



**Office of State Procurement
PROACT Contract Certification of Approval**

This certificate serves as confirmation that the Office of State Procurement has reviewed and approved the contract referenced below.

Reference Number: 2000123594 (2)

Vendor: MCNA Insurance Company d/b/c MCNA Dental Plans

Description: Provide dental services to Medicaid recipients

Approved By: Pamela Rice

Approval Date: 11/19/2015

Your amendment that was submitted to OSP has been approved.

AMENDMENT TO
AGREEMENT BETWEEN STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS

Amendment #: 2

LaGov #: 2000123594

CFMS #: 728797

DHH #: 060160

MVA
(Regional/ Program/
Facility) Medical Vendor Administration

AND

MCNA Insurance Company, d/b/a MCNA Dental Plans
Contractor Name

Original Contract Amt 484,300,137
Original Contract Begin Date 07-01-2014
Original Contract End Date 06-30-2017

AMENDMENT PROVISIONS

Change Contract From: Maximum Amount: 484,300,137
See Attachment A-2.

Change To: Maximum Amount: 484,300,137
See Attachment A-2.

Justification:
A contract amendment is necessary to update the actuarially sound rates and clarify the terms of payment.

This Amendment Becomes Effective: 07-01-2015

This amendment contains or has attached hereto all revised terms and conditions agreed upon by contracting parties.

IN WITNESS THEREOF, this amendment is signed and entered into on the date indicated below.

CONTRACTOR
MCNA Insurance Company, d/b/a MCNA Dental Plans
CONTRACTOR SIGNATURE Carlos Lacasa DATE 10/16/15
PRINT NAME Carlos Lacasa
CONTRACTOR TITLE Senior Vice President and General Counsel

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
Secretary, Department of Health and Hospital or Designee
SIGNATURE J. Ruth Kennedy DATE 10/19/15
NAME J. Ruth Kennedy
TITLE Medicaid Director
OFFICE Bureau of Health Services Financing

PROGRAM SIGNATURE DATE
NAME

MCNA Contract Amendment #2 Attachment A-2
Effective 7/01/2015

Exhibit/ Attachment	Document	Change From:	Change To:	Justification
Attachment C	Contract Maximum Amounts and Terms of Payment		Replace with revised version	Revisions are necessary to clarify the terms of payment to be made to the contractor.
Attachment E	Rate Certification	Dental Rate Certification dated April 16, 2014	Replace with Revised Dental Rate Certification dated August 6, 2015.	Periodic rate update
Exhibit 3	RFP305PUR-DHHRFP-DENTAL-PAHP-MVA	<p>III. B.3.B. DBPM Reimbursement</p> <p>1. DHH shall make monthly capitated payments for each member enrolled into the DBPM. The capitation rate will be developed in accordance with 42 CFR 438.6 and will include claims for retroactive coverage. The capitated payment rates are contained in Appendix E and are subject to change based upon the implementation date of the program.</p>	<p>III. B.3.B. DBPM Reimbursement</p> <p>1. DHH shall make monthly capitated payments for each member enrolled into the DBPM <u>in accordance with the capitation rates specified in Appendix E – Mercer Certification, Rate Development Methodology and Rates</u>. The capitation rates will be developed in accordance with 42 CFR 438.6 and will include claims for retroactive coverage. <u>The rates will be periodically reviewed and may be periodically adjusted.</u> The DBPM shall be paid capitated payment rates are contained in Appendix E and are subject to change based upon the implementation date of the program.</p>	A revision is necessary to clarify the terms of payment to be made to the contractor.
Exhibit 3	RFP305PUR-DHHRFP-		Remove Appendices GG-KK	The information contained in the

MCNA Contract Amendment #2 Attachment A-2
Effective 7/01/2015

Exhibit/ Attachment	Document	Change From:	Change To:	Justification
	DENTAL- PAHP-MVA			referenced appendices will be moved to the companion guides, as the information is subject to frequent updates.

