

State Fiscal Year  
1999/00

# Annual Report LOUISIANA MEDICAID PROGRAM

Louisiana Department of Health and Hospitals  
Bureau of Health Services Financing

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# Message from the Director

*Dear Reader:*

*The 1999/00 state fiscal year was a year of challenges and accomplishments.*

*One of the most prominent accomplishments as the year progressed was the increasing number of children enrolled in the Louisiana Children's Health Insurance Program (LaCHIP). During 1999/00 the number of LaCHIP children increased from 18,349 to 40,379. This represents a 120 percent increase in enrollment. Through LaCHIP outreach efforts, 62,000+ additional children had health coverage either through LaCHIP or Medicaid by the end of June 2000. This is of particular importance in view of the 1999 estimate that 20.3 percent of people in Louisiana were uninsured. As the income threshold is raised to 200 percent of the federal poverty level (FPL), additional enrollees and further decreases in the number of uninsured children are anticipated.*

*During the year we also had the opportunity to lay the ground work to increase services to children, including those with disabilities. The Louisiana Legislature appropriated funds for a flexible, low-cost Medicaid Home and Community-Based Waiver to serve children under age 19. It also expanded LaCHIP to 200 percent of the FPL for state fiscal year 2000/01.*

*The greatest challenge was a budget shortfall projected in November 1999 to be \$153 million, which resulted in mid-year budget cuts, increased costs of health care and increased utilization of certain services. To avoid deficit spending, an expenditure reduction plan was implemented in February 2000. The plan included rate cuts to providers, a moratorium on implementation of new programs, and elimination of substance abuse clinics and chiropractic services. These actions allowed the Medicaid Program to complete the year within the appropriated budget.*

*In an effort to secure an additional source of funding for health care services, the Legislature passed two intergovernmental transfer programs. The First Extraordinary Session of the Louisiana Legislature passed Act 143, which established the intergovernmental program related to transfer of funds from parish-owned nursing homes to the state. Act 11 (the Appropriation Act) of the Second Extraordinary Session of the Louisiana Legislature authorized the intergovernmental transfer program relating primarily to hospitals.*

*Future efforts will focus on linking Medicaid recipients to primary care physicians by expanding CommunityCARE statewide, continued expansion of Medicaid and LaCHIP eligibility for pregnant women and their families, and increasing preventive care through disease management.*

*Sincerely,*



*Ben A. Bearden*



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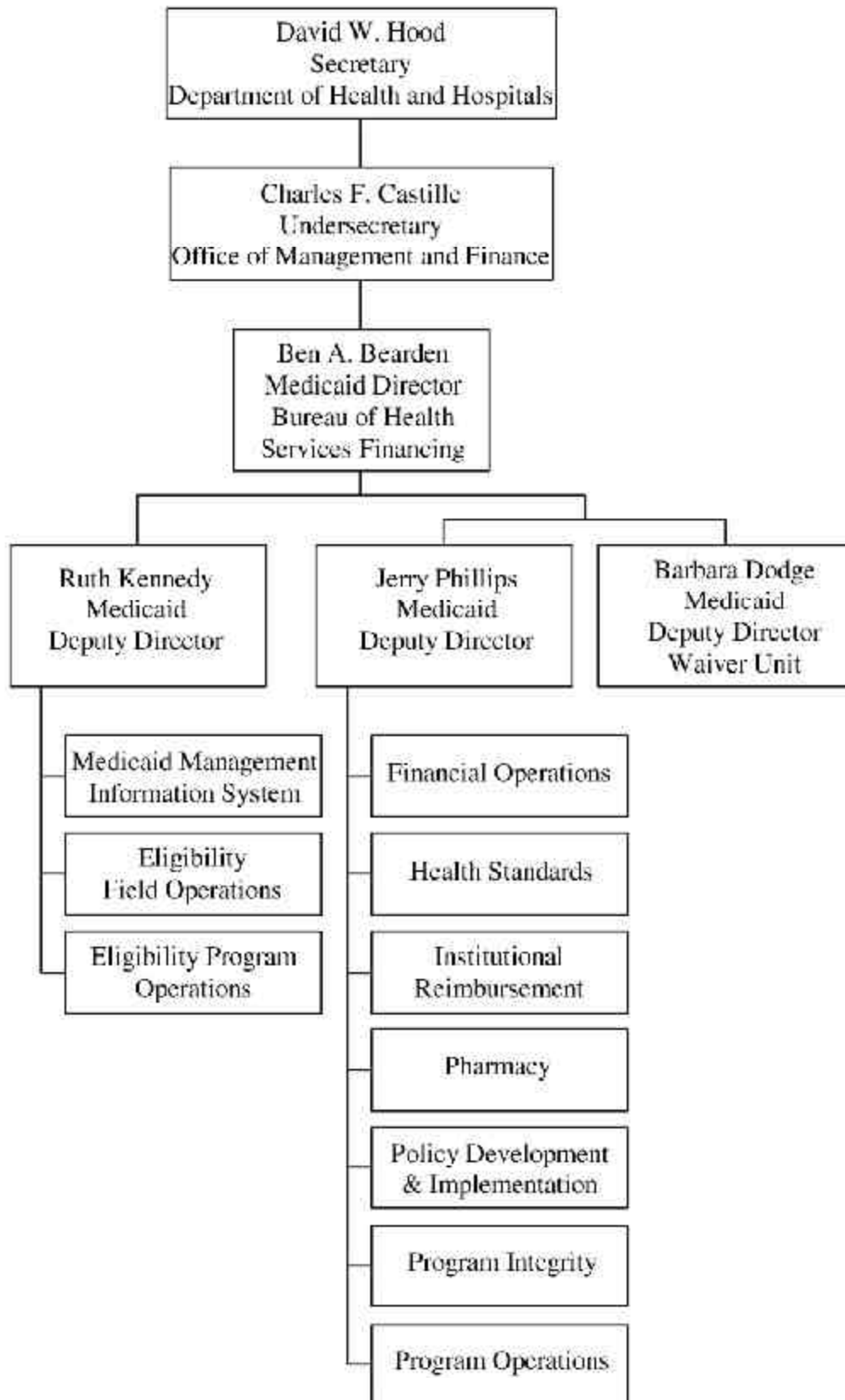
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## Acronyms:

|        |   |
|--------|---|
| CM     | Case Management                               |
| DSH    | Disproportionate Share                        |
| FFP    | Federal Financial Participation               |
| FPL    | Federal Poverty Level                         |
| LaCHIP | Louisiana Children's Health Insurance Program |
| PCP    | Primary Care Physician                        |
| PCS    | Personal Care Services                        |
| OBRA   | Omnibus Budget Reconciliation Act             |
| SNF    | Skilled Nursing Facility                      |
| TEFRA  | Tax Equity Fiscal Responsibility Act          |

# MEDICAID ORGANIZATIONAL CHART





## INTRODUCTION

The Medicaid Program is a cornerstone in the state's efforts to provide health care to its indigent population. Medicaid funding has become an important source of revenue for the health care industry in Louisiana because Medicaid provides eligible persons the opportunity to seek care from a wide spectrum of providers in both the private and public sectors.

With Title XIX of the Social Security Act, Congress enacted the Medicaid Program in 1965. Medicaid is a jointly funded cooperative venture between the federal and state governments. Medicaid helps states provide adequate medical care to eligible needy persons who are uninsured or under-insured. The federal government sets national guidelines but each state determines the following:

- eligibility standards
- type, amount, duration and scope of services
- rate of payment for services
- administrative structure for their respective programs

The mechanism used by states to establish Medicaid guidelines in their respective state is the State Plan. The State Plan is the formal agreement between Louisiana and the Health Care Financing Administration (HCFA). Amendments to the State Plan must be submitted to HCFA for review and approval no later than the end of the quarter in which the amendment becomes effective. Federal financial participation (FFP) is not available to the state until the amendment is approved.

The population of Louisiana in 2000 was estimated to be 4,468,796 and represents a 5.9 percent increase from the 1990 total of 4,219,973.<sup>1</sup> This represents an additional 219,003 Louisiana citizens that will require quality health care from both private and public health care providers. During the same period, the citizens ages 65+ increased from 468,991 in 1990 to 516,929 in 2000 which represents a 10.2 percent increase.<sup>2</sup> The Louisiana Medicaid Program has also reported an increase in the number of Medicaid eligibles. Between 1990 and 2000 the number of people eligible for Medicaid has increased 16.6 percent (680,449 to 793,296). Although no direct correlation regarding new Louisiana citizens and Medicaid eligibility can be established, the trend is evident. The number of people in Louisiana that will at some point require quality health care is continuing to rise. Consequently, the Louisiana Medicaid Program is continuously revising its models of delivery and implementing new programs to meet the needs of Louisiana residents.

We are moving towards our goals by targeting more of our resources on preventive health care in order to achieve long-term savings. We continue to seek ways to treat diseases as early as possible, provide more of our services in community settings and shift from inpatient care to more outpatient treatment.

As we enter a new millennium, our vision is clear:

*We* envision optimum health for Louisiana citizens through a Medicaid Program that provides comprehensive health care, provides high quality health care, maximizes access to coverage, and provides care in an administratively efficient manner which minimizes the use of state general funds.

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<sup>1</sup>U.S. Census Bureau 2000.

<sup>2</sup>U.S. Census Bureau 2000.

## BRIEF HISTORICAL LOOK AT MEDICAID IN LOUISIANA

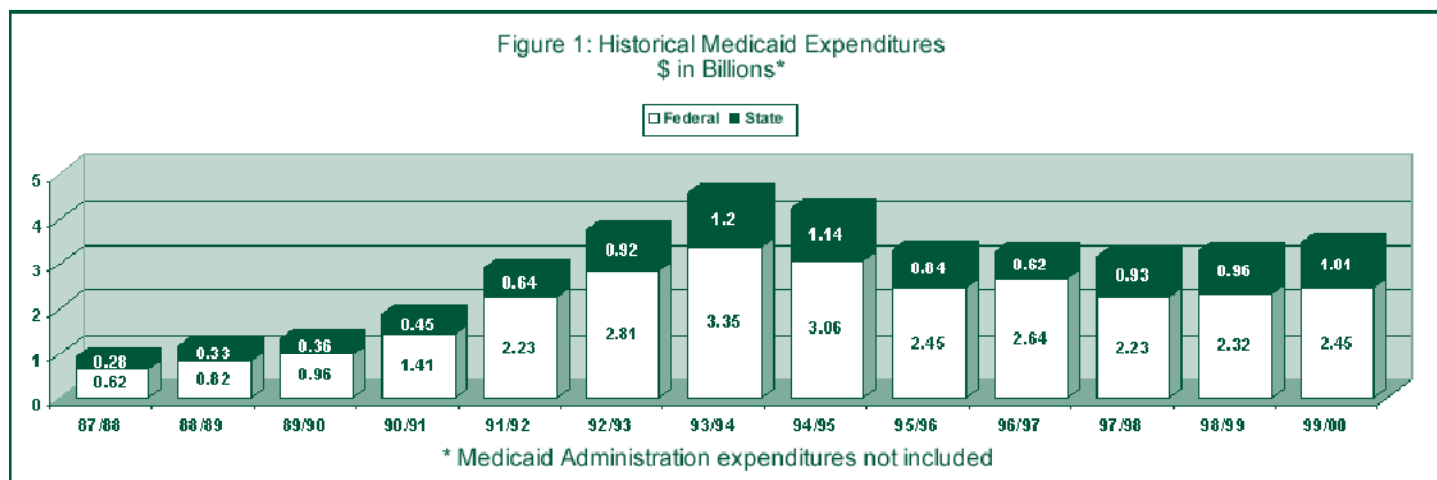


Figure 1 shows Louisiana Medicaid expenditures for SFY 1987/88 through SFY 1999/00. The rapid rise in spending from 1987/88 to 1993/94 can be attributed to several factors. Eligibility for participation in Medicaid was extended to greater numbers of people. Medicaid expanded coverage to allow people access to a broader array of services.

The single greatest contributor to increased spending from 1988/89 to 1993/94 was the Disproportionate Share Hospital (DSH) program. The federal reimbursement policy that provides higher levels of funding to cover the costs of uncompensated hospital care to the indigent population is referred to as DSH. Louisiana enacted this program July 1, 1988 to comply with Section 4112 of the Omnibus Budget Reconciliation Act of 1987 (OBRA), which required states to make payments to hospitals that provide inpatient and outpatient services to a disproportionate number of medically indigent/uninsured patients. The state used the DSH program to maximize payments to state-operated charity hospitals. Revenues from these payments were used to finance nearly all the growth in the Medicaid program from 1988/89 through 1994/95. Averaging more than 30 percent per year, this growth outstripped the program's ability to provide effective oversight. In 1995, rule changes mandated by Congress caused a crisis when \$800 million in state matching funds were no longer available. Extensive budget cuts followed. Since 1996, DHH has focused on providing more effective program oversight and cost containment. Growth has been promoted only for certain targeted areas such as services for children and the disabled.

Rapidly increasing DSH payments were not limited to Louisiana; DSH payments were increasing rapidly nationally as well. Consequently, Congress enacted OBRA 1993 to limit DSH payments made to public hospitals in 1994 and to private hospitals in 1995. The total amount of federal funds available to a state was eventually capped and that cap was lowered from year to year.

Beginning in July of 1994 the Louisiana Medicaid Program undertook new initiatives in fiscal accountability. It also implemented program changes intended to more cost effectively pursue the goals of increased access and improved quality of care for Medicaid recipients. Lower levels of spending since 1993/94 reflect the program's ability to adjust to the requirements of cost conscious management in the delivery of health care services.

In April 1995, Louisiana Medicaid implemented a number of measures to assure accountability. During 1994/95, pre-admission screening and length-of-stay assignments for hospitals were implemented. Also, the Non-Emergency Medical Transportation (NEMT) program was reformed to eliminate inappropriate use of the service. This program was originally established to ensure necessary transportation for people to and from health care providers. The rationale for providing this service is based on the belief that if a person is declared eligible for Medicaid, that eligibility would be diminished if the eligible person were unable to visit providers due to a lack of transportation. Other changes that resulted from the reform included the following:

- Enrolling families and friends as transportation providers
- Implementing screening procedures of enrollees
- Retooling the rate structure

- Establishing that service is provided only to those recipients who have no other source of transportation to medical appointments

At the beginning of 1995/96, DHH was forced to impose more than \$300 million in budget cuts due to the loss of state matching funds that had been generated by the DSH program prior to federal reforms. These cuts impacted every area of Medicaid and included rate reductions and program eliminations.

During 1996/97, the Low Income Families and Children (LIFC) program was implemented. The Personal Responsibility and Work Opportunity Act of 1996 severed the ties between Medicaid eligibility and eligibility for cash assistance, more commonly known as welfare. This law eliminated the Aid to Families with Dependent Children (AFDC) cash assistance program, replacing it with the Temporary Aid to Needy Families (TANF) block grant program, and established a mandatory Medicaid-only eligibility group for low income families.

Effective October 1, 1996 Louisiana began providing Medicaid coverage under the LIFC program to families:

- with a dependent child in the home,
- whose income and resources do not exceed the applicable AFDC income and resource standards in effect on July 16, 1996 and
- who meet AFDC deprivation requirements (such as absence of a parent, incapacity of parent, or unemployment/underemployment of parent) in effect on July 16, 1996.

In July 1996, the optional federally funded Medically Needy Program (MNP) was discontinued. MNP provides Medicaid coverage for catastrophic medical bills when income and resources exceed eligibility limits but large medical bills remain. During 1997/98, federally funded MNP was re-implemented although some limits were placed on services. This program is intended primarily for families who incur catastrophic medical bills which they would otherwise be unable to pay.

The option to have a “medically needy” program allows States to extend Medicaid eligibility to additional qualified persons who may have too much income to qualify under the mandatory or optional categorically needy groups. This option allows them to “spend down” to Medicaid eligibility by incurring medical and/or remedial care expenses to offset their excess income, thereby reducing it to a level below the maximum allowed by that state’s Medicaid plan.

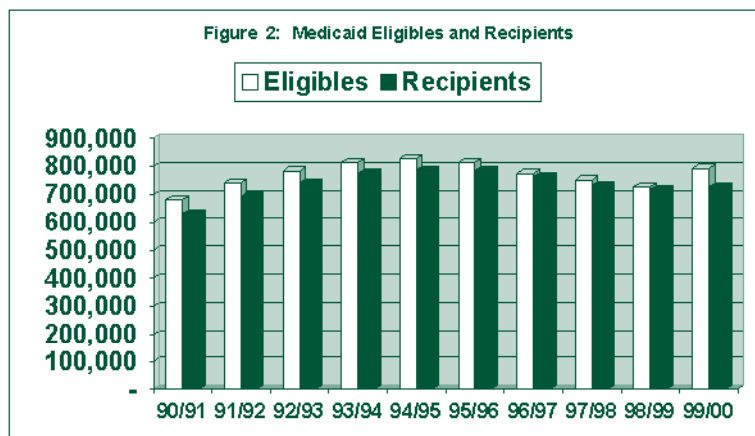
During 1998/99, LaCHIP was implemented for uninsured children. In August 1997 Title XXI of the Social Security Act created the State Children’s Health Insurance Program (SCHIP) which enabled states to receive federal funds to expand health care coverage for uninsured children (birth through age 19) in families not eligible for Medicaid. Louisiana elected to implement LaCHIP in three phases as a Medicaid expansion. Phase I began November 1, 1998 with the household income threshold set at 133% of the FPL.

