

2004-2005

LOUISIANA MEDICAID ANNUAL REPORT



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State Fiscal Year and Federal Fiscal Year

Louisiana's State Fiscal Year (SFY) runs from July through June so most of our data is presented on this basis. The Federal Fiscal Year (FFY) begins in October and ends in September. Each table and graph will be labeled to clarify the annual reporting method used. Data within the text are on a SFY basis unless otherwise noted.

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Dear Reader:

The Louisiana Medicaid Program, one of the largest state programs, provides more than \$5 billion in medical services annually for more than one million of our citizens. We are pleased to present this report providing a comprehensive overview of that program.

In keeping with our goal to improve health care delivery, the Louisiana Medicaid Program has implemented systems to improve efficiencies and quality of care while maintaining reasonable costs. One example is the CommunityCARE program, which links recipients with primary care providers who coordinate all care for their patients. Soon, health care providers will have instant access to updated computerized records of each Medicaid recipient, allowing on-the-spot determination of current medications, diagnoses and other pertinent information.

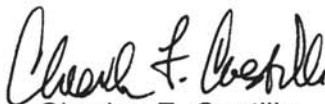
As in years past, enrollment in the Louisiana Medicaid Program during 2004/2005 continued an upward trend, with 1.1 million citizens enrolled. Expanded efforts to enroll children, along with programs like CommunityCARE that link services and information, provided a more efficient, streamlined process. This caused the average cost per recipient to decline for the fourth consecutive year. In fact, the U.S. Centers for Medicare and Medicaid Services deemed the Louisiana CommunityCARE Program a "Model of Excellence."

Preventive health measures were, and still are, strongly emphasized during this reporting period, which led to a higher degree of coordination of services and easier access to patient information for providers. In keeping with the recommendations of Gov. Kathleen Babineaux Blanco's Health Care Reform Panel, the Louisiana Medicaid Program continues to stress the benefits of preventive health care.

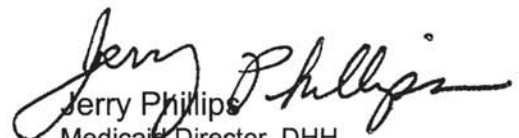
The Medicaid Program is maintaining efforts within the department to seek funding from outside sources, upgrade data systems and prosecute cases of fraud and abuse. It is exciting to see the direction the Medicaid Program is taking, and we look forward to meeting the challenges of the upcoming year.



Frederick P. Cerise, MD, MPH
Secretary, DHH



Charles F. Castille
Undersecretary, DHH



Jerry Phillips
Medicaid Director, DHH

Agency Overview

Bureau of Health Services Financing (BHSF)

Mission Statement

Our mission is to respond to the health needs of Louisiana's citizens by developing, implementing, and enforcing administrative and programmatic policy with respect to eligibility, licensure, reimbursement and monitoring of health care services, in concurrence with federal and state laws and regulations.

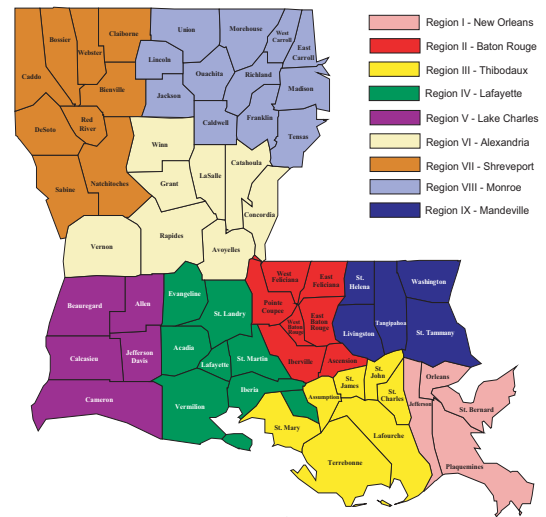


Figure 1. Map of DHH Regions

(see back cover for larger version of map)

The Secretary of Louisiana's Department of Health and Hospitals (DHH) is appointed by the Governor and serves as the authority over all offices of the department, including the Office of Management and Finance (OMF) which contains Medicaid. The Undersecretary of OMF is also appointed by the Governor and oversees many programs, one of which is Medicaid, while reporting directly to the secretary.

The Medicaid Director is a classified civil service position which reports directly to the Undersecretary and is responsible for overseeing the entire Medicaid program including eligibility, program operations, financial management, information services and policy issues (see organizational chart on the next page).

BHSF has nine regional offices to organize its state-wide activities. In addition, many parishes have a BHSF office and there are numerous application centers assisting with Medicaid applications and information. Contact information can be found in the appendix of this report.

Bureau of Health Services Financing

Goals

The goals of BHSF are to:

- ◆ *Improve health outcomes by emphasizing primary care and reducing the number of uninsured persons in Louisiana,*
- ◆ *Expand existing and develop additional community-based services as an alternative to institutional care,*
- ◆ *Ensure cost effectiveness in the delivery of health care services by using efficient management practices and maximizing revenue opportunities,*
- ◆ *Assure the integrity and accountability of the health care delivery system in an effort to promote the health and safety of Louisiana citizens,*
- ◆ *Implement measures that will constrain the growth in Medicaid expenditures while improving services and to secure alternative sources of funding for health care in Louisiana.*

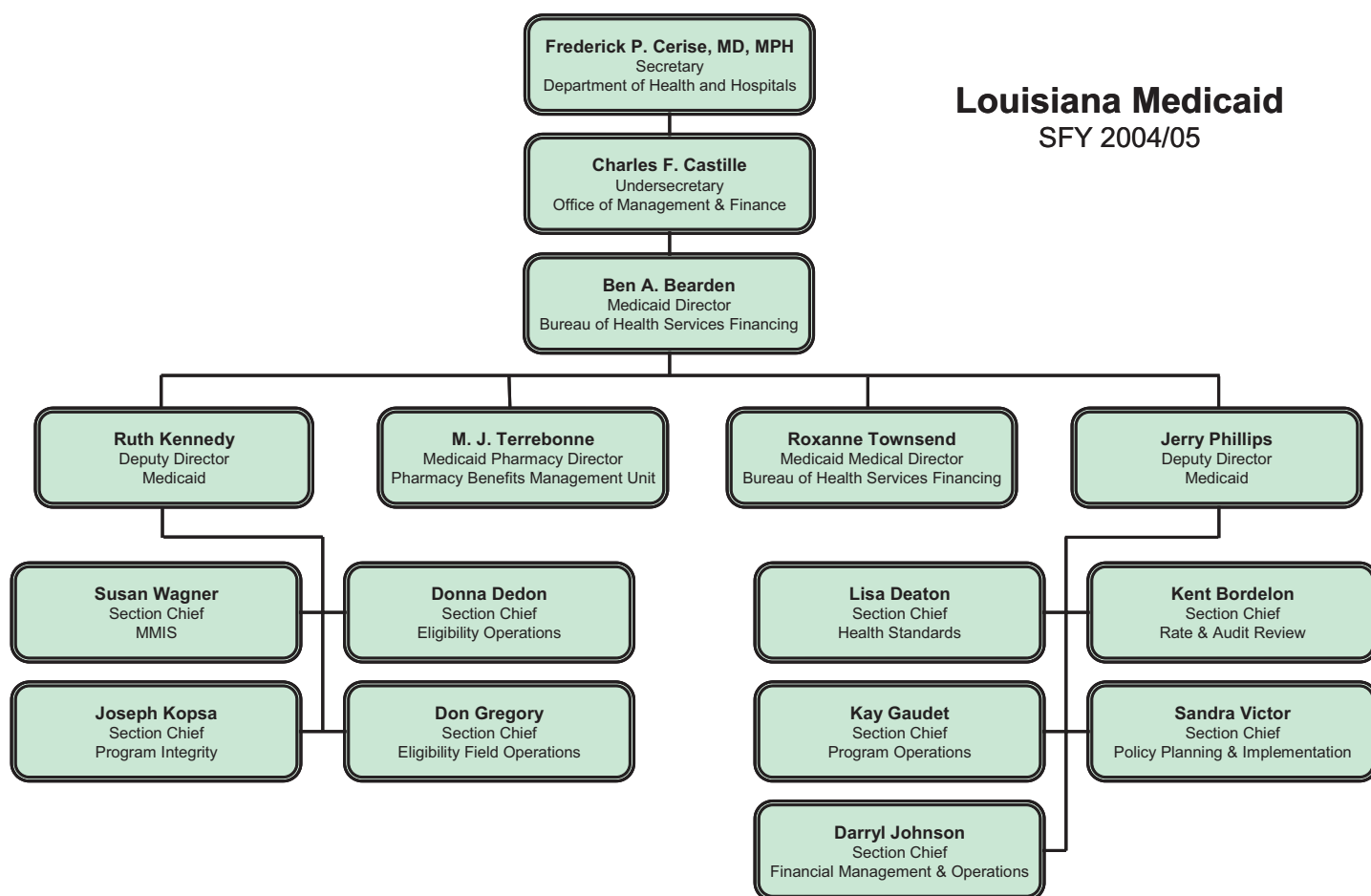


Figure 2. DHH/BHSF Organizational Chart

For additional agency information, please visit the Louisiana Department of Health and Hospitals website at dhh.louisiana.gov.

Forecasting and Annual Report Development

Division of Health Economics

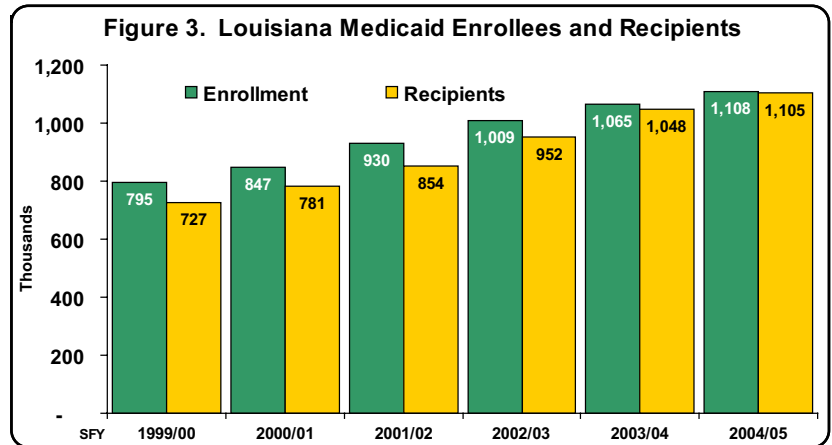
Website: www.dhh.louisiana.gov/OMF/DHE

This division provides support services to the department's executive level managers which includes reports, analyses, briefing notes and research projects along with this Medicaid Annual Report. In addition, the division prepares the Medicaid Monthly Financial Report which includes a monthly budgetary forecast. Related responsibilities include developing and maintaining a Medicaid expenditure forecasting model and oversight for expenditure, eligibility and utilization databases relating to Medicaid.

Medicaid Highlights

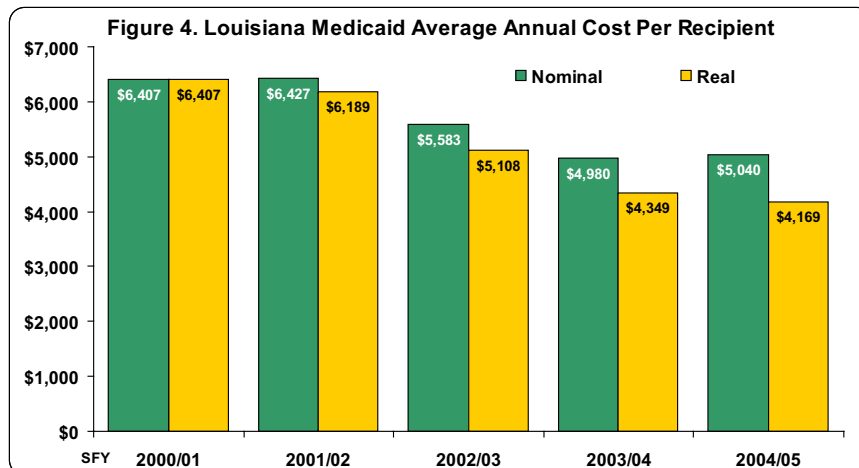
Enrollment

Enrollment in the Medicaid programs continues to expand in State Fiscal Year 2004/05 (SFY = July through June) with 1.1 million eligibles enrolled and 1.1 million recipients receiving one or more Medicaid covered services. From SFY 1999/00 to 2004/05 the trend in Medicaid has been toward increased enrollment as economic conditions have fluctuated and as outreach programs have sought out the eligible population. Over that period, enrollment in Louisiana Medicaid has increased about 40 percent from 795,493 to 1,108,216 (see Figure 3).



Average Cost

Nominal average cost per recipient in the Medicaid program remained relatively stable compared to last year as the eligible population participated in various programs such as **CommunityCARE** and



KidMed (for descriptions, please refer to the Program section of this report). Together, these and other Medicaid programs are implementing more efficient and individualized means of health care. When adjusted for inflation, the average cost per recipient has actually declined by about a third for Medicaid recipients over the last five years (Figure 4) as the proportion of children covered under Medicaid continued to increase.

Preventive Measures

In a concerted effort to restructure services to improve efficiency and quality of health care, several new initiatives were introduced allowing Medicaid enrollees and providers to more easily coordinate services with respect to needs, delivery and expectations. One such service is the **University of Louisiana at Monroe (ULM) Asthma HELP Program (Health Education by Louisiana Pharmacists)**. It is a new asthma disease management program, which includes nurses at the CommunityCARE Quality Unit and Affiliated Computer Services, Inc., (ACS) collaborating to help improve the health outcomes of asthma patients. In April, 2005, the University of Louisiana at Monroe began utilizing pharmacists who focus on education for certain health concerns of Medicaid Enrollees. In addition, Medicaid providers across the state will soon have access to the **Provider Decision Support Tool** which links computerized records of each Medicaid recipient so the provider will know with a touch of a button about the patient's services (i.e., recommended, received, and scheduled) as well as the patient's current status. To avoid duplication of prescribed medications, the Medicaid program participates in the federal **Drug Utilization Review Program** which focuses on specific diseases rather than on specific drugs to more fully capture contra-indications and duplication in medication to reassure all parties that quality and effectiveness of care is maximized and unnecessary costs are avoided.

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Governor's Health Care Reform Panel

In response to the increased cost and questions over the direction of future services, Governor Kathleen Babineaux Blanco, formed a **Health Care Reform Panel** to address these and other issues related to health care in Louisiana and provide recommendations for future direction. This panel of distinguished experts in their respective fields assisted in devising a strategic plan aimed at lowering costs and streamlining service options. During the year, numerous recommendations were brought forward and several programs were implemented to further enhance Louisiana's Medicaid program from a cost efficiency perspective without compromising services or jeopardizing the quality of care provided.

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CommunityCARE

A **CommunityCARE** quality nurse domiciled in each of the nine Medicaid regions reached out to CommunityCARE providers with patient educational toolkits which they created based on National Heart, Lung and Blood Institute (NHLBI) guidelines. These tool kits targeted patients with asthma. The CommunityCARE quality unit partnered with the Early Steps Program* to provide medical home education on the referral process for children 0-3 years of age with suspected developmental delays. They also provided anticipatory guidance patient education materials and assistance on the internal tracking of children identified. In addition, the CommunityCARE quality unit partnered with the Cardiovascular Health Program to distribute Stroke Kits and Women's Heart Disease Toolkits throughout the state to various CommunityCARE providers for the promotion of Stroke Awareness Month. Diabetes/Cardiovascular disease tool kits were distributed to CommunityCARE physicians to assist in patient education of diabetes. CommunityCARE nurses partnered with Baton Rouge based Mary Bird Perkins (MBP) Cancer center and BR area PCPs in promoting Breast & Prostate Cancer awareness and assisted in teaching at MBP screening clinics.

*Louisiana's Part C Program under the Individuals with Disabilities Education Act (IDEA)

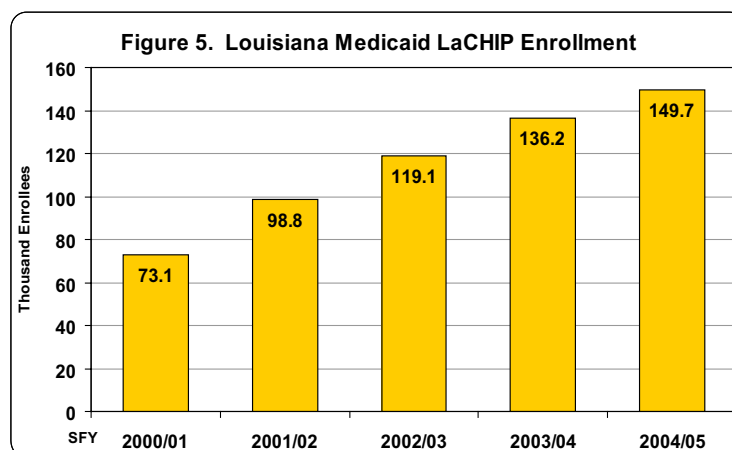
The Year in Review

Louisiana Improves in National Rankings of Uninsured

According to statistics released recently by the U.S. Census Bureau, Louisiana ranks 43rd in the nation for uninsured persons with about 3.7 million people or 83% of the population in Louisiana covered by some type of insurance. This is an improvement from last year during which the same survey found only 79% (or 3.5 million) insured. Breakdown of the uninsured reveals children under 19 and up to 200% of the Federal Poverty Level (FPL) showed an improvement from 10.3% in the previous year to 6.8% uninsured in the current year (an improvement of 3.5 percentage points from last year's NIH estimate). Much of the improved insurance coverage can be attributed to the increased enrollment of children in Medicaid, especially through the LaCHIP program.

Enrollment of Children Continued to Increase

With continued outreach programs targeted in areas with lower enrollment, the LaCHIP program for children up to 200% of the poverty level continued to "chip" away at the uninsured segment of the Louisiana population. During SFY 2004/05, 149,676 children were enrolled under LaCHIP for Medicaid services, a 10% increase over last year's enrollment of 136,210. Enrollment of children in LaCHIP doubled from some 73,113 in SFY 2000/01 to 149,676 in 2004/05 (Figure 5).



Louisiana's CommunityCARE With National Recognition



By implementing a medical home, the CommunityCARE program promotes Medicaid recipients' peace of mind by linking them to a primary care provider to assist with required medical attention and with the maintenance of records that allow for a coordinated package of health care services. In acknowledging the success of the program following a full evaluation in February, 2005, CMS states, "It

is apparent that the State's dedication to providing the best health care available for recipients enrolled in CommunityCARE has resulted in a highly successful program that truly is a 'Model of Excellence.'"

Medicaid Purchase Plan (MPP) Program

Louisiana's Medicaid Purchase Plan seeks to encourage greater employment and independence for people with disabilities. The program facilitates work opportunities, strengthens existing work supports, removes barriers to employment, and affords increased access to health care and personal assistance. The optional MPP eligibility category allows working people with disabilities to "buy-in" to Medicaid. During SFY 2004/05, 799 individuals were enrolled in the MPP Program with payments of \$3,706,973.

LT-PCS Fully Implemented

Long Term – Personal Care Services (LT-PCS) is the state plan program that allows for Medicaid enrollees who meet the nursing home level of care to have the option of obtaining in-home personal care services to assist with activities of daily living. The program began in May, 2004. During SFY 2004/05, services were received by 4,143 individuals with expenditures reaching \$33,519,293.

