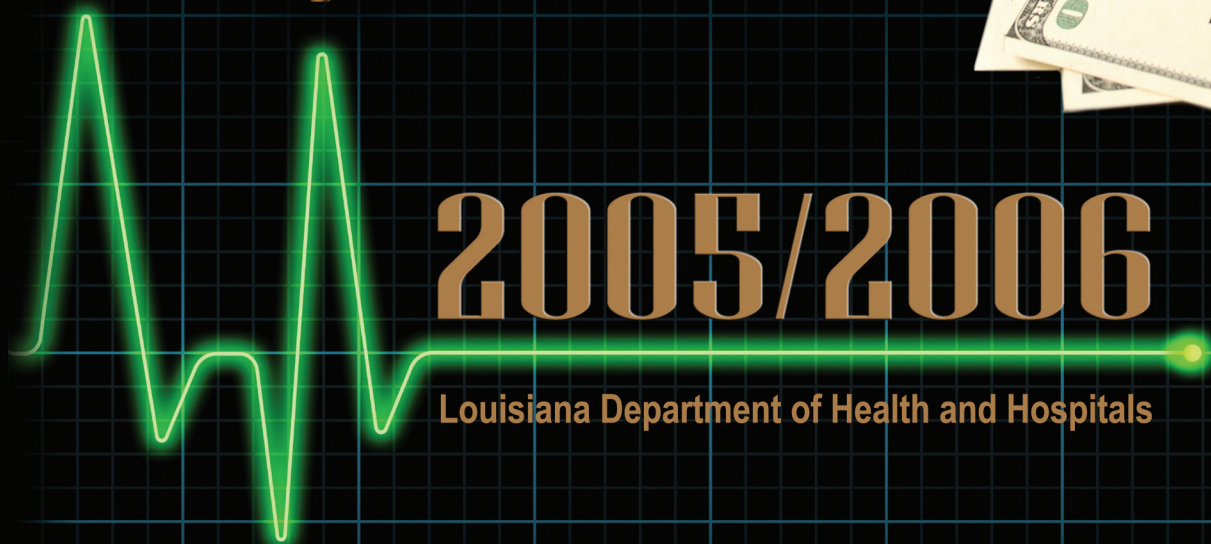


# Louisiana Medicaid Annual Report



2005/2006

Louisiana Department of Health and Hospitals

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STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS




Dear Reader,

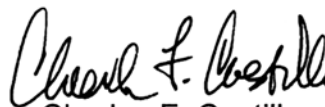
During this State Fiscal Year 2005/06, due to Hurricanes Katrina and Rita, the Louisiana Medicaid program, and the state as a whole, experienced a severe disruption to people, medical infrastructure, and natural resources unprecedented in the history of the state. Dedicated and tireless staff, assistance from other states, funding from Congress, and the Center for Medicare and Medicaid Services' timely implementation of the Deficit Reduction Act's Katrina Relief provisions allowed Louisiana Medicaid to survive intact and continue to provide services to our recipients scattered across the United States.

The passage by Congress and signing into law by President Bush of the Deficit Reduction Act (DRA) of 2005 with its Katrina Relief Provisions saved Louisiana Medicaid from having to take drastic fiscal steps to reduce the program in a time when the services were most needed by our recipients in state and out of state. Among other provisions, the DRA provided the state with match to pay the claims for services provided by more than 11,000 out of state providers enrolled specifically to provide services to the thousands of Louisiana Medicaid recipients evacuated to other states. We are grateful for all the support.

The Louisiana Medicaid Program is one of the largest state programs and provided about \$5 billion in medical services to over one million of our Louisiana citizens. We are pleased to present this State Fiscal Year 2005/06 report providing an overview of that program.

In this report, you will find the most comprehensive overview of our program and our hope is that you find it useful.

  
Frederick P. Cerise, MD, MPH  
Secretary, DHH

  
Charles F. Castille  
Undersecretary, DHH

  
Jerry Phillips  
Medicaid Director, DHH



## Agency Overview

The Louisiana Department of Health and Hospitals' **Office of the Secretary** serves as the administrative arm of the Department. The Secretary, who is appointed by the Governor, provides leadership and technical support services, while maximizing resources to fulfill the mission of the department. The Office of the Secretary is comprised of many divisions and bureaus, such as the **Office of Management and Finance** (OMF).

The **Undersecretary** of the Louisiana Department of Health and Hospitals is responsible for the management of the OMF and also appointed by the Governor. The Undersecretary reports to the Secretary and oversees several administrative bureaus and divisions, including the Bureau of Health Services Financing (Medicaid) and the Division of Health Economics.

The **Medicaid Director** is a classified civil service position which reports to the Undersecretary and is responsible for administering the Medicaid program including eligibility, program operations, financial management, and policy issues (see organizational chart in the Appendix C).