During 1999/00, LaCHIP Phase II was implemented on October 1, 1999. Under this expansion, the eligibility standard for household income was set at 150% of the federal poverty level.

*The data in Figure 2 should not be used for trend analysis because the data shown for SFY 1990/91 through SFY 1998/99 is based on a different source criteria than SFY 1999/00. See Technical Notes.*

*An eligible is a person who has qualified for Medicaid and who may or may not have received any type of Medicaid service.*

*The data for this report is based on a claim’s Date of Payment (DOP) and not on its Date of Service. Therefore, a person is counted as a ‘**Recipient**’ if any financial/claims related transaction(s) occurred on that person’s behalf during SFY 1999/00.*





## HIGHLIGHTS FOR STATE FISCAL YEAR (SFY) 1999/00

### Louisiana Children's Health Insurance Program (LaCHIP)

In August 1997 Title XXI of the Social Security Act created the State Children's Health Insurance Program (SCHIP) which enabled states to receive federal funds to expand health care coverage for uninsured children (birth to age 19) in families not eligible for Medicaid. Louisiana elected to implement LaCHIP in three phases as a Medicaid expansion. Phase I began November 1, 1998 at 133% of the FPL. Phase II began October 1, 1999, with another Medicaid expansion to 150% of the FPL. Phase III was approved by the Legislature for implementation January 2001. Phase III offers coverage to eligible children between 150-200% of the FPL.

There were 40,379 LaCHIP eligibles during SFY 1999/00 and 30,698 LaCHIP recipients who received at least one service. This equates to a utilization rate of 76%. As Table 1 reflects, the LaCHIP payments for SFY 1999/00 were \$29,168,187. The average annual cost per LaCHIP recipient was \$950. The method used for calculating average cost is the "arithmetic mean" of payments and unduplicated recipients for the year regardless of a recipient's number of months in the program. Not all recipients are eligible the entire year.

**Table 1: LaCHIP (Title XXI) Children**

| Age          | Eligibles     | Recipients    | Payments (\$)     |
|--------------|---------------|---------------|-------------------|
| Under 1      | 462           | 240           | 397,530           |
| 1-5          | 3,083         | 2,816         | 2,457,688         |
| 6-14         | 18,548        | 13,712        | 10,056,976        |
| 15-18        | 18,286        | 13,930        | 16,255,993        |
| <b>Total</b> | <b>40,379</b> | <b>30,698</b> | <b>29,168,187</b> |

### Recipient Payments for all Medicaid Children Under the Age of Twenty-One

The following table details the average annual cost for all Medicaid recipients from birth to age 21. The payments shown below also include LaCHIP recipients and payments. The average annual cost for all Medicaid recipients ages under 1 to age 19 was \$1,567.

**Table 2: All Medicaid (Title XIX and XXI) Children**

| Age                            | Eligibles      | Recipients     | Payments (\$)      |
|--------------------------------|----------------|----------------|--------------------|
| Under 1                        | 58,785         | 51,411         | 181,052,932        |
| 1-5                            | 144,465        | *157,603       | 172,862,937        |
| 6-14                           | 203,228        | 168,377        | 196,883,904        |
| 15-18                          | 66,569         | 52,682         | 123,090,298        |
| <b>Total Birth thru Age 18</b> | <b>473,047</b> | <b>430,073</b> | <b>673,890,071</b> |
| 19-20                          | 23,317         | 20,196         | 68,384,925         |
| <b>Total</b>                   | <b>496,364</b> | <b>450,269</b> | <b>742,274,996</b> |

\*See Technical Notes (Page 28) for an explanation of how the number of recipients can be greater than the number of eligibles.

## Waiver Program

The Department of Health and Hospitals established a Waiver Unit in August 1998 to administer four Medicaid Home and Community-Based Waiver programs and Case Management. These programs allow Medicaid recipients who would otherwise require care in institutional settings (nursing facility or intermediate care facility for the mentally retarded) to stay in their own homes and receive services in the community. These community-based services are specialized and are available to Medicaid waiver recipients in addition to regular Medicaid services. To qualify, an individual must have an income level at or below 222 percent of the FPL and resources at or below the usual Medicaid limits. They must meet SSI disability standards and be determined eligible for institutional care. Individuals must apply for a waiver program in addition to applying for Medicaid coverage. In August 2000 this unit will become the Bureau of Community Supports and Services.

## Cost Containment Measures

In November 1999, Medicaid projected a potential funding shortfall of \$153 million. The funding shortfall was the result of increased utilization of services and increased costs in the Pharmacy Program. In addition to the program increases, Executive Order 99-52 was issued which resulted in reduced funding and increased the shortfall to \$180 million. By late January 2000, a Medicaid spending plan to contain the expenditures to the appropriated budget was developed and provided to the Joint Legislative Committee on the Budget. The plan halted the implementation of the TEFRA Medicaid option and Assisted Living pilot program. It eliminated substance abuse, chiropractic, and adult denture programs, and reduced reimbursement to almost all providers.

The Balanced Budget Act of 1997 (BBA 97) permitted individual states to choose how “crossover” payments are made to providers for services rendered to patients dually eligible for Medicare and Medicaid coverage. A crossover claim is a Medicaid claim that requests Medicaid to pay Medicare co-insurance and the deductible after Medicare has completed processing its part of the claim.

Prior to February 2000, Louisiana paid the full coinsurance and deductible. During SFY 1999/00, Louisiana Medicaid rules governing crossover payments changed to allow reimbursement for the lesser of the Medicare co-insurance and deductible amounts or of the standard Medicaid rate for the service.

## Litigation

Some providers filed lawsuits in an attempt to stop implementation of the Medicaid spending containment plan. In the case captioned *Evergreen, et al v Hood*, one ICF/MR provider and two hospitals, along with nursing facility plaintiffs consolidated from another case, obtained an injunction stopping the implementation of the plan. The ruling was immediately stayed by the United States Fifth Circuit Court of Appeals. After the stay was issued, Medicaid resumed its spending reduction plan. Because of this litigation, recoupments will be necessary in the next SFY to fully realize the plan reductions.

On April 11, 2000, the *Barthelemy et al v DHH* class action suit was filed, which is commonly referred to as Olmstead litigation. The alleged class consists of all persons with disabilities who are Medicaid eligibles/recipients and who are either unnecessarily segregated in a Medicaid funded nursing facility, or who are eligible for home and community-based waiver programs. The alleged class is also at imminent risk of nursing home placement because of the lack of appropriate, community-based, long-term Medicaid funded services. The suit sought to have the various Medicaid waiver programs expanded to allow more slots than those currently available, and to have the waiting lists of persons who qualify and who want waiver services to move through the enrollment process faster.

## Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses a wide range of health care issues including “administrative simplification” of electronic billing and claims processing. Currently, insurers require different electronic and paper claims from health care providers filing claims. According to HIPAA, all electronic claims transactions must follow a single standardized format, which will require major changes to the Louisiana Medicaid claims processing system and changes in business processes by October 16, 2002. Paper claims will still be allowed by providers, but the uniform process is expected to encourage more electronic filing.

According to HIPAA rules, the following will occur:

- Health plans will be able to pay providers, authorize services, certify referrals, and coordinate benefits using a standard electronic format for each transaction. Providers also will be able to use a standard format to determine eligibility for insurance coverage, ask the status of a claim, request authorizations for services or specialist referrals, and receive electronic remittance to post receivables.
- The regulation also includes new standards for other common transactions and coding standards for reporting diagnoses and procedures in the transactions.
- Employers who provide health insurance to their workers and their dependents also will be able to use a standard electronic format to enroll or dis-enroll employees and to submit premium payments to any health plan with which they contract.
- The regulation also outlines a process for maintaining the format and content of the standard transactions system. National health care standard organizations and data comment committees will accept and review requests for changes to the standards.<sup>3</sup>

Regulations have not been finalized for other areas addressed in HIPAA legislation, including Privacy, Security, Attachments, and National Provider I.D.s. These areas are also anticipated to have major implications for health payers and providers.

### **Medicaid Statistical Information System (MSIS)**

The HCFA-2082 contains state specific data relative to Medicaid enrollment and expenditures. It is widely used for budgeting, research, and policy development. Before Federal Fiscal Year (FFY) 1997/98, each state prepared its own HCFA-2082 Report and submitted it to HCFA for compilation of national Medicaid data.

Because of 1) the increasing importance of Medicaid data, 2) the limitations imposed by the outdated eligibility categories in prior reporting, and 3) questions regarding methodology and validity of state data, HCFA implemented a Medicaid Statistical Information System (MSIS) effective FFY 1997/98. States initially had the option of submitting their data electronically to HCFA or continuing to produce and submit the HCFA-2082. Louisiana opted to submit a hardcopy of the HCFA-2082 for FFY 1997/98 and did not begin electronic reporting until FFY 1998/99.

MSIS was implemented to bring uniformity and consistency in reporting between states and included major changes in the eligibility reporting categories. According to HCFA, these categories have been a source of confusion and did not adequately address the important poverty-level relationship to eligibility. From FFY 1996/97 to FFY 1998/99, HCFA redefined categories of eligible beneficiaries, capitated enrollment, and services received, and this affected trending.

The data which is submitted electronically to HCFA undergoes two levels of edits before it is accepted. First, HCFA staff produces tapes and reviews the data. If it passes all edits, it is then reviewed and statistically tested by their contractor, Mathematica. Data is submitted quarterly and HCFA will produce and issue the HCFA-2082 for each state from the data, which was submitted through MSIS.

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<sup>34</sup>"HHS Announces Electronic Standards to Simplify Health Care Transactions." HHS News. U.S. Department of Health and Human Resources. Friday, August 11, 2000.  
<http://www.hhs.gov/news/press/2000pres/20000811.html>.

## FINANCING AND EXPENDITURES

### Where the Money Comes From

Medicaid is funded by both state and federal funds. Each state has a pre-determined match rate based on relative per capita income in the state. The total expenditures for SFY 1999/00 were \$3,563,521,849. Louisiana expended \$1,057,960,190 in state financing for Medicaid expenditures; a total of \$ 2,505,561,659 was federal funds.

**Table 3: Medicaid Means of Financing SFY 1999/00**

|                | Medicaid Program (\$) | %          | Medicaid Administration (\$) | %          | Total (\$)           | %          |
|----------------|-----------------------|------------|------------------------------|------------|----------------------|------------|
| <b>State</b>   | 1,010,823,519         | 29.2       | 47,136,671                   | 45.6       | 1,057,960,190        | 29.7       |
| <b>Federal</b> | 2,449,371,152         | 70.8       | 56,190,507                   | 54.4       | 2,505,561,659        | 70.3       |
| <b>Total</b>   | <b>3,460,194,671</b>  | <b>100</b> | <b>103,327,178</b>           | <b>100</b> | <b>3,563,521,849</b> | <b>100</b> |

### Where the Money Goes

For SFY1999/00, the program expended \$3,563,521,849. This total includes both program and administrative expenditures. The table below shows this distribution by budget program for SFY 1998/99 and for SFY 1999/00.

**Table 4: Medicaid Program and Administrative Expenditures**

| Program                   | SFY 1998/99            | SFY 1999/00            | % Change    |
|---------------------------|------------------------|------------------------|-------------|
| <b>Private Providers</b>  | \$2,045,720,399        | \$2,163,744,718        | 5.77        |
| <b>Public Providers</b>   | 371,124,958            | 389,197,445            | 4.87        |
| <b>Uncompensated Care</b> | 784,254,399            | 821,424,802            | 4.74        |
| <b>Medicare Buy-In</b>    | 83,502,218             | 85,827,705             | 2.78        |
| <b>Program Total</b>      | <b>\$3,284,601,974</b> | <b>\$3,460,194,670</b> | <b>5.35</b> |
| <b>Administration</b>     | 99,777,210             | 103,327,178            | 3.56        |
| <b>Medicaid Total</b>     | <b>\$3,384,379,184</b> | <b>\$3,563,521,848</b> | <b>5.29</b> |

### Federal Funds

The federal government stipulates the rate at which the states must match Federal Financial Participation (FFP). The rate for the majority of services is based on the relative per capita income in each state and can be no higher than 50 percent and no lower than 17 percent. For administration and some other areas of expenditure (i.e. information technology), the federal contribution may be anywhere between 50 percent and 100 percent. The following table shows the Medicaid match rates for Louisiana for the past five years.

### Federal Medical Assistance Percentages (FMAP)

The FMAP changes when the federal year changes. Therefore, in order to calculate the appropriate FMAP on a SFY basis, the federal percentages are "blended" by averaging the federal percentages over the months of the SFY.

**Table 5: Historical FMAP**

|                | 1995/96 | 1996/97 | 1997/98 | 1998/99 | 1999/00 |
|----------------|---------|---------|---------|---------|---------|
| <b>State</b>   | 15.72   | 18.54   | 29.64   | 29.71   | 29.67   |
| <b>Federal</b> | 84.28   | 81.46   | 70.36   | 70.29   | 70.33   |

\* Under the alternative payment method which Congress made available to Louisiana (P.L. 104-134, Section 519), the state was able to obtain federal funds at a preferred match rate in return for a cap on federal funds. This helped Louisiana overcome budget constraints. The alternative payment method was one tool which allowed the DHH time to scale the program down in an organized fashion without sustaining large budget deficits or disruption in providing essential services. The alternative payment plan ended June 1997. If the alternative payment method had not been used, the percentages for 1995/96 would have been 27.92 (State) and 72.08 (Federal). In 1996/97 the percentages would have been 28.51 (State) and 71.49 (Federal).

### Federal Medical Assistance Percentages (LaCHIP)

The LaCHIP program was implemented November 1, 1998.

**Table 6: Historical FMAP (LACHIP)**

|                | 1998/99 | 1999/00 |
|----------------|---------|---------|
| <b>State</b>   | 20.92   | 20.75   |
| <b>Federal</b> | 79.08   | 79.25   |

### Disproportionate Share Hospital (DSH) Payments

In 1981, Congress required states to make additional Medicaid payments to hospitals that provide certain health services for a "disproportionate share" of indigent patients. By 1991, the unceasing expansion of the states' DSH payments prompted Congress to start placing limits on the amount of federal match that could be appropriated for the program. With the Balanced Budget Act (BBA) of 1997, DSH spending for FFY 1997/98 was limited to FFY 1994/95 levels. Federal policy intended that federal spending on DSH would decline to \$8.5 billion by FFY 2001/02. By federal rule, DSH reductions were to be achieved by gradually reducing the federal DSH match for 30 of the 50 states. Except for Arizona (\$81 million), the rule slated for reductions any state whose federal match in 1998 exceeded \$40 million. Although the reductions will not be fully implemented for FFY 2000/01 and FFY 2001/02, the federal government expects that the original FFY 2001/02 levels will be reached by FFY 2002/03. For FFY 1999/00, the federal government capped its DSH match to Louisiana at \$713 million.



**Table 7: Historical DSH/Non-DSH Expenditures (\$ in Millions)**

| SFY     | DSH   | Non-DSH | Total Medicaid | DSH as a % of Total |
|---------|-------|---------|----------------|---------------------|
| 1995/96 | 685.8 | 2,604.6 | 3,290.4        | 20.84               |
| 1996/97 | 672.8 | 2,588.4 | 3,261.2        | 20.63               |
| 1997/98 | 757.4 | 2,406.7 | 3,164.1        | 23.94               |
| 1998/99 | 784.3 | 2,500.3 | 3,284.6        | 23.88               |
| 1999/00 | 821.4 | 2,638.8 | 3,460.2        | 23.74               |

**Table 8: Collections/Cost Avoidance SFY 1999/00**

| <b>COLLECTIONS/COST AVOIDANCE SFY 1999/00</b> | <b>\$</b>          |
|---|--------------------|
| <b>PHARMACY PROGRAM</b>                       |                    |
| Drug Rebate Program                           | 85,800,780         |
| Pro-DUR                                       | 18,289,313         |
| Dispensing Fee Adjustment                     | 16,081,822         |
| Co-payments                                   | 10,406,625         |
| Pharmacy Provider Fees                        | 5,554,433          |
| Medicare Cost Avoidance of Crossovers         | 3,465,970          |
| Audit Program                                 | 1,561,296          |
| <b>PROVIDER FEES</b>                          |                    |
| Nursing Facilities                            | 57,909,197         |
| ICF/MR  | 21,640,551         |
| <b>RECOUPMENTS</b>                            | 50,168,798         |
| <b>THIRD-PARTY LIABILITY COLLECTIONS</b>      |                    |
| Insurance                                     | 9,109,665          |
| Trauma Recovery                               | 5,551,384          |
| Other Collections                             | 499,895            |
| <b>INELIGIBLE RECOVERIES</b>                  | 615,894            |
| <b>ESTATE RECOVERY</b>                        | 67,742             |
| <b>MEASURABLE COST AVOIDANCE</b>              |                    |
| Medicare Buy-In Cost Avoidance                | 283,310,464        |
| <b>TOTAL COLLECTIONS/COST AVOIDANCE</b>       | <b>570,033,829</b> |

Cost avoidance is defined as measures taken to prevent the incurring of allowable medical costs for a particular service or group of services or for a recipient or group of recipients. Implementation of the Medicare Buy-In Program is an example of a cost avoidance measure. The Medicare Buy-in Program pays for Medicare Parts A and B for recipients.

