

Louisiana Medicaid

Bureau of Health Services Financing (BHSF)

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Agenda

- Medicaid Overview
- Managed Care
- Services
- Eligibility
- How to Apply
- Questions and Answers

Overview of Louisiana Medicaid

What is Medicaid?

- Public health coverage for low to moderate income individuals.
- Covered groups include low-income adults, children, pregnant women, the elderly, the blind, and individuals with disabilities.

How does Medicaid differ from Medicare?

- Medicaid is a joint state and federal program that provides health coverage to lower-income people meeting certain eligibility criteria.
- Medicare is a federal-only program that provides health coverage to people 65 or older or with a severe disability, no matter the income.

Overview of Louisiana Medicaid

Louisiana Medicaid enrollment is
1,562,177 individuals

Approximately 34% of the state's population



Households

941,409



Adults

872,624



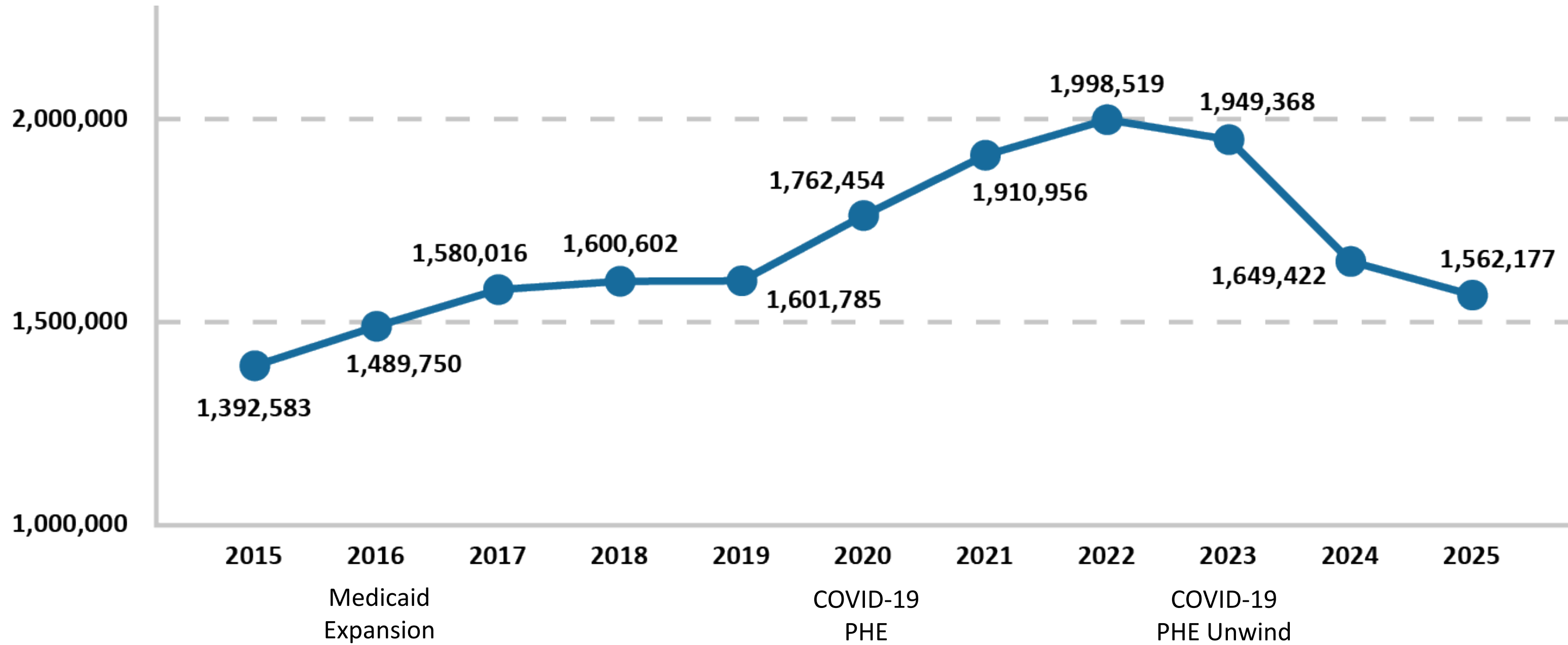
Children

689,553

Data as of October 1, 2025

Overview of Louisiana Medicaid

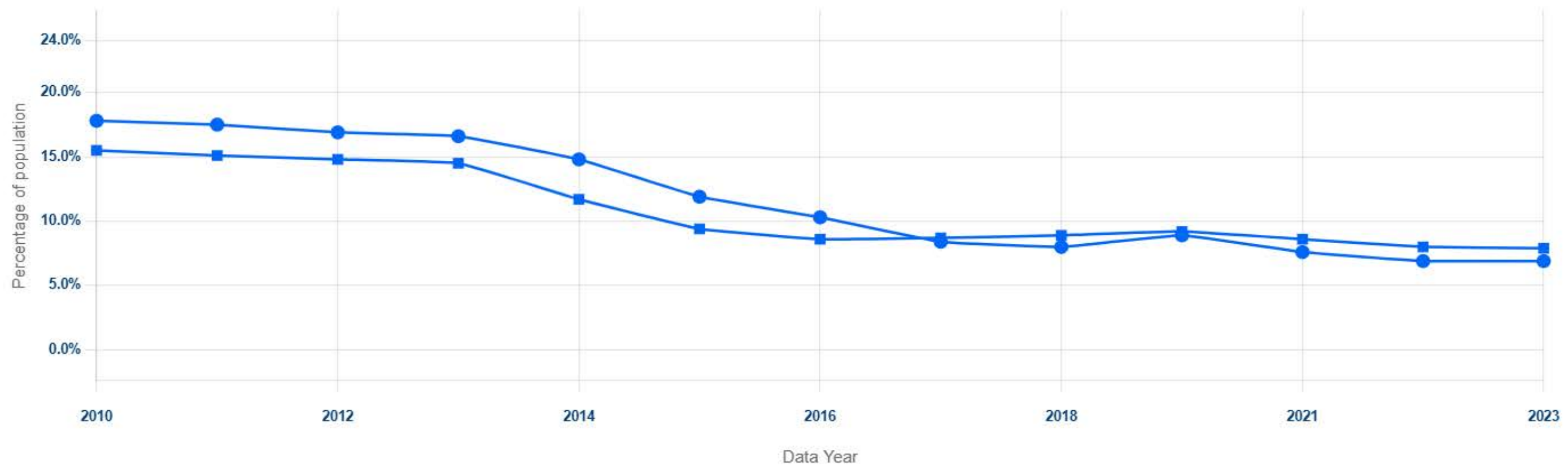
Medicaid enrollment over the past 10 years



Overview of Louisiana Medicaid

Louisiana Uninsured Rates

- According to America's Health Rankings, 6.9% of the state population is not covered by private or public health insurance.
- Louisiana is ranked 27th, currently below the national average.



● Louisiana ■ United States

Source: U.S. Census Bureau, American Community Survey, 1-Year Dataset

Overview of Louisiana Medicaid

What is Healthy Louisiana?

- Healthy Louisiana is how we refer to our managed care program.
- Managed care is the way most of Louisiana's Medicaid recipients access healthcare services.
- Currently, 41 states and Washington, D.C., utilize managed care.
- Louisiana contracts with six managed care organizations (MCO):



Medicaid Managed Care

- MCOs differ from one another in several ways, including their provider networks, referral policies, care management programs, and extra (value-added) services and incentives offered.
- MCOs are expected to:
 - Deliver high-quality, cost-effective, and innovative healthcare;
 - Promote innovation and continuous quality improvement (CQI);
 - Improve enrollee health and care coordination;
 - Integrate physical and behavioral health services;
 - Address social determinants of health (SDOH); and
 - Minimize waste, unnecessary utilization, and fraud.