Contract Maximum Amounts and Terms of Payment

Maximum Contract Amounts:

The maximum contract amounts **outlined below** are based on the projected population to be enrolled into the DBP, in each contract year, times the **projected monthly Per Member Per Month** capitation rate per eligible for each contract year. DBPM payments shall be made for actual enrollment in accordance with the monthly capitated rates specified in contract Attachment E – Mercer Certification, Rate Development Methodology and Rates. The actual monthly capitation rates to be paid will be provided in the Mercer rate certification.

The actuarially sound rates for the DBP are show below:

Contract year 1 July 1, 2014 to June 30, 2015			
Rate Cell Description	Projected Anticipated Member Months	Monthly Projected Per Member Per Month Capitation Rate Per Eligible	Maximum Contract Amount
LaCHIP Affordable Plan	38,19243,417	\$11.8500	\$452,575514,491
Medicaid Children	7,903,1667,987,109	\$15.4800	\$122,341,011123,640,447
CHIP	1,418,3851,496,461	\$15.4800	\$21,956,59623,165,216
Medicaid Adult	3,614,1803,707,726	\$1.2600	\$4,553,8664,671,735
Year 1 Total			\$149,304,048151,991,890

Contract year 2 July 1, 2015 to June 30, 2016			
Rate Cell Description	Projected Anticipated Member Months	Monthly Projected Per Member Per Month Capitation Rate Per Eligible	Maximum Contract Amount
LaCHIP Affordable Plan	40,67446,153	\$18.2812-2055	\$563,320
Medicaid Children	8,416,8728,226,722	\$15.4815-9444	\$131,170,146
CHIP	1,510,5801,541,355	\$15.4815-9444	\$24,575,981
Medicaid Adult	3,849,1013,839,966	\$1.961-2978	\$4,983,508
Year 2 Total			\$161,964,719161,292,955

Contract year 3 July 1, 2016 to June 30, 2017			
Rate Cell Description	Projected Anticipated Member Months	Monthly Projected Per Member Per Month Capitation Rate Per Eligible	Maximum Contract Amount
LaCHIP Affordable Plan	43,31848,889	\$18.2812-5717	\$614,616
Medicaid Children	8,998,7838,466,335	\$15.4816-4227	\$139,040,351
CHIP	1,608,7671,586,249	\$15.4816-4227	\$26,050,542
Medicaid Adult	4,099,2933,972,206	\$1.961-3367	\$5,309,783
Year 3 Total			\$173,031,360171,015,292

	3 year Maximum Contract Total Amount	\$484,300,137
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DHH reserves the right to re-negotiate the PMPM rates:

- a. If the rate floor is removed;
- b. If a result of federal or state budget reductions or increases;

- c. If due to the inclusion or removal of a Medicaid covered dental service(s) not incorporated in the monthly capitation rates; or
- d. In order to comply with federal requirements.

Terms of Payment:

1. DHH shall make monthly capitated payments for each member enrolled into the DBPM **in accordance with the capitation rates specified in contract Attachment E – Mercer Certification, Rate Development Methodology and Rates**. Capitation rates ~~are~~ **will be** developed in accordance with 42 CFR 438.6 and **will** include claims for retroactive coverage.
2. DBPM agrees to accept payment in full and shall not seek additional payment from a member for any unpaid costs, including costs incurred during the retroactive period of eligibility.
3. DHH reserves the right to defer remittance of the PMPM payment for June until the first Medicaid Management Information System (MMIS) payment cycle in July to comply with state fiscal policies and procedures.
4. The monthly capitated payment shall be based on Medicaid recipients eligible for DBPM participation during the month, as specified in III.B.3.B.11. i) ii. (p. 57, 2nd to last bullet), and paid in accordance with a schedule to be provided by DHH.

Effective Date of Enrollment

DBPM enrollment for members in a given month will be effective at 12:01AM on the first (1st) calendar day of the month of Medicaid eligibility.

