

Alternative Benefit Plan

State Name: Louisiana	Attachment 3.1-L-	OMB Control Number: 0938-1148	
Transmittal Number: LA - 16 - 0005		OMB Expiration date: 10/31/2014	
Service Delivery Systems		ABP8	
Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.			
Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).			
Select one or more service delivery systems:			
Managed care.			
 Prepaid Inpatient Health Plans (PIHP). Prepaid Ambulatory Health Plans (PAHP). 	State: Louisiana Date Received: 3/31/16 Date Approved: 4/7/16 Date Effective: 7/1/16 Fransmittal Number: LA	16-0005	
Fee-for-service.			
Other service delivery system.			
Managed Care Options			
Managed Care Assurance			
The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections			

✓ The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

Managed Care Implementation

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

Members who will be given the opportunity during completion of the Medicaid application to select from among five MCOs. Members who are being automatically transitioned from Family Planning State Plan services (Take Charge Plus Program) or the Greater New Orleans Community Health Connection (GNOCHC) Section 1115 Demonstration Waiver will be auto-assigned to an MCO by the State's conflict-free Enrollment Broker. All members will have 90 days from initial MCO assignment to select a different MCO, and choice counseling in selecting the Plan that best fits the member's needs is available through the Enrollment Broker and website www.bayouhealth.com.

MCO: Managed Care Organization

The managed care delivery system is the same as an already approved managed care program.

Yes

The managed care program is operating under (select one):

○ Section 1915(a) voluntary managed care program.

○ Section 1915(b) managed care waiver.

• Section 1932(a) mandatory managed care state plan amendment.

○ Section 1115 demonstration.

Transmittal Number: 16-0005 Date Approved: 4/7/16



Alternative Benefit Plan

O Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.			
Identify the date the managed care program was approved by CMS	S: 11/10/2011		
Describe program below:			
Louisiana Medicaid's managed care program, called Bayou Health, is comprised of five managed care organizations who are responsible for overseeing the delivery of comprehensive, integrated physical and behavioral health (basic and specialized) services statewide for Medicaid enrollees utilizing a risk bearing model.			
Additional Information: MCO (Optional)			
Provide any additional details regarding this service delivery system (optional):			
PAHP: Prepaid Ambulatory Health Plan			
The managed care delivery system is the same as an already approved managed care program. Yes			
The managed care program is operating under (select one):	State: Louisiana		
○ Section 1915(a) voluntary managed care program.	Date Received: 3/31/16 Date Approved: 4/7/16		
• Section 1915(b) managed care waiver.	Date Effective: 7/1/16		
○ Section 1115 demonstration.	Transmittal Number: LA 16-0005		
O Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.			
Identify the date the managed care program was approved by CMS: 06/01/2014			
Describe program below:			
Single statewide dental benefit manager for dental services and adult denture benefits.			
Additional Information: PAHP (Optional)			
Provide any additional details regarding this service delivery system (optional):			
Fee-For-Service Options			
Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:			
• Traditional state-managed fee-for-service			
O Services managed under an administrative services organization (ASO) arrangement			
Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for- service care management models/non-risk, contractual incentives as well as the population served via this delivery system.			
Louisiana Medicaid State Plan Services that are excluded from MCO benefits and services, and that continue to be traditional state- managed fee-for-service services. They are Applied Behavior Analysis-Based Therapy (limited to 19 and 20 year olds), nursing facility care (ages 21-64) and Long-Term Personal Care Services (Age 21-64)			
Additional Information: Fee-For-Service (Optional)			

Transmittal Number:16-0005Date Approved:4/7/16Date Effective:7/1/16Superseded Transmittal Number:New page



Alternative Benefit Plan

Provide any additional details regarding this service delivery system (optional):

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140417

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Transmittal Number:16-0005Date Approved:4/7/16Date Effective:7/1/16Superseded Transmittal Number:New page