## ELIGIBILITY

### Eligibility Determination

Eligibility Determination is a federally approved process which is operated in the same manner throughout the state. All eligibility decisions are made objectively in accordance with standardized, written policy. Decisions must be made within 45 days (90 days if a disability determination by the agency is required) from the date of application.

Individuals who meet all requirements receive full Medicaid coverage plus vendor payment to the facility or Waiver Services providers. Individuals with income may be required to contribute a portion of that income to pay for the services they receive. Federal laws establish the standards for determining family income, which take into account certain individual and family expenses. Federal law also determines enrollment and eligibility determination rules, including out-stationed enrollment for pregnant women and children at Federally Qualified Health Centers.

## ELIGIBILITY PROCESS

The eligibility process begins with completion of a Medicaid application form and a face-to-face interview at a Medicaid Application Center or a local Medicaid eligibility office. More than 600 Medicaid Application Centers are certified statewide, and locations include community health and social service organizations, medical providers, and faith-based centers. A simplified one-page LaCHIP application is used for children under age 19 and an interview is not required. Most applications for children are submitted by mail.

All applications are processed by Medicaid Eligibility Examiners who determine eligibility by establishing that the applicant meets the eligibility criteria for one of the more than 200 category/type combinations for Louisiana Medicaid. Examples of eligibility factors are Louisiana residence, age, disability, income, assets, alien status, and pregnancy. The process for establishing eligibility includes obtaining documentary evidence from the applicant and third parties (employers, insurance companies, financial institutions), as well as by accessing electronic records (wage records, Food Stamp and FITAP records). Average application processing time varies by program, but the overall average is less than 30 days. Federal regulations require most applications to be processed within 45 days.

- If applicants are determined eligible, they are added to the Medicaid file effective the month the application was received, **which is usually a prior month**, and they receive a notice of decision and plastic Medicaid identification card.
- If the applicant had medical bills and is otherwise eligible **prior** to the month the application is received, the effective date of Medicaid coverage can be as early as three calendar months prior to the application date.

These two factors combine to create a significant lag between the service date and payment date. Example: Application received September 28; certified November 3 with eligibility effective date June 1. The earliest date the provider could receive payment for June services is November.

Certification periods vary, but the most common is 12 months. At that point renewal is necessary in order for Medicaid benefits to continue. Children under age 19 are eligible for 12 months continuous coverage regardless of changes in circumstances. For adults, changes in circumstances trigger a renewal and eligibility can terminate at any time eligibility factors are no longer met.

## ELIGIBILITY CRITERIA

The table on the following page includes a listing of the programs that make up the five major eligibility groupings: Families and Children, Poverty Level Women and Children, Blind and Disabled, Old Age Assistance and Other. For additional information on these eligibility groupings please refer to pgs. 11-12.

Table 9: Eligibility Criteria as of June 30, 2000

| PROGRAM   | DESCRIPTION  | INCOME LIMIT  | ELIGIBILITY GROUPINGS            |
|---|--|---|----------------------------------|
| LIFC—Section 1931   | Children & families  | 16% of poverty; <i>assets below \$1,000</i>   | Families and Children            |
| LIFC—Section 1931<br>"PAP"  | Children & families  | 16% of poverty with income of sibling, step-parent, and grandparent of minor child disregarded (anyone not legally responsible for child); <i>assets below \$1,000</i>  | Families and Children            |
| AFDC-Related Medically<br>Needy   | Children & families  | 20% of poverty; <i>assets limit \$2000 individual, \$3000 couple</i>  | Families and Children            |
| AFDC-Related Spend<br>down Medically Needy                                | Children & families  | All income over 20% of poverty considered available to meet medical expenses for quarter; <i>assets limit \$2000 individual, \$3000 couple</i>  | Families and Children            |
| TANF (FITAP) Recipients   | Recipients of cash assistance as determined by DSS Office of Family Support  | 16% of poverty; <i>assets below \$2,000</i>   | Families and Children            |
| Transitional Medicaid   | Former LIFC Recipients with earnings now exceeding 16% of poverty; former TANF recipients with earnings now exceeding 19% of poverty | 185% of poverty for coverage in seventh through twelfth month of transitional eligibility period; people cannot gain eligibility for this program unless they have previously been eligible under another program with income limits below 16% of poverty | Families and Children            |
| CHAMP—Pregnant<br>Woman   | Verified pregnancy-2 month post-partum period  | 133% of poverty; <i>no assets test</i>  | Poverty Level Women and Children |
| Deemed Eligible Child   | Child under age 1 born to Medicaid eligible mother   | No income limit; <i>no assets test</i>  | Poverty Level Women and Children |
| Presumptive Eligible<br>Pregnant Woman                                    | Provides ambulatory pre-natal services to pregnant women as determined eligible by a qualified provider                              | 133% of poverty; <i>no assets test</i>  | Poverty Level Women and Children |
| CHAMP—Low Income<br>Children  | Ages 0-5;  | 133% of poverty; <i>no assets test</i>  | Poverty Level Women and Children |
|   | Age 6 and up but born no earlier than 10/1/83  | 100% of poverty; <i>no assets test</i>  |                                  |
| MCHIP—Title 21 children<br>not eligible for Title 19<br>Medicaid (LaCHIP) | Ages 0-5;  | >133% poverty to 150% of poverty; <i>no assets test</i>   | Poverty Level Women and Children |
|   | Age 6 and up but born no earlier than 10/1/83  | >100% poverty to 150% of poverty; <i>no assets test</i>   |                                  |
|   | Born before 10/1/83 to age 19  | 150% of poverty; <i>no assets test</i>  |                                  |
| Section 4913 Child  | Individuals under age 18 denied SSI cash because of an SSI provision which is prohibited in Medicaid.                                | 74% of poverty (+ \$20); <i>assets limit \$2000 for individual</i>  | Blind/Disabled                   |
| Early Widows/Widowers   | Individuals who lost SSI because of receipt of Social Security widow/widowers benefits.  | 74% of poverty (+ \$20); <i>assets limit \$2000 individual, \$3000 couple</i>   | Blind/Disabled                   |
| Personal Care Attendant   | Aged and disabled recipients who meet medical criteria for institutional level of care   | 222% of poverty; <i>assets limit \$2,000 individual, \$3,000 couple</i>   | Blind/Disabled                   |

| PROGRAM   | DESCRIPTION   | INCOME LIMIT  | ELIGIBILITY GROUPINGS |
|---|---|---|-----------------------|
| Qualified Disabled Working Individual                                       | Provides Medicare Part A Buy-In for non-aged individuals who lost SS disability benefits and premium-free Part A Medicare coverage because they went to work.                             | Equal to or below 200% of poverty; <i>asset limit: \$4,000 for individual, \$6,000 couple</i>   | Blind/Disabled        |
| SSI Recipients  | Aged and disabled recipients of federal SSI cash payments as determined by Social Security Administration   | 74% of poverty (+ \$20); <i>assets limit \$2000 individual, \$3000 couple</i>   | Aged/Blind/Disabled   |
| SSI-Related Spend down Medically Needy                                      | Aged and disabled recipients with income above 74% of poverty (+ \$20)  | All income over 14% of poverty (+ \$20) is considered available to meet medical expenses for quarter; <i>assets limit \$2000 individual, \$3000 couple</i>        | Aged/Blind/Disabled   |
| Disabled Adult Child  | Individuals over age 18 who become blind or disabled before age 22 and lost SSI eligibility on or before 7/1/87, as a result of entitlement to or increase in Social Security benefits.   | Social Security benefits are disregarded in determining countable income with limit 74% of poverty (+ \$20); <i>assets limit \$2000 individual, \$3000 couple</i> | Aged/Blind/Disabled   |
| Disabled Widows/ Widowers   | Restores Medicaid eligibility to disabled widows/widowers who would be eligible for SSI had there been no elimination of the reduction factor and no subsequent cost-of-living increases. | 74% of poverty (+ \$20); <i>assets limit \$2000 individual, \$3000 couple</i>   | Aged/Blind/Disabled   |
| Long-Term Care  | Aged and disabled recipients who meet medical criteria for institutional level of care  | 222% of poverty; <i>assets limit \$2000 individual, \$3000 couple</i>   | Aged/Blind/Disabled   |
| Home & Community-Based Waivers: Adult Day Health, Elderly & Disabled, MR/DD | Aged and disabled recipients who meet medical criteria for institutional level of care  | 222% of poverty; <i>assets limit \$2000 individual, \$3000 couple</i>   | Aged/Blind/Disabled   |
| Extended Medicaid (Pickle)  | Former SSI recipients who lost eligibility due to annual SSA cost-of-living increase  | All cost-of-living raises are disregarded in calculating countable income with limit 74% of poverty (+\$20); <i>assets limit \$2000 individual, \$3000 couple</i> | Aged/Blind/Disabled   |
| Specified Low Income Medicare Beneficiary                                   | Pays Part B Medicare premium only.  | 100% and less than 120% of poverty; <i>asset limit: \$4,000 individual, \$6,000 couple</i>  | Aged/Blind/Disabled   |
| Qualified Individual—Category 1   | Pays Part B Medicare premium only.  | 120% and less than 135% of poverty; <i>asset limit: \$4,000 individual, \$6,000 couple</i>  | Aged/Blind/Disabled   |
| Qualified Individual—Category 2   | Pays a portion of Part B premium.   | 135% and less than 175% of poverty; <i>asset limit \$4,000 for individual, \$6,000 for couple</i>   | Aged/Blind/Disabled   |
| Qualified Medicare Beneficiary  | Pays Medicare premiums, deductibles and co-insurance for Medicare covered services.   | Below 100% of poverty; <i>asset limit: \$4,000 individual, \$6,000 couple</i>   | Other                 |
| Tuberculosis Infected Individual  | Persons who have been diagnosed as, or are suspected of, being infected with tuberculosis.  | 74% of poverty (+\$20); <i>assets limit \$2000 individual</i>   | Other                 |

Figure 3: Poverty in Louisiana 1999

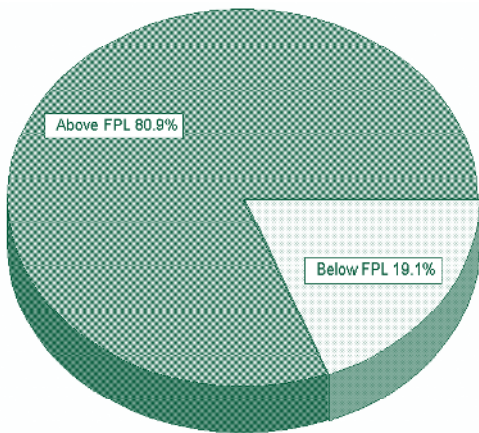


Figure 4: Louisiana Health Insurance Coverage SFY 1999/00

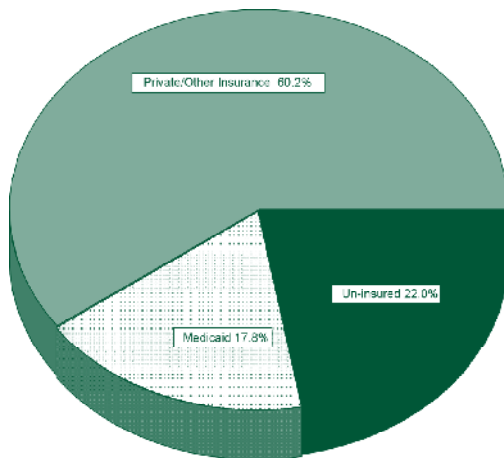


Table 10: Monthly FPL Guidelines

| Monthly Federal Poverty Income Guidelines<br>Effective April 1, 2000 |       |       |       |
|--|-------|-------|-------|
| Family Size  | 100%  | 133%  | 150%  |
| 1  | 696   | 926   | 1,044 |
| 2  | 938   | 1,247 | 1,407 |
| 3  | 1,180 | 1,569 | 1,769 |
| 4  | 1,421 | 1,890 | 2,132 |
| 5  | 1,663 | 2,212 | 2,494 |
| 6  | 1,905 | 2,533 | 2,857 |
| 7  | 2,146 | 2,854 | 3,219 |
| 8  | 2,388 | 3,176 | 3,582 |

## LOUISIANA MEDICAID PROFILE

The population for Louisiana in 2000 was 4,468,976.<sup>4</sup> It is estimated that 19.1 percent of the citizens of Louisiana lived in families with income at or below the 1999 Federal Poverty Level (FPL).<sup>5</sup>

Using Medicaid and Census data, an estimate of Louisiana health insurance coverage rates for 2000 can be made. During the SFY, the Louisiana Medicaid Program covered 17.8 percent of the state's population. The U.S. Census Bureau estimates that from 1997 to 1999, the rate of uninsured persons in Louisiana fluctuated between 19.5 and 22.5 percent (22.5 percent in 1999). It is likely that the uninsured rate did not differ much from that range. Estimating the 2000 uninsured rate at 22 percent puts the rate of persons with some other kind of coverage (e.g. private, Medicare, Veterans) at 60.2 percent. Figure 4 shows the estimated distribution of the insured, Medicaid, and uninsured populations in Louisiana for SFY 1999/00.

Medicaid is a means tested program, and the programs have different income limits, depending on the category and type of Medicaid assistance. Income limits for most Medicaid Programs are based on the Federal Poverty Guidelines (FPG), and increase annually. There are two slightly different versions of the federal poverty measure:

- The poverty thresholds, and
- The poverty guidelines.

The **poverty thresholds**, originally developed in the early 1960s by Mollie Orshansky of the Social Security Administration, are the original version of the federal poverty measure. Updated each year by the **Census Bureau**, the thresholds are used mainly for **statistical** purposes — for instance, preparing estimates of the number of Americans in poverty each year. All official poverty population figures are calculated using the poverty thresholds.

The **poverty guidelines** are the other version of the federal poverty measure. They are issued each year in the *Federal Register* by the **Department of Health and Human Services (HHS)**. The guidelines are a simplification of the poverty thresholds for use for **administrative** purposes — for instance, determining financial eligibility for certain federal programs, including Medicaid. Poverty guidelines are adjusted effective April of each year.<sup>6</sup>

<sup>4</sup>U.S. Census Bureau 2000.

<sup>5</sup>U.S. Census Bureau. Current Population Survey, March 1998, 1999 and 2000.

<sup>6</sup>Gordon M. Fisher, "Disseminating the Administrative Version of the Federal Poverty Measure in the 1990's."



## MEDICAID ELIGIBLES, RECIPIENTS AND PAYMENTS BY AGE AND GENDER

In SFY 1999/00 there was a total of 793,296 persons in Louisiana eligible for Medicaid. Of those, 323,740 were males and 469,509 were females. There were more eligible males than females from birth to age 14. However, females out-number males overall with a much greater enrollment among persons ages 15 and over. Females aged 21-44 represented the highest gender/age group of persons eligible.

The ratio of female to male eligibles changes across age groups. In the younger groups, 0-14 years of age, the proportion of female to male is about even (0.95 females for every male eligible). In the 15-20 age group, the proportion rises to 1.7 females per male. In the 21-64 group, the ratio becomes 2.4 to 1. In the older groups, 65+, the ratio becomes 3.1 to 1. For Medicaid eligibles above 85, the ratio reaches 4.3 females for every male eligible. Please see Figure 5.

The Louisiana Medicaid Program had a total of 726,734 recipients for SFY 1999/00. Figure 6 illustrates that the highest concentration of recipients occurs at ages 1-6, 6-14, and again at ages 21-44. Recipient gender ratios reflect the eligibility pattern. In the 0-14 years of age group, 0.95 females received services for every male who received services. In the 15-20 age group the recipient ratio for females increased to 2.7 to 1. Likewise, for the 21-64 group female recipients exceeded male recipients by a ratio of 2.6 to 1. Finally, for the 65+ group the ratio was 3.2 to 1.

The proportion of payments between age and gender groupings differed somewhat from the eligibility and recipient ratios. In the 0-14 age group, payments for females were 78.8 percent of that for males. But, in the 15-20 age group, for every dollar paid in claims for males, \$2.49 was paid for females. In the 21-64 age group the ratio was \$1.41 for females to \$1.00 for males. For the 65+ group the ratio was \$2.93 for females to \$1.00 for males.