Retainage

The Department shall secure a retainage of 10% from all billings under the contract as surety for performance. The retainage amount may be released annually by the Department upon the DBPM's successful completion of contract deliverables each year during the contract term. Contractor shall be deemed to have successfully completed its contract deliverables in a contract year if the Department determines, exercising reasonable discretion, that contractor has substantially satisfied the performance requirements contained in Section III. B of the RFP. The Department shall provide contractor with an assessment of contractor's performance on a quarterly basis for tracking purposes.



Erik Axelsen, ASA, MAAA
Senior Associate Actuary

Jaredd Simons, ASA, MAAA
Senior Associate Actuary

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Ms. Jen Steele
Medicaid Deputy Director
Louisiana Department of Health and Hospitals
Bureau of Health Services Financing
628 North 4th Street
P.O. Box 90230
Baton Rouge, LA 70821-0629

August 6, 2015

Subject: Louisiana Medicaid Dental Benefit Program Capitation Rate Certification

Dear Ms. Steele:

In partnership with the State of Louisiana (State), Mercer Government Human Services Consulting (Mercer) has developed statewide actuarially sound capitation rates for the Louisiana Medicaid Dental Benefit Program (DBP). These rates are applicable for the contract period July 1, 2015 through June 30, 2016.

This document presents an overview of the rate development, as well as a certification of its actuarial soundness, for the purpose of seeking rate approval from the Centers for Medicare & Medicaid Services (CMS) under 42 CFR 438.6(c). This rate development process was based on Medicaid fee-for-service (FFS) dental claims. It resulted in the development of a range of actuarially sound rates for each rate cell. Mercer then worked with DHH to develop a single proposed set of actuarially sound rates for each rate cell, which are included and certified within this letter.

Medicaid benefit plan premium rates are "actuarially sound" if, for business in the state for which the certification is being prepared and for the period covered by the certification, projected premiums, including expected reinsurance and governmental stop-loss cash flows, governmental risk adjustment cash flows, and investment income, provide for all reasonable, appropriate, and attainable costs, including health benefits, health benefit settlement expenses, marketing, and administrative expenses, any government mandated assessments, fees, and taxes, and the cost of capital. Note: Please see pages 8 and 9 of the August 2005, Actuarial Certification of Rates for Medicaid Managed Care Programs, from the American Academy of Actuaries, http://www.actuary.org/pdf/practnotes/health_medicaid_05.pdf.

Dental Capitation Rates

The proposed actuarially sound rates for the DBP are shown in Table 1.

Table 1: Actuarially Sound Dental Capitation Rates

July 1, 2015 to June 30, 2016	
Rate Cell Description	Monthly Capitation Rate Per Eligible
LaCHIP Affordable Plan	\$18.28
Medicaid Children	\$15.48
Medicaid Adult	\$1.96

Managed Care Rate Development Methodology Overview

Effective July 1, 2014, Louisiana implemented a managed DBP for LaCHIP Affordable Plan, Medicaid Children (including regular LaCHIP children), and Medicaid Adult populations. The State DBP has been in place since the 1990s providing dental services to Medicaid members in a FFS environment. The coordinated care DBP covers dental preventive services for eligible members younger than age 21 and adult denture benefits for eligible members at age 21 and above. The managed DBP is expected to provide savings and better dental outcomes over the Legacy Medicaid program, improve access to essential specialty dental services, and increase outreach and education to promote healthy dental behavior.

The capitation rates provided above have been developed consistent with guidance provided in the CMS Rate-setting Checklist. These actuarially sound dental capitation rates are based upon the State Plan-covered services only. Base period dental claims data were analyzed, completed, and trended. Adjustments were applied, as appropriate, to reflect programmatic changes to the State Plan that affect the base period data and the contract period. Finally, managed care savings and Prepaid Ambulatory Health Plan (PAHP) administrative load assumptions were developed and included. Each of these rating elements is discussed in detail below.

Base Period Data and Enrollment

For the period of July 1, 2015 through June 30, 2016 rate setting, Mercer relied on historical Medicaid FFS data from State Fiscal Year (SFY) 2013 and SFY 2014. Louisiana's SFY runs from July 1 of a given year through June 30 of the following year.