Evolution of Managed Care in Louisiana

2012:

- Louisiana transition to managed care
- Transitioned ~900,000 enrollees from Fee-for-Service (FFS) to managed care statewide

2014:

- Second-generation contracts initiated (effective 2015); later extended through Dec. 2019

2021-2023:

- Procurement and launch of third-generation full-risk contracts with six MCOs (effective Jan. 1, 2023)

2025:

- Seeking JLCB approval to extend current MCO contracts for 12 months (effective Jan. 1, 2026)

Managed Care Rates

Louisiana pays each MCO a fixed monthly payment for every enrolled member, known as a PMPM (Per Member Per Month) capitation rate.

- The PMPM rate is actuarially determined based on factors such as age, eligibility group, health status, and expected service use.
- Louisiana Medicaid currently contracts with Milliman for actuarial services.



Managed Care Rates

Medicaid capitation rates:

- Are based on historical claims and encounter data, adjusted for trends in medical costs and utilization.
- Vary by eligibility group and include risk adjustments for population health differences.
- Account for policy changes, provider rate updates, and new benefits.
- Include administrative costs, profit margins, and quality incentives.

Impact on MCOs:

- MCOs assume financial risk. If costs exceed the PMPM, they absorb the loss. If they spend less, they retain savings.
 - This is subject to LDH quality and performance requirements.
- This model encourages cost control and care coordination.

Medicaid State Plan

Medicaid covered services/benefits are outlined in Louisiana's State Plan.

What is a State Plan?

- A State Plan is an agreement between Louisiana and the federal government.
- It describes how Medicaid and CHIP programs are administered.
- It ensures compliance with the Code of Federal Regulations (CFR).
- It allows Louisiana to claim federal matching funds for eligible program activities.

What is the State Plan's purpose?

- The State Plan outlines:
 - Groups covered under Medicaid and CHIP;
 - Benefits provided to those groups; and
 - Reimbursement methodologies for providers.

Medicaid State Plan

A State Plan Amendment (SPA) is required for:

- Changes in methods or standards for setting payment rates;
- Addition of a group, benefit, or service;
- Removal of a group, benefit, or service;
- Reduction in a benefit or service; and
- Changes in administration, such as transition between Federally Facilitated Marketplace (FFM) determination and FFM assessment.

SPA review and approval process:

- The timeline varies by complexity and internal review.
- CMS has 90 days (“first clock”) from receipt to render a decision.
- For complex or novel SPAs, CMS may:
 - Request additional clarification
 - “Stop the clock” to allow the state to respond
- Once the state responds, a new 90-day clock begins.
- CMS may only “stop the clock” once per SPA submission.

Mandatory Covered Services

- Certified pediatric and family nurse practitioner services
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services
- Family planning services
- Federally qualified health center (FQHC) services
- Freestanding birth center services (when licensed or otherwise recognized by the state)
- Home health services, including some durable medical equipment (DME)
- Inpatient hospital services
- Laboratory and x-ray services
- Medication-assisted treatment (MAT)
- Nurse midwife services
- Nursing facilities
- Outpatient hospitals
- Physician services
- Routine patient costs for qualifying clinical trials
- Rural health clinic services
- Tobacco cessation counseling for pregnant women
- Transportation services
- Adult dental (dentures only)
- Dental services for adults enrolled in a Medicaid waiver program for persons with developmental disabilities and for individuals in intermediate care facilities for individuals with intellectual disabilities (ICF/IID)

Optional Covered Services

- 1915(c) waiver services
- Behavioral health services — psychosocial rehab provider qualifications
- Case management services
- Chiropractic services
- Clinic services
- Dental services
- Dentures
- Eyeglasses
- Hospice services
- Occupational therapy
- Optometry services
- Other diagnostic, screening, preventive, and rehabilitative services
- Other licensed practitioner services
- Other services approved by the Secretary
- Personal care services (adults)
- Physical therapy
- Podiatry services
- Prescription drugs
- Private duty nursing services
- Prosthetics
- Respiratory care services
- Services for individuals ages 65 or older in an institution for mental disease
- Services in an intermediate care facility for individuals with intellectual disabilities (ICF/IID)
- Speech, hearing, and language disorder services
- Tuberculosis-related services