On an average annual cost per recipient basis, however, the ratios looked very different. In the 0-14 age group, on average for every dollar paid in claims for males, \$0.84 was paid for females. In the 15-20 group, the ratio was \$0.93 for females to \$1.00 for males. In the 21-64 group the ratio was \$0.54 for females to \$1.00 for males. In the 65+ group the ratio was \$0.92 for females to every \$1.00 for males.

Figures 6 and 7 illustrate that older age groups cost proportionately more than younger age groups. The 0-20 age group represented 62.6% of all eligibles, but represented only 28.3 percent of all claims payments. Conversely, the 65+ age group represented only 11.5 percent of all eligibles, but represented 26.0 percent of all payments. The 85+ group represented 2.8 percent of all eligibles, but accounted for 8.2% of payments.

Figure 5: Unduplicated Eligibles by Age and Gender

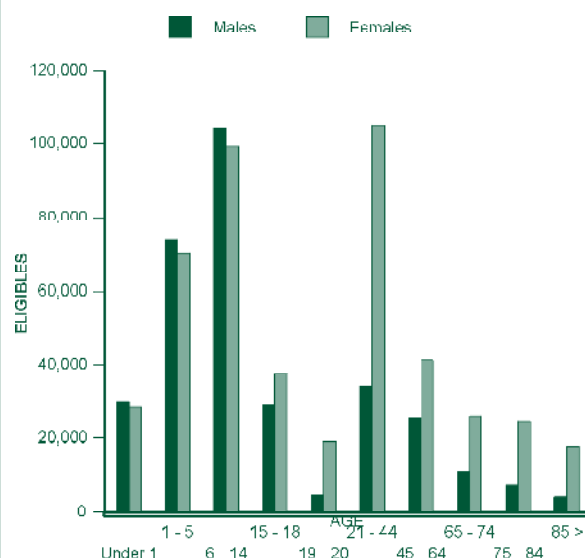


Figure 6: Unduplicated Recipients by Age and Gender

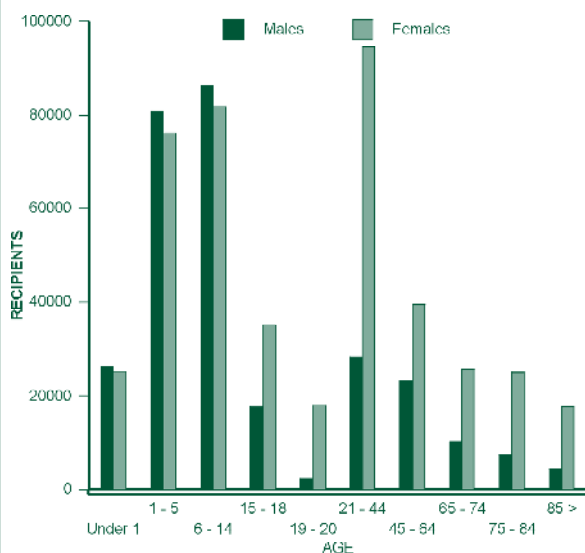
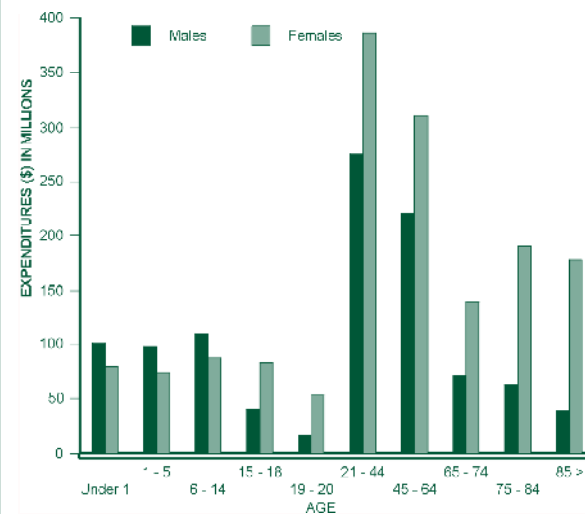


Figure 7: Payments by Age and Gender



**Table 11: Eligibles by Age and Gender**

| Eligibles         | Males          | %            | Females        | %            | Total          | %            |
|-------------------|----------------|--------------|----------------|--------------|----------------|--------------|
| Children Under 19 | 237,366        | 98.2         | 235,658        | 92.6         | 473,024        | 95.3         |
| Ages 19-20        | 4,427          | 1.8          | 18,889         | 7.4          | 23,316         | 4.7          |
| <b>Total</b>      | <b>241,793</b> | <b>100.0</b> | <b>254,547</b> | <b>100.0</b> | <b>496,340</b> | <b>100.0</b> |

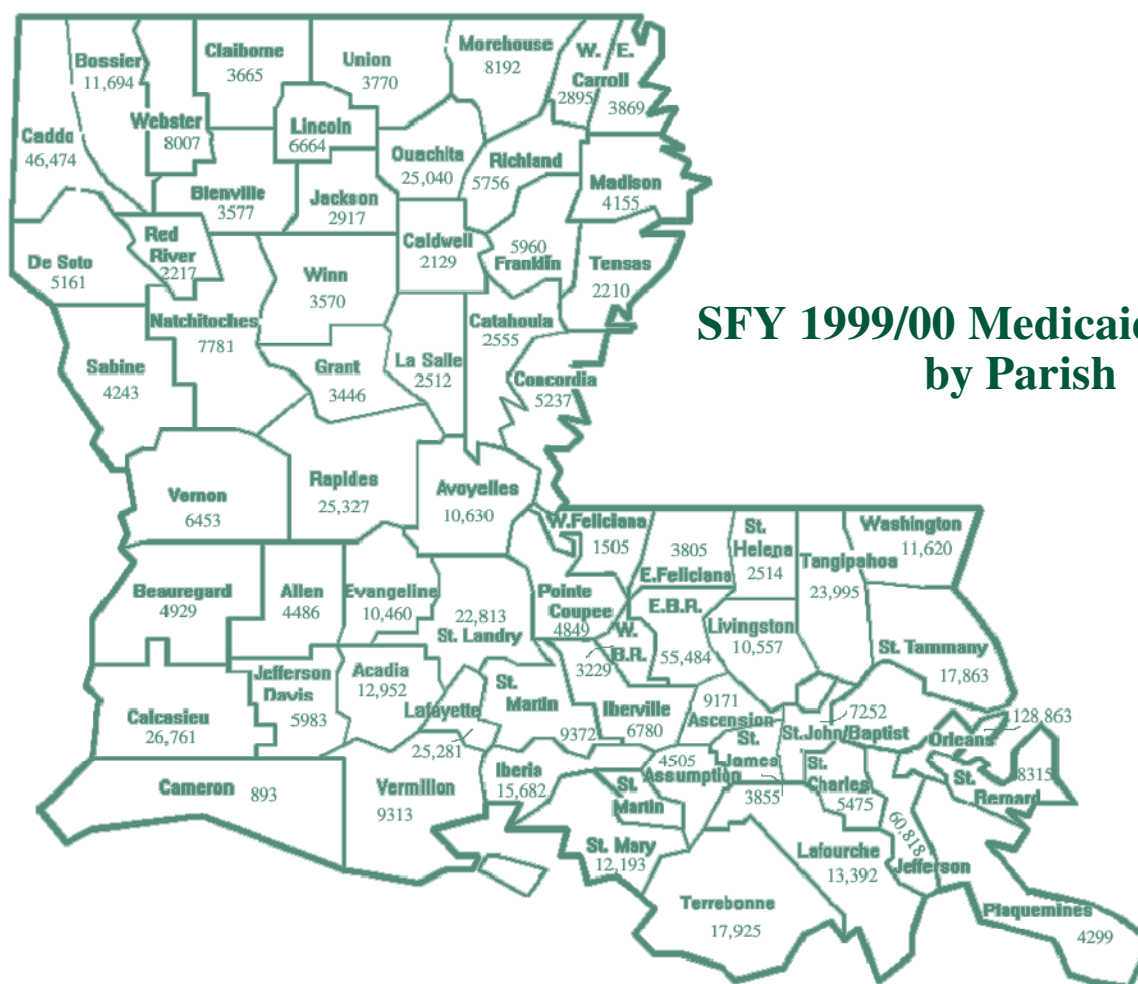
  

| Eligibles         | Males          | %            | Females        | %            | Total          | %            |
|-------------------|----------------|--------------|----------------|--------------|----------------|--------------|
| Children Under 21 | 241,793        | 74.7         | 254,547        | 54.2         | 496,340        | 62.6         |
| Adults            | 81,947         | 25.3         | 214,962        | 45.8         | 296,909        | 37.4         |
| <b>Total</b>      | <b>323,740</b> | <b>100.0</b> | <b>469,509</b> | <b>100.0</b> | <b>793,249</b> | <b>100.0</b> |

| Eligibles    | Children Under 21 | %            | Adults         | %            | Total          | %            |
|--------------|-------------------|--------------|----------------|--------------|----------------|--------------|
| Males        | 241,793           | 48.7         | 81,947         | 27.6         | 323,740        | 40.8         |
| Females      | 254,547           | 51.3         | 214,962        | 72.4         | 469,509        | 59.2         |
| <b>Total</b> | <b>496,340</b>    | <b>100.0</b> | <b>296,909</b> | <b>100.0</b> | <b>793,249</b> | <b>100.0</b> |

\*Gender of 47 Eligibles was not reported in the data and therefore not included here. (Under 19=23; 19-20=1; Adults=23 not reported)



## MEDICAID ELIGIBLES, RECIPIENTS AND PAYMENTS BY CATEGORIES OF ASSISTANCE

In Louisiana, eligible / recipient groupings are: Families and Children, Poverty-Level Women and Children, Blind / Disabled, Old Age Assistance and Other because the eligibility criteria are similar for eligibles within the eligibility groupings.

**Families and Children** - Includes low income and limited resources individuals whose household income level is equal to or less than 16 percent of the Federal Poverty Level (FPL).

**Poverty Level Women and Children** - Includes individuals whose household income level may be from 17 percent up to 200 percent of the FPL.

**Blind and/or Disabled** - Includes individuals determined to be blind and/or disabled by Social Security Administration (SSA) eligibility criteria.

**Old Age Assistance** - Includes individuals who are determined to be eligible by SSA criteria and are also older than 65.

**Other** - Includes individuals in Foster Care receiving state funds only, etc.

Figures 9 and 10 show that "Blind and Disabled" and "Old Age Assistance" recipients account for about one-third of all Medicaid recipients, but account for three-quarters of all Medicaid claim payments for services. The women, children and families programs represent almost two-thirds of all recipients but account for only one-fourth of claims payments for services.

## TOP TEN PAYMENTS BY PROVIDER TYPE

Top Ten Payments represents the ten provider types with the highest Medicaid levels of reimbursement. The Top Ten list that follows represents approximately 92 percent of all payments to public and private providers. In SFY 1999/00 Medicaid made \$2,625,003,287 in claims payments to all providers, and \$2,594,882,426 to Louisiana-based providers.

### 1. Hospital (Inpatient and Outpatient)

Hospital services include both inpatient and outpatient services. Inpatient services are provided to recipients during their stay in licensed hospitals participating in the Medicaid Program. Services that are included are medical supplies, nursing care, therapeutic services, lab and x-ray, emergency room care, rehabilitation services and drugs. Prior authorization is required to extend visits due to medical needs. Outpatient services are provided to recipients in outpatient settings of licensed Medicaid participating hospitals. The total payments for SFY 1999/00 for both inpatient and outpatient hospital services were \$681,999,961.

Figure 8: Eligibles by Category of Assistance SFY 1999/00

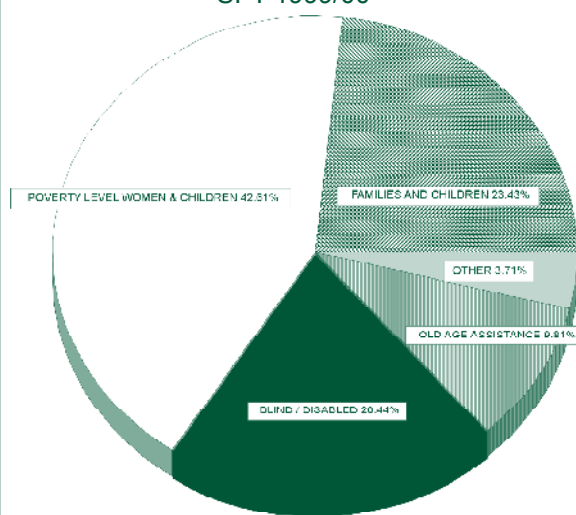


Figure 9: Recipients by Category of Assistance SFY 1999/00

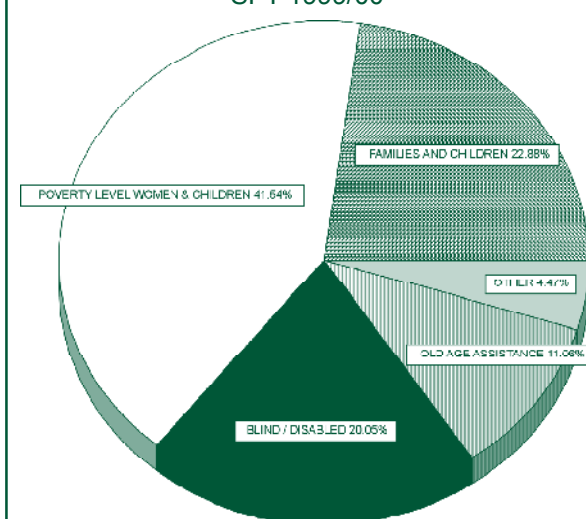
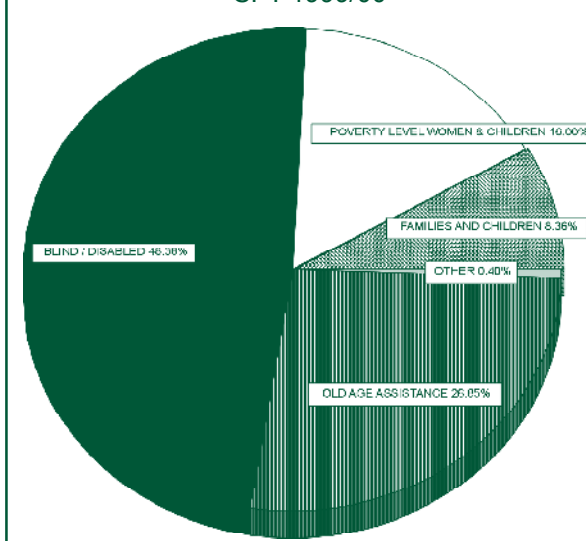


Figure 10: Payments by Category of Assistance SFY 1999/00



## **2. Nursing Homes (LTC)**

Services include professional nursing and rehabilitation services provided on a 24-hour-a-day basis to recipients in state licensed Medicaid participating nursing facilities. Recipients require only limited medical supervision and custodial care. Payments for SFY 1999/00 for Nursing Homes were \$503,992,717.

## **3. Pharmacy**

Services include the dispensing of FDA approved drugs by state licensed participating pharmacies. Prescriptions must be prescribed by licensed physicians, dentists, podiatrists, or certified optometrists. Co-payments of \$.50 to \$3.00 are paid by recipients between 22 and 64 years of age, unless the recipient meets one of the exempted criteria. Payments for SFY 1999/00 were \$466,762,909. This \$466,762,909 represents Gross Payments to Pharmacists. Gross Payments to Pharmacists less Rebates from Drug Manufacturers (\$85,800,780) results in Payments Net of Rebates in the amount of \$380,962,129.

## **4. Intermediate Care Facilities for the Mentally Retarded (ICF-MR)**

Intermediate Care Facilities-Mentally Retarded (ICF-MR) Services are rendered on a regular basis by state licensed Medicaid-participating facilities structured to treat mentally retarded recipients who need daily supervision. Payments for SFY 1999/00 were \$349,726,094. These payments include payments to both private ICF-MR group homes and state developmental centers.

## **5. Physicians (MD)**

Services include the diagnosis and treatment of a recipient's illness in a doctor's office, the recipient's home, hospital, nursing home, emergency room, ambulatory surgical center including rural health clinic, Federally Qualified Health Center (FQHC) or other setting. Payments for SFY 1999/00 were \$262,322,549.

## **6. Personal Care Attendant (PCA)**

Personal Care Attendant is an individual who provides personal care to a person with a very severe disability by providing assistance with activities of daily living that the individual would typically perform if the individual did not have a disability. PCA services include, but are not limited to, assistance with the following activities of daily living: routine bodily functions, such as bowel or bladder care, dressing, preparation and consumption of food, house cleaning and laundry, moving in/out of bed, routine bathing, ambulation and any other similar activity of daily living. Payments for SFY 1999/00 were \$44,301,750.

## **7. Durable Medical Equipment (DME)**

Durable Medical Equipment products include wheelchairs, oxygen concentrators, prostheses and other medical devices. Payments for SFY 1999/00 for Durable Medical Equipment were \$35,625,769.