The **Bureau of Health Services Financing** (BHSF) is the administrative operation responsible for the Medicaid program with nine regional offices organizing its state-wide activities. In addition, most parishes have a BHSF office and there are also numerous application centers assisting with Medicaid applications and information. Contact information can be found in Appendix D.

The **Division of Health Economics** reports directly to the Undersecretary and provides support services to the department's executive level managers. This division is responsible for the Medicaid Monthly Financial Forecast Report, economic analysis, financial research and planning for the department, as well as databases required for management of Medicaid expenditure, eligibility, and utilization.

For additional agency information, please visit the Louisiana Department of Health and Hospitals website at [www.dhh.louisiana.gov](http://www.dhh.louisiana.gov).

## Mission Statement

*The mission of the Bureau of Health Services Financing, which administers Medicaid in Louisiana, 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 compliance with federal and state laws and regulations.*

## Goals

*The goals of the Bureau of Health Services Financing 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 to secure alternative sources of funding for health care in Louisiana.*

*This annual report was produced by  
The Division of Health Economics of the  
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*This report can be viewed at <http://www.dhh.state.la.us/reports.asp?Detail=12>*

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## Technical Notes

### State Fiscal Year and Federal Fiscal Year

Louisiana's State Fiscal Year (SFY) runs from July through June. Therefore, most of the data in this report is presented on this basis. The Federal Fiscal year (FFY) begins in October and ends in September. Tables, graphs, and text are presented on a SFY basis unless otherwise noted.

### Source of Estimates

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

reported in this data set will therefore differ from expenditure reports based on ISIS. In this report, the term "expenditures" refers to fiscal information derived from ISIS. "Payments" refers to information derived from the claims-based data.

### Recipient Counts Compared to Eligible Counts

In some categories (e.g. within a parish), the number of recipients reported may exceed the number of eligibles for two main reasons. One reason is that claims from a case closed at the end of SFY 2004/05 can still be paid in SFY 2005/06. Thus, when a claim is paid for a person who received a service in SFY 2004/05, she or he will be counted as a recipient in SFY 2005/06 although this person is no longer eligible for Medicaid. The second reason may be due to providers delaying the submission of claims for many months. Medicaid's timely filing rule gives providers up to one year to submit a claim and up to two years for payment of the timely filed claim. Thus, it is possible for a claim paid in SFY 2005/06 to be for a service rendered in SFY 2003/04. The payment could, therefore, occur long after the person identified as the recipient on the claim has left the program.

# Highlights of State Fiscal Year 2005/06

Hurricane Katrina made landfall in southeast Louisiana on August 29, 2005, resulting in devastation never experienced before in Louisiana. Less than a month later, on September 24, Hurricane Rita also caused historical destruction in southwest Louisiana. Enrollees from the New Orleans area, home to about one fourth of Louisiana's Medicaid population, and other hurricane-impacted areas found themselves scattered throughout Louisiana and the rest of the country. These hurricanes also impacted much of the medical workforce and medical infrastructure including hospitals, clinics, public health units, medical education facilities and public health research institutions in the affected regions.

## Deficit Reduction Act of 2005 – Katrina Relief - Section 6201

During this SFY 2005/06, due to Hurricanes Katrina and Rita, the Louisiana Medicaid program, and the state as a whole, experienced a severe disruption to people, medical infrastructure, and natural resources unprecedented in the history of the state. Dedicated and tireless staff, assistance from other states, funding from Congress, and the Center for Medicare and Medicaid Services' timely implementation of the Deficit Reduction Act's Katrina Relief provisions allowed Louisiana Medicaid to survive intact and continue to provide services to our recipients scattered across the United States.

The passage by Congress and signing into law by President Bush of the Deficit Reduction Act (DRA) of 2005 with its Katrina Relief Provisions saved Louisiana Medicaid from having to take drastic fiscal steps to reduce the program in a time when the services were most needed by our recipients both in state and out of state. The DRA provided the state with matching federal funds to continue its Medicaid program and to pay claims for services provided by almost 12,000 out-of-state providers enrolled specifically to provide services to the thousands of Louisiana Medicaid recipients evacuated to other states. The state was allotted about \$344 million out of a request for about \$700 million under this DRA federal-funds-for-match provision. CMS indicated that additional allocations would be made under the match provision.

The DRA also provided funds to pay for uncompensated care for medical services provided to these persons from the 31 FEMA designated parishes who received medical services within state. Under this provision, Louisiana Medicaid participated in a Multi - State Section 1115 Demonstration Project that allowed the state to create a Katrina Uncompensated Care Pool to pay providers statewide for treating the uninsured from the designated 31 parishes. About \$122 million was paid to providers under the Katrina Uncompensated Care Pool.

## Louisiana CommunityCARE<sup>1</sup> Program Earns National Recognition

The Center for Health Care Strategies, a national Medicaid education and assistance group, praised Louisiana's CommunityCARE program. The article noted that while there is a nationwide problem in referring at-risk children to the necessary early intervention services in a timely manner, the screening processes used in Louisiana have resulted in more children with developmental delays being identified early and referred to the appropriate specialists, such as speech therapists or psychologists.