Medicaid Eligibility Determinations

- Eligibility is based on income, household size, age, disability status, and other factors.
- In Louisiana, adults qualify if their income is at or below 138% of the federal poverty level (FPL).
- Children, pregnant women, parents, older adults, and individuals with disabilities may qualify under other categories.
- You can check eligibility and apply at [MyMedicaid.la.gov](https://www.mymedicaid.la.gov) or by calling Medicaid Customer Service.

Medicaid Eligibility Determinations

2025 Program Limits by Family Size

Effective 3/1/2025*

Program	Family Size/Monthly Income Limits							
	1	2	3	4	5	6	7	8
<u>Family Opportunity Act</u> - for children with disabilities	\$3,913	\$5,288	\$6,663	\$8,038	\$9,413	\$10,788	\$12,163	\$13,538
<u>LaCHIP</u> - for children	\$2,831	\$3,825	\$4,820	\$5,814	\$6,809	\$7,803	\$8,798	\$9,793
<u>LaCHIP Affordable Plan</u> - for children	\$3,326	\$4,495	\$5,664	\$6,832	\$8,001	\$9,170	\$10,339	\$11,507
<u>LaMOMS</u> - for pregnant women		\$2,433	\$3,065	\$3,698	\$4,330	\$4,963	\$5,595	\$6,228
<u>Medicaid Purchase Plan</u> - for workers with disabilities	\$2,609	\$3,525						
<u>Medicare Savings Program</u> - for payment of Medicare premiums, copays & deductibles	\$1,305	\$1,763						
<u>Medicare Savings Program</u> - for payment of Part B premiums only	\$1,761	\$2,380						
<u>Take Charge Plus</u> - Family Planning Services	\$1,800	\$2,433	\$3,065	\$3,698	\$4,330	\$4,963	\$5,595	\$6,228
<u>Medicaid Expansion</u> - ages 19 through 64 without Medicare	\$1,800	\$2,433	\$3,065	\$3,698	\$4,330	\$4,963	\$5,595	\$6,228

Reference chart: ldh.la.gov//medicaid/Medicaid-Partners

Medicaid Eligibility – Specialty Programs

- **LaHIPP**
 - May pay the premium for an individual’s employer-sponsored insurance if a member of the family is enrolled in Medicaid.
 - ldh.la.gov/lahipp
- **TEFRA**
 - Allows certain children who have a disability to receive Medicaid coverage, even if their parents earn too much money to qualify for Medicaid.
 - ldh.la.gov/act-421
- **Louisiana Breast and Cervical Health Program**
 - Women screened through this program could receive no-cost services
 - ldh.la.gov/medicaid/breast-cervical-health-program

How to Apply for Medicaid

Online

- Visit the Louisiana Medicaid Self-Service Portal (SSP).
 - [MyMedicaid.la.gov](https://www.mymedicaid.la.gov)

Over the phone

- Call the Medicaid Customer Service line at 888-342-6207.