## **8. Independent Living**

Independent Living services are those services that enable an individual with a significant disability to function independently in the family or the community. Independent Living services include, but are not limited to, counseling, mobility training, physical rehabilitation, interpreter and reader services, individual and group social and recreational services. Payments for SFY 1999/00 were \$27,060,849.

## **9. Dental**

Dental services include an annual dental screening which consists of an examination, radiographs(x-rays), prophylaxis, topical fluoride application and oral hygiene instruction. In addition to these diagnostic and preventive procedures, certain surgical and restorative dental services (extractions, fillings) and dental prosthetics (dentures) may also be covered. Payments for SFY 1999/00 were \$22,847,086.

## **10. Respite Care**

Respite Care is a service which provides temporary relief to caregivers who provide care to individuals who are mentally retarded, developmentally disabled, physically disabled or medically fragile. The purpose of this service is to relieve the stress encountered by caregivers, or deliver care when the caregiver is faced with an emergency. Payments for SFY 1999/00 were \$21,504,440.

**Table 12: SFY 1999/00 Top Ten Payments by Provider Type**

| PROVIDER TYPE  | Total Payments (\$)  |
|--|----------------------|
| Hospital   | 681,999,961          |
| Nursing Homes (LTC)                                  | 503,992,717          |
| Pharmacy   | 466,762,909          |
| ICF-MR   | 349,726,094          |
| Physicians (MD)                                      | 262,322,549          |
| Personal Care Attendant (PCA)*                       | 44,301,750           |
| Durable Medical Equipment (DME)                      | 35,625,769           |
| Independent Living*                                  | 27,060,849           |
| Dental   | 22,847,086           |
| Respite Care*  | 21,504,440           |
| <b>Top Ten Services by Payments Total</b>            | <b>2,416,144,124</b> |
| All Other Provider Type Payments (52 Provider Types) | 208,859,163          |
| <b>Total Payments</b>                                | <b>2,625,003,287</b> |

\* Exclusively Waiver Program Providers

Table 12 shows payments to the top ten provider types during SFY 1999/00 **before** all financial adjustments were applied.

Figures in Table 13 are taken from the **DHH Medicaid Year End Financial Report for SFY 1999/00**, and represent **net** expenditures, **after** all financial adjustments are taken into account (as reflected in the Division of Administration's ISIS system). Further, expenditures are shown according to the budget category of service under four broad groupings (refer to Table 13 for the budget categories of service):

- Private Providers
- Public Providers
- Uncompensated Care
- Medicare Buy-Ins and Supplements

Differences in terminology and groupings explain the variation in dollar amounts in Table 12 and Table 13. Underlying definitions of the categories being reported differ. For example, in Table 12, hospital payments reflect payments for **all** claims associated with the provider type "Hospital," including inpatient, outpatient, and laboratory and X-ray services. No distinction is made between private, public, and state hospitals. On the other hand, hospital-related expenditures in the Table 13 are divided into Hospital-Inpatient, Hospital-Outpatient, as well as Laboratory and X-ray Services categories. Differentiation is also made between private (all non-state) and public (LSU-HCSD) hospitals.

Tables 12 and 13 reflect two specialized and different ways to view Medicaid reimbursements (payments/expenditures) for services received from providers. Therefore, caution should be exercised when making any inferences or reaching conclusions, relative to overall Medicaid Program costs.



**Table 13: SFY 1999/00 Expenditures by Budget Category of Service (\$)**

| Budget Category of Service           | Expenditures         |
|--------------------------------------|----------------------|
| <b>Private Providers</b>             |                      |
| Adult Dentures                       | 2,580,642            |
| Case Management Services             | 8,028,884            |
| Certified RN Anesthetists (CRNA's)   | 4,461,324            |
| Chiropractic Services                | 424,774              |
| Durable Medica Equipment             | 33,052,559           |
| EPSDT                                | 51,200,921           |
| Family Planning                      | 5,105,225            |
| Federally Qualified Health Centers   | 3,639,615            |
| Hemodialysis Services                | 20,810,088           |
| Home Health Services                 | 20,681,095           |
| Hospital - Inpatient Services        | 442,753,366          |
| Hospital - Outpatient Services       | 137,559,727          |
| ICF-MR (MR/DD Community Homes)       | 169,953,904          |
| Laboratory and X-Ray Services        | 41,206,532           |
| Mental Health - Inpatient Services   | 7,828,592            |
| Mental Health Rehabilitation         | 18,267,148           |
| Nursing Homes                        | 491,959,788          |
| Pharmaceutical Products and Services | 367,658,460          |
| Physician Services                   | 188,568,392          |
| Rehabilitation Services              | 2,051,124            |
| Rural Health Clinics                 | 7,809,235            |
| Substance Abuse Clinics              | 3,771,494            |
| Transportation - Emergency           | 15,998,399           |
| Transportation - Non-Emergency       | 12,128,786           |
| Waiver - Adult Day Health            | 2,225,061            |
| Waiver - Elderly & Disabled Adults   | 4,079,568            |
| Waiver - MR/DD (Community Services)  | 95,374,253           |
| Other Private Providers              | 4,565,764            |
| <b>Sub-Total Private Providers</b>   | <b>2,163,744,720</b> |

| Public Providers                                 | Expenditures         |
|--|----------------------|
| LSUMC - HCSD                                     | 87,005,792           |
| LSUMC  | 73,641,426           |
| DHH - State MR/DD Services                       | 172,412,219          |
| DHH - State Nursing Homes                        | 20,664,397           |
| DHH - Office of Public Health                    | 14,059,806           |
| DHH-Substance Abuse                              | 152,031              |
| DHH - Community Mental Health                    | 7,304,863            |
| DHH - Public Psychiatric Free Standing Unit      | 1,061,362            |
| DHH - Public Psychiatric Distinct Part Unit      | 5,284,197            |
| State Education                                  | 6,667,400            |
| Other Public Providers                           | 943,954              |
| <b>Sub-Total Public Providers</b>                | <b>389,197,447</b>   |
| <b>Uncompensated Care Expenditures</b>           |                      |
| LSU - HCSD & Villa Feliciana                     | 596,588,376          |
| LSUMC  | 114,459,586          |
| Public Psychiatric Free Standing Unit            | 80,402,890           |
| Private Hospitals                                | 29,973,950           |
| <b>Sub-Total Uncompensated Care</b>              | <b>821,424,802</b>   |
| <b>Medicare Buy-In and Supplements</b>           |                      |
| Medicare Buy-In and Supplements                  | 85,827,705           |
| <b>Sub-Total Medicare Buy-In and Supplements</b> | <b>85,827,705</b>    |
|  |                      |
| <b>Medical Vendor Program</b>                    | <b>3,460,194,674</b> |

## LOUISIANA HOME AND COMMUNITY-BASED WAIVER SERVICES

A Home and Community-Based Waiver is an agreement between the state(s) and the Health Care Financing Administration (HCFA) that “waives” the usual requirements for Medicaid services. States have the flexibility to design each waiver program and select the mix of waiver services that best meets the needs of the population to be served by the waiver. Services may be provided statewide or may be limited to specific geographic areas. Services do not have to be offered to every Medicaid recipient. Aggregate program costs must be equal to or less than the costs of institutional care for a similar population. Cost effectiveness is reported each year to HCFA. The goal of these programs is to provide a framework for home and community-based services for Louisiana citizens where the individuals who choose this option can be assured a safe and healthy environment, quality services, and are empowered with state and federal rules and regulations with the opportunity to direct their lives based on their desired personal outcomes.

The waiver agreement contains some required assurances on the part of the state. Some of the assurances are:

- the health and welfare of all the participants will be safeguarded
- that only qualified providers of services will be enrolled into the program
- and no services are provided that are not part of an approved care plan

Figure 11 reports the number of unduplicated waiver recipients on whose behalf the Medicaid Program paid a claim during SFY 1999/00. Figure 12 reports claims payments for both the waiver services and other medical services provided to recipients. Currently, there are four Home and Community-Based Services Waivers: Adult Day Health Care, Mental Retardation and Developmental Disabilities, Personal Care Attendant, and Elderly and Disabled.

Figure 11: SFY 1999/00 Waiver Recipients  
**TOTAL 4,516**

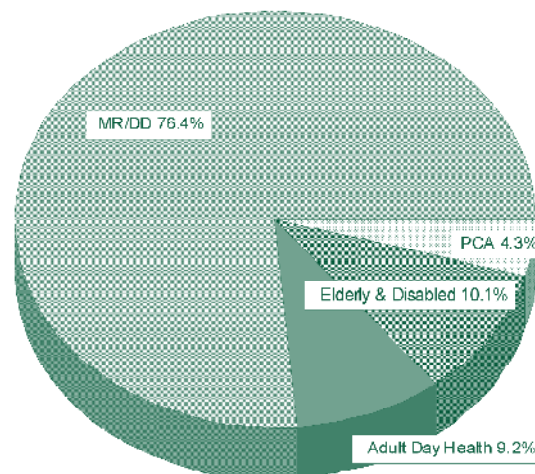
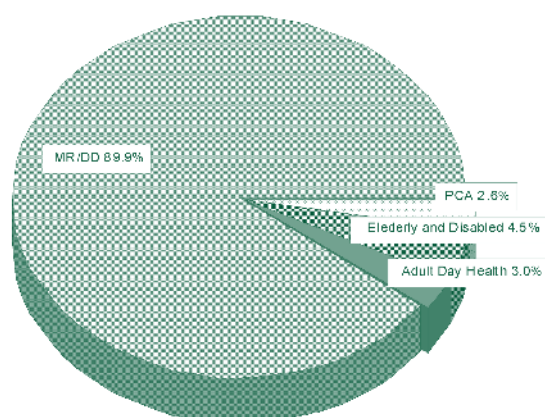


Figure 12: SFY 1999/00 Waiver Payments  
**TOTAL \$128,521,906**



**Adult Day Health Care Waiver** was implemented January 1, 1985 and is the first waiver established in Louisiana. The target population consists of elderly Medicaid recipients and disabled adults who meet Medicaid standards for disability and who choose waiver services as an alternative to nursing facility care. The waiver is designed to provide direct care in a day care setting during weekdays to individuals who meet medical certification criteria for nursing home services and require direct, professional, medical supervision or personal care supervision. The only service in this waiver is Adult Day Health Care services provided at a licensed health care facility on a daily basis. Since only one service is available, case management is provided as an integral part of that one service. There were 417 recipients in Adult Day Health Care Waiver Program SFY 1999/00.

**Elderly and Disabled Adult Waiver** was implemented in 1993. This waiver is designed to provide up to seven support services to the elderly in their homes (case management, personal care attendant, household supports, day supervision, night supervision, personal emergency response systems, and environmental modifications) as an alternative to nursing home

placement. On April 1, 1997 the waiver was amended to include disabled adults ages 21 through 64 in addition to elderly and disabled age 65 and over. Participants in the program must meet admission requirements for a nursing facility. In order to remain on the program participants must be able to be served safely with the array of services available within this waiver. The daily cost cap of \$35 per day was established for these waiver services to ensure continued cost effectiveness. There were 454 recipients in the Elderly and Disabled Adult Waiver Program in SFY 1999/00.

**Mental Retardation and Developmental Disability (MR/DD) Waiver** is Louisiana's largest home and community-based program. This program was implemented in June of 1990 and serves citizens above the age of 3 who are mentally retarded or developmentally disabled. Onset of the disability must have occurred prior to the age of 22. The target population consists of Medicaid people who are eligible to enter an ICF-MR facility but choose community-based services instead. The MR/DD Waiver combines a variety of Medicaid services to allow an individual who qualifies for institutional care to receive services in a home or community setting. These services include personal care attendant services, respite care, substitute family care, residential habilitation, habilitation/supported employment, pre-vocational habilitation, day habilitation, environmental modifications, personal emergency response systems, and assistive devices. Case management to this population is provided as a separate service outside of the waiver service package. There were 3,450 recipients in the MR/DD Waiver Program in SFY 1999/00.

**Personal Care Attendant (PCA) Waiver** was implemented July of 1989. The Personal Care Attendant Waiver serves citizens age 18 through 55 who only require Personal Care Attendant services to avoid institutionalization. Services may continue after the age of 55 or until eligibility is lost. The target population consists of disabled adult Medicaid recipients with lost sensory or motor function (quadriplegic) who are eligible to enter a nursing facility, and are being served by an Independent Living Center which receives funds under Title VI of the Rehabilitation Act. There are currently three such designated centers in Louisiana: New Orleans, Lake Charles, and Shreveport. Each of these centers has satellite offices giving coverage across the state. Since this is a single waiver, the case management services are included in the fee to the provider. There were 195 recipients in the PCA Waiver Program in SFY 1999/00.

## HOME AND COMMUNITY-BASED WAIVER SERVICES Visions For the Future

- Provide a seamless access to delivering a long-term care system to persons with a wide range of conditions and service needs.
- Invest in quality assurance and quality improvement.
- Continue to develop new partnerships with key stakeholders.
- Continue to increase the number of providers who deliver quality services.

## HOW MEDICAID WORKS

### Administrative Organization Structure

The Medicaid Program operates within the Louisiana Department of Health and Hospitals (DHH) and is administered by the Bureau of Health Services Financing (BHSF). BHSF has 1,294 authorized positions as of 6/30/00. The following information provides insight pertaining to the functions of the 10 administrative sections within the BHSF.

### **ELIGIBILITY FIELD OPERATIONS - JOHN FRALICK**

#### **Key Functions**

##### **State Office Responsibilities:**

- Supervise Regional and Parish Medicaid Offices, Medical Assistance Program (MAP) Units, and the LaCHIP Processing Center.

##### **Field Office Responsibilities:**

- Monitor field activities by developing administrative and operational plans and procedures to ensure implementation and operation of all program activities.
- Process Medicaid eligibility applications, re-determinations and notify applicants of decisions regarding their applications.
- Deliver services through direct contact with applicants and recipients of Medicaid.
- Provide assistance to the Medicaid Application Centers.

### **ELIGIBILITY PROGRAM OPERATIONS - DONNA DEDON**

#### **Key Functions**

- Develop and implement eligibility policies and procedures for statewide utilization.
- Provide statewide direction and guidance in the application of new and established eligibility policies and procedures.
- Develop system programming to identify and classify Medicaid eligibles for federally funded programs for matching and the determination of categorical eligibility based on disability and/or incapacity.

### **FINANCIAL OPERATIONS - DARRYL JOHNSON**

#### **Key Functions**

- Administer the Title XVIII, Title XIX and Title XXI fiscal operations within federal and state regulations.
- Maintain federal funding for program services and administrative expenditures.
- Develop and implement fiscal policy and audit procedures for the Bureau.
- Develop and implement corrective action plans where necessary.
- Develop and implement the Bureau's strategic plan, operational plan and performance indicator reporting function.

### **HEALTH STANDARDS - LISA DEATON**

#### **Key Functions**

- Enforce state licensing standards and federal certification regulations through licensing and certification surveys of health care providers. Review and investigate complaints made in connections with health care facilities.
- Certify individuals for long-term admission; certify controlled dangerous substance providers, and certify resident assessment instruments.

### **INSTITUTIONAL REIMBURSEMENT - JOHN MARCHAND**

#### **Key Functions**

- Administer Medicaid reimbursements to institutional providers (i.e., hospitals and nursing homes) in compliance with federal and state regulations.
- Manage accountability of provider expenditures in compliance with federal and state regulations.
- Perform desk reviews and cost settlements of home health cost reports in-house.

**MEDICAID MANAGEMENT INFORMATION SYSTEM - SUSAN WAGNER****Key Functions**

- Oversee operations of the Louisiana Medicaid Management Information System. The Louisiana Medicaid Management Information System is owned by the state and is operated by Unysis through a fiscal intermediary contract.
- Execute accurate, prompt and efficient payment of Medicaid claims.
- Third-Party Liability functions.

**PHARMACY - M.J. TERREBONNE****Key Functions**

- Development, implementation and administration of the Medicaid pharmacy outpatient program.
- Issuing quality pharmacy services while developing efficiencies in operation, service and cost.

The Pharmacy Section consists of the following components:

- network development
- formulary incentives
- claims management
- clinical interventions
- drug utilization review
- pharmaceutical manufacturer rebates, policy development
- pharmacy provider audits
- disease management
- outcomes management reporting
- recipient lock-in program
- a provider help desk

**POLICY DEVELOPMENT AND IMPLEMENTATION - SANDRA VICTOR****Key Functions**

- Promulgate all rules governing the operations of the Medicaid Program in compliance with the administrative procedure Act.
- Maintain the Medicaid State Plan including amendments as required by the Social Security Act.
- Execute the facility need review process as statutorily mandated.
- Develop new and expanded programs under the Medicaid State Plan to provide appropriate, medically necessary services to Medicaid recipients.

**PROGRAM INTEGRITY - DON GREGORY****Key Function**

- Assure that expenditures for Medicaid services are appropriate.
- Identify fraud or abuse in the system.