PCA Waiver Recipients Transferred to EDA Waiver

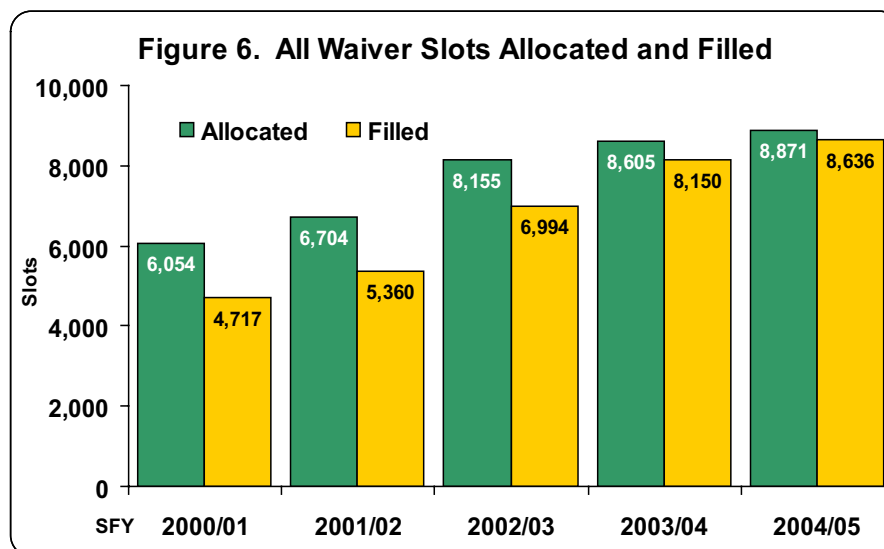
To minimize duplication of services, the Personal Care Assistant (PCA) Waiver was terminated and recipients were transferred to the EDA waiver. In further developments, the personal care services provided under the EDA Waiver became redundant due to the availability of these services within the new LT-PCS state plan services so were removed from the waiver. Over the course of the year, the phasing-out of the PCA Waiver increased EDA slot availability by 387. The additional 25 slots added to the PCA Waiver due to the Barthelemy settlement were also transitioned to the EDA Waiver bringing a total of 412 additional slots under the EDA Waiver.

New Home and Community-Based Waiver Slots Added

In addition to programmatic changes such as the elimination of the PCA Waiver, waiver slots were also added by legislative means during 2004/05. The 2004 Legislative session appropriated 66 emergency waiver slots for the New Opportunities Waiver (NOW) allowing quicker access to home and community based services for some of those at imminent risk. Additionally, per requirements of the Barthelemy settlement, 200 slots were added to the Nursing Home Level of Care waivers (Table 1). With the additional slots in 2004/05, the waiver program now offers a total of 8,871 slots (Figure 6) for all programs with an overall fill rate of 97%.

**Table 1. Additional Waiver Slots Implemented for Barthelemy Settlement
SFY 2004/05**

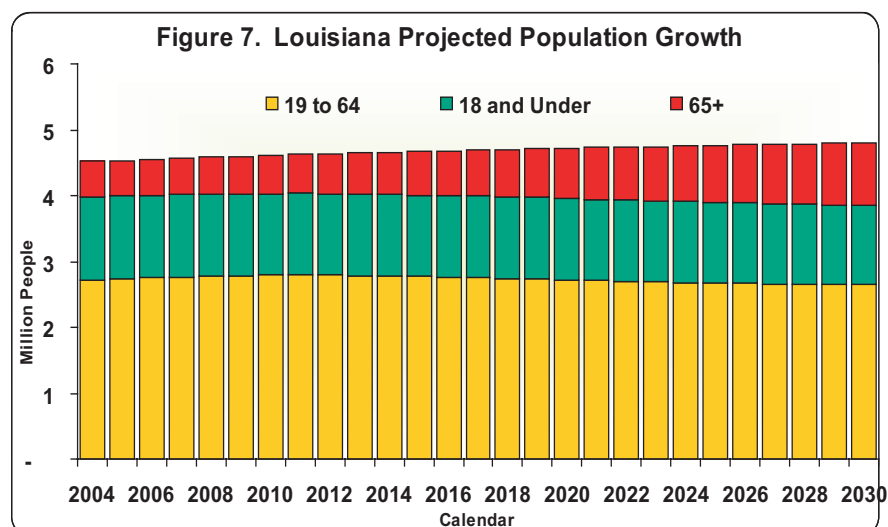
Elderly and Disabled Waiver	Personal Care Assistant Waiver	Adult Day Health Care Waiver
(EDA)	(PCA) moved to EDA	(ADHC)
150	25	25



Financing Medicaid

Medicaid is a means-tested entitlement public assistance program, established in 1965 by Title XIX of the Social Security Act -- often referred to as Title XIX.

Medicaid program cost is shared by state and federal governments based on Federal Medical Assistance Percentages (FMAP). FMAPs for states range from 50% to 80% of program cost based on the poverty rate in each state. See Louisiana FMAPs in Table BI on page 49. Each



Source: U.S. Census Bureau, Population Division, Projections Branch

State administers its own program within broad federal guidelines. Any adverse economic conditions of the state can have a two-fold effect on state Medicaid programs. First, being an entitlement program, Medicaid generally experiences increased enrollment. Second, a decrease in state revenue may lead to decreased state funds available to the Medicaid program. In effect, there is increased demand for healthcare services on one side and decreased resources available for those services on the other side.

Demographic and economic indicators can help anticipate future enrollment characteristics of the Medicaid population. For instance, the U.S. Department of Commerce through the U.S. Census Bureau projects population for each state 25 years into the future. Louisiana's population has remained relatively fixed with little growth projected for the next few years (Figure 7). What is changing, however, is the age mix of that population. Expected increase in the 65+ age group is projected to offset a decline in the 19 to 64 age group keeping population levels and growth rates stable. However, with the potential increase in the 65+ age group, there could be additional demand on the Medicaid program due to an increased need for health care services for this age group.

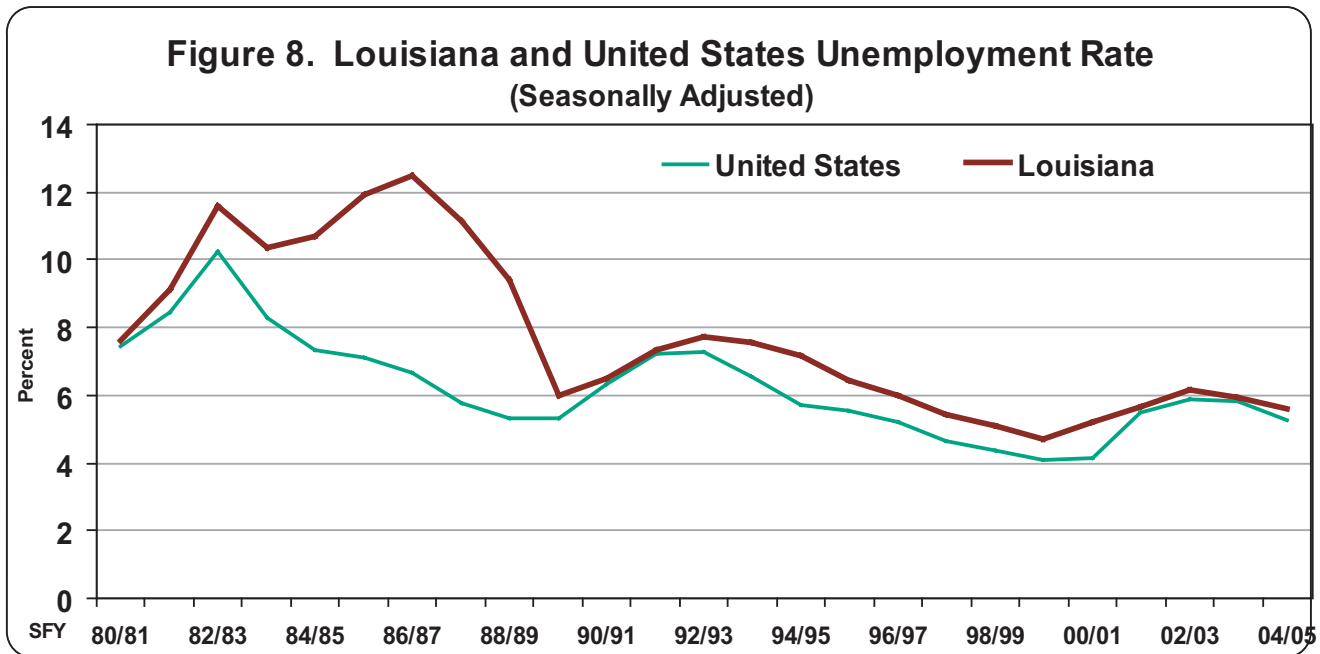
Table 2. 2004 Poverty Status

	United States	Louisiana
	(% of Population)	
100% of Poverty	13	17
125% of Poverty	4	5
135% of Poverty	2	3
150% of Poverty	3	3
Rest of Population	78	72

Source: U.S. Census Bureau, Current Population Survey, 2005 Annual Social and Economic Supplement

The percentage of population living under the Federal Poverty Level (FPL) influences the level of state reliance on Medicaid program services. As of July 1, 2004, 17% of the Louisiana population was considered living under 100% of the federal poverty level (FPL) while 28% were living under 150% of the FPL. This compares to 13% and 22% respectively for the U.S. population (Table 2), highlighting Louisiana as a low-income state. About 25% of Louisiana's population is enrolled in Medicaid (see Enrollment section).

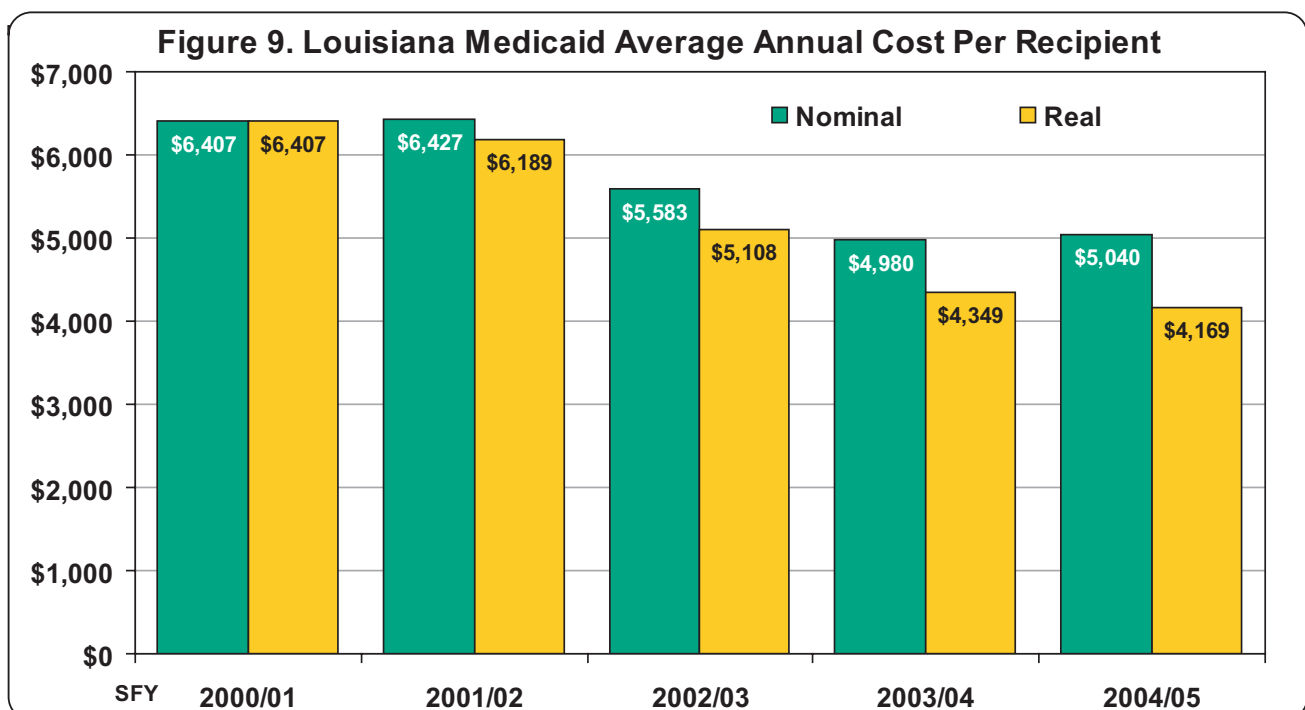
In addition to poverty rates higher than the national average, Louisiana's unemployment rate has also been higher than the national rate, though the difference has lessened recently.



Source: U.S. Department of Commerce, Bureau of Labor Statistics

Figure 8 shows unemployment rates in Louisiana compared to the U.S. average. After tracking above the national average for nearly two decades, the Louisiana rate has tracked more closely to the national rate during the last four years.

Interestingly, the average cost per recipient (Total Cost/Recipients) both in nominal and real terms in the Louisiana Medicaid program has been declining, primarily due to the increased enrollment of children.



Where the money comes from...

Table 3. Medical Vendor Expenditure Means of Finance

SFY 2004/05

Financing Category	Actual Expenditures			Percent
SFY	2002/03	2003/04	2004/05	2004/05
State General Fund	\$807,046,145	\$735,883,810	\$748,667,858	14.5%
Other Finance	\$370,164,327	\$548,494,747	\$524,311,752	10.1%
Total State Match	\$1,177,210,472	\$1,284,378,557	\$1,272,979,610	24.6%
Federal Funds	\$3,185,626,715	\$3,697,786,929	\$3,908,098,303	75.4%
Total	\$ 4,362,837,187	\$4,982,165,486	\$5,181,077,913	100.0%

Where the money goes...

Table 4. Medical Vendor Expenditures

SFY 2004/05

Financing Category	Actual Expenditures			Percent
SFY	2002/03	2003/04	2004/05	2004/05
Private Providers	\$2,952,755,849	\$3,193,155,172	\$3,586,030,598	69.2%
Public Providers	\$537,553,283	\$650,858,629	\$598,396,623	11.5%
Medicare Buy-ins	\$104,194,158	\$116,289,337	\$142,579,374	2.8%
Uncompensated Care	\$768,333,897	\$1,021,862,348	\$854,071,318	16.5%
Total	\$4,362,837,187	\$4,982,165,486	\$5,181,077,913	100.0%

and the cost of getting it there....

Table 5. Medical Vendor Administration Expenditures

SFY 2004/05

Financing Category	Actual Expenditures			Percent
SFY	2002/03	2003/04	2004/05	2004/05
State General Fund	\$46,167,586	\$53,155,295	\$56,791,479	1.1%
Other Finance	\$2,949,395	\$4,013,281	\$32,500	0.0%
Total State Match	\$49,116,981	\$57,168,576	\$56,823,979	1.1%
Federal Funds	\$100,603,397	\$107,195,240	\$104,824,290	2.0%
Total	\$149,720,378	\$164,363,816	\$161,648,269	100.0%

The Appropriations Act allocates funds to the Medicaid Program (Medical Vendor Payments) in four broad budget groupings:

i) Private Providers

Payments to non-state owned providers and facilities (including city/parish owned) are in this category.

ii) Public Providers

Payments to state owned providers and facilities including Local Governance Entities and school boards are in this category.

iii) Medicare Buy-Ins and Supplements

Payments of Medicare premiums and other charges for Medicaid recipients having Medicare as their primary payer so that Medicaid is payer of last resort; these recipients are also known as dual eligibles.

iv) Uncompensated Care Costs

Payments toward compensation for the care given in hospitals to uninsured individuals and those eligible for Medicaid with Medicaid reimbursements lower than the cost of service. Hospitals must qualify to receive these payments.

Each of these four broad budget groupings are classified into separate Budget Categories of Service (BCOS) as presented in Table 6 and are explained in further detail in the next section.

Table 6. Expenditures by Budget Category of Service
SFY 2004/05

PRIVATE PROVIDERS

BCOS #	Sub-Program	Actual Expenditures (\$)
1	Adult Dentures	4,304,589
2	Case Management Services	11,013,768
3	Certified RN Anesthetists (CRNAs)	8,324,239
4	Durable Medical Equipment	36,021,026
5	EPSDT (Screening and Early Diagnosis)	114,645,659
6	Family Planning	12,151,543
7	Federally Qualified Health Centers	11,711,231
8	Hemodialysis Services	31,198,522
9	Home Health Services	29,948,019
10	Hospice Services	24,636,692
11	Hospital - Inpatient Services	658,212,157
12	Hospital - Outpatient Services	201,078,359
13	ICF-MR (MR/DD Community Homes)	190,257,563
14	Laboratory and X-Ray Services	71,547,414
15	LT-PCS	33,519,293
16	Mental Health - Inpatient Services	12,061,990
17	Mental Health Rehabilitation	57,739,729
18	Nursing Homes	624,081,039
20	Pharmaceutical Products and Services	708,253,375
21	Physicians Services	331,027,942
22	Rural Health Clinics	20,047,057
23	Transportation - Emergency-Ambulance	26,282,590
24	Transportation - Non-Emergency Ambulance	10,731,895
25	Transportation - Non-Emergency Non-Ambulance	8,953,310
26	Waiver - Adult Day Health Care	6,719,177
27	Waiver - Children's Choice	8,038,500
28	Waiver - Elderly & Disabled Adult	34,121,230
29	Waiver - New Opportunities	234,144,770
30	Other Private Providers	12,271,841
31	UPL Hospitals	52,986,079
Sub-Total Private Providers		\$3,586,030,598

PUBLIC PROVIDERS

BCOS #	Sub-Program	Actual Expenditures (\$)
32	LSU - HCSD	209,560,456
33	LSU - E. A. Conway	20,852,548
34	LSUMC - Shreveport	70,204,420
35	DHH - State MR/DD Services	228,350,568
36	DHH - State Nursing Homes	26,140,414
37	DHH - Office of Public Health	22,513,683
38	DHH - Community Mental Health	6,824,229
39	DHH - Public Psychiatric Free Standing Units	1,705,049
40	State Education	10,905,256
41	Other Public Providers	1,340,000
Sub-Total Public Providers		\$598,396,623

MEDICARE BUY-INS

42	Sub-Total Medicare Buy In	\$142,579,374
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UNCOMPENSATED CARE

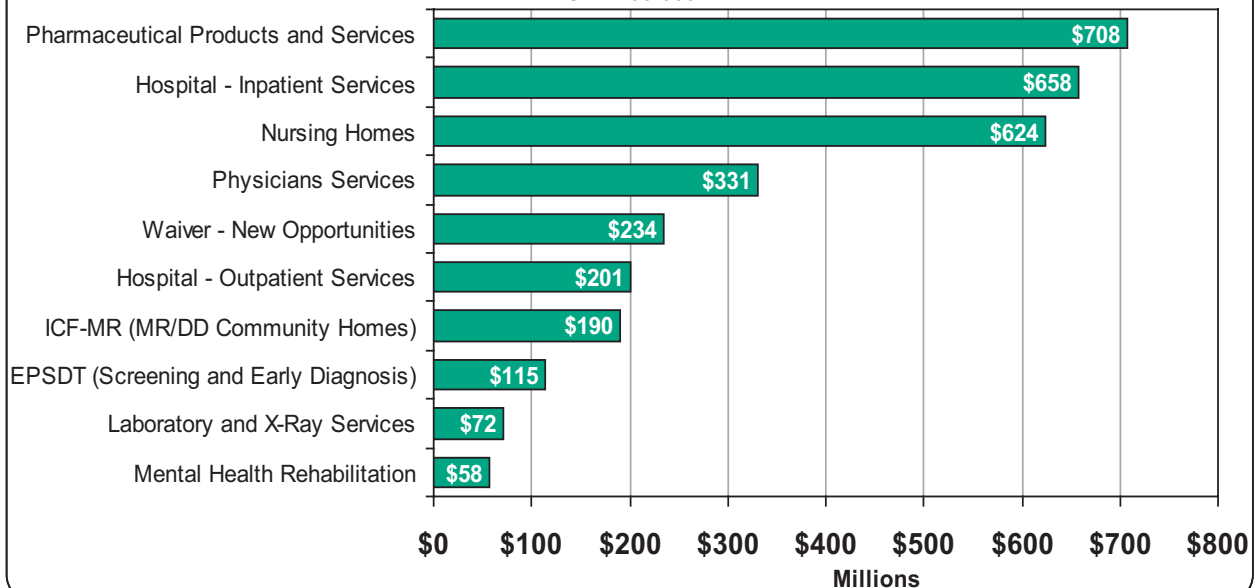
43	LSU - HCSD	526,452,393
44	LSU - E. A. Conway	42,887,361
45	LSUMC - Shreveport	124,652,865
46	Public Psychiatric Free-Standing Units	95,684,697
47	Villa Feliciana	1,637,919
48	Private Hospitals	62,756,083
Sub-Total Uncompensated Care		\$854,071,318

Total Medical Vendor Program		\$5,181,077,913
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Table 7. Top Ten Private Budget Categories of Service
SFY 2004/05

Rank	Service	Expenditures	Percent
1	Pharmaceutical Products and Services	\$708,253,375	20%
2	Hospital - Inpatient Services	658,212,157	18%
3	Nursing Homes	624,081,039	17%
4	Physicians Services	331,027,942	9%
5	Waiver - New Opportunities	234,144,770	7%
6	Hospital - Outpatient Services	201,078,359	6%
7	ICF-MR (MR/DD Community Homes)	190,257,563	5%
8	EPSDT (Screening and Early Diagnosis)	114,645,659	3%
9	Laboratory and X-Ray Services	71,547,414	2%
10	Mental Health Rehabilitation	57,739,729	2%
Total Top Ten		\$3,190,988,007	89%
All Other Private Services		\$395,042,591	11%
Total Private Services		\$3,586,030,598	100%

Figure 10. Top Ten Medicaid Private BCOS by Expenditures
SFY 2004/05



Cost Management Measures

Due to rising medical costs, much attention has been given to relieving the budgetary burden of Medicaid expenditures. Under the pharmacy program, the drug rebate program requires manufacturers to return money to the state for each medication paid by Medicaid. In addition, provider fees are in place for pharmacies as well as Nursing Facilities and ICF/MRs. Collections from other third parties (an entity other than the recipient or the state) account for millions of dollars in savings. Relatedly, the Medicare buy-in programs transfer the first payer obligations for the Medicare eligible population to the federal government instead of the state.

