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State/Territory Name: **Louisiana**

State Plan Amendment (SPA) #: **LA-22-0020**

- 1) Approval Letter
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- 3) CMS 179 with pen/ink changes



Financial Management Group
Division of Financial Policy

September 23, 2022

Tara A. LeBlanc
Medicaid Executive Director
Louisiana Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, Louisiana 70821-9030

Dear Ms. LeBlanc:

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

Transmittal LA 22-0020:

- This SPA authorizes increased federal financial participation (FFP) for newly-eligible individuals receiving postpartum coverage and further includes the addition of Attachment D, which describes the special circumstances and other proxy adjustments that are applied to account for the proportion of individuals covered under the extended postpartum coverage option who would otherwise be eligible for coverage in the adult group and for the newly eligible FFP under section 1905(y) of the Social Security Act;
- This SPA is effective April 1, 2022

The state will be responsible for tracking and aggregating the extended postpartum population claims, which should be based on the population used to derive the proxy percentage. The extended postpartum claims will be a portion of the claims (“affected expenditures”) reported across many Categories of Service (COS) lines and integrated with claims from other populations. The state will need to apply the proxy percentage to the affected expenditures by COS line outside the Form CMS-64. Ultimately, the state will claim the portion of the expenditures at the newly eligible FMAP, as determined under the proxy methodology, on the Form CMS-64.9VIII series by COS line, and the non-VIII Group portion on the Form CMS-64.9 series by COS line. The state should make available all documentation to support expenditures calculated based on the proxy methodology at the time it files the Form CMS-64.

Ms. LeBlanc, Page 2

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


<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	1. TRANSMITTAL NUMBER 22-0020	2. STATE LA
	3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 435.119 42 CFR 433.204(a)(1)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>268,117.55</u> b. FFY <u>2023</u> \$ <u>1,040,366.24</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 18 to Attachment 2.6-A Pages 1-6	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	

9. SUBJECT OF AMENDMENT
The purpose of this SPA is to amend the provisions governing the federal medical assistance percentage (FMAP) to establish a proxy methodology to account for the proportion of medical assistance 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 	15. RETURN TO Tara A. LeBlanc, Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030
12. TYPED NAME Ruth Johnson, designee for Dr. Courtney N. Phillips	
13. TITLE Secretary	
14. DATE SUBMITTED June 30, 2022	

FOR CMS USE ONLY	
16. DATE RECEIVED June 30, 2022	17. DATE APPROVED September 23, 2022

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL Charlie Arnold	21. TITLE OF APPROVING OFFICIAL Director of Financial Policy

22. REMARKS

PEN & INK AUTHORIZATIONS:
REMOVE: Block 6a - FFY 2022 \$268,117.55 ; Block 6b - FFY 2023 is \$0 (ZERO); ADD: Block 6a - FFY 2022 \$0 (ZERO) ; Block 6b - FFY 2023 \$0 (ZERO); REMOVE: Block 7 - Supplement 18 to Attachment 2.6-A Pages 1-6 ; ADD: Block 7 - Supplement 18 to Attachment 2.6A, Page 4 and Page 6; ADD: Block 7 Attachment D to Supplement 18 to Attachment 2.6A (new); ADD: Block 8 - Supplement 18 to Attachment 2.6A, Page 4 and Page 6;

2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:
 - Yes. The combined enrollment cap adjustment is described in Attachment C
 - No.
4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

1. The state:
 - Applies a special circumstances adjustment(s).
 - Does not apply a special circumstances adjustment.
2. The state:
 - Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
 - Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).
3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- Attachment A – Conversion Plan Standards Referenced in Table 1
- Attachment B – Resource Criteria Proxy Methodology
- Attachment C – Enrollment Cap Methodology
- Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- Attachment E – Transition Methodologies

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 4 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.

**Attachment D to
Supplement 18 to Attachment 2.6A**

Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology

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.

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.