**PROGRAM OPERATIONS - BRUCE GOMEZ****Key Functions**

- Oversee the operation of the Medicaid Program in relation to reimbursement and coverage of services.
- Develop and implement initiatives to assure efficient and effective provision of medical services of adequate quality to recipients.

**MEDICAID WAIVER PROGRAMS - BARBARA DODGE****Key Functions**

- Manage the daily operations of the waiver programs.
- Make eligibility determinations for waiver eligibles.
- Develop and manage recipient care plans.
- Evaluate service systems and quality assurance of service systems.



## GLOSSARY

### **CHAMP Child**

Child Health and Maternity Program (CHAMP) is for children born on or after October 1, 1983, who are eligible for Medicaid if they meet all the requirements for the program.

### **CHAMP Pregnant Woman**

Medicaid eligibility for a CHAMP Pregnant Woman may begin at any time during a medically verified pregnancy and as early as three months prior to the month of the application if all requirements of the program are met.

### **CommunityCARE Program**

This is a primary care case management program for Medicaid recipients which operates under a waiver of Freedom of Choice under the authority of Section 1915(b) (1) of the Social Security Act and under a waiver of statewideness {Section 1902(a)(1) of the Social Security Act}. This program, which links Medicaid recipients to primary care physicians, operates in 20 rural parishes across the state.

### **Cost Reports**

For any institutional provider where payment is made on a retrospective basis, there is an initial payment for the services provided, and then a process to determine the actual (audited) cost reports. If the interim payment has not covered all the approved costs, Medicaid owes the provider for the difference, and vice versa.

### **Department of Health and Human Services (DHHS)**

DHHS administers many of the “social” programs at the federal level dealing with the health and welfare of citizens of the United States. It is the “parent” of the Health Care Financing Administration (HCFA).

### **Disproportionate Share (DSH) - Uncompensated Care**

Compensation for the care of individuals in hospitals who do not qualify for Medicaid, but are not financially capable of paying for medical services received. Hospitals must qualify in order to receive DSH payments for administering indigent medical care.

### **Deemed Newborn**

A child born to a woman that is determined eligible for Medicaid benefits is deemed Medicaid eligible from the date of birth through the child’s first birthday, regardless of income.

### **Disabled Adult Child**

Covers individuals over the age of 18 who became blind or disabled before the age of 22 and have lost SSI eligibility on or after July 1, 1987, as the result of entitlement to or increase in RSDI.

### **Disabled Widows/Widowers**

Covers disabled widows/widowers (between the ages of 50 and 59) who would be eligible for SSI had there been no elimination of the reduction factor in the federal formula and no subsequent cost-of-living adjustments.

### **Eligible**

For this report, an eligible is a person who has qualified for Medicaid, who may or may not have received any type of measurable Medicaid service. (See technical note.)

### **Expenditure**

In this report, refers to fiscal information derived from the financial system of the Integrated State Information System (ISIS). ISIS reports the program expenditures after all claims and financial adjustments have been taken into account.

**Extended Medicaid**

Medicaid coverage is protected for these applicants/recipients who lose SSI/MSS eligibility and who continue to meet all eligibility requirements.

**Federal Fiscal Year (FFY)**

The FFY starts October 1 and ends September 30 of the next calendar year.

**FITAP**

In Louisiana, Temporary Assistance for Needy Families (TANF) is provided under a program known as the Family Independence Temporary Assistance Program (FITAP). This program provides temporary assistance for needy pregnant women and families with minor children under Title IV-A of the Social Security Act. The program provides eligible individuals with cash assistance and supportive services if those families meet eligibility requirements and are otherwise complying with FITAP requirements.

**HCFA (Health Care Financing Administration)**

The federal agency charged with overseeing and approving states' implementation and administration of the Medicaid and Medicare programs.

**Long-Term Care (LTC)**

An applicant/recipient may be eligible for Medicaid services in the LTC program if he/she is a resident of a Medicaid certified nursing facility, a certified Medicare skilled nursing facility/Medicaid nursing facility, including a swing-bed facility, or a Medicaid certified intermediate care facility for the mentally retarded and meets all eligibility requirements.

**Louisiana Children's Health Insurance Program (LaCHIP)**

A federal and state initiative to address the growing number of uninsured children in the country. As a result of the Federal Balanced Budget Act of 1997 and the Social Security Act, the federal government has provided states with funding for a state children's health insurance program. In Louisiana this program is named LaCHIP.

**Low Income Families with Children (LIFC) - formerly known as AFDC-M**

Provides Medicaid only coverage to individuals and families who would have been eligible for cash assistance under rules of the state's AFDC Program on August 12, 1996 (Section 1931 Eligibility Group).

**Medically Needy Program (MNP)**

Provides Medicaid coverage when income and resources of the individual or family are sufficient to meet basic needs in a categorical assistance program but are not sufficient to meet medical needs according to MNP standards.

**Medicare Buy-Ins and Supplementals (Buy-In Program)**

The mission of Medicare Buy-Ins and Supplementals is to allow states to enroll certain groups of needy people (disabled individuals and the elderly) in the supplemental medical insurance program and pay their premiums. As part of its total assistance plan, a state may provide medical insurance protection to designated categories of needy individuals who are eligible for Medicaid and also meet the eligibility requirements. It has the effect of transferring some medical costs for this population from the Title XIX Medicaid Program, which is partially state financed, to the Title XVIII program, which is financed by the federal government. Federal matching money is available through the Medicaid Program to assist the states with the premium payments for certain buy-in enrollees. Premiums may be either Part A or Part B. (See definitions below.)

**Outcome**

The result of performance (or non-performance) of a function or process.

**Part A**

Part A is the hospital insurance portion of Medicare. Part A covers inpatient hospital care, skilled nursing facility care, some home health agency services, and hospice care.

**Part B**

Part B is the supplementary or “physicians” insurance portion of Medicare. Part B covers services of physicians/other suppliers, outpatient care, medical equipment and supplies, and other medical services not covered by the hospital insurance part of Medicare.

**Payment**

In this report, payment refers to information derived from the claims-based data sets produced by the Medicaid Program’s fiscal intermediary, Unisys. The Unisys data set was drawn from the claims reporting system, which reports paid claims to providers before the application of certain financial adjustments.

**Presumptive Eligibility**

Provides limited and temporary coverage for pregnant women whose eligibility is determined by a qualified provider prior to an agency determination of Medicaid eligibility.

**Prior Authorization**

A management tool to verify that the treatment being proposed is appropriate for the patient. It may also be used to determine if the care that is proposed has a more economical alternative with the same (or better) expected clinical outcomes.

**Prohibited AFDC Provisions**

Provides Medicaid to children and/or their parents denied LIFC because of an AFDC-related provision which is prohibited in Medicaid.

**Provider**

A person, group or agency who provides a covered Medicaid service to a Medicaid recipient.

**Qualified Medicare Beneficiary (QMB-Dual)**

Individuals who are entitled to Medicare Part A have income of 100% of the FPL or less and resources that do not exceed twice the limit for SSI eligibility, and are eligible for full Medicaid benefits. Medicaid pays their Medicare Part A premiums, if any, Medicare Part B premiums, and, to the extent consistent with the Medicaid State Plan, Medicare deductibles and coinsurance, and provides full Medicaid benefits. Federal financial participation (FFP) equals the federal medical assistance percentage (FMAP).

**Qualified Medicare Beneficiary (QMB-Pure)**

Individuals who are entitled to Medicare Part A have income of 100% of the FPL or less and resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for full Medicaid. Medicaid pays their Medicare Part A premiums, if any, Medicare Part B premiums, and to the extent consistent with the Medicaid State plan, Medicare deductibles and coinsurance for Medicare services provided by Medicare providers. FFP equals FMAP.

**Qualifying Individuals (1)**

Qualifying individuals (QI-1) went into effect January 1, 1998 and will be effective until December 31, 2002. There is an annual cap on the amount of money available, which may limit the number of individuals in the group. These individuals are entitled to Medicare Part A, have income of 120 percent to 135 percent of federal poverty level, resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid.

## **Qualifying Individuals (2)**

Qualifying individuals (QI-2) went in effect January 1, 1998 and will be effective until December 31, 2002. There is an annual cap on the amount of money available, which may limit the number of individuals in the group. These individuals are entitled to Medicare Part A, have income of 135 percent to 175 percent of the FPL, resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid.

## **Quality**

Quality, as defined by the Institute of Medicine, is the degree to which health services for individuals and populations increase the likelihood of desired outcomes and are consistent with current professional knowledge.

## **Recipient**

The data for this report is based on a claim's date of payment (DOP) and not on its date of service. Therefore, a person is counted as a 'Recipient' if any financial/claims related transaction(s) occurred on that person's behalf during SFY 1999/00. This means that a Medicaid eligible person who received a service during the fiscal year, but for whom no financial/claims related transaction occurred, is not counted. Similarly, every recipient included in this count did not necessarily receive a service during the fiscal year.

## **Social Security Income**

A federal cash assistance program for low-income aged, blind and disabled individuals established by Title XVI of the Social Security Act. States may use SSI income limits to establish Medicaid eligibility.

## **Specified Low-Income Medicare Beneficiary (SLMB)**

Provides for Medicare Part B Premium, only. The eligibility requirements are the same as for the Qualified Medicare Beneficiary (QMB) except that income exceeds the QMB income limit of 100 percent of the FPL.

## **State Fiscal Year (SFY)**

The SFY is a 12-month calendar period which begins July 1 and ends June 30 of the following year.

## **State Plan**

The State Plan is the formal agreement between Louisiana and the Health Care Financing Administration (HCFA) regarding the policies governing the administration of the state's Medicaid Program. Amendments to the State Plan must be submitted to HCFA for review and approval no later than the end of the quarter in which the amendment becomes effective. Federal financial participation (FFP) is not available to the state until the amendment is approved.

## **Temporary Assistance for Needy Families (TANF)**

Temporary Assistance for Needy Families (TANF), commonly known as welfare, is the monthly cash assistance program for poor families with children under age 18. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) (Pub. L. 104-193), as amended, is the welfare reform law that established the Temporary Assistance for Needy Families (TANF) program.

## **Utilization**

The extent to which members of a covered group use a program or obtain a particular service, or category of procedures, over a given period of time. Usually expressed as the number of services used per year or per number of persons eligible for the services.

## **Waiver**

A Medicaid waiver is when the federal government allows or grants states permission to waive certain federal requirements in order to operate a specific kind of program. Federal law allows states to enact two types of Medicaid waivers: 1) Program Waivers [1915 (b), 1915(c)] and 2) Research and Demonstration Waivers [1115].

## TECHNICAL NOTES

This Annual Report presents a summary view of the organization and activities of the Louisiana Medicaid Program for State Fiscal Year (SFY) 1999/00.

### Data Sources

In the past, the Louisiana Medicaid Program Annual Report used a combination of data sources to provide the most accurate information possible. A lead source has been the MARS (Management Administrative Reporting System) Report MR-0-07S which is an annual report that reports information based on the SFY. The definitions of categories (e.g. eligibles, recipients) reported by the MR-0-07S are consistent with the federal Statistical Report on Medical Care (HCFA-2082). The HCFA-2082 has been the main federal document for standardized state Medicaid statistical reporting. Since the publication of the SFY 1998/99 Louisiana Medicaid Program Annual Report, however, HCFA has undertaken a fundamental revision of the report logic and data processing methods. Categorizing Medicaid eligibility and spending in the state has significantly changed as well (e.g. SOBRA, TANF). These developments require that the current annual report implement revised methods of extracting and categorizing state data. In the process, state specific rules and methods of program organization are taken into account (e.g. Reporting Categories).

For the current report, information is drawn from two primary sources. Budget and overall Medicaid Program expenditures are drawn from the financial system of the Integrated State Information System (ISIS). ISIS reports the program expenditures after all claims and financial adjustments have been taken into account. Payments for recipients and for specific provider groups are drawn from data sets produced by the Medicaid Program's fiscal intermediary, Unisys. The data sets were specially derived for the annual report according to the criteria specified in this technical note. The Unisys data set was drawn from the claims reporting system, which reports paid claims to providers before the application of certain financial adjustments. The provider payments reported in this data set will therefore differ from expenditure reports based on ISIS. In this report, the term "expenditures" refers to fiscal information derived from ISIS. "Payments" refer to information derived from the claims-based data.

### Reporting Categories

In organizing claims and other data, we have chosen to be guided by the HCFA-2082 principles when possible but have developed eligibility, provider, and expenditure categorizations to more closely reflect the way the Medicaid Program is conducted in Louisiana. The current specification of eligible and recipient categories has undergone the greatest modification since the last report. Using eligibility processing information, eligibles were assigned uniquely to one of over 200 administrative categories of eligibility. Using claims data, recipients were similarly assigned. For summary reporting, these categories were then combined to form the five major categories of eligibility (defined on p. 16):

- 1) Families and Children below 16% of the Federal Poverty Level**
- 2) Poverty Level Pregnant Women and Children**
- 3) Blind and Disabled**
- 4) Old Age Assistance**
- 5) Other**

These five categories more closely conform to the way HCFA categorizes eligibility groups. This technique makes reporting on subgroups such as LaCHIP eligibles more convenient. In addition to eligibility group designation, eligibles and recipients were uniquely assigned an age group and parish of residence. Gender was also included for reporting purposes.

An eligible was identified as anyone with an active case during SFY 1999/00. An eligible person's parish of residence was determined to be the parish of record as of the last day of the SFY. The eligible person's eligibility category was taken from the most current active case for the SFY. A LaCHIP eligible was identified as an active case with a LaCHIP designation (Type Case 7) at any time during the SFY. Counts of the total number of unique eligibles in the report refer to individuals who were ever enrolled during the SFY. This number will be larger than a "snapshot" count of individuals currently enrolled at one point during the year (e.g. as of the last day of a month).



Since people leave the program during the period, they will not be counted in subsequent “snapshots,” but will be counted in a summary of persons eligible during the year.

A recipient was identified as anyone with an original paid claim during the specified SFY. A recipient’s parish of residence designation uses the parish from the last date of payment for the SFY. Similarly, a recipient’s category of assistance was assigned using the last date of payment for the SFY. A LaCHIP recipient was identified as anyone that had at least one original paid claim with a LaCHIP designation (Type Case 7) during the SFY. A person’s age was calculated as of January 1, 2000.

Provider types were categorized according to the “Provider Type” code that is assigned when a provider becomes Medicaid certified and which then appears on the claim for reimbursement. For instance, Provider Type “60” on a claim designates a hospital provider. The claim payment could be one of many services a hospital provides in either inpatient or outpatient settings. The net payment for the claim in question, therefore, would be assigned to the category “Hospital.”

The SFY 1999/00 Annual Report utilized information sources similar to those used in prior Louisiana Medicaid Program Annual Reports and the reporting of the information used equivalent organizing criteria.

**Since the current report uses category definitions that are different from those used in prior years, the reader should not expect that all the financial information and counts of eligibles and recipients within the reported categories are directly comparable to prior reports. Consequently, using the current data for “trending” analysis with data from prior years is not recommended.**

### Recipient Counts Compared to Eligible Counts

In some categories (e.g. within a parish), the number of recipients reported may exceed the number of eligibles. There are two main reasons why this may occur:

- (1) Closing a case near the end of a SFY - claims from a case closed at the end of SFY 1998/99 can still be paid in SFY 1999/00. Thus, when a claim is paid for a person who received a service in SFY 1998/99, she/he will be counted as a recipient in SFY 1999/00 although she/he is no longer eligible for Medicaid.
- (2) Provider billing habits - some providers delay the submission of claims for many months. Medicaid’s timely filing rule gives providers up to two years to submit a claim. Thus, it is possible for a claim paid in SFY 1999/00 to be for a service rendered in SFY 1997/98. The payment could, therefore, occur long after the person identified as the recipient on the claim has left the program.