Mail

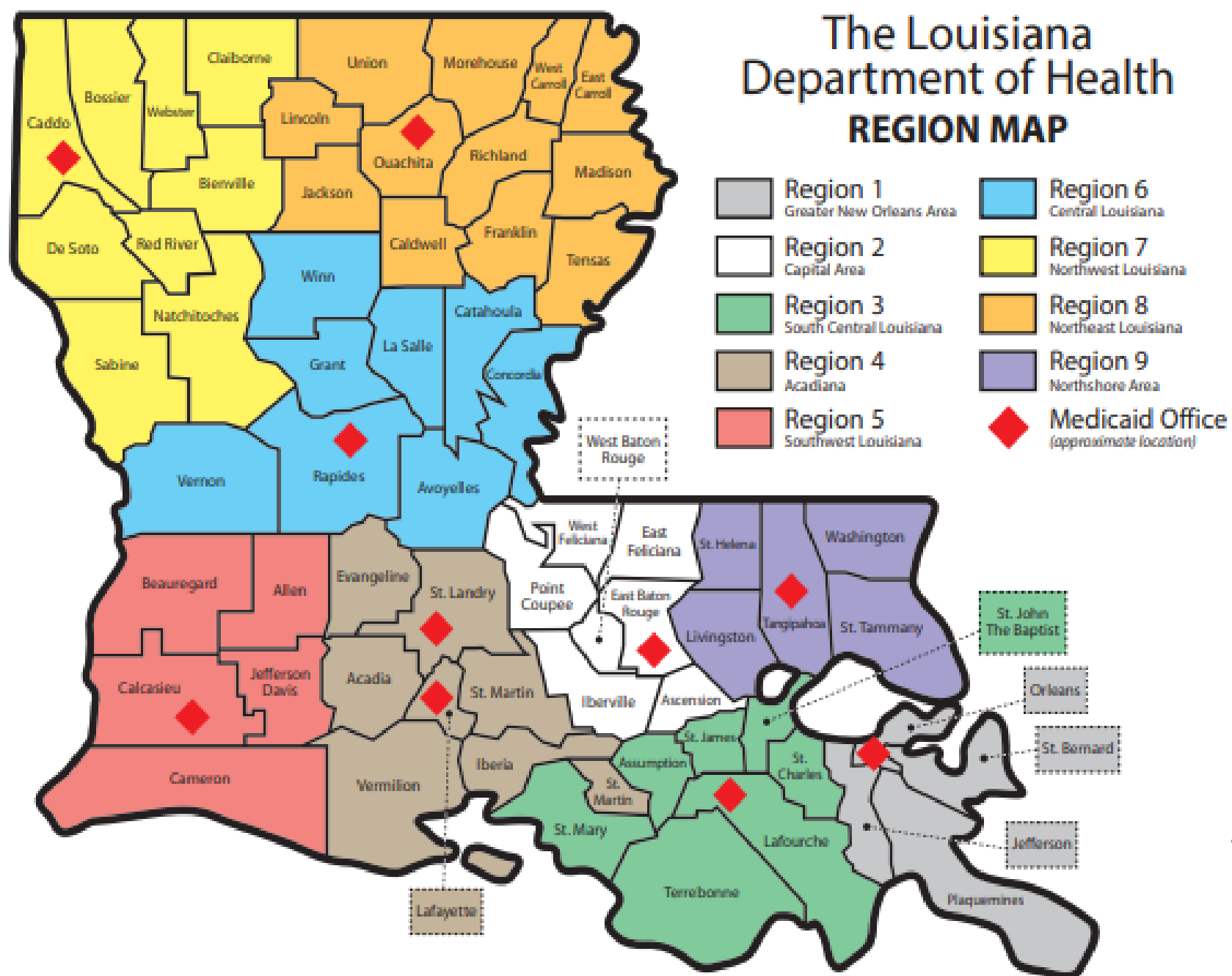
- Download and print an application, then mail or fax it.
 - ldh.la.gov/getcovered

In person

- At a local Medicaid office or an application center.
 - Visit ldh.la.gov/directory to find application centers in your parish.



Medicaid Regional Offices



ALEXANDRIA
Rapides Parish
1507 Lee Street
Alexandria, LA 71301

BATON ROUGE
East Baton Rouge Parish
2521 Wooddale Boulevard
Baton Rouge, LA 70805

HAMMOND
Tangipahoa Parish
45615 University Park Avenue
Hammond, LA 70401

LAFAYETTE
Lafayette Parish
117 Production Drive
Lafayette, LA 70508

LAKE CHARLES
Calcasieu Parish
620 Esplanade Street, Suite 201
Lake Charles, LA 70601