Medicaid Payments by Budget Category of Service

The top ten private BCOS by expenditures are shown in Table 7 and Figure 10 with Pharmacy, Inpatient Hospitals and Nursing Homes spending more than \$500,000,000 each. The top ten BCOS private categories combined account for around 90% of private spending. Services are offered by private and public providers and are placed in BCOS groupings for budgetary purposes. The next section gives an overview of the services included in each BCOS.

Private Provider Budget Categories of Service (BCOS)

Budget categories are defined in order to determine how Medicaid funds are being dispersed. The following is a description of the private provider budget categories.

Adult Dentures

A limited denture and denture-related services program for adults 21 years of age and older who are eligible to receive the full range of Medicaid benefits. Covered services include dentures, denture relines, denture repairs, and an oral examination and dental x-rays if in conjunction with denture construction. Services are limited in scope and frequency. Services with the exception of denture repairs are subject to Medicaid prior authorization.

Case Management Services

A networking of services to assure that recipients receive services and supports in a manner that responsively, effectively and efficiently leads to individualized personal outcomes. It further assists eligible recipients in gaining access to the full range of needed services including medical, social, educational and other support services.

Certified RN Anesthetists (CRNA) Services

Anesthetic services provided by certified registered nurse anesthetists.

Durable Medical Equipment (DME)

Medically necessary equipment, appliances and supplies for recipient with serious physical impairments designed to correct or ameliorate the condition and suitable for use in the home. DME providers must obtain prior authorization with the fiscal intermediary for most services.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) & Related Services

The child-specific component of Louisiana Medicaid designed to make health care available and accessible to low-income children. The EPSDT Health Services component of EPSDT includes health-related special education services and is provided primarily by local school boards for ages 3-21. The Early Intervention Program provides services for children to age 3. KIDMED, Louisiana's EPSDT screening component, provides a framework for routine medical, vision, hearing and dental screening of children from birth to age 21, as well as providing for the evaluation and treatment of identified illnesses, conditions or disabilities.

Family Planning

Services for routine family planning services including medical visits, counseling, contraceptives and certain lab services.

Federally Qualified Health Center (FQHC) Services

Physician or professional services and designated services and supplies incident to the physician or other professional services. FQHCs cover all services that are usual and customary for a physician visit. FQHCs are more commonly known as community health centers, migrant health centers and health care for the homeless programs, and must meet federal requirements of the U.S. Department of Health and Human Services prior to Medicaid enrollment.

Hemodialysis Services

Dialysis treatment (including routine laboratory services), medically necessary non-routine lab services, and medically necessary injections reimbursed to free-standing End Stage Renal Disease (ESRD) facilities.

Home Health Services

Intermittent or part-time skilled nursing, home health aid and rehabilitation services furnished by a home health agency in accordance with the plan of treatment recommended by the physician. All services must be ordered by a physician. (Note: Certain services under this program require prior authorization through the fiscal intermediary).

Hospice

An alternative treatment approach that is based on recognition that impending death requires a change from curative treatment to palliative care for the terminally ill patient and support for the family. The focus is on comfort and the alleviation of physical, emotional and spiritual suffering while maintaining the individual at home (or Nursing Facility) with minimal disruptions in normal activities.

Hospital Inpatient Services

Inpatient hospital care and services needed for the treatment of an illness or injury which can only be provided safely and adequately in a hospital setting. In-state private hospitals require pre-certification while out-of-state hospitals require pre-authorization.

Hospital Outpatient Services

Outpatient hospital care and services cover diagnostic and therapeutic outpatient services including, outpatient surgery and rehabilitation services; some outpatient services must be prior authorized by the fiscal intermediary.

Intermediate Care Facilities for the Mentally Retarded (ICF/MR) and Developmental Disabilities Community Homes (a.k.a. Developmental Centers)

These centers are long-term care treatment facilities that provide rehabilitation and/or diagnostic treatment for the mentally retarded and/or developmentally disabled recipients.

Laboratory and X-Ray Services

Diagnostic and treatment services provided by physicians, independent laboratories, outpatient hospitals and portable x-ray providers.

Long Term Personal Care Services or LT-PCS

Services that provide assistance with the activities of daily living (ADL) and the instrumental activities of daily living (IADL) for elderly or disabled recipients over age 21 who qualify for nursing facility level of care.

Mental Health Inpatient Services

Inpatient mental health evaluation, treatment and rehabilitation services provided by a psychiatric facility to individuals with severe and persistent mental disorders or serious emotional and behavior disorders.

Mental Health Rehabilitation Services

Recovery and resilience services for recipients with severe and persistent mental illnesses. Services are furnished in an outpatient setting by or under the direction of a physician in a facility which is not part of a hospital but which is organized and operated to provide medical care to outpatients. Recipients must meet service criteria and all services must be prior authorized.

Nursing Homes

Nursing Homes are state licensed facilities that provide professional nursing and rehabilitation services on a 24 hour-a-day basis.

Pharmaceutical Products and Services

Services for prescriptions issued by authorized prescribers.

Physician Services

Physician services, whether furnished in the office, the recipient's home, a hospital, a skilled nursing facility or elsewhere pertains to services provided within the scope of practice of medicine or osteopathy as defined by state law and to services provided by or under the personal direction and supervision of an individual who is licensed under state law to practice medicine by the Louisiana State Board of Medical Examiners or Osteopathy. These services include those provided by other licensed professionals such as advanced practice registered nurses and physician assistants.

Rural Health Clinics

Physician or professional medical services and designated services and supplies incident to the physician or other professional services. Rural health clinics must meet federal requirements of the U.S. Department of Health and Human Services prior to Medicaid enrollment.

Transportation - Emergency – Ambulance

Transportation provided by an ambulance for an unforeseen combination of circumstances which demands immediate attention at a medical facility to prevent serious impairment or loss of life. All services are subject to review for medical necessity of ambulance transportation.

Transportation – Non-Emergency – Ambulance

Transportation provided by an ambulance when the recipient is unable to ride in any other type of vehicle due to medical conditions. All non-emergency ambulance transports require completion of a Certification of Ambulance Transportation Form that describes the medical condition of the patient requiring non-emergency ambulance transport.

Transportation - Non-Emergency – Non-Ambulance

Transportation to and from a provider of Medicaid covered services. Non-Emergency Medical Transportation (NEMT) is provided when all other reasonable means of free transportation have been explored and found to be unavailable. All NEMT must be prior authorized by Medicaid's agent.

Waiver - Adult Day Health Care (ADHC)

Health care services and activities for elderly and disabled adults at a certified facility. This waiver thereby allows family members to assist in the care of the recipient while maintaining employment and other commitments. Transportation is provided to and from the facility.

Waiver - Children's Choice

Case management, family support, training and respite, and environmental modifications to disabled children from birth to age 18.

Waiver - Elderly and Disabled Adults (EDA)

Environmental modifications, personal emergency response systems, case management, personal care services (part of the year), household support, and supervision for qualified recipients. During 2004/05, EDA personal care services were transferred into the LT-PCS program under the Medicaid State Plan.

Waiver - New Opportunities Waiver (NOW)

Individual and family support services, center-based respite, environmental modifications, employment training and transportation, habilitation, emergency response systems, and specialized medical equipment to disabled children and adults from age 3 and up.

FOR MORE INFORMATION AND STATISTICS CONCERNING THESE WAIVERS, PLEASE SEE THE HCBS WAIVER APPENDIX AT THE END OF THIS PUBLICATION

Other Private Provider Services

Ambulatory Surgical, Audiology, Chiropractic, Expanded Dental Program for Women, Rehabilitation Services, Personal Care Attendant Waiver (phased out during 2004/05 due to implementation of LT-PCS), and Physical & Occupational Therapy.

Medicaid Enrollment

The Medicaid Eligibility Manual is available online at: <http://www.dhh.louisiana.gov/offices/publications.asp?ID=92&Detail=461>

Phone: 1-888-342-6207

TTY: 1-800-220-5404

Medicaid Eligible? Medicaid Enrollee? Medicaid Recipient? What's the difference?

These terms can seem interchangeable at times but, especially in this report, they are not.

*A **Medicaid eligible** is a person who fits the criteria of the program, whether or not they have signed up. Because there is no mandatory assessment or reporting process to determine exactly who meets the eligibility requirements of each program, this number is very difficult to pinpoint.*

*On the other hand, a **Medicaid enrollee** is a person fitting the criteria of the program AND signed up and approved by the Medicaid program to receive services, regardless of whether any claims have been filed on his behalf.*

*Finally, a **Medicaid recipient** is an enrollee with at least one paid Medicaid claim during the time period involved, whether or not he was enrolled during on the date the claim was paid.*

Eligibility Requirements and the Enrollment Process

Because Medicaid is an entitlement program that pays for medical services on behalf of low-income eligible persons, there are certain criteria involved in the eligibility process. All individuals who receive Supplemental Security Income (SSI) are automatically enrolled in Medicaid. In addition, families who get financial assistance from the Office of Family Support (OFS) through Louisiana's Temporary Aid to Needy Families (TANF) program known as Family Independence Temporary Assistance Program (FITAP) are also fully Medicaid eligible. For those not receiving SSI or FITAP payments, certain income are in place for the different types of programs. An overview appears in Table 14 on page 29 of this document.

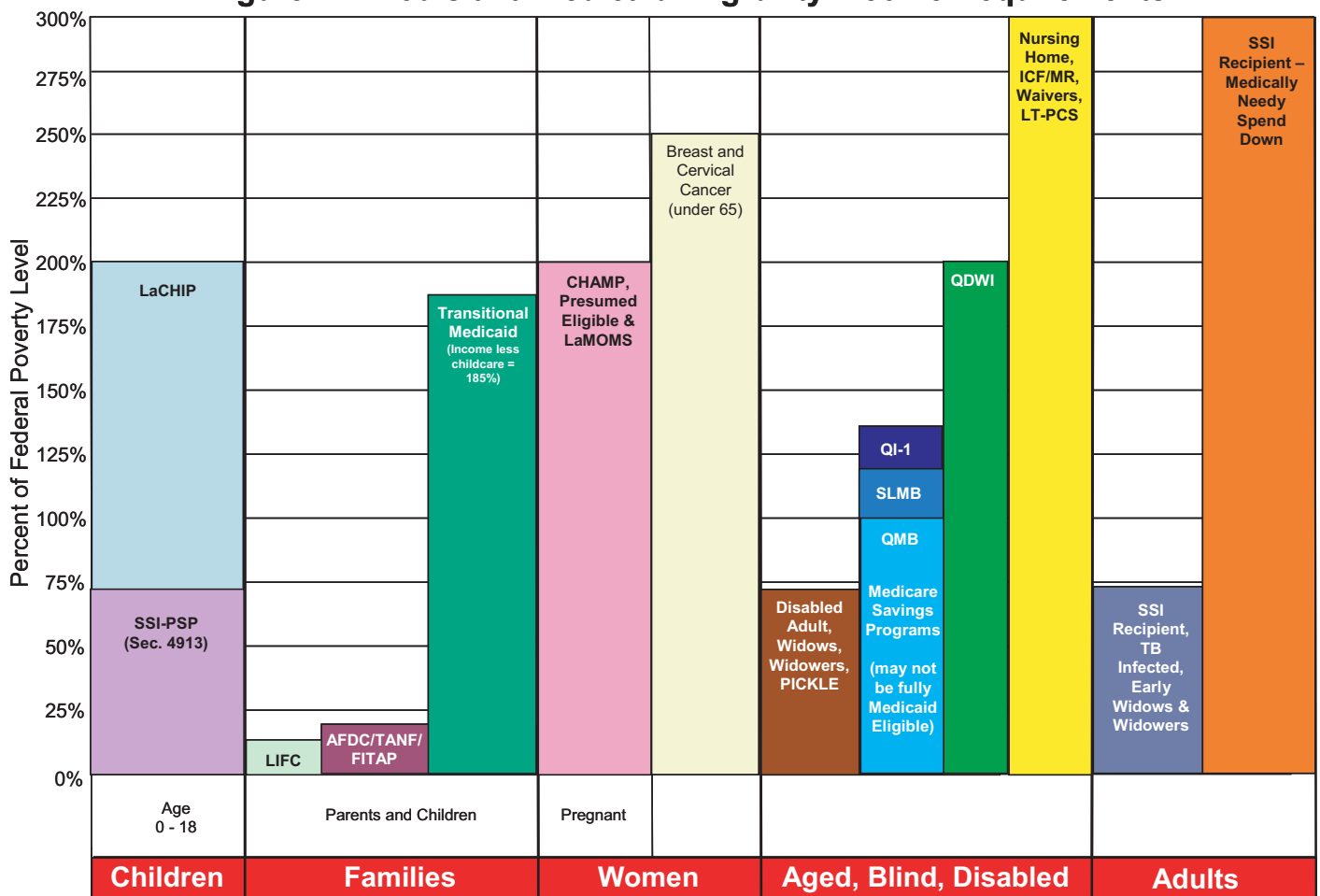
Within a certain income range, persons may be eligible for Medicaid if they fall within one of these four categories:

- 1) **Aged** – individuals who are age 65 or older,
- 2) **Blind** – individuals who have corrected vision not exceeding 20/200,
- 3) **Families with Children** – individuals who are in families with:
 - ◆ a pregnant member, **or**
 - ◆ a child under age 18 deprived of the support of at least one parent, **or**
 - ◆ a child under age 19, **or**
 - ◆ a woman who needs treatment for breast or cervical cancer,
- 4) **Disabled** – individuals who meet Social Security Administration’s (SSA) disability criteria and have physical or mental impairments that prevent employment for a period of 12 consecutive months or that will result in death

AND

the individual or family meets all of the eligibility requirements of one or more Medicaid program.

Figure 11. Louisiana Medicaid Eligibility Income Requirements



An individual or family who does not get SSI or FITAP (TANF) must fill out an application form. Either the prospective beneficiary or an authorized representative may apply by mail, at a local Medicaid office, or at a Medicaid Application Center. A face-to-face interview is not required. Contact information for each office is provided in Appendix "Medicaid Offices Contract Information."

Figure 11 summarizes income requirements for many of the Medicaid programs. Along the bottom of the chart, qualifying categories are listed. Along the left axis of the chart is income as a percentage of the Federal Poverty Level (FPL) according to the number of people in a family. Table 8 shows monthly income as legislated by the federal government in deeming what is considered the poverty level standard of living. For example, a two person family is considered living at 100% of poverty if the household monthly income is \$1,069. As shown along the bottom of the eligibility chart (Figure 11), maximum income levels for different groupings of eligibility, such as age, disability and parental status allow access to the Medicaid program depending upon the group into which the individual falls. More information on the different programs and eligibility requirements for each is available in the Programs section of this publication.

**Table 8. 2005 Federal Poverty Level Guidelines for Louisiana
Maximum Monthly Income**

(as published in the Federal Register on 2/18/2005)

Family Size	PERCENT OF POVERTY								
	100%	120%	133%	135%	150%	175%	185%	200%	250%
1	798	957	1,061	1,077	1,196	1,396	1,475	1,595	1,994
2	1,069	1,283	1,422	1,443	1,604	1,871	1,978	2,138	2,673
3	1,341	1,609	1,783	1,810	2,011	2,346	2,481	2,682	3,352
4	1,613	1,935	2,145	2,177	2,419	2,822	2,983	3,225	4,031
5	1,884	2,261	2,506	2,544	2,826	3,297	3,486	3,768	4,710
6	2,156	2,587	2,867	2,910	3,234	3,773	3,988	4,312	5,390
7	2,428	2,913	3,229	3,277	3,641	4,248	4,491	4,855	6,069
8	2,699	3,239	3,590	3,644	4,049	4,724	4,993	5,398	6,748

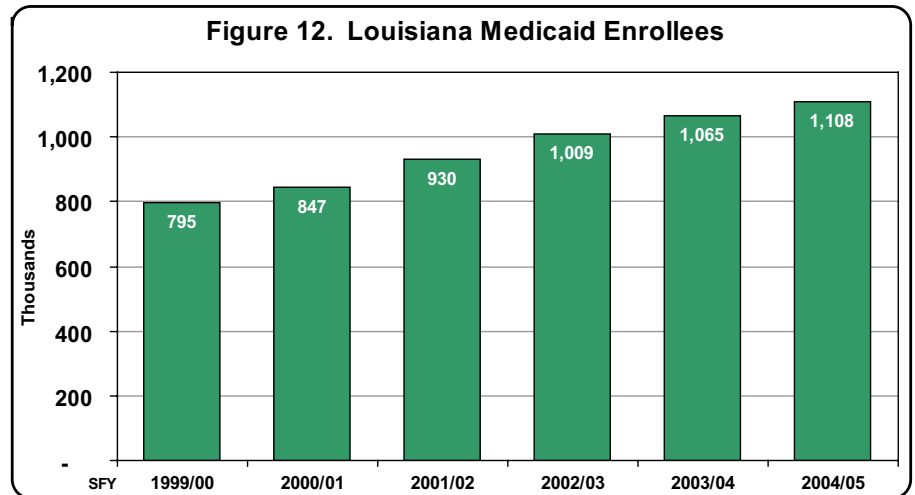
For family units of more than 8 members, add \$271.67 for each additional member.

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. Processing times for applications vary depending on the coverage group and program under consideration, the amount of information the person is able to provide and how quickly all needed information is made available to Medicaid staff. Eligibility can be retroactive up to three months prior to the date of application. Eligibility is reviewed annually for most cases but more often in some programs. Decisions must be made within 45 days (90 days if a disability determination by the agency is required) from the date of application in most cases.

Enrollment Statistics

In general during SFY 2004/05, total Medicaid enrollment continued to increase at nearly the same rate as the last five years (Figure 12). There are many ways to decipher enrollment under Medicaid. This report will explore four ways:

- ◆ Percent of Population
- ◆ Basis of Eligibility
- ◆ Age
- ◆ Gender



Enrollment as a Percent of Population

Historically, the percentage of the population enrolled in Medicaid in Louisiana has consistently increased (Table 9). During SFY 2004/05, about 25% of Louisiana's population was enrolled in Medicaid.