Mercer has applied credibility weighting as appropriate to blend data from the two fiscal years focusing on the most recent year of data. For the LaCHIP Affordable Plan, which started their dental benefits in February 2012, 80% credibility was placed on SFY 2014 and 20% was placed

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on SFY 2013 data trended to SFY 2014. For both Medicaid Children and Adult populations, 67% credibility was placed on SFY 2014 and 33% was placed on SFY 2013 data trended to SFY 2014. The goal of the blending process is to obtain a set of base data that has sufficient credibility and reasonableness to develop actuarially sound capitation rates.

Mercer reviewed the data provided by the State for consistency and reasonableness and determined that the data is appropriate for the purpose of setting capitation rates for the DBP. Mercer confirmed that the services included in this historical experience are State Plan-covered services only.

Non-Covered Populations

In general, the DBP covers most Medicaid eligible, LaCHIP, and the LaCHIP Affordable Plan populations including full dual eligibles. The LaCHIP population was included in the Medicaid Children category for the dental capitation rates. The DBP non-covered populations are shown in Attachment A.

Retroactive Eligibility

Per the State, membership and claims incurred for covered services rendered prior to enrollment and during any retroactive period of eligibility are covered in the DBP.

Completion Factors

The FFS data includes claims for dates of service from July 1, 2012 to June 30, 2014, and reflects payments through November 30, 2014. Mercer estimated and adjusted for the remaining liability associated with incurred-but-not-reported claims for SFY 2013 and SFY 2014. The overall adjustments for SFY 2013 and SFY 2014, using paid claims data through November 30, 2014 were -0.15% and -0.08%, respectively.

Fraud and Abuse Adjustment

DHH provided data related to fraud and abuse recoveries for SFY 2013 and 2014. The total adjustment applied was -0.18% for SFY 2013 and -0.37% for SFY 2014.

Trend Adjustments

Trend projections were based on analysis of Louisiana dental claims experience and review of dental trend benchmarks in other state Medicaid programs and commercial dental managed care programs. Mercer evaluated trend patterns in the FFS data to examine and project utilization trends for the rate period.

The overall annualized per member per month (PMPM) trend assumption is 0.72%.

Data Smoothing

Mercer determined that blending the base period provided adequate results and no additional smoothing was required to produce appropriate relationships among ages and services used.

Co-Payments and Third Party Liability

An adjustment for co-payments was not necessary for this analysis because both the Legacy Medicaid program and the DBP are not subject to co-payments. Recoveries associated with third party liability and subrogation have been removed from claims by selecting only State paid amounts.

Programmatic Changes

Fee Schedule

Mercer used the fee schedule for DBP services effective July 1, 2014 to calculate prospective fee reduction adjustments applied to SFY 2013 and SFY 2014 as shown in Table 2 below.

Table 2: Fee Adjustment Assumptions

Rate Cell Description	SFY 2013	SFY 2014
LaCHIP Affordable Plan	0.01%	1.37%
Medicaid Children	0.01%	1.35%
Medicaid Adult	0.46%	0.64%

Overall, the fee schedule changes increased the SFY 2013 and 2014 costs by 0.02% and 1.34%, respectively.

Performance Measure Goals

The State has established benchmarks for performance measures with the expectation that performance improves by a certain percentage toward the benchmarks. The performance measure goals are contained in Appendix N of the DBP's request for proposal (RFP). Mercer reviewed the State's numbers in the appendix for reasonableness, but did not audit them. The State's expectation is to increase the percentage of Early and Periodic Screening & Diagnosis Treatment (EPSDT) members (enrolled for at least 90 consecutive days), age 1-20 years, receiving one annual dental preventive service and the percentage of EPSDT members (enrolled for at least 90 consecutive days), age 6-9 years, receiving one or more sealants on permanent molar teeth, by 7% and 4%, respectively in contract year two (July 1, 2015 – June 30, 2016), compared to the baseline percentages shown in Appendix N of the DBP's RFP. Mercer has estimated the prospective program change adjustment needed to allow these increases. The

overall adjustments applied to SFY 2013 and SFY 2014 base data by rate cell are shown in Table 3.