# APPENDIX I RECIPIENT INFORMATION

| PARISH           | Region | PARISH             |      | ELIGIBLES |      | RECIPIENTS | % POP.<br>COVERED<br>BY MEDICAID |  |
|------------------|--------|--------------------|------|-----------|------|------------|----------------------------------|--|
|                  |        | POPULATION<br>2000 | RANK |           | RANK |            |                                  |  |
| ACADIA           | 4      | 58,861             | 19   | 12,952    | 15   | 12,091     | 22.00%                           |  |
| ALLEN            | 5      | 25,440             | 38   | 4,486     | 42   | 4,448      | 17.63%                           |  |
| ASENSION         | 2      | 76,627             | 16   | 9,171     | 24   | 8,318      | 11.97%                           |  |
| ASSUMPTION       | 3      | 23,388             | 40   | 4,505     | 41   | 4,029      | 19.26%                           |  |
| AVOUELLES        | 6      | 41,481             | 29   | 10,630    | 19   | 10,053     | 25.63%                           |  |
| BEAUREGARD       | 5      | 32,986             | 33   | 4,929     | 39   | 4,868      | 14.94%                           |  |
| BIENVILLE        | 7      | 15,752             | 52   | 3,577     | 61   | 3,566      | 22.71%                           |  |
| BOSSIER          | 7      | 98,310             | 12   | 11,694    | 17   | 10,417     | 11.90%                           |  |
| CADDO            | 7      | 252,161            | 4    | 46,474    | 4    | 40,518     | 18.43%                           |  |
| CALCASIEU        | 5      | 183,577            | 7    | 26,761    | 5    | 24,058     | 14.58%                           |  |
| CALDWELL         | 8      | 10,560             | 59   | 2,129     | 62   | 1,938      | 20.16%                           |  |
| CAMERON          | 5      | 9,991              | 61   | 893       | 64   | 924        | 8.94%                            |  |
| CATAHOULA        | 6      | 10,920             | 58   | 2,555     | 57   | 2,364      | 23.40%                           |  |
| CLAIBORNE        | 7      | 16,851             | 51   | 3,665     | 50   | 3,717      | 21.75%                           |  |
| CONCORDIA        | 6      | 20,247             | 48   | 5,237     | 37   | 4,739      | 25.87%                           |  |
| DESOTO           | 7      | 25,494             | 37   | 5,161     | 38   | 5,107      | 20.24%                           |  |
| EAST BATON ROUGE | 2      | 412,852            | 3    | 55,484    | 3    | 47,472     | 13.44%                           |  |
| EAST CARROLL     | 8      | 9,421              | 63   | 3,869     | 46   | 3,895      | 41.07%                           |  |
| EAST FELICIANA   | 2      | 21,360             | 44   | 3,805     | 48   | 3,506      | 17.81%                           |  |
| EVANGELINE       | 4      | 35,434             | 31   | 10,460    | 21   | 10,025     | 29.52%                           |  |
| FRANKLIN         | 8      | 21,263             | 45   | 5,960     | 34   | 5,633      | 28.03%                           |  |
| GRANT            | 6      | 18,698             | 49   | 3,446     | 53   | 3,146      | 18.43%                           |  |
| IBERIA           | 4      | 73,266             | 17   | 15,682    | 13   | 14,354     | 21.40%                           |  |
| IBERVILLE        | 2      | 33,320             | 32   | 6,780     | 30   | 6,074      | 20.35%                           |  |
| JACKSON          | 8      | 15,397             | 53   | 2,917     | 55   | 2,901      | 18.95%                           |  |
| JEFFERSON        | 1      | 455,466            | 2    | 60,818    | 2    | 53,780     | 13.35%                           |  |
| JEFFERSON DAVIS  | 5      | 31,435             | 34   | 5,983     | 33   | 6,000      | 19.03%                           |  |
| LAFAYETTE        | 4      | 190,503            | 6    | 25,281    | 7    | 22,574     | 13.27%                           |  |
| LAFORCHE         | 3      | 89,974             | 14   | 13,392    | 14   | 12,450     | 14.88%                           |  |
| LASALLE          | 6      | 14,282             | 55   | 2,512     | 59   | 2,381      | 17.59%                           |  |
| LINCOLN          | 8      | 42,509             | 27   | 6,664     | 31   | 5,976      | 15.68%                           |  |
| LIVINGSTON       | 9      | 91,814             | 13   | 10,557    | 20   | 9,597      | 11.50%                           |  |
| MADISON          | 8      | 13,728             | 56   | 4,155     | 45   | 4,074      | 30.27%                           |  |
| MOREHOUSE        | 8      | 31,021             | 35   | 8,192     | 26   | 8,142      | 26.41%                           |  |
| NATCHITOCHES     | 7      | 39,080             | 30   | 7,781     | 28   | 7,874      | 19.91%                           |  |
| ORLEANS          | 1      | 484,674            | 1    | 128,863   | 1    | 114,244    | 26.59%                           |  |
| OUACHITA         | 8      | 147,250            | 8    | 25,040    | 8    | 22,246     | 17.01%                           |  |
| PLAQUEMINES      | 1      | 26,757             | 36   | 4,299     | 43   | 3,796      | 16.07%                           |  |
| POINTE COUPEE    | 2      | 22,763             | 42   | 4,849     | 40   | 4,495      | 21.30%                           |  |
| RAPIDES          | 6      | 126,337            | 9    | 25,327    | 6    | 23,120     | 20.06%                           |  |
| RED RIVER        | 7      | 9,622              | 62   | 2,217     | 60   | 2,231      | 23.04%                           |  |
| RICHLAND         | 8      | 20,981             | 47   | 5,756     | 35   | 5,812      | 27.43%                           |  |
| SABINE           | 7      | 23,459             | 39   | 4,243     | 44   | 4,203      | 18.09%                           |  |
| ST. BERNARD      | 1      | 67,229             | 18   | 8,315     | 25   | 7,723      | 12.37%                           |  |
| ST. CHARLES      | 3      | 48,072             | 24   | 5,475     | 36   | 5,250      | 11.39%                           |  |
| ST. HELENA       | 9      | 10,525             | 60   | 2,514     | 58   | 2,315      | 23.89%                           |  |
| ST. JAMES        | 3      | 21,216             | 46   | 3,855     | 47   | 3,477      | 18.17%                           |  |
| ST. JOHN         | 3      | 43,044             | 26   | 7,252     | 29   | 6,235      | 16.85%                           |  |
| ST. LANDRY       | 4      | 87,700             | 15   | 22,813    | 10   | 21,126     | 26.01%                           |  |
| ST. MARTIN       | 4      | 48,583             | 23   | 9,372     | 22   | 8,590      | 19.29%                           |  |
| ST. MARY         | 3      | 53,500             | 21   | 12,193    | 16   | 11,069     | 22.79%                           |  |
| ST. TAMMANY      | 9      | 191,268            | 5    | 17,863    | 12   | 15,926     | 9.34%                            |  |
| TANGIPAHOA       | 9      | 100,588            | 11   | 23,995    | 9    | 21,673     | 23.85%                           |  |
| TENSAS           | 8      | 6,618              | 64   | 2,210     | 61   | 2,007      | 33.39%                           |  |
| TERREBONNE       | 3      | 104,503            | 10   | 17,925    | 11   | 15,927     | 17.15%                           |  |
| UNION            | 8      | 22,803             | 41   | 3,770     | 49   | 3,751      | 16.53%                           |  |
| VERMILION        | 4      | 53,807             | 20   | 9,313     | 23   | 8,545      | 17.31%                           |  |
| VERNON           | 6      | 52,531             | 22   | 6,453     | 32   | 6,352      | 12.28%                           |  |
| WASHINGTON       | 9      | 43,926             | 25   | 11,620    | 18   | 10,741     | 26.45%                           |  |
| WEBSTER          | 7      | 41,831             | 28   | 8,007     | 27   | 8,015      | 19.14%                           |  |
| WEST BATON ROUGE | 2      | 21,601             | 43   | 3,229     | 54   | 2,913      | 14.95%                           |  |
| WEST CARROLL     | 8      | 12,314             | 57   | 2,895     | 56   | 2,931      | 23.51%                           |  |
| WEST FELICIANA   | 2      | 15,111             | 54   | 1,505     | 63   | 1,418      | 9.96%                            |  |
| WINN             | 6      | 16,894             | 50   | 3,570     | 52   | 3,208      | 21.13%                           |  |
| Unknown          |        |                    |      | 1         |      | 6,386      |                                  |  |
| TOTAL            |        | 4,468,976          |      | 793,296   |      | 726,734    |                                  |  |

| PAYMENTS BY PROVIDER TYPE |      | PER CAPITA (\$) |      | PER ELIGIBLE (\$) |      | PER RECIPIENT (\$) |      |
|---------------------------|------|-----------------|------|-------------------|------|--------------------|------|
|                           | RANK |                 | RANK |                   | RANK |                    | RANK |
| \$39,277,505              | 15   | \$667.29        | 18   | \$3,032.54        | 21   | \$3,248.49         | 20   |
| \$13,370,406              | 37   | \$525.57        | 27   | \$2,980.47        | 22   | \$3,005.94         | 24   |
| \$17,653,498              | 29   | \$230.38        | 57   | \$1,924.93        | 48   | \$2,122.32         | 46   |
| \$5,337,780               | 56   | \$228.23        | 58   | \$1,184.86        | 61   | \$1,324.84         | 61   |
| \$28,325,929              | 18   | \$682.87        | 13   | \$2,664.72        | 30   | \$2,817.66         | 31   |
| \$12,328,230              | 38   | \$373.74        | 48   | \$2,501.16        | 35   | \$2,532.50         | 36   |
| \$8,213,656               | 50   | \$521.44        | 28   | \$2,296.24        | 38   | \$2,303.32         | 40   |
| \$46,781,577              | 13   | \$475.86        | 34   | \$4,000.48        | 10   | \$4,490.89         | 9    |
| \$175,372,560             | 5    | \$695.48        | 12   | \$3,773.56        | 11   | \$4,328.26         | 10   |
| \$95,308,260              | 8    | \$519.17        | 29   | \$3,561.46        | 14   | \$3,961.60         | 14   |
| \$10,443,271              | 40   | \$988.95        | 4    | \$4,905.25        | 4    | \$5,388.68         | 4    |
| \$742,744                 | 64   | \$74.34         | 64   | \$831.74          | 64   | \$803.84           | 64   |
| \$4,843,709               | 57   | \$443.56        | 39   | \$1,895.78        | 49   | \$2,048.95         | 48   |
| \$7,404,865               | 52   | \$439.43        | 40   | \$2,020.43        | 46   | \$1,992.16         | 50   |
| \$9,274,617               | 44   | \$458.07        | 36   | \$1,770.98        | 52   | \$1,957.08         | 51   |
| \$6,922,308               | 54   | \$271.53        | 53   | \$1,341.27        | 58   | \$1,355.45         | 59   |
| \$197,571,931             | 4    | \$478.55        | 33   | \$3,560.88        | 15   | \$4,161.86         | 12   |
| \$7,310,478               | 53   | \$775.98        | 10   | \$1,889.50        | 51   | \$1,876.89         | 62   |
| \$17,455,442              | 30   | \$817.20        | 8    | \$4,587.50        | 5    | \$4,978.73         | 5    |
| \$39,310,646              | 14   | \$1,109.40      | 3    | \$3,758.19        | 12   | \$3,921.26         | 15   |
| \$17,095,982              | 31   | \$804.02        | 9    | \$2,868.45        | 26   | \$3,034.97         | 23   |
| \$4,311,229               | 59   | \$230.57        | 56   | \$1,251.08        | 59   | \$1,370.98         | 58   |
| \$35,607,152              | 17   | \$486.00        | 31   | \$2,270.57        | 39   | \$2,480.64         | 37   |
| \$16,533,014              | 33   | \$496.19        | 30   | \$2,438.50        | 36   | \$2,721.93         | 33   |
| \$8,525,299               | 47   | \$553.70        | 25   | \$2,922.63        | 23   | \$2,938.74         | 26   |
| \$206,091,883             | 3    | \$452.49        | 38   | \$3,388.67        | 16   | \$3,832.13         | 16   |
| \$14,381,930              | 35   | \$457.51        | 37   | \$2,403.80        | 37   | \$2,396.99         | 39   |
| \$128,702,774             | 6    | \$675.59        | 15   | \$5,090.89        | 3    | \$5,701.37         | 3    |
| \$36,586,866              | 16   | \$406.42        | 43   | \$2,730.50        | 29   | \$2,937.10         | 27   |
| \$8,068,085               | 51   | \$564.91        | 23   | \$3,211.82        | 18   | \$3,388.53         | 19   |
| \$27,725,904              | 19   | \$652.24        | 19   | \$4,160.55        | 7    | \$4,639.54         | 6    |
| \$20,670,416              | 27   | \$225.13        | 59   | \$1,957.98        | 47   | \$2,153.84         | 44   |
| \$8,522,147               | 48   | \$620.79        | 20   | \$2,051.06        | 45   | \$2,091.84         | 47   |
| \$23,087,862              | 25   | \$744.27        | 11   | \$2,818.34        | 27   | \$2,835.65         | 30   |
| \$16,752,812              | 32   | \$428.68        | 41   | \$2,153.04        | 42   | \$2,127.61         | 45   |
| \$408,524,144             | 1    | \$842.88        | 7    | \$3,170.22        | 19   | \$3,575.89         | 17   |
| \$90,070,066              | 9    | \$611.68        | 21   | \$3,597.05        | 13   | \$4,048.82         | 13   |
| \$25,416,861              | 21   | \$949.91        | 6    | \$5,912.27        | 2    | \$6,695.70         | 2    |
| \$9,187,033               | 45   | \$403.60        | 44   | \$1,894.62        | 50   | \$2,043.83         | 49   |
| \$213,993,341             | 2    | \$1,693.83      | 1    | \$8,449.22        | 1    | \$9,255.77         | 1    |
| \$6,473,660               | 55   | \$672.80        | 17   | \$2,920.01        | 24   | \$2,901.69         | 28   |
| \$24,988,947              | 22   | \$1,191.03      | 2    | \$4,341.37        | 6    | \$4,299.54         | 11   |
| \$10,854,225              | 39   | \$462.69        | 35   | \$2,558.15        | 33   | \$2,582.49         | 34   |
| \$26,750,681              | 20   | \$397.90        | 45   | \$3,217.16        | 17   | \$3,463.77         | 18   |
| \$9,133,365               | 46   | \$189.99        | 62   | \$1,668.19        | 53   | \$1,739.69         | 55   |
| \$3,086,649               | 62   | \$293.27        | 52   | \$1,227.78        | 60   | \$1,333.33         | 60   |
| \$3,703,948               | 60   | \$174.58        | 63   | \$960.82          | 63   | \$1,065.27         | 63   |
| \$10,413,593              | 41   | \$241.93        | 55   | \$1,435.96        | 56   | \$1,670.18         | 56   |
| \$59,116,122              | 11   | \$674.07        | 16   | \$2,591.33        | 32   | \$2,798.26         | 32   |
| \$15,226,463              | 34   | \$313.41        | 51   | \$1,624.68        | 55   | \$1,772.58         | 54   |
| \$19,971,898              | 28   | \$373.31        | 49   | \$1,637.98        | 54   | \$1,804.31         | 53   |
| \$72,505,906              | 10   | \$379.08        | 47   | \$4,059.00        | 9    | \$4,552.68         | 7    |
| \$98,439,210              | 7    | \$978.64        | 5    | \$4,102.49        | 8    | \$4,542.02         | 8    |
| \$2,345,935               | 63   | \$354.48        | 50   | \$1,061.51        | 62   | \$1,188.88         | 62   |
| \$50,120,144              | 12   | \$479.60        | 32   | \$2,796.10        | 28   | \$3,146.87         | 21   |
| \$9,583,212               | 42   | \$420.26        | 42   | \$2,541.97        | 34   | \$2,554.84         | 35   |
| \$21,102,506              | 26   | \$392.19        | 46   | \$2,265.92        | 40   | \$2,469.57         | 30   |
| \$13,934,658              | 36   | \$285.27        | 54   | \$2,159.41        | 41   | \$2,193.74         | 43   |
| \$23,864,088              | 24   | \$543.28        | 26   | \$2,053.71        | 44   | \$2,221.78         | 42   |
| \$24,667,550              | 23   | \$589.70        | 22   | \$3,080.75        | 20   | \$3,077.67         | 22   |
| \$4,507,027               | 58   | \$208.65        | 61   | \$1,395.80        | 57   | \$1,547.21         | 57   |
| \$8,359,551               | 49   | \$878.87        | 14   | \$2,887.58        | 25   | \$2,852.12         | 29   |
| \$3,180,593               | 61   | \$210.48        | 60   | \$2,113.35        | 43   | \$2,243.01         | 41   |
| \$9,468,285               | 43   | \$560.45        | 24   | \$2,652.18        | 31   | \$2,951.46         | 25   |
| \$2,594,882,426           |      |                 |      |                   |      |                    |      |