Table 9. Louisiana Medicaid Enrollees and Population

SFY	Enrollees*	July 1 Population Estimate	Percent of Population Enrolled
2000/01	846,646	4,469,635	19%
2001/02	929,837	4,466,532	21%
2002/03	1,009,315	4,477,042	23%
2003/04	1,065,124	4,493,665	24%
2004/05	1,108,216	4,515,770	25%

Source: MDW (through September, 2005) for Enrollees; U.S. Census Bureau, Population Estimates Program for Population

* Further adjustments may occur due to billing procedures

Table 10 presents enrollment and the percentage of the population enrolled in Medicaid by parish during 2004/05. It is evident that the lower income parishes have large percentages of Medicaid enrollment, especially in the Delta, South Central and Southeastern parishes, as shown in the map (Figure 13).

Table 10. Louisiana Medicaid Enrollment, Population and Percent Enrolled by Parish
SFY 2004/05

<i>Parish</i>	<i>Enrollees</i>	<i>Total Population¹</i>	<i>Population Enrolled</i>	<i>Parish</i>	<i>Enrollees</i>	<i>Total Population¹</i>	<i>Population Enrolled</i>
Acadia	18,182	59,168	31%	Morehouse	10,554	30,551	35%
Allen	7,157	25,407	28%	Natchitoches	10,975	38,741	28%
Ascension	16,177	87,164	19%	Orleans	152,686	462,269	33%
Assumption	6,338	23,234	27%	Ouachita	39,774	148,355	27%
Avoyelles	14,286	41,981	34%	Plaquemines	6,498	28,969	22%
Beauregard	7,994	34,094	23%	Pointe Coupee	6,172	22,537	27%
Bienville	4,744	15,361	31%	Rapides	37,412	128,013	29%
Bossier	19,878	104,080	19%	Red River	3,001	9,606	31%
Caddo	66,357	251,506	26%	Richland	7,266	20,485	35%
Calcasieu	43,491	184,961	24%	Sabine	5,844	23,616	25%
Caldwell	3,074	10,837	28%	St. Bernard	14,242	65,554	22%
Cameron	1,670	9,681	17%	St. Charles	9,814	50,073	20%
Catahoula	3,387	10,627	32%	St. Helena	3,231	10,309	31%
Claiborne	4,728	16,471	29%	St. James	5,444	21,146	26%
Concordia	6,804	19,724	34%	St. John	12,289	45,581	27%
De Soto	6,790	26,231	26%	St. Landry	30,099	89,635	34%
East Baton Rouge	92,271	412,633	22%	St. Martin	13,901	50,453	28%
East Carroll	4,225	8,954	47%	St. Mary	17,218	52,189	33%
East Feliciana	5,106	20,950	24%	St. Tammany	34,438	213,553	16%
Evangeline	13,017	35,451	37%	Tangipahoa	33,510	105,158	32%
Franklin	7,591	20,812	36%	Tensas	2,399	6,176	39%
Grant	5,670	19,139	30%	Terrebonne	27,537	106,523	26%
Iberia	21,969	74,449	30%	Union	5,850	22,894	26%
Iberville	9,757	32,497	30%	Vermilion	13,103	54,751	24%
Jackson	4,045	15,278	26%	Vernon	9,730	49,545	20%
Jefferson	97,611	453,590	22%	Washington	15,135	44,161	34%
Jefferson Davis	8,736	31,235	28%	Webster	11,407	41,254	28%
Lafayette	40,894	195,707	21%	West Baton Rouge	5,143	21,880	24%
Lafourche	21,338	92,157	23%	West Carroll	4,215	11,963	35%
LaSalle	3,573	14,161	25%	West Feliciana	2,120	15,108	14%
Lincoln	9,947	42,382	23%	Winn	4,636	16,151	29%
Livingston	21,945	105,653	21%				
Madison	5,450	12,996	42%	State Total ²	1,108,216	4,515,770	25%

¹ Source: U.S. Census Bureau, Population Estimates Program; August, 2004 release.

² Parish enrollment and recipients will not sum to the total due to movement between parishes during the fiscal year; the state total figure is unduplicated.

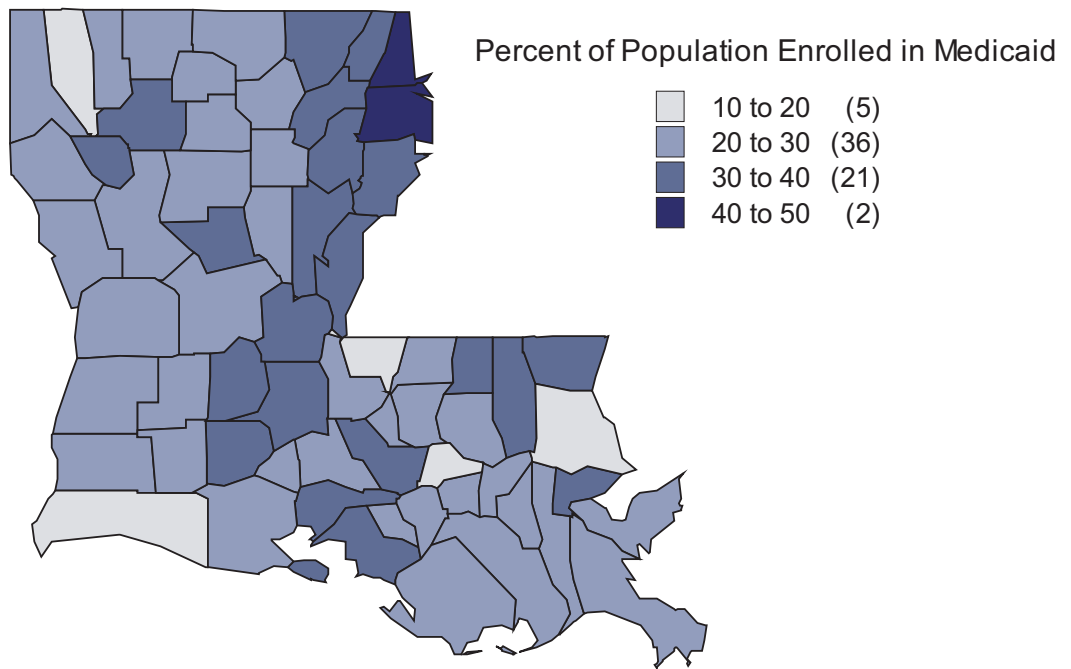
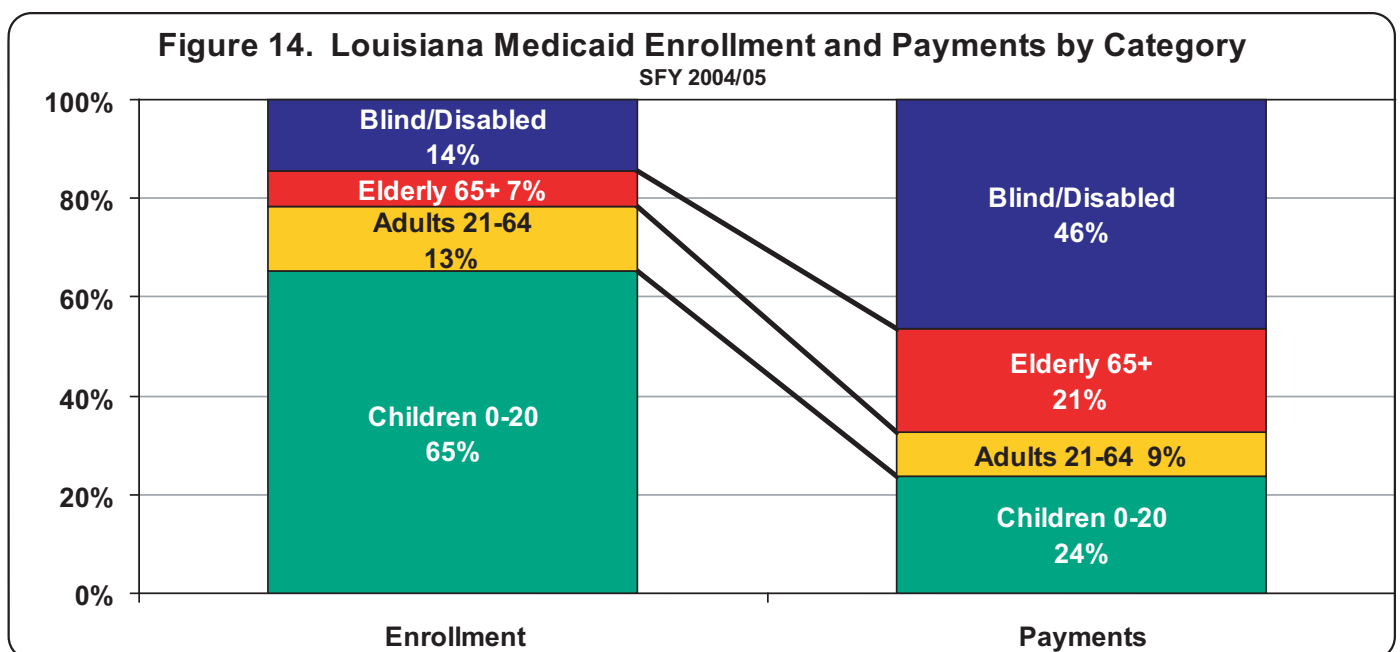


Figure 13. Map of Percentage of the Population Enrolled in Medicaid by Parish

Enrollment by Basis of Eligibility

During SFY 2004/05, total unduplicated Medicaid enrollment was 1,108,216. By eligible category (Figure 14) about 65% (2/3) of the enrollees were children, 14% were blind/disabled and 7% were elderly (65+). As shown, the largest percentage of payments does not necessarily correspond to the largest category. Though children and adults together made up 78% of enrollees, only 33% of Medicaid payments were associated with them. Conversely, the Blind & Disabled category and Elderly category combined made up 21% of enrollment but accounted for 67% of payments.

Enrollment by Age



Breaking out enrollees by age (Figure 15) showed a preponderance of children enrolled with those aged 20 and under making up 68% of the total. Those between 21 and 64 years comprised 24% of the enrolled population and the elderly (65 and over) made up the smallest component at 8%. However, as indicated by Figure 15, the distribution for expenditures is nearly inverse. As expected, the largest number of enrollees is under 19 years of age (Table 11).

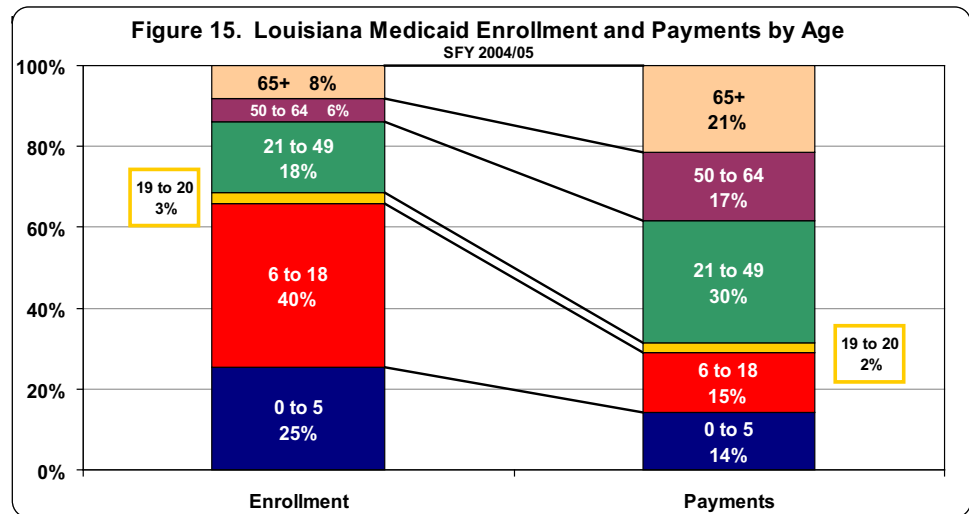


Table 11. Louisiana Medicaid Data by Age

SFY 2004/05

Age	Enrollment		Recipients		Payments	
0 to 5	281,735	25%	277,385	25%	\$620,847,161	14%
6 to 18	447,413	40%	442,552	40%	\$659,123,330	15%
19 to 20	31,774	3%	34,880	3%	\$108,701,116	2%
21 to 49	194,932	18%	196,663	18%	\$1,338,478,651	30%
50 to 64	62,309	6%	62,110	6%	\$744,801,992	17%
65+	90,053	8%	91,347	8%	\$946,897,049	21%
Total	1,108,216	100%	1,104,937	100%	\$4,418,849,298	100%

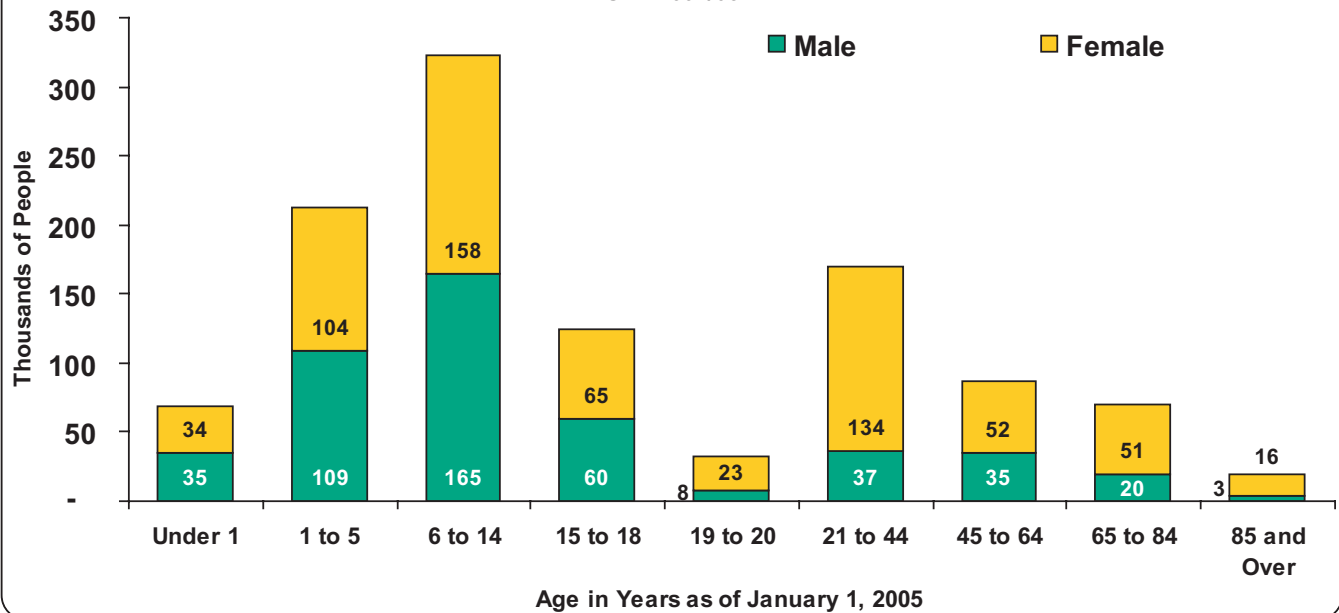
Enrollment by Gender

Medicaid enrollment by gender and age are shown in Figure 16 and Table 12. Though children of age 18 are almost evenly split between male and female, in enrollees of age 21 and above, enrollment is comprised of about 75% women. Many of these recipients meet the eligibility requirements of programs for pregnant women or programs for parents of small children.

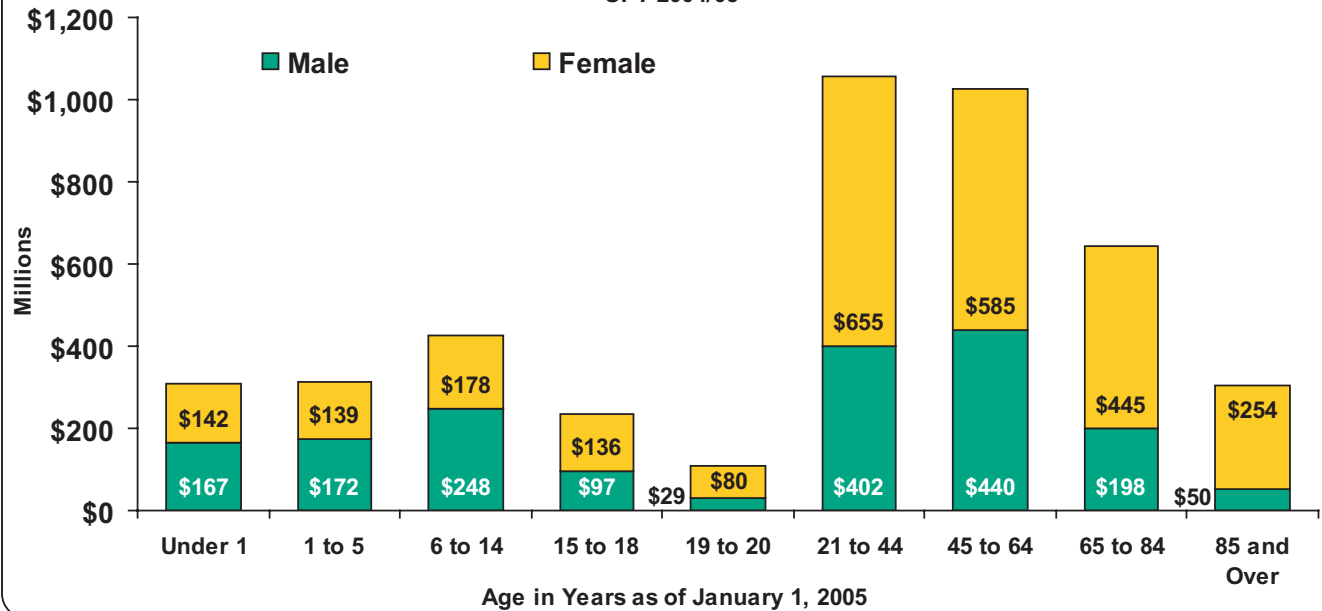
The story changes quite dramatically when considering payments to these same age groups (Figure 17 and Table 13). Payments to those of age 20 or less of both genders are well below payments to those in other age/gender categories. Clearly, the population 21 years and older received a preponderance of the payments with adults between 21 and 64 receiving almost half of all Medicaid payments during 2004/05. Many of these individuals are eligible for Medicaid due to disabilities, which can require extensive medical care.

Figure 16. Unduplicated Medicaid Enrollment by Age and Gender

SFY 2004/05

**Figure 17. Medicaid Payments by Age and Gender**

SFY 2004/05

**Table 12. Louisiana Medicaid Enrollment by Age and Gender**
SFY 2004/05

Age	Male	Female	TOTAL
Under 1	35,219	33,613	68,832
1 to 5	108,861	103,971	212,832
6 to 14	164,670	158,124	322,794
15 to 18	59,847	64,726	124,573
19 to 20	8,391	23,383	31,774
21 to 44	36,629	133,748	170,377
45 to 64	34,500	52,347	86,847
65 to 84	19,778	50,799	70,577
85 and Over	3,322	16,129	19,451
Total	471,217	636,840	1,108,057

Unknown: 159

Table 13. Louisiana Medicaid Payments by Age and Gender
SFY 2004/05

Age	Male	Female	Total
Under 1	\$167,136,063	\$142,309,097	\$309,445,160
1 to 5	\$171,875,867	\$139,432,900	\$311,308,767
6 to 14	\$247,796,185	\$178,082,295	\$425,878,480
15 to 18	\$97,122,327	\$136,105,362	\$233,227,690
19 to 20	\$28,615,475	\$80,095,016	\$108,710,491
21 to 44	\$402,093,785	\$655,342,458	\$1,057,436,244
45 to 64	\$440,250,766	\$585,403,228	\$1,025,653,994
65 to 84	\$197,974,362	\$444,930,832	\$642,905,194
85 and Over	\$50,077,844	\$253,777,628	\$303,855,472
Total	\$1,802,942,675	\$2,615,478,816	\$4,418,421,491

Unknown: \$427,807

Medicaid Programs

Website: www.dhh.louisiana.gov/Medicaid

General Phone: 1-225-342-3891

Intricacies of Medicaid Data

There are many ways to slice Medicaid data and results may differ based on the methodology employed. For instance, budget data is generally reported on a "Date of Payment" basis which includes only recipients of services along with the amounts of those claims paid during the time period in question. However, it is also possible to report data on a "Date of Service" basis which captures payments and recipients according to the time period during which the services are provided. Both approaches are acceptable and reasonable but each has a specific function in terms of analyzing results in light of the issues at hand. It is also possible to extract data that is updated monthly which may appear to contradict data that is updated daily. Both are examining the same population but, because they are set in different time frames, the analytical results may be slightly different. Finally, the data can be deciphered at different points in the payment process. Much like a checkbook register may differ from a bank statement, data relating to claims submitted may or may not be the same as data associated with claims paid.