MONROE
Ouachita Parish
24 Accent Drive, Suite 119
Monroe, LA 71202

NEW ORLEANS
Orleans Parish
1450 Poydras Street, Suite 1018
New Orleans, LA 70112

OPELOUSAS
St. Landry Parish
6069 I-49 Service Road, Suite B
Opelousas, LA 70570

SHREVEPORT
Caddo Parish
3020 Knight Street, Suite 100
Shreveport, LA 71105

THIBODAUX
Lafourche Parish
1222 Tiger Drive
Thibodaux, LA 70301

There are nine regional Medicaid offices across the state to assist with applying for coverage. The Opelousas location is our Long-Term Care Office.

How to Unsubscribe

- Access the Easy Closure Request form at ldh.la.gov/close-your-medicaid.

Do you need to close your Medicaid?

If things in your life have changed, you may want to close your Medicaid. If your income or your household has changed, you may no longer need or qualify for coverage.

What you need when requesting closure of your Medicaid:

- Name
- Social Security Number or Case ID (found on your letters from Medicaid)
- Name and date of birth for everyone requesting closure

- Constituents may also:
 - Use the Self-Service Portal at MyMedicaid.la.gov.
 - Call Medicaid Customer Service at 888-342-6207.
 - Visit one of our regional offices.

Louisiana Act 427 (SB 130)

2025 Regular Session

- Act 427 eliminates automatic enrollment for those found eligible through the federal Health Insurance Marketplace (also known as the Exchange); requires the state to review and make the eligibility determination.
- It also eliminates self-attestation for residence.
- At least quarterly, Medicaid shall receive and review Workforce Commission data for wage checks.
- At least quarterly, Medicaid shall receive and review Office of Motor Vehicle (OMV) data. Medicaid is currently doing this monthly.
- On a semi-annual basis, Medicaid shall receive and review the Louisiana Department of Revenue data as an income verification source.

2025 Federal Reconciliation Bill – Medicaid Impact

H.R. 1, also referred to as the “One Big Beautiful Bill Act”:

- Signed by the President on July 4
- Key changes:
 - Adjusts provider tax rules
 - Updates state-directed payment provisions
 - Creates Rural Health Transformation Fund
- Work/community engagement required for some enrollees by December 31, 2026
- Excludes people with disabilities, pregnant women, and parents of young children
- Preliminary impact for work requirements:
 - ~250,000 individuals affected
 - ~120,000 already meet work requirements

2025 Federal Reconciliation Bill – Medicaid Impact

- Cost-sharing requirements (Oct. 1, 2028):
 - Mandatory for expansion adults >100% FPL
 - \$0 < Cost per service ≤ \$35
 - Max total = 5% of income
- Eligibility redeterminations (by Dec. 31, 2026) will be required every six months for expansion adults.
- The One Big Beautiful Bill Act changes provisions for health coverage for immigrants.
- CMS will issue implementation guidance.

Constituent Medicaid Info

- Remind constituents that it is important to always keep their Medicaid information updated.
- Individuals can make changes and update information in the self-service portal at MyMedicaid.la.gov, or by visiting ldh.la.gov/healthy-louisiana and clicking on “Update Your Contact Information.”
- Direct Medicaid enrollees with problems or concerns to our customer service staff by phone (toll free) at 888-342-6207.
- In-person assistance is also available at our regional Medicaid offices and certified Medicaid application centers. Directories for these offices can be found at ldh.la.gov/directory.
- Recipients can locate a Medicaid provider at myplan.healthy.la.gov/en/find-provider.
- Recipients can compare Medicaid plans at myplan.healthy.la.gov/en/compare-plans.

Constituent Concerns/Questions

For constituent concerns/questions, contact
the LDH Legislative & Governmental Relations group.

Bethany Blackson: Director of External Affairs & Government Relations
Bethany.Blackson@la.gov



Shayla Cockerm: Legislative Liaison
Shayla.Cockerm@la.gov



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Christina.Pierce@la.gov

THANK YOU

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