## APPENDIX II

## PROVIDER INFORMATION

| SFY 1999/00<br>ParishName   | Provider Type        |                      |                       |                       |                       |  |
|-----------------------------|----------------------|----------------------|-----------------------|-----------------------|-----------------------|--|
|                             | Dental Services      | DME                  | Hospitals             | ICF (MR)              | Nursing Homes         |  |
| Acadia Parish               | 382,808              | 55,452               | 5,404,957             | 8,030,252             | 10,570,734            |  |
| Allen Parish                | 161,275              | 15,409               | 2,698,059             |                       | 4,275,960             |  |
| Ascension Parish            | 133,942              | 54,596               | 2,009,211             | 284,457               | 5,524,570             |  |
| Assumption Parish           | 38,122               |                      |                       | 677,472               | 2,091,907             |  |
| Avoyelles Parish            | 298,183              | 78,322               | 2,368,745             | 258,844               | 13,597,232            |  |
| Beauregard Parish           | 157,574              | 1,042                | 3,236,865             | 700,514               | 3,793,914             |  |
| Bienville Parish            | 9,870                | 1,948                | 665,244               |                       | 4,874,716             |  |
| Bossier Parish              | 285,936              | 71,189               | 3,303,400             | 22,623,637            | 10,311,653            |  |
| Caddo Parish                | 1,302,169            | 4,457,819            | 60,377,236            | 8,267,185             | 35,442,379            |  |
| Calcasieu Parish            | 1,174,973            | 698,400              | 26,435,326            | 11,896,621            | 18,281,393            |  |
| Caldwell Parish             | 4,380                | 20,382               | 1,935,204             | 2,986,882             | 1,798,840             |  |
| Cameron Parish              | 1,103                |                      | 116,919               |                       | 158,876               |  |
| Catahoula Parish            | 4,855                |                      |                       |                       | 2,078,275             |  |
| Claiborne Parish            | 39,819               |                      | 1,636,733             |                       | 2,842,743             |  |
| Concordia Parish            | 320,739              |                      | 2,230,463             |                       | 2,650,189             |  |
| DeSoto Parish               | 117,284              |                      | 976,147               | 571,785               | 1,636,911             |  |
| East Baton Rouge Parish     | 2,093,241            | 1,753,467            | 70,060,397            | 12,770,547            | 30,525,672            |  |
| East Carroll Parish         | 247,385              |                      | 636,896               |                       | 3,078,923             |  |
| East Feliciana Parish       | 39,956               | 58,381               | 261,504               | 1,059,200             | 13,314,320            |  |
| Evangeline Parish           | 288,364              | 203,262              | 10,127,542            | 2,811,361             | 7,832,812             |  |
| Franklin Parish             | 130,055              |                      | 1,435,961             | 1,864,843             | 7,905,869             |  |
| Grant Parish                | 32,295               |                      |                       | 281,423               | 3,035,084             |  |
| Iberia Parish               | 355,591              | 77,586               | 7,691,388             | 2,028,327             | 8,209,698             |  |
| Iberville Parish            | 135,731              | 366,575              | 4,076,382             |                       | 4,242,242             |  |
| Jackson Parish              | 13,169               | 7,013                | 396,829               |                       | 4,259,804             |  |
| Jefferson Davis Parish      | 131,058              |                      | 1,604,627             | 281,063               | 5,338,192             |  |
| Jefferson Parish            | 1,220,184            | 7,715,677            | 44,707,301            | 24,502,670            | 26,939,045            |  |
| Lafayette Parish            | 1,088,568            | 2,448,850            | 39,693,131            | 4,759,622             | 16,768,926            |  |
| Lafourche Parish            | 343,850              | 2,465,052            | 5,613,820             | 7,108,968             | 7,387,382             |  |
| LaSalle Parish              | 25,519               | 15,217               | 1,816,250             |                       | 3,306,955             |  |
| Lincoln Parish              | 338,868              | 20,111               | 4,556,393             | 10,602,452            | 5,205,484             |  |
| Livingston Parish           | 295,096              | 129,458              | 496,264               | 1,263,183             | 11,413,981            |  |
| Madison Parish              | 61,683               | 29,817               | 876,649               | 1,865,840             | 2,391,730             |  |
| Morehouse Parish            | 152,617              | 43,513               | 3,467,541             | 558,375               | 8,766,295             |  |
| Natchitoches Parish         | 65,110               | 7,770                | 3,994,376             |                       | 3,653,547             |  |
| Orleans Parish              | 3,931,559            | 1,407,062            | 198,074,616           | 12,099,913            | 39,487,487            |  |
| Ouachita Parish             | 1,608,344            | 1,027,587            | 28,436,747            | 7,495,896             | 14,995,296            |  |
| Plaquemines Parish          | 53,499               | 7,618                |                       | 22,762,709            | 284,685               |  |
| Pointe Coupee Parish        | 4,810                | 121,398              | 1,129,956             |                       | 3,665,818             |  |
| Rapides Parish              | 979,982              | 1,572,807            | 26,133,331            | 106,703,096           | 23,395,934            |  |
| Red River Parish            | 27,869               | 18,369               | 1,101,042             | 243,757               | 2,846,249             |  |
| Richland Parish             | 194,170              | 167,022              | 2,052,822             | 7,130,131             | 6,592,481             |  |
| Sabine Parish               | 48,648               | 482,210              | 694,565               | 1,690,258             | 4,447,638             |  |
| St. Bernard Parish          | 308,683              | 130,452              | 3,770,803             | 1,343,427             | 6,177,447             |  |
| St. Charles Parish          | 90,264               | 47,534               | 1,079,518             | 130,130               | 1,397,906             |  |
| St. Helena Parish           | 56,586               |                      | 200,963               | 286,858               | 1,143,452             |  |
| St. James Parish            | 12,551               |                      | 274,186               |                       | 1,526,760             |  |
| St. John the Baptist Parish | 347,468              | 1,018                | 2,441,332             | 839,946               | 1,619,869             |  |
| St. Landry Parish           | 324,676              | 1,399,212            | 11,581,489            | 2,126,685             | 14,240,655            |  |
| St. Martin Parish           | 18,640               | 15,468               | 572,693               | 1,134,007             | 5,268,601             |  |
| St. Mary Parish             | 206,784              | 91,835               | 3,378,608             | 582,528               | 4,958,055             |  |
| St. Tammany Parish          | 770,185              | 3,039,485            | 20,670,079            | 2,245,371             | 19,231,883            |  |
| Tangipahoa Parish           | 1,070,531            | 1,123,565            | 18,437,956            | 37,572,098            | 9,814,584             |  |
| Tensas Parish               |                      |                      |                       |                       | 1,407,349             |  |
| Terrebonne Parish           | 374,931              | 172,851              | 19,734,168            | 1,587,024             | 6,398,168             |  |
| Union Parish                | 19,025               | 16,666               | 647,971               | 295,932               | 5,071,198             |  |
| Vermilion Parish            | 308,148              |                      | 3,492,722             | 583,217               | 9,030,839             |  |
| Vernon Parish               | 8,954                | 32,559               | 2,039,694             | 4,078,507             | 3,615,621             |  |
| Washington Parish           | 293,932              | 5,320                | 4,733,194             |                       | 6,243,766             |  |
| Webster Parish              | 108,105              | 52,226               | 4,560,586             | 5,145,701             | 7,347,647             |  |
| West Baton Rouge Parish     | 98,542               |                      |                       | 649,786               | 1,717,428             |  |
| West Carroll Parish         |                      | 12,234               | 1,388,804             | 290,806               | 3,359,607             |  |
| West Feliciana Parish       | 52,244               |                      | 290,026               | 294,536               | 1,876,753             |  |
| Winn Parish                 | 33,907               | 67,236               | 1,765,119             | 1,159,184             | 3,275,681             |  |
| <b>Grand Total</b>          | <b>\$ 22,844,387</b> | <b>\$ 31,807,835</b> | <b>\$ 673,610,750</b> | <b>\$ 346,517,007</b> | <b>\$ 503,945,110</b> |  |



| Personal Care Attendant | Pharmacy       | Physicians (MD) | Respite Care  | Independent Living | Grand Total      |
|-------------------------|----------------|-----------------|---------------|--------------------|------------------|
| 12,781                  | 9,674,873      | 2,965,696       |               |                    | 37,097,552       |
| 55,918                  | 3,637,145      | 1,302,621       |               |                    | 12,146,385       |
| 542,865                 | 5,574,020      | 1,457,858       | 103,869       | 588,983            | 16,274,372       |
| 145,268                 | 1,737,884      | 268,552         | 53,398        | 203,159            | 5,215,762        |
|                         | 8,213,433      | 1,122,915       |               |                    | 25,957,675       |
|                         | 2,291,604      | 1,681,162       |               |                    | 11,862,675       |
| 28,564                  | 1,958,564      | 178,021         |               |                    | 7,716,927        |
| 276,245                 | 4,465,784      | 1,729,041       |               | 720,323            | 43,787,208       |
| 2,548,202               | 25,501,955     | 22,545,099      | 812,981       | 1,031,655          | 162,276,659      |
| 1,899,208               | 14,627,255     | 10,827,505      | 605,836       | 688,608            | 86,935,126       |
|                         | 2,647,347      | 768,319         |               |                    | 10,161,354       |
|                         | 265,363        | 74,213          |               |                    | 616,473          |
|                         | 2,342,877      | 259,020         |               |                    | 4,685,028        |
| 40,865                  | 1,974,554      | 583,846         |               |                    | 7,118,559        |
|                         | 2,664,410      | 974,705         |               |                    | 8,840,507        |
| 44,143                  | 2,085,180      | 468,071         |               |                    | 5,899,522        |
| 5,391,161               | 25,624,229     | 23,496,022      | 2,575,694     | 1,991,617          | 176,282,037      |
| 31,451                  | 1,894,064      | 948,175         |               |                    | 6,836,895        |
|                         | 2,015,329      | 224,378         |               |                    | 16,973,068       |
| 178,206                 | 10,865,957     | 3,447,963       | 92,580        |                    | 35,848,046       |
| 56,184                  | 4,354,597      | 583,131         |               |                    | 16,330,641       |
|                         | 606,616        | 224,209         |               |                    | 4,179,627        |
| 563,268                 | 7,932,324      | 4,359,393       | 343,355       | 595,923            | 32,156,843       |
| 174,700                 | 4,476,737      | 2,080,714       | 27,534        | 285,926            | 15,866,540       |
| 16,174                  | 2,030,723      | 348,048         |               |                    | 7,071,760        |
| 34,677                  | 4,154,906      | 1,289,970       |               | 89,400             | 12,923,894       |
| 5,764,512               | 44,866,165     | 29,139,495      | 2,755,490     | 4,530,791          | 192,141,330      |
| 5,224,595               | 14,544,911     | 18,094,994      | 3,072,582     | 2,549,636          | 108,245,615      |
| 1,309,413               | 5,938,822      | 2,865,998       | 868,207       | 708,617            | 34,610,128       |
|                         | 2,207,028      | 359,422         |               |                    | 7,730,390        |
| 160,744                 | 3,700,665      | 1,967,354       | 44,806        | 190,710            | 26,787,586       |
| 576,274                 | 4,789,752      | 509,506         | 317,596       | 379,048            | 20,170,159       |
| 6,700                   | 2,148,313      | 504,721         |               |                    | 7,885,454        |
| 176,452                 | 5,938,138      | 2,392,551       | 1,920         | 495,452            | 21,992,854       |
| 90,660                  | 5,347,398      | 1,980,673       | 44,289        | 231,418            | 15,415,242       |
| 4,465,712               | 52,636,390     | 48,479,887      | 1,660,695     | 2,697,257          | 364,940,577      |
| 3,040,550               | 13,227,817     | 8,776,303       | 2,252,029     | 1,877,146          | 82,737,715       |
|                         | 816,428        | 429,235         |               |                    | 24,354,173       |
|                         | 2,576,129      | 526,775         |               |                    | 8,024,885        |
| 1,425,572               | 28,271,163     | 8,977,283       | 550,703       | 4,331,343          | 202,341,216      |
| 40,200                  | 1,434,580      | 384,003         |               |                    | 6,096,069        |
| 449,040                 | 4,797,340      | 1,465,264       | 536,958       | 233,612            | 23,618,840       |
| 37,254                  | 2,809,908      | 504,920         |               |                    | 10,715,402       |
| 2,157,145               | 7,794,040      | 2,309,435       | 795,238       | 781,760            | 25,568,429       |
| 725                     | 2,189,721      | 1,128,124       |               |                    | 6,063,923        |
|                         | 857,408        | 129,447         |               |                    | 2,674,713        |
| 25,881                  | 999,655        | 498,503         |               |                    | 3,337,536        |
| 144,946                 | 2,250,198      | 1,634,736       | 77,905        | 11,155             | 9,368,574        |
| 331,119                 | 19,251,545     | 7,292,799       | 167,164       |                    | 56,715,344       |
| 1,526,067               | 4,762,967      | 339,798         | 1,181,737     |                    | 14,819,968       |
| 246,297                 | 5,803,237      | 2,177,747       | 156,028       | 57,628             | 17,658,747       |
| 758,463                 | 12,979,600     | 9,202,599       | 281,159       | 148,728            | 69,327,511       |
| 3,022,288               | 13,053,580     | 7,756,731       | 1,370,689     | 908,695            | 94,130,696       |
|                         | 807,346        | 12,196          |               |                    | 2,226,890        |
| 929,159                 | 9,313,683      | 7,563,091       | 625,240       | 265,237            | 46,963,551       |
| 26,765                  | 2,780,236      | 341,344         |               |                    | 9,199,160        |
| 47,249                  | 4,802,592      | 1,718,008       |               |                    | 19,982,775       |
| 4,680                   | 2,620,778      | 1,248,781       |               |                    | 13,649,574       |
| 177,107                 | 7,985,668      | 2,058,937       | 14,119        | 341,867            | 21,853,909       |
| 217,241                 | 3,147,490      | 2,287,226       | 106,025       | 110,908            | 23,083,156       |
| 32,695                  | 1,225,272      | 194,038         | 8,633         | 14,246             | 3,940,642        |
|                         | 2,363,881      | 285,043         |               |                    | 7,700,375        |
|                         | 483,100        | 117,340         |               |                    | 3,113,999        |
| 46,386                  | 2,394,700      | 485,454         |               |                    | 9,227,667        |
| \$ 44,301,750           | \$ 457,535,371 | \$ 260,348,407  | \$ 21,504,440 | \$ 27,060,849      | \$ 2,389,475,906 |



## NOTES

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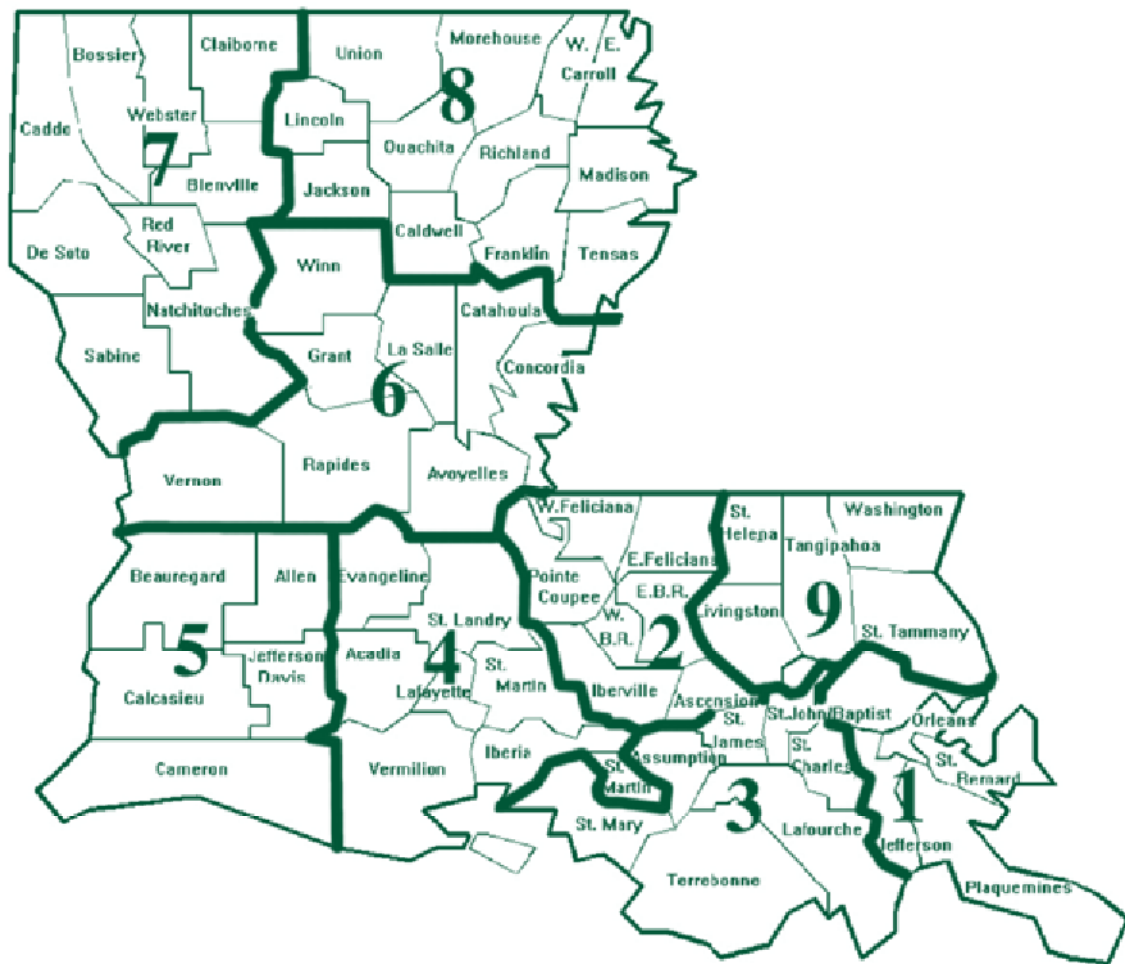
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