Thus, if one set of data seems to be inconsistent with another, the disparity may simply be that the data are obtained using different underlying methodologies.

All of the data in this report subscribe to a Date of Payment and Budget Category of Service/State Cost Center methodology for claims payment, unless otherwise noted.

Medicaid programs serve a wide range of the population from children to pregnant women to persons with disabilities. Table 14 highlights some of the programs serving the largest numbers of Medicaid participants.

While most eligibility categories allow access to the full array of Medicaid services, the individual's economic and medical circumstances may assign a recipient to a more limited set of services. Among the exceptions to full Medicaid benefits are the Medicare buy-in programs (Medicare Savings Programs - QMB, SLMB and QI).

Table 14. 2004/05 Louisiana Medicaid Programs and Income Admission Criteria

Eligible Population	Maximum Percentage of Income to Poverty	Program
<u>Children Under Age 19</u>	200%	
<u>Pregnant Women</u>	200%	
<u>Workers with Disabilities</u>	250% (Half of earned income is not counted)	
<u>Medicare Recipients</u>	135%	
<u>Long Term Care</u>	218%	
<u>Women Diagnosed with Breast or Cervical Cancer</u>	250%	
<u>Individuals Who Are Disabled (non-LTC)</u>	73%	<u>GENERAL MEDICAID</u>
<u>Individuals Who Are Blind</u>		
<u>Very Low-Income Parents of Children Under Age 19</u>	13%	

Medicaid Programs

Louisiana Children's Health Insurance Program (LaCHIP)

Website: www.lachip.org

Phone: 1-877-252-2447 and fax 1-877-523-2987

DHH implemented LaCHIP in November, 1998 to provide quality health care coverage to uninsured children up to 19 years of age. Children can qualify for Medicaid coverage under LaCHIP using increased income standards and, to ensure continuity of care once enrolled, will maintain their eligibility for 12 continuous months. LaCHIP provides coverage for medical visits, for primary care as well as for preventive and emergent care, immunizations, prescription medications, hospitalization, home health care, and many other services.

Table 15. LaCHIP Statistics by Parish (SFY 2004/05)

Parish	Enrollment*	Recipients*	Payments
Acadia	2,547	2,580	\$2,663,832
Allen	980	1,017	778,116
Ascension	2,729	2,750	2,732,817
Assumption	855	847	959,214
Avoyelles	1,832	1,912	1,834,393
Beauregard	1,441	1,466	1,272,920
Bienville	547	559	459,450
Bossier	2,709	2,750	2,049,528
Caddo	7,915	8,008	7,155,984
Calcasieu	6,588	6,696	6,554,191
Caldwell	474	473	606,602
Cameron	346	375	459,407
Catahoula	458	464	564,838
Claiborne	563	584	458,263
Concordia	797	843	749,943
De Soto	819	827	614,597
East Baton Rouge	10,930	11,155	8,297,064
East Carroll	380	398	440,030
East Feliciana	790	816	680,555
Evangeline	1,475	1,494	1,653,342
Franklin	960	969	1,118,159
Grant	820	845	805,728
Iberia	2,755	2,807	2,814,206
Iberville	1,218	1,249	1,094,608
Jackson	551	546	471,298
Jefferson	14,380	14,459	12,096,929
Jefferson Davis	1,451	1,514	1,613,730
Lafayette	5,658	5,736	4,679,764
Lafourche	3,166	3,251	3,307,643
LaSalle	544	584	527,516
Lincoln	1,198	1,241	991,524
Livingston	4,152	4,190	4,405,689
Madison	513	538	454,239
Morehouse	1,244	1,259	1,228,774
Natchitoches	1,174	1,195	1,103,873
Orleans	15,821	16,124	10,952,227
Ouachita	4,533	4,676	4,111,453
Plaquemines	901	885	678,068
Pointe Coupee	915	936	959,574
Rapides	4,576	4,754	4,101,540
Red River	396	398	387,907
Richland	843	925	966,846
Sabine	715	705	593,582
St. Bernard	2,132	2,115	1,974,641
St. Charles	1,488	1,571	1,355,058
St. Helena	464	476	450,568
St. James	725	745	563,280
St. John the Baptist	1,747	1,763	1,205,300
St. Landry	3,759	3,840	3,822,492
St. Martin	2,102	2,189	1,787,212
St. Mary	2,405	2,428	2,047,571
St. Tammany	6,030	6,107	6,227,629
Tangipahoa	4,212	4,318	3,855,590
Tensas	257	277	312,702
Terrebonne	3,638	3,694	3,972,902
Union	855	881	834,492
Vermilion	1,654	1,676	1,756,209
Vernon	1,703	1,694	1,667,706
Washington	1,887	1,969	1,933,661
Webster	1,432	1,453	1,059,098
West Baton Rouge	734	748	1,226,994
West Carroll	677	694	981,477
West Feliciana	418	415	362,828
Winn	707	731	717,829
Unduplicated State Total	149,676	152,416	\$138,565,203

By parish, the LaCHIP program has shown a significant impact, especially in the lower income regions (Table 15).

Legend

Title XIX = Title 19 or Regular Medicaid
Title XXI = Title 21 or LaCHIP

**Table 16. LaCHIP Children (Title XXI) by Age Group
SFY 2004/05**

Age*	Enrollment	Recipients	Payments
less than one	2,126	1,892	\$2,440,157
1 to 5	26,825	27,143	\$25,520,381
6 to 14	83,512	84,198	\$71,354,316
15 to 18	37,213	39,183	\$39,250,348
Total	149,676	152,416	\$138,565,203

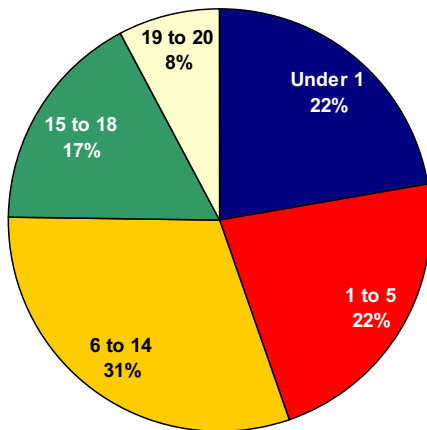
*Age as of January 1, 2005

Table 17. LaCHIP Children (Title XXI) By SFY

Age*	Eligibles				Recipients				Payments			
	2001/02	2002/03	2003/04	2004/05	2001/02	2002/03	2003/04	2004/05	2001/02	2002/03	2003/04	2004/05
Under 1	1,841	2,086	2,017	2,126	1,208	1,370	1,248	1,892	\$2,800,340	\$3,464,656	\$3,200,634	\$2,440,157
1 to 5	16,756	22,105	25,671	26,825	15,590	20,547	24,349	27,143	\$16,246,368	\$22,766,594	\$27,630,819	\$25,520,381
6 to 14	54,122	68,673	77,643	83,512	40,876	52,657	62,836	84,198	\$34,304,328	\$47,534,583	\$59,719,719	\$71,354,316
15 to 18	26,074	26,192	30,879	37,213	19,047	18,571	20,644	39,183	\$21,171,453	\$20,612,525	\$24,091,729	\$39,250,348
Total	98,793	119,056	136,210	149,676	76,721	93,145	109,077	152,416	\$74,522,489	\$94,378,357	\$114,642,901	\$138,565,203

*Age as of January 1

**Figure 18. Medicaid Payments to Children by Age
SFY 2004/05**



**Table 18. All Medicaid Children (Title XIX and XXI)
SFY 2004/05**

Age*	Enrollment	Recipients	Payments
Under 1	68,851	64,761	\$309,482,551
1 to 5	212,884	212,624	\$311,364,610
6 to 14	322,831	319,353	\$425,890,606
15 to 18	124,582	123,199	\$233,232,724
Total Under 19	729,148	719,937	\$1,279,970,490
19 to 20	31,774	34,880	\$108,701,116
Grand Total	760,922	754,817	\$1,388,671,606

* Age as of January 1, 2005

LaMOMS Program
Phone: 1-888-342-6207



In January of 2003, DHH implemented this program to make pre-natal care available to more pregnant women. The LaMOMS program provided services to 6,579 women in SFY 2004/05. Eligibility criteria allow pregnant women with an income up to 200 percent of the Federal Poverty Level (see Table 8) to be eligible for pre-natal services through Medicaid. By design, these guidelines reflected those put in place in recent years for children in LaCHIP.

CommunityCARE Program
Website: www.la-communitycare.com
Phone: 1-800-359-2122



CommunityCARE is a health care delivery innovation for the state's Medicaid program. Operated under a freedom of choice waiver approved by CMS, this is a Primary Care Case Management (PCCM) program operated in Louisiana. CommunityCARE links a Medicaid enrollee with a physician, clinic, Federally Qualified Health Center (FQHC) or rural health clinic which serves as the primary care provider (PCP). In accepting responsibility for ensuring access to quality medical care 24 hours a day, seven days a week, the PCP is paid a monthly management fee to manage all facets of an enrollee's health care. CommunityCARE provides a "medical home" for Medicaid enrollees thereby strengthening doctor/patient relationships, promoting the educational aspects of preventive health care, promoting the responsibility of the enrollee to use health care resources appropriately, and supporting the use of quality health care within the enrollee's community when appropriate. The program was first implemented in 1992 in 20 rural parishes and in 2003 was expanded statewide.

On May 25, 2005, the CommunityCARE program received special recognition from CMS for its effective and efficient care of Medicaid recipients.

KIDMED
Website: www.la-kidmed.com
Phone: 1-800-259-4444



KIDMED is the screening component of Louisiana's Early Periodic Screening, Diagnosis and Treatment (EPSDT) Programs. KIDMED provides preventive medical, vision, hearing and dental screenings as well as immunizations. When screenings detect suspected conditions, necessary referrals are made for diagnosis and treatment services. For screening services, enrollees are typically linked to a KIDMED provider, usually the PCP or a provider designated by the PCP. KIDMED services are available to Medicaid-eligible children under the age of 21 and KIDMED benefits end on the child's 21st birthday.

Medicare Savings Program (MSP)
Phone: 1-888-544-7996



Also called the Medicare buy-in, the MSP helps Medicare qualified low income older adults and disabled individuals pay premiums associated with Medicare Part B. Recipients are limited to payments of their Medicare premiums (and possibly co-payments and deductibles) without other Medicaid coverage.

It is possible to be eligible for the MSP and all other Medicaid benefits (i.e., full benefit dual eligible) but full Medicaid eligibility is not determined through this program. Premiums for calendar years 2004 and 2005 are shown in Table 19 in the Medicare Premiums box. Due to the cost efficiency of having Medicare as the first payer, a concerted effort is underway to ensure that anyone meeting the MSP eligibility criteria is enrolled. All recipients must be concurrently enrolled in Part A Medicare to receive assistance on Part B premiums. Table 20 shows the income eligibility requirements for each buy-in program. At the end of SFY 2004/05, Louisiana Medicaid was paying Part B premiums for approximately 138,000 individuals per month.

Medicare Premiums

There are two parts to Medicare: Part A (Medicare Hospital Insurance) and Part B (essentially outpatient and doctor's visits). Part D drug coverage will come into effect during SFY 2005/06.

Medicare health coverage under Part A is free to those who have worked at least 10 years (or 40 quarters) in a Medicare eligible job and meet the eligibility criteria (age, disability). Those who have not worked the required amount of time but meet the other eligibility criteria may purchase Medicare for a small premium with a discount for working at least 7½ years. Part B requires a premium from all recipients, regardless of work history, and this is the premium for which Medicaid assistance may be available. These premiums are adjusted annually and appear in Table 19 on a monthly basis:

Table 19. Monthly Medicare Premiums

Eligible Work History Calendar Year	Part A Premium*		Part B Premium
	Less than 7½ years	7½ to 10 years	
2004	\$343.00	\$189.00	\$66.60
2005	\$375.00	\$206.00	\$78.20

* Part A is free to those working more than 10 eligible years

MSP Eligibility requires Part A Medicare

AND

Table 20. Medicare Buy-in Program Requirements and Coverage

	Coverage	Income Requirement	Asset Limit
Qualified Medicare Beneficiary (QMB)	Part B premium, deductible and co-payments only	To 100% of poverty	Less than \$4,000 for individual; \$6,000 for couple
Specified Low-Income Beneficiary (SLMB)	Part B premium only	From 101% to 119% of poverty	
Qualified Individual (QI-1)	Part B premium only	From 120% to 135% of poverty	

Uncompensated Care (UCC)

UCC is a program to provide hospital inpatient and outpatient care for low income individuals who are not financially capable of paying for the medical services they receive. Hospitals must qualify for UCC payments by providing a certain percentage of their total patient care to the indigent population.

Mandatory versus Optional Services

In order to receive federal Medicaid funding, each state must agree to provide mandatory services to the Medicaid eligible population. Along with mandatory services, states are free to offer optional services and receive matching funds for all of them. Some programs are limited by eligibility requirements or service limits, but all Medicaid services must be provided to enrolled children under 21 years of age if the services are deemed medically necessary.

Medicaid Providers

Most Medicaid services (about 70% of payments in 2004/05) are delivered by private providers. Louisiana Medicaid considers all providers not owned by the state to be private. By this definition, a municipal or parish hospital is considered a private provider. These providers submit claims in the authorized format with the proper identifying information and maintain any certification or documentation that is required by DHH and/or CMS rules.

Figure 19 reports combined payments to public and private providers. It also combines inpatient and outpatient payments to hospitals. In SFY 2004/05, total payments to Hospitals slightly exceeded payments to Pharmacies. Together, Hospital and Pharmacy payments represent nearly half of all payments to public and private providers (Table 21).

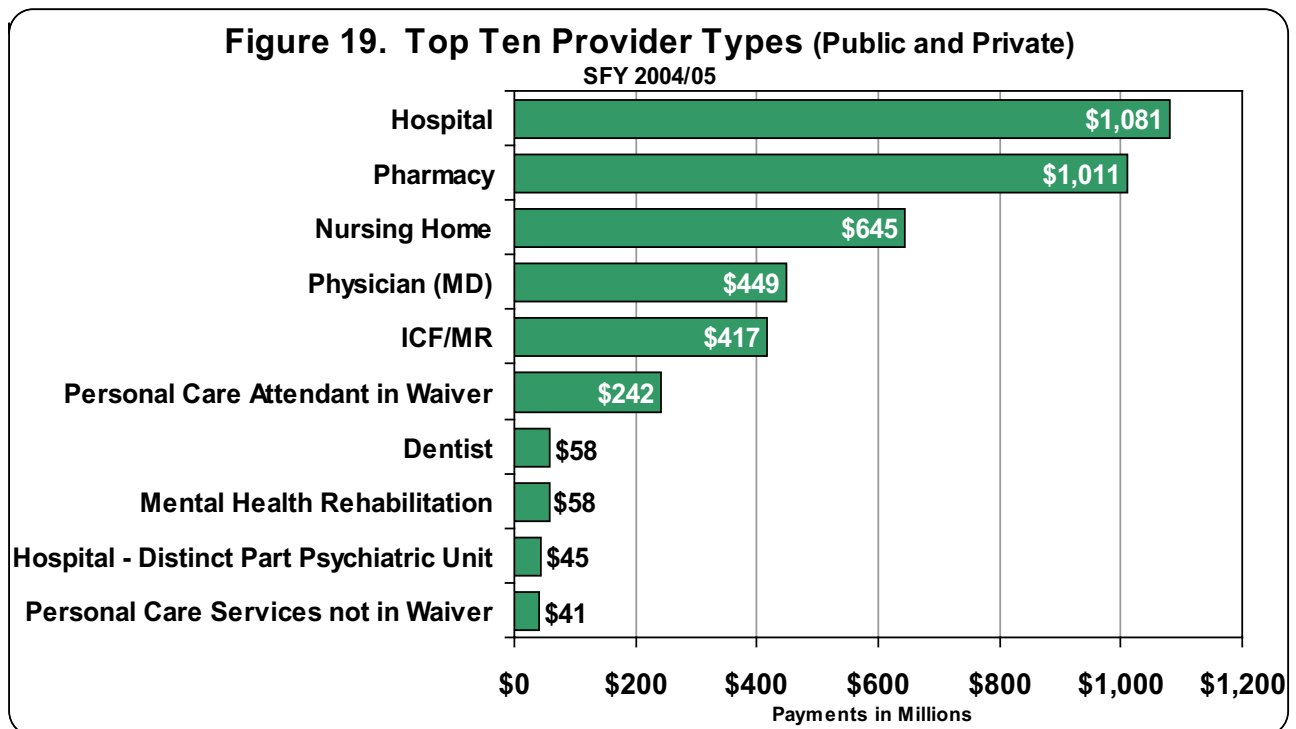


Table 21. Top Ten Provider Types (Public and Private)
SFY 2004/05

Provider	Payments	Percent of Total
Hospital	\$1,081,121,638	24%
Pharmacy	\$1,010,873,866	23%
Long Term Care/Nursing Facility	\$644,984,664	15%
Physician (MD)	\$448,928,301	10%
ICF/MR - Group Home	\$417,276,264	9%
Personal Care Attendant - Waiver	\$241,738,696	5%
Dentist	\$58,127,193	1%
Mental Health Rehab. Options	\$57,829,007	1%
Hospital - Distinct Part Psychiatric Unit	\$44,734,936	1%
Personal Care Services (LTC/PCS/PAS)	\$40,804,570	1%
Top Ten Total Payments	\$4,046,419,134	92%
All Other Providers	\$372,430,164	8%
Total All Payments	\$4,418,849,298	100%

Table 22. Top Ten Provider Payments by Parish (SFY 2004/05)