Table 3: Performance Measure Adjustment Assumptions

Rate Cell Description	SFY 2013	SFY 2014
LaCHIP Affordable Plan	1.85%	1.87%
Medicaid Children	1.85%	1.87%
Medicaid Adult	0.00%	0.00%

The overall increases to the SFY 2013 and SFY 2014 costs were 1.79% and 1.82%, respectively.

Impact of Additional Adult Dental Coverage in the Managed Medicaid Program (Bayou Health)

Historically, Medicaid eligible adults in need of dentures were responsible for costs associated with extractions and fillings as necessary prior to being fitted for dentures. Effective February 1, 2015, the State of Louisiana has three Medicaid managed care organizations (MCOs) providing a value-added benefit of extractions for adults. Two of these MCOs provide additional dental services as a value-added benefit for adult beneficiaries – one covering fillings and the other covering minor restorative services. Mercer expects an increase in denture services' utilization as a result of the additional dental coverage in Bayou Health. We have estimated and added \$0.67 to the projected adult claim PMPM, to account for the cost impact of the additional dentures utilization.

Managed Care Adjustment

Managed care assumptions were based on savings options provided by the State that were analyzed to quantify potential savings in utilization. Table 4 shows a summary of the utilization reduction expected to be achieved by the managed care program.

Table 4: Managed Care Adjustment Assumptions

Rate Cell Description	Utilization	Unit Cost	PMPM
LaCHIP Affordable Plan	-7.21%	0.0%	-7.21%
Medicaid Children	-13.27%	0.0%	-13.27%
Medicaid Adult	-2.43%	0.0%	-2.43%

The overall impact of the managed care assumption was a reduction of 13.00%.

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Administrative Load

The proposed capitation rates shown above include provision for dental (PAHP) administration and profit. Mercer relied upon its professional experience in working with numerous commercial managed dental plans and state Medicaid programs in determining appropriate non-medical expenses. The load for administration and underwriting profit/risk/contingency is calculated as a percentage of the final capitation rate. The proposed capitation rate, as developed, assumes a 9.00% load for non-medical expenses, 2.00% profit/risk/contingency, and 2.25% premium tax for this rate period. In total, the overall load applied to the rates for administration and profit/contingencies was 13.00%.

Federal Health Insurance Provider Fee

Section 9010 of the Affordable Care Act imposes a new annual fee on the health insurance premiums, effective January 1, 2014. The tax collected in 2015 will be based on 2014 revenue for applicable health insurers. The actual fee amount will not be determined until August 2015. As the actual amount of the fee is not known at this time, no adjustment was made to the capitation rates. An adjustment and updated certification will be considered when the fee amount and impacted entities are announced in the second half of 2015.

Actuarial Certification

In preparing the capitation rate for the July 1, 2015 through June 30, 2016, Mercer has used and relied upon enrollment, eligibility, FFS data, fee schedule, and benefit design information supplied by the State. The State is responsible for the validity and completeness of this supplied data and information. We have reviewed the data and information for internal consistency and reasonableness, but we did not audit it. If the data and information is incomplete or inaccurate, the values shown in this report may need to be revised accordingly.

Mercer certifies that the rate was developed in accordance with generally accepted actuarial practices and principles, and is appropriate for the Medicaid and LaCHIP covered populations and services under the managed care contract. The undersigned actuary is a member of the American Academy of Actuaries and meets its qualification standards to certify to the actuarial soundness of Medicaid managed care capitation rates.

Capitation rates developed by Mercer are actuarial projections of future contingent events. Actual dental claims costs will differ from these projections. Mercer has developed this rate on behalf of the State to demonstrate compliance with the CMS requirements under 42 CFR 438.6(c) and in accordance with applicable law and regulations. Use of the rates for any purpose beyond that stated may not be appropriate.



