Populations and Geographic Area and definitions in 42 CFR 438.54(b)), please complete the below:

1. For **voluntary** enrollment: (see 42 CFR 438.54(c))
 - a. Please describe how the state fulfills its obligations to provide information as specified in 42 CFR 438.10(c)(4), 42 CFR 438.10(e) and 42 CFR 438.54(c)(3). **Information is provided in the member handbook that is available on the State’s website, the MCO’s website and/or by mail.**

States with voluntary enrollment must have an enrollment choice period or passive enrollment. Please indicate which will apply to the managed care program:
 - b. If applicable, please check here to indicate that the state provides an **enrollment choice period**, as described in 42 CFR 438.54(c)(1)(i) and 42 CFR 438.54(c)(2)(i), during which individuals who are subject to voluntary enrollment may make an active choice to enroll in the managed care program, or will otherwise continue to receive covered services through the fee-for-service delivery system.
 - i. Please indicate the length of the enrollment choice period:
90aA minimum of 30 days

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- c. If applicable, please check here to indicate that the state uses a **passive enrollment** process, as described in 42 CFR 438.54(c)(1)(ii) and 438.54(c)(2)(ii), for individuals who are subject to voluntary enrollment.
- i. If so, please describe the algorithm used for passive enrollment and how the algorithm and the state's provision of information meets all of the requirements of 42 CFR 438.54(c)(4),(5),(6),(7), and (8).
 - ii. Please indicate how long the enrollee will have to disenroll from the plan and return to the fee-for-service delivery system:

2. For **mandatory** enrollment: (see 42 CFR 438.54(d))
- a. Please describe how the state fulfills its obligations to provide information as specified in 42 CFR 438.10(c)(4), 42 CFR 438.10(e) and 42 CFR 438.54(d)(3).
- Information is provided in the member handbook that is available on the State's website, the MCO's website and/or by mail.**
- b. If applicable, please check here to indicate that the state provides an **enrollment choice period**, as described in 42 CFR 438.54(d)(2)(i), during which individuals who are subject to mandatory enrollment may make an active choice to select a managed care plan, or will otherwise be enrolled in a plan selected by the State's default enrollment process.
- i. Please indicate the length of the enrollment choice period:
90a minimum of 15 days
- c. If applicable, please check here to indicate that the state uses a **default** enrollment process, as described in 42 CFR 438.54(d)(5), for individuals who are subject to mandatory enrollment.
- i. If so, please describe the algorithm used for default enrollment and how it meets all of the requirements of 42 CFR 438.54(d)(4), (5), (7), and (8).
If the recipient fails to choose an MCO upon application, the State will assign the recipient to an MCO. The automatic assignment methodology shall seek to preserve existing provider-beneficiary relationships during the previous year and relationships with providers that have traditionally served Medicaid beneficiaries. After consideration of provider-beneficiary relationships, the methodology shall assign beneficiaries equitably among MCOs, excluding those subject to the intermediate sanction described in 42 C.F.R. §438.702(a)(4).
- d. If applicable, please check here to indicate that the state uses a **passive enrollment** process, as described in 42 CFR 438.54(d)(2), for individuals who are subject to mandatory enrollment.
- i. If so, please describe the algorithm used for passive enrollment and how it meets all of the requirements of 42 CFR 438.54(d)(4), (6), (7), and (8)

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