Parish	Hospital	Pharmacy	Long Term Care/Nursing Facility	Physician (MD)	ICF/MR - Group Home	Personal Care Attendant - Waivers
Acadia	\$6,268,650	\$23,455,007	\$12,089,114	\$5,439,749	\$10,884,281	\$75,163
Allen	\$2,443,920	\$6,038,146	\$7,056,103	\$2,062,658		\$3,656
Ascension	\$4,081,049	\$14,988,034	\$5,554,770	\$3,484,024	\$283,598	\$2,704,563
Assumption	\$573,833	\$3,349,781	\$2,627,387	\$449,133	\$732,430	\$1,556,526
Avovelles	\$3,141,923	\$14,102,018	\$16,227,152	\$2,877,367	\$275,720	
Beauregard	\$3,469,391	\$4,214,210	\$4,787,348	\$2,236,552	\$618,664	\$209,888
Bienville	\$0	\$3,152,175	\$4,944,091	\$658,039		
Bossier	\$3,348,983	\$10,689,080	\$11,203,967	\$2,529,511	\$26,644,234	\$3,451,821
Caddo	\$115,140,731	\$58,512,949	\$46,124,673	\$33,958,775	\$10,634,490	\$15,456,343
Calcasieu	\$36,988,625	\$43,965,140	\$24,223,562	\$18,234,399	\$12,713,743	\$9,507,711
Caldwell	\$2,092,838	\$4,978,745	\$2,092,696	\$1,325,392	\$3,734,902	\$35,809
Cameron	\$229,836	\$436,480	\$89,662	\$133,116		
Catahoula		\$3,901,043	\$2,434,509	\$468,889		\$983,702
Claiborne	\$2,189,065	\$4,123,289	\$4,434,827	\$851,049		\$2,884,394
Concordia	\$2,350,309	\$4,914,539	\$4,299,745	\$1,448,865		\$282,465
De Soto	\$1,542,169	\$4,109,372	\$3,664,606	\$403,163	\$532,525	\$83,844
East Baton Rouge	\$119,980,641	\$81,137,633	\$47,239,489	\$47,110,228	\$13,160,389	\$22,388,875
East Carroll	\$1,012,268	\$3,515,972	\$3,013,767	\$869,270		
East Feliciana	\$386,262	\$4,883,671	\$17,988,884	\$457,450	\$1,888,715	
Evangeline	\$8,126,876	\$18,713,672	\$9,931,441	\$4,930,335	\$2,079,346	\$1,363,504
Franklin	\$1,647,184	\$6,990,855	\$9,788,845	\$1,212,854	\$1,922,147	
Grant		\$1,248,030	\$2,987,462	\$396,146	\$269,989	
Iberia	\$3,677,408	\$17,786,193	\$11,631,351	\$10,058,566	\$2,260,810	\$4,491,771
Iberville	\$3,540,658	\$8,024,185	\$4,820,154	\$3,174,714		\$914,004
Jackson	\$1,293,928	\$3,873,025	\$5,812,258	\$399,181		\$340,267
Jefferson	\$61,333,061	\$110,711,183	\$32,909,565	\$46,232,185	\$26,912,157	\$32,819,592
Jefferson Davis	\$2,397,148	\$9,355,078	\$7,391,526	\$2,660,766	\$297,528	\$776,541
Lafayette	\$61,853,006	\$33,654,621	\$21,558,031	\$23,231,422	\$5,201,658	\$21,342,249
Lafourche	\$8,097,688	\$13,785,477	\$9,465,201	\$4,856,762	\$8,265,979	\$7,637,503
LaSalle	\$2,394,879	\$3,651,811	\$4,195,211	\$433,568		
Lincoln	\$9,135,709	\$6,316,792	\$6,485,572	\$3,412,524	\$13,240,611	\$1,104,319
Livingston	\$1,550,680	\$19,539,578	\$12,604,106	\$1,497,375	\$1,297,213	\$2,197,662
Madison	\$1,119,491	\$3,913,049	\$2,841,640	\$560,919	\$1,987,774	\$313,970
Morehouse	\$3,434,259	\$9,500,876	\$10,121,738	\$3,985,385	\$662,533	\$1,229,883
Natchitoches	\$4,596,590	\$11,992,583	\$5,826,908	\$3,682,189		\$1,765,437
Orleans	\$334,143,248	\$89,013,184	\$52,065,649	\$71,842,093	\$13,209,546	\$16,273,507
Ouachita	\$49,605,115	\$30,339,610	\$17,806,473	\$16,108,013	\$8,175,238	\$20,171,010
Plaquemines		\$1,728,208	\$2,246,488	\$335,571	\$29,685,369	\$13,368
Pointe Coupee	\$1,500,443	\$4,410,186	\$3,651,065	\$1,116,587		\$354,309
Rapides	\$47,106,429	\$55,695,109	\$24,642,310	\$19,418,858	\$134,208,315	\$18,526,932
Red River	\$1,704,997	\$3,305,462	\$2,938,415	\$512,495		\$18,026
Richland	\$2,581,374	\$9,325,887	\$6,915,037	\$3,072,086	\$7,607,103	\$2,947,732
Sabine	\$1,094,926	\$5,208,956	\$6,802,653	\$1,231,304	\$1,763,704	
St. Bernard	\$5,950,410	\$14,430,036	\$6,832,187	\$5,067,020	\$1,652,672	\$9,191,345
St. Charles	\$2,257,898	\$7,104,211	\$4,375,770	\$2,212,222	\$241,212	\$1,367,028
St. Helena	\$675,351	\$1,734,273	\$1,619,512	\$328,931	\$537,067	
St. James	\$940,589	\$2,230,373	\$2,052,732	\$1,244,494		
St. John the Baptist	\$2,727,708	\$4,831,760	\$2,045,904	\$2,893,676	\$886,440	\$1,605,620
St. Landry	\$18,164,025	\$35,864,711	\$20,190,933	\$16,989,050	\$2,331,451	\$1,671,953
St. Martin	\$835,957	\$9,551,326	\$5,777,008	\$1,008,916	\$1,022,620	\$6,000,725
St. Mary	\$4,941,650	\$11,829,705	\$6,975,354	\$5,057,481	\$591,833	\$756,318
St. Tammany	\$28,036,415	\$33,002,279	\$21,755,954	\$18,104,356	\$2,877,503	\$3,149,531
Tangipahoa	\$27,364,931	\$26,372,056	\$12,094,293	\$13,172,703	\$46,973,706	\$16,484,889
Tensas		\$1,358,959	\$1,524,616	\$15,588		
Terrebonne	\$32,126,371	\$24,662,092	\$11,325,188	\$15,132,055	\$1,769,467	\$4,847,250
Union	\$1,242,105	\$5,599,700	\$5,829,003	\$674,115	\$314,651	
Vermilion	\$3,034,570	\$8,706,719	\$11,724,272	\$2,511,230	\$695,821	\$77,322
Vernon	\$3,978,827	\$6,288,636	\$4,151,266	\$2,680,315	\$5,194,395	
Washington	\$7,757,253	\$15,099,397	\$8,628,242	\$3,131,473		\$1,560,109
Webster	\$6,529,929	\$5,493,364	\$9,035,814	\$3,087,632	\$5,028,273	\$576,520
West Baton Rouge		\$4,575,242	\$2,407,579	\$318,211	\$703,052	\$73,017
West Carroll	\$1,649,581	\$4,259,727	\$3,894,668	\$1,665,222	\$310,564	
West Feliciana	\$630,128	\$1,086,353	\$2,938,340	\$381,731	\$289,660	\$150,723
Winn	\$1,996,237	\$3,833,896	\$4,258,374	\$634,097	\$1,268,898	
Total In-State	\$1,068,015,524	\$1,000,465,711	\$644,972,463	\$445,670,043	\$413,839,996	\$241,738,696
Texas	\$2,848,789	\$3,788,750	\$12,201	\$234,501		
Mississippi	\$4,953,610	\$648,404		\$2,505,007		
Arkansas	\$1,570,681	\$135,182		\$232,294		
Other	\$3,733,035	\$5,835,819		\$286,456	\$3,436,268	
Total Out-of-State	\$13,106,114	\$10,408,155	\$12,201	\$3,258,258	\$3,436,268	\$0
Total	\$1,081,121,638	\$1,010,873,866	\$644,984,664	\$448,928,301	\$417,276,264	\$241,738,696

Table 22. Top Ten Provider Payments by Parish (SFY 2004/05)

Dentist	Mental Health Rehab. Options	Hospital - Distinct Part Psychiatric Unit	Personal Care Services (LTC/PCS/PAS)	All Other Provider Types	Grand Total	Parish
\$876,800	\$1,681,261	\$1,918,521		\$3,350,912	\$66,039,458	Acadia
\$126,928		\$1,976,357	\$9,987	\$823,474	\$20,541,230	Allen
\$551,006	\$1,468,785	\$9,645	\$377,101	\$3,002,605	\$36,505,179	Ascension
\$-53			\$330,492	\$770,972	\$10,390,502	Assumption
\$1,058,605	\$1,043,688	\$23,627	\$41,222	\$2,522,318	\$41,313,641	Avovelles
\$327,237			\$308,685	\$613,728	\$16,785,703	Beauregard
\$10,183				\$1,554,965	\$10,319,453	Bienville
\$449,173	\$1,257,511		\$319,869	\$3,721,180	\$63,615,329	Bossier
\$3,905,263	\$7,974,881	\$5,493,663	\$1,856,058	\$31,949,132	\$331,006,958	Caddo
\$2,775,106	\$3,237,471	\$2,600,226	\$2,228,776	\$15,108,506	\$171,583,265	Calcasieu
			\$26,310	\$1,172,812	\$15,459,504	Caldwell
\$42,766		\$37,769		\$214,363	\$1,183,992	Cameron
\$307,323	\$301,930		\$737,329	\$287,464	\$9,422,188	Catahoula
\$66,012		\$26,820	\$193,232	\$1,254,208	\$16,022,897	Claiborne
\$680,638	\$434,844		\$227,505	\$1,212,300	\$15,851,210	Concordia
\$423,748	\$1,078,616	\$416	\$64,944	\$716,641	\$12,620,044	De Soto
\$6,279,743	\$7,681,037	\$5,225,164	\$3,509,930	\$33,366,382	\$387,079,511	East Baton Rouge
\$416,044			\$11,682	\$504,082	\$9,343,084	East Carroll
\$97,583	\$320,505			\$1,181,202	\$27,204,272	East Feliciana
\$639,442	\$518,570	\$2,765,821	\$1,357,144	\$3,290,667	\$53,716,819	Evangeline
\$448,395		\$0	\$181,641	\$2,357,150	\$24,549,071	Franklin
\$19,857				\$156,267	\$5,077,751	Grant
\$349,839	\$456,112		\$986,057	\$4,006,095	\$55,704,202	Iberia
\$663,634	\$901,991			\$2,038,478	\$24,077,818	Iberville
\$7,798			\$37,179	\$415,691	\$12,179,327	Jackson
\$4,055,597	\$1,887,263	\$2,004,236	\$5,043,567	\$34,310,654	\$358,219,060	Jefferson
\$113,699	\$567,325			\$1,117,711	\$24,677,322	Jefferson Davis
\$3,534,112	\$788,179	\$767,812	\$2,930,849	\$46,786,689	\$221,648,627	Lafayette
\$817,718	\$281,713		\$373,215	\$5,482,891	\$59,064,148	Lafourche
\$12,434	\$270,355	\$93,251		\$342,433	\$11,393,941	LaSalle
\$711,709	\$123,469		\$192,132	\$1,475,626	\$42,198,465	Lincoln
\$1,012,502	\$245,322		\$201,010	\$1,770,404	\$41,915,849	Livingston
\$67,836		\$0	\$325,230	\$1,674,617	\$12,804,525	Madison
\$278,689		\$474	\$250,390	\$1,909,487	\$31,373,715	Morehouse
\$238,098		\$121,548	\$137,361	\$2,253,264	\$30,613,978	Natchitoches
\$7,931,938	\$10,920,343	\$12,907,961	\$3,671,908	\$46,626,086	\$658,605,462	Orleans
\$3,982,555	\$6,665,165	\$3,405,185	\$2,673,049	\$16,957,550	\$175,888,963	Ouachita
\$345,865	\$603,007		\$38,278	\$360,436	\$35,356,590	Plaquemines
\$878	\$480,291		\$164,855	\$1,821,922	\$13,500,537	Pointe Coupee
\$2,213,693	\$1,927,560	\$705,608	\$3,096,816	\$21,037,693	\$328,579,322	Rapides
\$13,088			\$29,031	\$620,171	\$9,141,684	Red River
\$340,873	\$215,724	\$12,396	\$506,706	\$2,154,056	\$35,678,974	Richland
\$52,093				\$249,617	\$16,403,252	Sabine
\$694,562	\$468,308	\$7,460	\$478,401	\$1,944,313	\$46,716,715	St. Bernard
\$143,352	\$35,920	\$1,081,850	\$215,542	\$2,714,094	\$21,749,100	St. Charles
\$187,952			\$426,520	\$324,224	\$5,833,829	St. Helena
\$3,058				\$512,730	\$6,983,977	St. James
\$1,105,313			\$488,905	\$1,926,947	\$18,512,274	St. John the Baptist
\$745,975	\$1,035,578	\$31,531	\$838,189	\$4,080,764	\$101,944,161	St. Landry
\$37,493			\$1,026,092	\$1,314,353	\$26,574,489	St. Martin
\$195,396	\$258,218	\$392,590	\$206,154	\$3,945,330	\$35,150,028	St. Mary
\$3,238,194	\$780,525		\$427,165	\$8,958,478	\$120,330,400	St. Tammany
\$2,273,033	\$881,094	\$14,944	\$2,755,090	\$8,891,699	\$157,278,439	Tangipahoa
				\$389,545	\$3,288,707	Tensas
\$1,335,761	\$185,895	\$830,896	\$631,418	\$8,795,084	\$101,641,478	Terrebonne
\$87,416				\$824,837	\$14,571,828	Union
\$774,776		\$1,265,244	\$4,248	\$948,891	\$29,743,093	Vermilion
	\$92,960		\$38,079	\$548,640	\$22,973,118	Vernon
\$587,072	\$514,808	\$1,013,923	\$668,049	\$3,029,041	\$41,989,367	Washington
\$118,751			\$62,339	\$4,251,164	\$34,183,786	Webster
\$200,818				\$279,276	\$8,557,196	West Baton Rouge
			\$17,031	\$846,752	\$12,643,546	West Carroll
\$106,914			\$81,809	\$146,204	\$5,811,863	West Feliciana
\$38,281	\$242,782			\$434,251	\$12,706,817	Winn
\$58,120,563	\$57,829,007	\$44,734,936	\$40,804,570	\$357,649,521	\$4,373,841,030	Total In-State
				\$3,275,798	\$10,160,039	Texas
\$6,630				\$864,532	\$8,978,182	Mississippi
				\$51,067	\$1,989,224	Arkansas
				\$10,589,246	\$23,880,823	Other
\$6,630	\$0	\$0	\$0	\$14,780,643	\$45,008,268	Total Out-of-State
\$58,127,193	\$57,829,007	\$44,734,936	\$40,804,570	\$372,430,164	\$4,418,849,298	Total

Table 22 reports the distribution across provider parishes of payments to the top ten provider types in the state. Payments to the top ten providers in each parish will differ according to a variety of factors (e.g., availability of providers, medical need of the population, etc.).

Figure 20 is a parish map of the “Provider Payments/Recipient Payments Ratio” which shows that parishes containing large medical facilities, such as Orleans, Caddo and Lafayette, tend to attract recipients from outside the parish. Likewise, areas without as many providers (whether in numbers or of the desired services) such as Cameron, Grant and Tensas parishes, have a higher percentage of services provided outside of the parish.

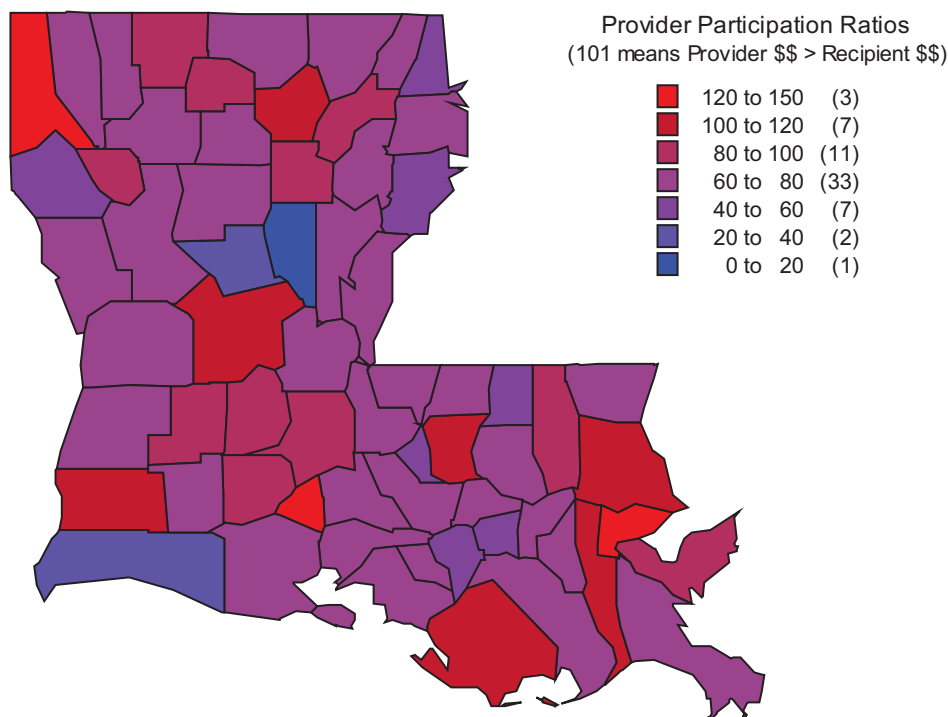


Figure 20. Map of Provider Payments/Recipient Payments Ratio by Parish

Table 23. Provider Participation Ratios (SFY 2004/05)

Parish	In-Parish Provider Payments	In-Parish Resident Payments	Ratio
Acadia	\$66,039,458	\$78,260,958	84%
Allen	\$20,541,230	\$25,721,789	80%
Ascension	\$36,505,179	\$52,976,670	69%
Assumption	\$10,390,502	\$21,699,256	48%
Avoyelles	\$41,313,641	\$61,642,307	67%
Beauregard	\$16,785,703	\$24,370,071	69%
Bienville	\$10,319,453	\$16,925,585	61%
Bossier	\$63,615,329	\$82,063,049	78%
Caddo	\$331,006,958	\$247,133,917	134%
Calcasieu	\$171,583,265	\$160,754,979	107%
Caldwell	\$15,459,504	\$18,088,663	85%
Cameron	\$1,183,992	\$3,857,938	31%
Catahoula	\$9,422,188	\$12,778,612	74%
Claiborne	\$16,022,897	\$18,778,715	85%
Concordia	\$15,851,210	\$21,748,851	73%
De Soto	\$12,620,044	\$21,395,386	59%
East Baton Rouge	\$387,079,511	\$329,337,764	118%
East Carroll	\$9,343,084	\$16,048,627	58%
East Feliciana	\$27,204,272	\$35,730,855	76%
Evangeline	\$53,716,819	\$55,794,827	96%
Franklin	\$24,549,071	\$35,875,469	68%
Grant	\$5,077,751	\$18,677,207	27%
Iberia	\$55,704,202	\$72,999,445	76%
Iberville	\$24,077,818	\$32,613,998	74%
Jackson	\$12,179,327	\$18,531,477	66%
Jefferson	\$358,219,060	\$334,494,436	107%
Jefferson Davis	\$24,677,322	\$34,541,391	71%
Lafayette	\$221,648,627	\$148,635,708	149%
Lafourche	\$59,064,148	\$77,633,652	76%
LaSalle	\$11,393,941	\$16,827,506	68%
Lincoln	\$42,198,465	\$45,147,723	93%
Livingston	\$41,915,849	\$66,962,063	63%
Madison	\$12,804,525	\$18,315,955	70%
Morehouse	\$31,373,715	\$43,025,529	73%
Natchitoches	\$30,613,978	\$40,995,468	75%
Orleans	\$658,605,462	\$526,068,165	125%
Ouachita	\$175,888,963	\$148,784,751	118%
Plaquemines	\$35,356,590	\$49,328,898	72%
Pointe Coupee	\$13,500,537	\$21,438,751	63%
Rapides	\$328,579,322	\$281,903,180	117%
Red River	\$9,141,684	\$10,806,482	85%
Richland	\$35,678,974	\$36,747,489	97%
Sabine	\$16,403,252	\$23,578,348	70%
St. Bernard	\$46,716,715	\$54,317,749	86%
St. Charles	\$21,749,100	\$29,001,250	75%
St. Helena	\$5,833,829	\$10,665,791	55%
St. James	\$6,983,977	\$15,394,938	45%
St. John the Baptist	\$18,512,274	\$29,760,260	62%
St. Landry	\$101,944,161	\$119,005,643	86%
St. Martin	\$26,574,489	\$43,861,445	61%
St. Mary	\$35,150,028	\$49,375,351	71%
St. Tammany	\$120,330,400	\$120,112,241	100%
Tangipahoa	\$157,278,439	\$161,081,572	98%
Tensas	\$3,288,707	\$7,839,061	42%
Terrebonne	\$101,641,478	\$94,497,938	108%
Union	\$14,571,828	\$22,861,590	64%
Vermilion	\$29,743,093	\$47,304,959	63%
Vernon	\$22,973,118	\$32,859,852	70%
Washington	\$41,989,367	\$61,044,886	69%
Webster	\$34,183,786	\$47,743,226	72%
West Baton Rouge	\$8,557,196	\$16,702,808	51%
West Carroll	\$12,643,546	\$18,647,568	68%
West Feliciana	\$5,811,863	\$9,297,726	63%
Winn	\$12,706,817	\$18,431,534	69%
In-State Total	\$4,373,841,030	\$4,418,849,298	99%

Table 23 reports Medicaid payments made to participating providers in each parish. It also reports payments made on behalf of Medicaid recipients residing in each parish, regardless of where they received services. The ratio interval shows the ratio of provider payments to resident recipient payments times 100. A ratio of 100 indicates that the provider payments and recipient payments in a parish are the same. A ratio of less than 100 means that recipient payments are greater than provider payments in the parish and indicates a net loss of recipient payments to other parishes. A ratio greater than 100 implies that providers realize a net gain of Medicaid payments from services provided to recipients from other parishes. The ratios are not provided to imply a shortage or over-supply of providers in a parish. However, ratios may be used to help identify parishes that may need to consider if there are measures that could be taken to meet the health care needs of the patients (recipients) in their respective communities.