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The health plans are advised that the use of the rates may not be appropriate for their particular circumstance and Mercer disclaims any responsibility for the use of the rates by the health plans for any purpose. Mercer recommends that any health plan considering contracting with the State should analyze its own projected dental expense, administrative expense, and any other premium needs for comparison to the rates before deciding whether to contract with the State.

This certification letter assumes the reader is familiar with the Louisiana DBP, Medicaid eligibility rules, and actuarial rating techniques. It is intended for the State and CMS and should not be relied upon by third parties. Other readers should seek the advice of actuaries or other qualified professionals competent in the area of actuarial rate projections to understand the technical nature of these results. This document should only be reviewed in its entirety.

If you have any questions or comments on the assumptions or methodology, please contact Erik Axelsen at +1 404 442 3517 or Jared Simons at +1 404 442 3358.

Sincerely,

A handwritten signature in dark ink, appearing to read "Erik Axelsen".

Erik Axelsen, ASA, MAAA
Senior Associate Actuary

A handwritten signature in dark ink, appearing to read "Jared Simons".

Jared Simons, ASA, MAAA
Senior Associate Actuary



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Attachment A

Type Case	Type Case Description	Aid Category	Aid Category Description	Included in the covered populations?
&0		UN		No
001	SSI Conversion / Refugee Cash Assistance (RCA) / LIFC Basic	11	Hurricane Evacuees	No
002	Deemed Eligible	11	Hurricane Evacuees	No
005	SSI/LTC	11	Hurricane Evacuees	No
007	LACHIP Phase 1	11	Hurricane Evacuees	No
008	PAP - Prohibited AFDC Provisions	11	Hurricane Evacuees	No
009	LIFC - Unemployed Parent / CHAMP	11	Hurricane Evacuees	No
013	CHAMP Pregnant Woman (to 133% of FPIG)	11	Hurricane Evacuees	No
014	CHAMP Child	11	Hurricane Evacuees	No
015	LACHIP Phase 2	11	Hurricane Evacuees	No
020	Regular MNP (Medically Needy Program)	11	Hurricane Evacuees	No
021	Spend-Down MNP	11	Hurricane Evacuees	No
025	LTC Spend-Down MNP	11	Hurricane Evacuees	No
027	EDA Waiver	11	Hurricane Evacuees	No
028	Tuberculosis (TB)	20	TB	No
040	SLMB (Specified Low-Income Medicare Beneficiary)	01	Aged	No
040	SLMB (Specified Low-Income Medicare Beneficiary)	02	Blind	No
040	SLMB (Specified Low-Income Medicare Beneficiary)	04	Disabled	No

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Type Case	Type Case Description	Aid Category	Aid Category Description	Included in the covered populations?
047	Illegal/Ineligible Aliens Emergency Services	01	Aged	No
047	Illegal/Ineligible Aliens Emergency Services	03	Families and Children	No
047	Illegal/Ineligible Aliens Emergency Services	04	Disabled	No
047	Illegal/Ineligible Aliens Emergency Services	11	Hurricane Evacuees	No
048	QI-1 (Qualified Individual - 1)	01	Aged	No
048	QI-1 (Qualified Individual - 1)	02	Blind	No
048	QI-1 (Qualified Individual - 1)	04	Disabled	No
049	QI-2 (Qualified Individual - 2) (Program terminated 12/31/2002)	01	Aged	No
049	QI-2 (Qualified Individual - 2) (Program terminated 12/31/2002)	04	Disabled	No
050	PICKLE	11	Hurricane Evacuees	No
053	CHAMP Pregnant Woman Expansion (to 185% FPIG)	11	Hurricane Evacuees	No
055	LACHIP Phase 3	11	Hurricane Evacuees	No
059	Disabled Adult Child	11	Hurricane Evacuees	No
062	SSI/Public ICF/DD	01	Aged	No
062	SSI/Public ICF/DD	02	Blind	No
062	SSI/Public ICF/DD	04	Disabled	No
062	SSI/Public ICF/DD	06	OCS Foster Care	No
062	SSI/Public ICF/DD	08	IV-E OCS/OYD	No
062	SSI/Public ICF/DD	22	OCS/OYD (XIX)	No
063	LTC Co-Insurance	01	Aged	No
063	LTC Co-Insurance	02	Blind	No
063	LTC Co-Insurance	04	Disabled	No
063	LTC Co-Insurance	11	Hurricane Evacuees	No
064	SSI/Private ICF/DD	01	Aged	No
064	SSI/Private ICF/DD	02	Blind	No
064	SSI/Private ICF/DD	04	Disabled	No
064	SSI/Private ICF/DD	06	OCS Foster Care	No
064	SSI/Private ICF/DD	08	IV-E OCS/OYD	No