Glossary

CHAMP Child

Child Health and Maternity Program (CHAMP) is for poverty-level children under the age of 19 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.

Children's Choice

A 1915 (c) support waiver initiated in February 2001 to provide home and community-based services to children less than 19 years of age with developmental disabilities.

Centers for Medicare and Medicaid Services (CMS)

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

CommunityCARE Program

A primary care case management program (PCCM) for Medicaid recipients. This program, which links Medicaid recipients to primary care physicians, operates statewide.

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 federal department responsible for the Centers for Medicare and Medicaid Services (CMS) formerly known as the Health Care Financing Administration (HCFA).

Disproportionate Share (DSH)

Payments made by a state's Medicaid program to hospitals designated as serving a disproportionate share of low-income or uninsured patients. DSH payments are in addition to regular Medicaid payments for providing care to Medicaid beneficiaries. The maximum amount of federal matching funds available annually to individual states for DSH payments is specified in the federal Medicaid statute.

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.

Dual Eligible

Individuals who are entitled to Medicare and are eligible for full Medicaid benefits.

Eligible

For this report, an eligible is a person who is qualified for Medicaid but may or may not be enrolled.

Enrollee

For this report, an enrollee is a person who is qualified for Medicaid and whose application has been approved but he/she may or may not be receiving services.

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 certain applicants/recipients who lose Supplemental Security Income 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.

FFP (Federal Financial Participation) – see FMAP**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.

FMAP

Federal Medical Assistance Percentage is the amount the federal government will match for state money spent in Medicaid; Also known as FFP. A table of FMAP Percentages appears in the Medicaid Statistical Appendix.

HCFA (Health Care Financing Administration) – see CMS**Inflation**

Inflation is a continuous rise in the general price level of goods and services, or alternatively, a continuous decrease in the value of money.

LaMOMS

LaMOMS is a Medicaid expansion program that provides pregnancy-related services, delivery, and care up to 60 days after delivery for pregnant women with income up to 200 percent of the Federal Poverty Level (FPL).

Long-Term Care (LTC)

An applicant/recipient may be eligible for Medicaid services in the LTC program if he/she requires medical assistance for a defined activity of daily living (ADL) such as dressing, eating, bathing, ambulation, etc. These services may be provided in an institution or home and community-based setting.

Louisiana Children's Health Insurance Program (LaCHIP)

A federal and state initiative to address the growing number of uninsured children in this 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 with enhanced FMAP. In Louisiana, the program is called LaCHIP. LaCHIP is a Medicaid expansion that covers children less than 19 years of age up to 200 percent of the federal poverty level (FPL).

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 Supplemental (Buy-In Program)

Allows states to enroll people with disabilities and seniors in Medicare and pay their premiums. 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.)

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.

PCCM

Primary Care Case Management; for Louisiana, see CommunityCARE.

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 the treatments/services being proposed are medically necessary and appropriate for the patient.

Prohibited AFDC Provisions

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

Provider

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

Qualified Medicare Beneficiary (QMB)

Individuals who are entitled to Medicare Part A have income up to 100 percent 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.

Qualifying Individuals - 1 (QI-1)

Qualifying Individuals - 1 went into effect January 1, 1998 and is still effective. 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 B, 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 (QI-2)

Qualifying Individuals - 2 went into effect January 1, 1998 and was effective until December 31, 2002. There was an annual cap on the amount of money available, which limited the number of individuals in the group. These individuals were entitled to Medicare Part B, have income of 136 percent to 175 percent of federal poverty level, resources that do not exceed twice the limit for SSI eligibility, and were not otherwise eligible for Medicaid.

Recipient

A person is considered a 'recipient' if any financial/claims related transaction(s) occurred on that person's behalf during the stated fiscal year. This means that a Medicaid enrollee who received a service during the fiscal year, but for whom no financial/claims related transaction was filed, is not counted. Similarly, every recipient included in this count did not necessarily receive a service during the fiscal year since claims can be filed well past the date of service. The data for this report is based on a claim's date of payment (DOP) and not on its date of service.

Supplemental Security Income (SSI)

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 falls between 101 percent and 119 percent of the FPL.

State Fiscal Year (SFY)

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

State Plan

The State Plan is the formal agreement between Louisiana and Centers for Medicare and Medicaid Services (CMS) regarding the policies governing the administration of the state's Medicaid program. Amendments to the State Plan must be submitted to CMS 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.

Uncompensated Care Costs (UCC)

Payments for providing services to the uninsured population made to Disproportionate Share Hospitals (DSH); payments are eligible for federal match.

Unduplicated (Eligible/Recipient)

An unduplicated eligible/recipient is a Medicaid-qualified individual who has only been counted once per reporting period.

Upper Payment Limit (UPL)

The upper payment limit is a Medicaid rate setting rule that allows states to pay nursing homes, hospitals and other facilities, in aggregate, as much as Medicare would pay for the same services.

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 enrolled for the services.

Waiver

A Medicaid waiver 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].



Home and Community-based Service (HCBS) Waiver Appendix

Community-based services and supports for people who are elderly or disabled are available through four Medicaid home and community-based waiver programs. These waiver programs allow Louisiana citizens to receive Medicaid State Plan benefits while having greater flexibility to choose where they want to live and to choose the waiver services and supports that best suit their needs. Waiver recipients are those who would otherwise be in a nursing home or some other institutional setting. The waivers are administered through the Bureau of Community Supports and Services (BCSS) and more information about the Bureau can be found in the Agency Overview section of this report.

Types of home and community-based waivers currently available include:

Adult Day Health Care (ADHC) Waiver

The ADHC waiver provides health care services and activities for elderly and disabled adults at a certified facility. This waiver thereby allows family members to assist in the care of the recipient while maintaining employment and other commitments. Transportation is provided to and from the facility.

Elderly and Disabled Adults (EDA) Waiver

Before it was modified, the EDA waiver provided environmental modifications, personal emergency response systems, case management, personal care services, household support, and supervision for qualified recipients. During 2004/05, EDA personal care services were transferred into the LT-PCS program under the Medicaid State Plan.

Personal Care Attendant (PCA) Waiver

Phased out during SFY 2004/05.

Children's Choice Waiver

The Children's Choice waiver provides case management, family support, training and respite, and environmental modifications to disabled children from birth to age 18.

New Opportunities Waiver (NOW)

The NOW waiver provides individual and family support services, center-based respite, environmental modifications, employment training and transportation, habilitation, emergency response systems, and specialized medical equipment to disabled children and adults from age 3 and up.

Opportunities for waivers are offered on a first-come-first-served basis through the Request for Services Registry. Each waiver has limitations on the number of participants and approval for participation is subject to CMS criteria and the availability of state funds.

HCBS Waiver Statistics

During 2004/05, nearly 9,000 recipients received services under the waiver program continuing the escalating trend of delivering services outside of an institutional setting (Table A1). Due to changes in individual circumstances, filling every slot that is allocated can prove difficult. However, procedural changes and community awareness have allowed more allocated slots to be filled in 2004/05 than ever before.

Figure A1. 2004/05 Allocated Waiver Slots

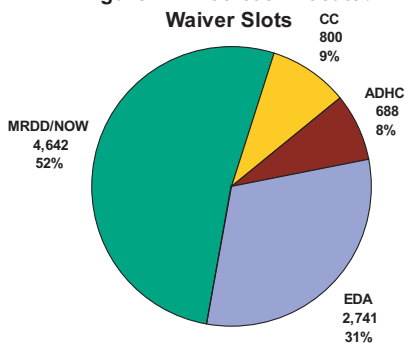


Figure A2. 2004/05 Filled Waiver Slots

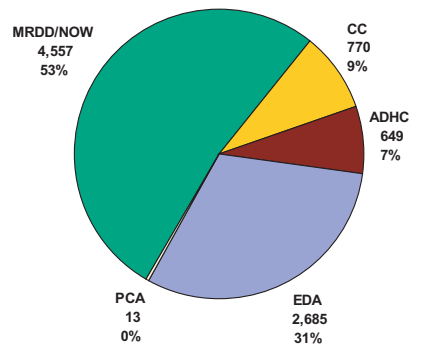


Figure A3. 2004/05 Waiver Expenditures

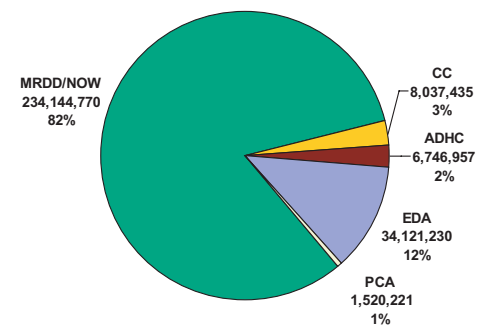
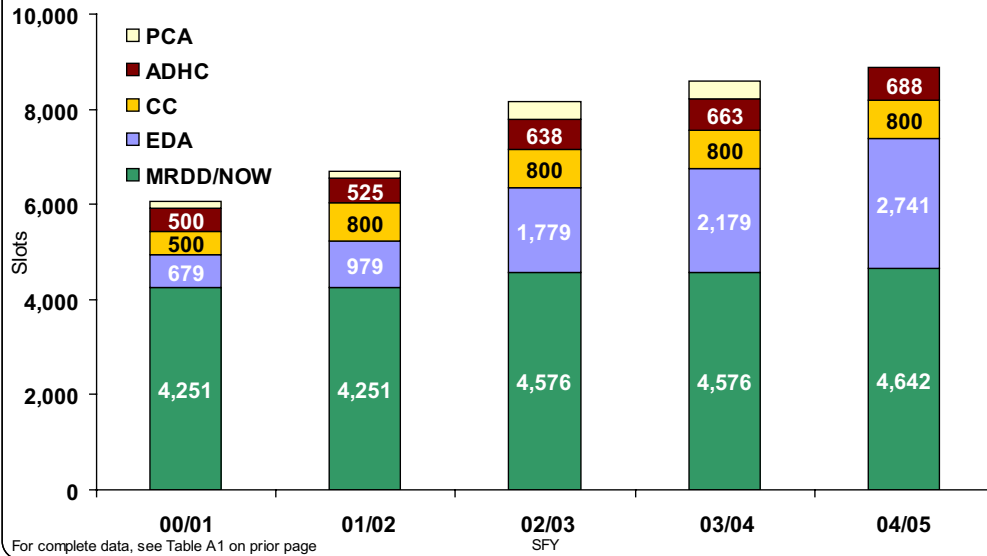
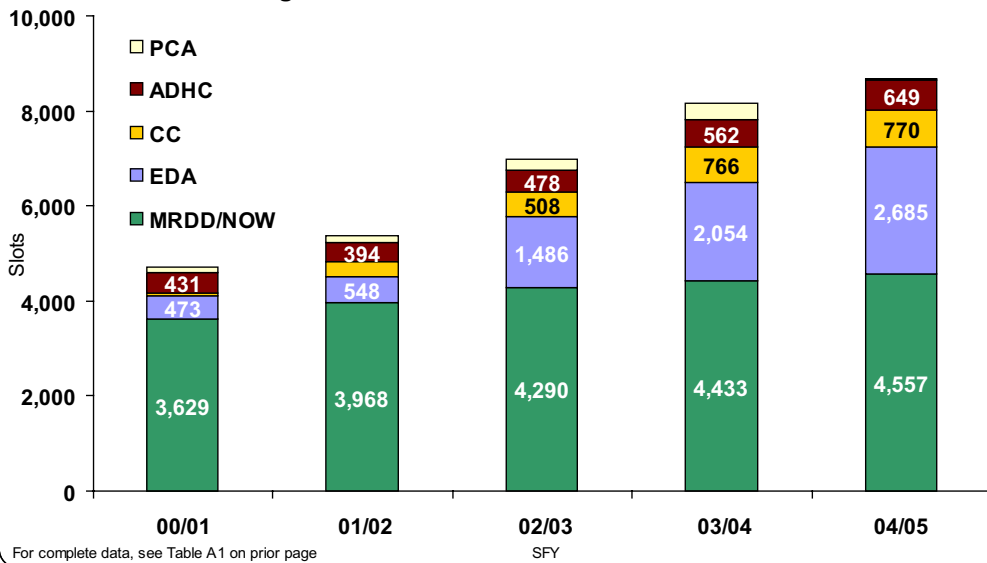
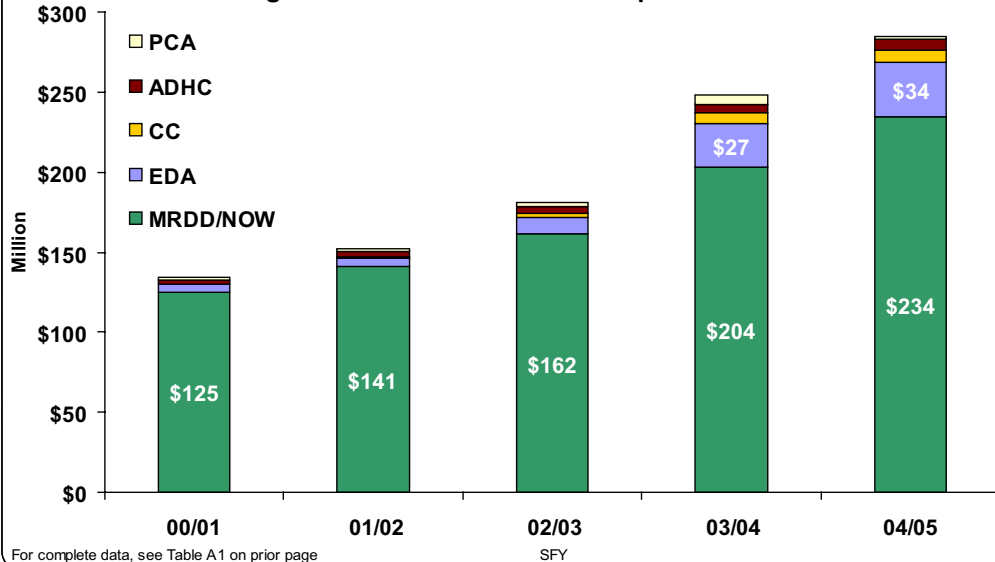


Table A1-1. HCBS Waiver Statistics

SFY		MRDD/New Opportunities	Children's Choice	Adult Day Health Care	Elderly & Disabled	Personal Care Attendant	Total
2000/01	Allocated Slots	4,251	500	500	679	124	6,054
	Filled Slots	3,629	67	431	473	117	4,717
	Expenditures	\$124,978,164	\$1,250	\$2,549,673	\$4,925,860	\$1,787,171	\$131,948,498
2001/02	Allocated Slots	4,251	800	525	979	149	6,704
	Filled Slots	3,968	325	394	548	125	5,360
	Expenditures	\$141,391,937	\$461,448	\$3,395,755	\$4,762,602	\$1,872,604	\$150,794,961
2002/03	Allocated Slots	4,576	800	638	1,779	362	8,155
	Filled Slots	4,290	508	478	1,486	232	6,994
	Expenditures	\$161,598,757	\$2,965,761	\$3,744,733	\$9,970,327	\$2,475,734	\$179,383,635
2003/04	Allocated Slots	4,576	800	663	2,179	387	8,605
	Filled Slots	4,433	766	562	2,054	335	8,150
	Expenditures	\$203,500,917	\$6,565,554	\$5,695,212	\$26,728,495	\$5,253,609	\$241,693,381
2004/05	Allocated Slots	4,642	800	688	2,741	0	8,871
	Filled Slots	4,557	770	649	2,685	13	8,674
	Expenditures	\$234,144,770	\$8,037,435	\$6,746,957	\$34,121,230	\$1,520,221	\$285,036,453

Figure A4. Historical Waiver Slots Allocated**Figure A5. Historical Waiver Slots Filled****Figure A6. Historical Waiver Expenditures**

Medicaid Statistical Appendix

Table B1. Federal Medical Assistance Percentages for Louisiana

Federal Percentages		
FFY	Regular (Medicaid)	Enhanced (LaCHIP)
1996	71.89	
1997	71.36	
1998	70.03	79.02
1999	70.37	79.26
2000	70.32	79.22
2001	70.53	79.37
2002	70.30	79.21
2003	71.28	79.90
2004	71.63	80.14
2005	71.04	79.73

Federal and State Percentages				
SFY	Regular (Medicaid)		Enhanced (LaCHIP)	
	Federal	State	Federal	State
1996/97	65.00	35.00	0.00	100.00
1997/98	65.00	35.00	59.27	40.74
1998/99	70.29	29.71	79.20	20.80
1999/00	70.33	29.67	79.23	20.77
2000/01	70.48	29.52	79.33	20.67
2001/02	70.36	29.64	79.25	20.75
2002/03	71.04	28.96	79.73	20.27
2003/04	74.49	25.51	80.08	19.92
2004/05	71.19	28.81	79.83	20.17

SFY 2002/03 - 2.95% enhanced FMAP for Last Quarter not included.

SFY 2003/04 - includes 2.95% enhanced FMAP.

Table B2. Louisiana Medicaid Statistics by Parish
SFY 2004/05

Parish	Population on July 1, 2004 ¹	Enrollment	Recipients	Payments by Recipient Parish (\$)	Payments by Provider Parish (\$)	Population Enrolled in Medicaid	Parish
Acadia	59,168	18,182	18,298	\$78,260,958	\$66,039,458	31%	Acadia
Allen	25,407	7,157	7,261	25,721,789	20,541,230	28%	Allen
Ascension	87,164	16,177	16,061	52,976,670	36,505,179	19%	Ascension
Assumption	23,234	6,338	6,364	21,699,256	10,390,502	27%	Assumption
Avoyelles	41,981	14,286	14,407	61,642,307	41,313,641	34%	Avoyelles
Beauregard	34,094	7,994	8,097	24,370,071	16,785,703	23%	Beauregard
Bienville	15,361	4,744	4,813	16,925,585	10,319,453	31%	Bienville
Bossier	104,080	19,878	20,016	82,063,049	63,615,329	19%	Bossier
Caddo	251,506	66,357	66,295	247,133,917	331,006,958	26%	Caddo
Calcasieu	184,961	43,491	43,968	160,754,979	171,583,265	24%	Calcasieu
Caldwell	10,837	3,074	3,135	18,088,663	15,459,504	28%	Caldwell
Cameron	9,681	1,670	1,711	3,857,938	1,183,992	17%	Cameron
Catahoula	10,627	3,387	3,412	12,778,612	9,422,188	32%	Catahoula
Claiborne	16,471	4,728	4,775	18,778,715	16,022,897	29%	Claiborne
Concordia	19,724	6,804	6,816	21,748,851	15,851,210	34%	Concordia
De Soto	26,231	6,790	6,871	21,395,386	12,620,044	26%	De Soto
East Baton Rouge	412,633	92,271	91,732	329,337,764	387,079,511	22%	East Baton Rouge
East Carroll	8,954	4,225	4,280	16,048,627	9,343,084	47%	East Carroll
East Feliciana	20,950	5,106	5,162	35,730,855	27,204,272	24%	East Feliciana
Evangeline	35,451	13,017	13,186	55,794,827	53,716,819	37%	Evangeline
Franklin	20,812	7,591	7,710	35,875,469	24,549,071	36%	Franklin
Grant	19,139	5,670	5,807	18,677,207	5,077,751	30%	Grant
Iberia	74,449	21,969	22,129	72,999,445	55,704,202	30%	Iberia
Iberville	32,497	9,757	9,853	32,613,998	24,077,818	30%	Iberville
Jackson	15,278	4,045	4,048	18,531,477	12,179,327	26%	Jackson
Jefferson	453,590	97,611	95,743	334,494,436	358,219,060	22%	Jefferson
Jefferson Davis	31,235	8,736	8,880	34,541,391	24,677,322	28%	Jefferson Davis
Lafayette	195,707	40,894	41,212	148,635,708	221,648,627	21%	Lafayette
Lafourche	92,157	21,338	21,554	77,633,652	59,064,148	23%	Lafourche
LaSalle	14,161	3,573	3,783	16,827,506	11,393,941	25%	LaSalle
Lincoln	42,382	9,947	10,000	45,147,723	42,198,465	23%	Lincoln
Livingston	105,653	21,945	21,823	66,962,063	41,915,849	21%	Livingston
Madison	12,996	5,450	5,518	18,315,955	12,804,525	42%	Madison
Morehouse	30,551	10,554	10,627	43,025,529	31,373,715	35%	Morehouse
Natchitoches	38,741	10,975	10,914	40,995,468	30,613,978	28%	Natchitoches
Orleans	462,269	152,686	150,911	526,068,165	658,605,462	33%	Orleans
Ouachita	148,355	39,774	39,813	148,784,751	175,888,963	27%	Ouachita
Plaquemines	28,969	6,498	6,390	49,328,898	35,356,590	22%	Plaquemines
Pointe Coupee	22,537	6,172	6,313	21,438,751	13,500,537	27%	Pointe Coupee
Rapides	128,013	37,412	37,752	281,903,180	328,579,322	29%	Rapides
Red River	9,606	3,001	3,053	10,806,482	9,141,684	31%	Red River
Richland	20,485	7,266	7,656	36,747,489	35,678,974	35%	Richland
Sabine	23,616	5,844	5,853	23,578,348	16,403,252	25%	Sabine
St. Bernard	65,554	14,242	14,198	54,317,749	46,716,715	22%	St. Bernard
St. Charles	50,073	9,814	9,869	29,001,250	21,749,100	20%	St. Charles
St. Helena	10,309	3,231	3,301	10,665,791	5,833,829	31%	St. Helena
St. James	21,146	5,444	5,427	15,394,938	6,983,977	26%	St. James
St. John the Baptist	45,581	12,289	12,310	29,760,260	18,512,274	27%	St. John the Baptist
St. Landry	89,635	30,099	30,379	119,005,643	101,944,161	34%	St. Landry
St. Martin	50,453	13,901	14,119	43,861,445	26,574,489	28%	St. Martin
St. Mary	52,189	17,218	17,212	49,375,351	35,150,028	33%	St. Mary
St. Tammany	213,553	34,438	34,379	120,112,241	120,330,400	16%	St. Tammany
Tangipahoa	105,158	33,510	33,901	161,081,572	157,278,439	32%	Tangipahoa
Tensas	6,176	2,399	2,460	7,839,061	3,288,707	39%	Tensas
Terrebonne	106,523	27,537	27,583	94,497,938	101,641,478	26%	Terrebonne
Union	22,894	5,850	5,896	22,861,590	14,571,828	26%	Union
Vermilion	54,751	13,103	13,268	47,304,959	29,743,093	24%	Vermilion
Vernon	49,545	9,730	9,674	32,859,852	22,973,118	20%	Vernon
Washington	44,161	15,135	15,339	61,044,886	41,989,367	34%	Washington
Webster	41,254	11,407	11,525	47,743,226	34,183,786	28%	Webster
West Baton Rouge	21,880	5,143	5,187	16,702,808	8,557,196	24%	West Baton Rouge
West Carroll	11,963	4,215	4,267	18,647,568	12,643,546	35%	West Carroll
West Feliciana	15,108	2,120	2,137	9,297,726	5,811,863	14%	West Feliciana
Winn	16,151	4,636	4,839	18,431,534	12,706,817	29%	Winn
Out of State					45,008,268		Out of State
State Total²	4,515,770	1,108,216	1,104,937	\$4,418,849,298	\$4,418,849,298	25%	State Total²

¹ Source: U.S. Census Bureau, Population Estimates Program; August, 2004 release.² Parish enrollment and recipients will not sum to the total due to movement between parishes during the fiscal year; the state total figure is unduplicated.

Medicaid Offices - Contact Information Appendix

Regional Offices

REGION I - NEW ORLEANS

3229 36th Street
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Mail to: P. O. Box 1521
Metairie, LA 70004-1521

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FAX: (504) 599-0616

REGION II - BATON ROUGE

617 North Boulevard – 4th Floor
Baton Rouge, LA 70802

Mail To: P. O. Box 91248
Baton Rouge, LA 70821-9248

PHONE: (225) 342-9801
FAX: (225) 342-9802

REGION III - THIBODAUX

1000-F Plantation Road
Thibodaux, LA 70301

Mail To: P. O. Box 690
Thibodaux, LA 70302-0690

PHONE: (985) 449-5163
FAX: (985) 449-5030

REGION IV - LAFAYETTE

101 Feu Follet Road
Saloom Office Park 2, Suite #115
Lafayette, LA 70508

Mail To: P. O. Box 81709
Lafayette, LA 70598-1709

PHONE: (337) 262-1231
FAX: (337) 262-1232

REGION V - LAKE CHARLES

2300 Broad Street
Lake Charles, LA 70601

Mail To: P. O. Box 3250
Lake Charles, LA 70602-3250

PHONE: (337) 491-2439
FAX: (337) 491-2785

REGION VI - ALEXANDRIA

3600 Jackson Street
Dunbar Plaza, Suite #113
Alexandria, LA 71301

Mail To: P. O. Box 13316
Alexandria, LA 71303-3064

PHONE: (318) 487-5147
FAX: (318) 484-2410

REGION VII - SHREVEPORT

3020 Knight Street, Suite #100
Shreveport, LA 71105

PHONE: (318) 862-9875
FAX: (318) 862-9903
TTD: (318) 862-9714 or 1-888-838-2351

REGION VIII - MONROE

122 St. John Street
State Office Building, Room 110
Monroe, LA 71201-7384

PHONE: (318) 362-3066
FAX: (318) 362-3065

REGION IX - MANDEVILLE

21454 Koop Drive, Suite 1B
Mandeville, LA 70471

PHONE: (985) 871-1298
FAX: (985) 871-1276

Parish Offices

ACADIA

1113 East Northern Avenue (337) 788-7610
Crowley, LA 70527 FAX 788-7621

ALLEN

213 B North 1st Street (337) 639-4173
Oberlin, LA 70655 FAX 639-4097

ASCENSION

1532 S. Burnside Ave., Bldg. 2 (225) 644-3700
Gonzales, LA 70737 (888) 474-2070
FAX 647-8743

ASSUMPTION/LAFOURCHE

Lafourche Parish Medicaid (985) 449-5021
1000-E Plantation Road (800) 401-0132
Thibodaux, LA 70301 FAX 449-5161

AVOYELLES

457 West Waddil Street (318) 253-5946
Marksville, LA 71351 (318) 253-5947
FAX 253-4060

BEAUREGARD

1808 Highway 190 West - Suite C (337) 463-9131
DeRidder, LA 70634 FAX 463-3929

BIENVILLE

1285 Pine Street - Suite 102 (318) 263-9477
Arcadia, LA 71001 (800) 256-3068
FAX 263-2009

BOSSIER/CADDO/CLAIBORNE /WEBSTER

3020 Knight Street, Suite 100 (318) 862-9875
Shreveport, LA 71105 (800) 256-3068
FAX 862-9850

CADDO – See Bossier

CALCASIEU/CAMERON

2300 Broad Street (337) 491-2439
Lake Charles, LA 70601 FAX 491-2785

CALDWELL/FRANKLIN

2406 West Street (318) 435-2930
Winnsboro, LA 71295 (800) 460-7726
FAX 435-2149

CAMERON – See Calcasieu

CATAHOULA

1305 Fourth Street (318) 339-4213
Jonesville, LA 71343 FAX 339-9969

CLAIBORNE – See Bossier

CONCORDIA

27797 Highway 15 (318) 757-3202
Ferriday, LA 71334 FAX 757-7455

DESOTO/NATCHITOCHES/RED RIVER/SABINE

430 Dixie Plaza (318) 357-2466
Natchitoches, LA 71457 (800) 873-8987
FAX 357-7059

EAST BATON ROUGE

2521 Wooddale Boulevard (225) 922-1542
Baton Rouge, LA 70806 FAX 922-0406

EAST CARROLL/WEST CARROLL

702 East Jefferson St. (318) 428-3252
Oak Grove, LA 71263 (888) 738-0792
FAX 428-1033

EAST FELICIANA/WEST FELICIANA

Feliciana Parishes Medicaid Office (225) 683-4757
12486 Feliciana Drive (800) 259-9841
Clinton, LA 70722 FAX 683-9618

EVANGELINE

1008 West LaSalle Street (337) 363-4262
Ville Platte, LA 70586 FAX 363-4251

FRANKLIN – See Caldwell

GRANT

100 8th Street (318) 627-5408
Colfax, LA 71417 FAX 627-2985

IBERIA

1217 Adrian Street (337) 373-0062
New Iberia, LA 70560 FAX 373-0138

IBERVILLE/WEST BATON ROUGE

24710 Plaza Drive (225) 692-7014
Plaquemine, LA 70764 (800) 631-0941
FAX 692-7086 or 692-7082

JACKSON/LINCOLN

1102 East Georgia, Ste. B (318) 251-5049
Ruston, LA 71270 (888) 436-6561
FAX 251-5056

JEFFERSON EAST - See Orleans

JEFFERSON WEST BANK/PLAQUEMINES - See Orleans

JEFFERSON DAVIS

437 North Market Street (337) 824-2014
Jennings, LA 70546 FAX 824-0842

LAFAYETTE

117 Production Dr. (337) 262-1424
Lafayette, LA 70508 FAX 262-1671

LAFOURCHE – See Assumption

LASALLE

3683 South First Street (318) 992-5320
Jena, LA 71342 FAX 992-5422

LINCOLN – See Jackson**LIVINGSTON/ST HELENA**

1279 Del Este (225) 665-1899
Denham Springs, LA 70726 FAX 665-1983

MADISON/RICHLAND

114 Morgan Street (318) 728-0344
Rayville, LA 71269-0539 FAX 728-9348
(800) 460-7701

MOREHOUSE

240 Holt Street (318) 556-7014
Bastrop, LA 71220 FAX 283-0864

NATCHITOCHES – See DeSoto**ORLEANS/ST. BERNARD/JEFFERSON/PLAQUEMINES**

1010 Common St., 4th Floor (504) 846-6960
New Orleans, LA 70160 FAX 838-5372

OUACHITA/UNION

3100 Kilpatrick Blvd. (318) 362-3300
Monroe, LA 71201 (800) 510-5378
FAX 362-0412

PLAQUEMINES - See Orleans**POINTE COUPEE**

1919 Hospital Road, Suite B (225) 638-6584
New Roads, LA 70760 FAX 638-6586

RAPIDES

1505 Washington St. (318) 487-5670
Alexandria, LA 71301 FAX 487-5924

RED RIVER – See DeSoto**RICHLAND** – See Madison**SABINE** – See DeSoto**ST. BERNARD** - See Orleans**ST. CHARLES/ST JAMES/ST JOHN**

Tri-Parish Medicaid (985) 651-4809
421 West Airline Highway, Suite H (800) 788-4827
LaPlace, LA 70068 FAX 651-4818

ST. HELENA – See Livingston**ST. JAMES** – See St. Charles**ST. JOHN** – See St. Charles**ST. LANDRY**

6069 I-49 Service Road, Suite B (337) 942-0155
Opelousas, LA 70570 FAX 948-0371

ST. MARTIN

508 E. Bridge St. (337) 394-3228
St. Martinville, LA 70582 FAX 394-5348

ST. MARY

15213 LA Highway 182 West (337) 828-2677
Franklin, LA 70538 (800) 351-4879
FAX 828-2656

ST. TAMMANY

21454 Koop Dr, Suite B (985) 871-1359
Mandeville, LA 70471 FAX 871-1369

TANGIPAHOA

121 Robin Hood Drive (985) 543-4216
Hammond, LA 70403 FAX 543-4221

TENSAS

205 Twelfth Street (318) 766-9040
St. Joseph, LA 71366 FAX 766-9083

TERREBONNE

5593 Highway 311 (985) 873-2030
Houma, LA 70360 (800) 723-1598
FAX 873-2042

UNION – See Ouachita**VERMILION**

1820-A Veterans Memorial Drive (337) 898-2854
Abbeville, LA 70510 FAX 898-3827

VERNON

1104 South 3rd St. (337) 238-7022
Leesville, LA 71446 FAX 238-6496

WASHINGTON

521 Ontario Avenue (985) 732-6844
Bogalusa, LA 70427 FAX 732-6835

WEBSTER – See Bossier**WEST BATON ROUGE** – See Iberville**WEST CARROLL** – See East Carroll**WEST FELICIANA** – See East Feliciana**WINN**

207 East North St. (318) 648-9189
Winnfield, LA 71483 FAX 648-9190

Acronyms

ACS	Affiliated Computer Services	LT-PCS	Long Term - Personal Care Services
ADHC	Adult Day Health Care	MBP	Mary Bird Perkins
ADL	Activities of Daily Living	MD	Medical Doctor
AFDC	Aid to Families with Dependent Children - now LIFC	MDW	Mars Data Warehouse
BCOS	Budget Category of Service	MNP	Medically Needy Program
BHSF	Bureau of Health Services Financing - also Medicaid	MPH	Master of Public Health
CHAMP	Child Health and Maternity Program	MPP	Medicaid Purchase Plan
CMS	Center for Medicare and Medicaid Services	MR/DD	Mentally Retarded/Developmentally Disabled
CRNA	Certified Registered Nurse Anesthetists	MSP	Medicare Savings Program
DHE	Division of Health Economics	MVA	Medical Vendor Administration
DHH	Department of Health and Hospitals	MVP	Medical Vendor Payments
DHHS	Department of Health and Human Services	NEMT	Non-emergency Medical Transportation
DME	Durable Medical Equipment	NHLBI	National Heart, Lung and Blood Institute
DOP	Date of Payment	NIH	National Institute of Health
DOS	Date of Service	NOW	New Opportunities Waiver
DSH	Disproportionate Share	OFS	Office of Family Support
EDA	Elderly and Disabled Adults	OMF	Office of Management and Finance
EPSDT	Early and Periodic Screening, Diagnosis and Treatment	PAS	Personal Assistant Services
ESRD	End Stage Renal Disease	PCA	Personal Care Assistant
FFP	Federal Financial Participation - also FMAP	PCCM	Primary Care Case Management
FFY	Federal Fiscal Year	PCP	Primary Care Physician/Provider
FITAP	Family Independence Temporary Assistance Program	PCS	Personal Care Services
FMAP	Federal Medical Assistance Percentage	PSP	Prohibited SSI Provisions
FPL	Federal Poverty Level	QDWI	Qualified Disabled Working Individual
FQHC	Federally Qualified Health Center	QI	Qualified Individuals
HCBS	Home and Community Based Services	QMB	Qualified Medicare Beneficiary
HCFA	Health Care Financing Authority - now CMS	RHC	Rural Health Clinic
HCSD	Health Care Services Division	RSDI	Retirement, Survivors and Disability Insurance
ICF-MR	Intermediate Care Facility - Mentally Retarded	SFY	State Fiscal Year
IADL	Instrumental Activities of Daily Living	SLMB	Specified Low-Income Beneficiary
IDEA	Individuals with Disabilities Education Act	SSA	Social Security Administration
ISIS	Integrated State Information System	SSI	Supplemental Security Income
LaCHIP	Louisiana Children's Health Insurance Program	TANF	Temporary Aid for Needy Families
LIFC	Low Income Families with Children	TB	Tuberculosis
LSU	Louisiana State University	UCC	Uncompensated Care
LSUMC	Louisiana State University Medical Center	ULM	University of Louisiana at Monroe
LTC	Long Term Care	UPL	Upper Payment Limit

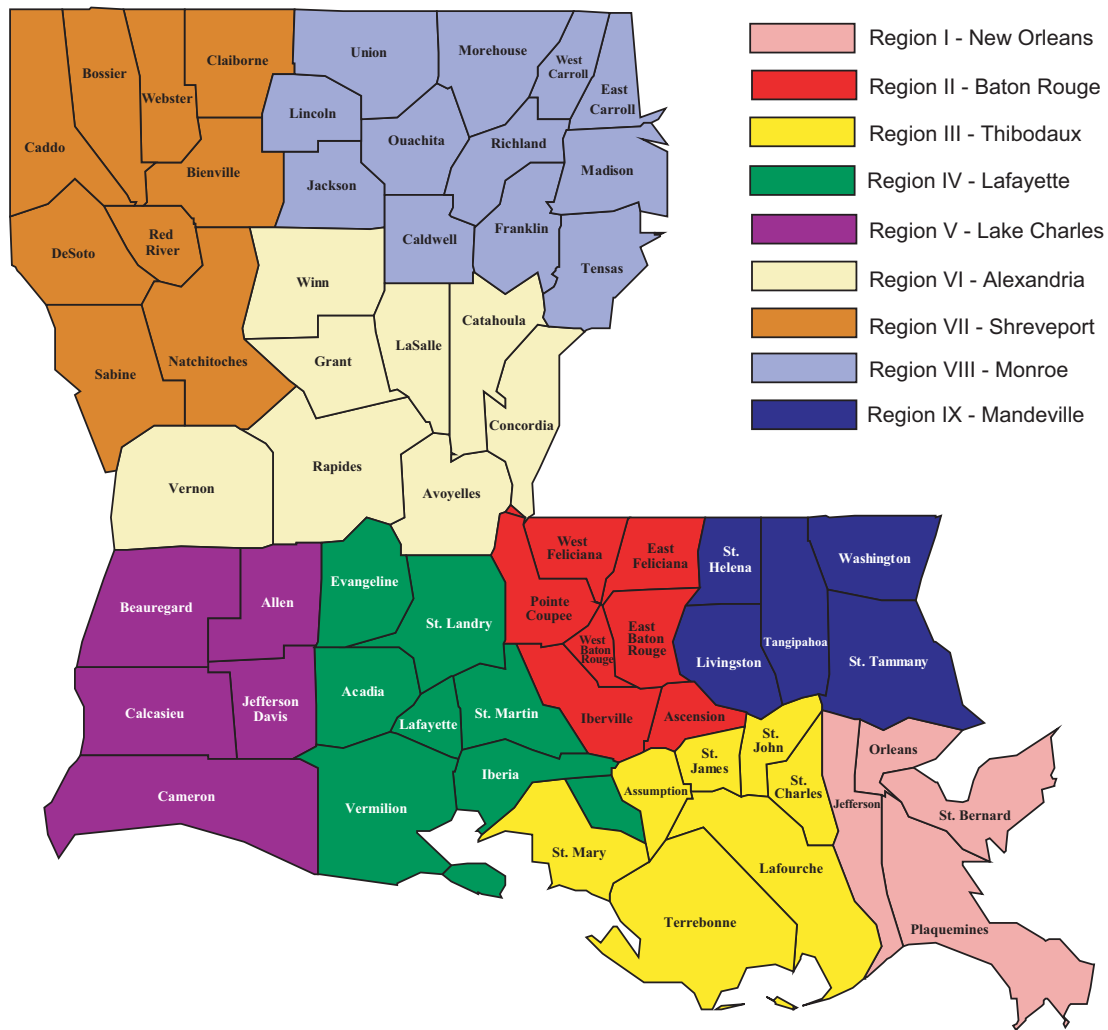
Notes

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Notes

Department of Health and Hospitals

Administrative Regions



REGION I - NEW ORLEANS

3229 36th Street, Suite 210
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REGION II - BATON ROUGE

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REGION III - THIBODAUX

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REGION V - LAKE CHARLES

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