Type Case	Type Case Description	Aid Category	Aid Category Description	Included in the covered populations?
064	SSI/Private ICF/DD	22	OCS/OYD (XIX)	No
065	Private ICF/DD	01	Aged	No
065	Private ICF/DD	02	Blind	No
065	Private ICF/DD	04	Disabled	No
065	Private ICF/DD	06	OCS Foster Care	No
065	Private ICF/DD	08	IV-E OCS/OYD	No
065	Private ICF/DD	22	OCS/OYD (XIX)	No
083	Acute Care Hospitals (LOS > 30 days)	11	Hurricane Evacuees	No
088	Medicaid Buy-In Working Disabled (Medicaid Purchase Plan)	11	Hurricane Evacuees	No
090	LTC (Long-Term Care)	11	Hurricane Evacuees	No
095	QMB (Qualified Medicare Beneficiary)	17	QMB	No
099	Public ICF/DD	01	Aged	No
099	Public ICF/DD	02	Blind	No
099	Public ICF/DD	04	Disabled	No
099	Public ICF/DD	06	OCS Foster Care	No
099	Public ICF/DD	08	IV-E OCS/OYD	No
100	PACE SSI	01	Aged	No
100	PACE SSI	04	Disabled	No
101	PACE SSI-related	01	Aged	No
101	PACD SSI-related	02	Blind	No
101	PACE SSI-related	04	Disabled	No
104	Pregnant women with income greater than 118% of FPL and less than or equal to 133% of FPL	11	Hurricane Evacuees	No
115	Family Planning, Previous LAMOMS eligibility	40	Family Planning	No
116	Family Planning, New eligibility / Non LaMOM	40	Family Planning	No
132	Spenddown Denial of Payment/Late Packet	01	Aged	No
132	Spenddown Denial of Payment/Late Packet	04	Disabled	No
136	Private ICF/DD Spenddown Medically Needy Program	04	Disabled	No
137	Public ICF/DD Spenddown Medically Needy Program	04	Disabled	No

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Type Case	Type Case Description	Aid Category	Aid Category Description	Included in the covered populations?
138	Private ICF/DD Spendown MNP/Income Over Facility Fee	04	Disabled	No
178	Disabled Adults authorized for special hurricane Katrina assistance	11	Hurricane Evacuees	No
UN		UN		No
137	Public ICF/DD Spendown Medically Needy Program	02	Blind	No
100	PACE SSI	02	Blind	No
136	Private ICF/DD Spendown Medically Needy Program	01	Aged	No
102	GNOCHC Adult Parent	30	Non Traditional	No
103	GNOCHC Childless Adult	30	Non Traditional	No
201	1915(i) Behavioral Health only -adults	40	Non Traditional	No
201	LBHP - Adult 1915(i)	01	LBHP	No
201	LBHP - Adult 1915(i)	02	LBHP	No
201	LBHP - Adult 1915(i)	03	LBHP	No
201	LBHP - Adult 1915(i)	04	LBHP	No
205	LBHP - Adult 1915(i)	01	LBHP	No
205	LBHP - Adult 1915(i)	02	LBHP	No
205	LBHP - Adult 1915(i)	03	LBHP	No
205	LBHP - Adult 1915(i)	04	LBHP	No
212	Family Planning/Take Charge Transition	03	Family Planning	No
212	HPE Family Planning Elig Options	16	Presumptive Eligible	No