## The Creation of the Family Planning Services for Louisiana Women

The Family Planning Waiver (Section 1115 Research and Demonstration Waiver), named **TAKE CHARGE**, was approved by CMS with the intent of reducing unplanned pregnancies in Louisiana by providing access to family planning services. The purpose of the waiver is to increase the number of women who have access to family planning services and to allow women to "take charge" of their reproductive health adequately by increasing the space between pregnancies for better outcomes.

## Home and Community-Based Waiver Slots Added

For the SFY 2005/06, a total of 174 slots were added to the Home and Community-Based Waiver programs. Out of these 174 slots, 100 were allocated to the NOW/MRDD waiver and 74 were allocated to the Elderly waivers (12 slots for ADHC and 62 for EDA). With the additional slots, the waiver program offered a total of 9,045 slots for all programs with an overall fill rate of 96%.

## Medicaid Web Site Adds Provider Search Tool

SFY 2005/06 started with a significant improvement to the Medicaid Website, which can be found at [www.dhh.louisiana.gov/page.asp?ID=1&Detail=3282](http://www.dhh.louisiana.gov/page.asp?ID=1&Detail=3282). The Provider Locator Map allows users to search for Medicaid providers by parish or region. Users can choose the type of service they need such as vision services, foot specialists, mental health services and more. With this search tool it is easier and faster for recipients to locate a provider in their area and easier for their primary care doctors to refer them to another provider.

## Mental Health Rehabilitation (MHR)

On August 1, 2005, the reimbursement method for Mental Health Rehabilitation (MHR) was changed from a bundled rate or flat fee for all services to a fee-for-service reimbursement structure for services

<sup>1</sup> CommunityCARE is the name for Louisiana's Primary Care Case Management program.



provided. This change resulted in significant savings to the program without adversely affecting the amount or type of services provided to recipients. Under the "Pelican Project" completed in June 2006, every active MHR provider was extensively reviewed for compliance with program rules and regulations. Effective March 30, 2006, all MHR providers were required to become accredited by one of three nationally recognized accrediting bodies. This important goal was met by the end of the SFY, although eight providers were granted extensions due to hurricane-related delays.

### **Hurricanes Devastation – Extra-Ordinary Efforts**

Hurricanes Katrina and Rita had a devastating impact on over a hundred thousand Medicaid enrollees and providers. Medicaid initiated several measures to ensure necessary health care needs of existing and new enrollees and providers who were spread across the nation. Major activities included:

#### *Eligibility*

Eligibility staff statewide was engaged in many atypical work activities in the immediate aftermath of the storms. Examples of these activities include, but are not limited to, work in shelters and FEMA centers to provide new applications, replacement of lost/missing eligibility identification to help expedited processing, and placement of the renewal process on hold for a temporary period of time to accommodate the urgent need and continuity of care. Additional eligibility safeguards were put in place to ensure that evacuated waiver recipients continued to receive their waiver services.

#### *Long Term Care*

Re-establishing the Region 1 office, increasing staffing to handle extraordinary service demands, and implementing a repatriation plan were all done to bring back displaced Louisiana nursing home residents. It also ensured that those in need of nursing home admissions were attended to as soon as possible. The repatriation program, which coordinated directly with FEMA, brought back hundreds of our elderly.

#### *Providers*

The Legislature took action to enact statutes for preservation of licenses of health care facilities that had interruptions in the provisions of services and creation of the Nursing Home Emergency Preparedness Review Committee.

Provider Enrollment, recognizing the responsibility to have access to medically necessary health care

for Louisiana Medicaid enrollees, developed online emergency enrollment packets and facilitated the approval of out of state providers who came forward to provide needed services to our Medicaid Enrollees. This expedited process resulted in the enrollment of thousands of out of state providers.

We sincerely appreciate and thank our providers, especially out of state providers across the country, who graciously strengthened our Medicaid efforts in delivery of health care that our enrollees needed during this critical time period.

#### *Payments process*

In cooperation with our Fiscal Intermediary, many system changes were made to ensure payments continued to be paid properly and timely. These changes included, temporarily waiving general administrative restrictions/limits, which could delay medical service delivery such as physician visit limits; waiving dental prior authorization until such time as the New Orleans dental PA unit relocated to Baton Rouge; requiring updated plans of care every 6 months; and timely filing for EPSDT screening. Staff assisted out of state providers with recipient eligibility verifications and provider enrollment.

With respect to CommunityCARE, regularly required Primary Care Physician (PCP) referrals were temporarily put on hold for all recipients from the affected parishes. Mandatory PCP linkage for any new eligibles in the affected parishes was not enforced during this period. Normal referral and mandatory program requirements were imposed incrementally as access to medical care was restored in the affected areas.

#### *UCC Pool Payment*

Medicaid staff developed a stand alone online system for providers to submit their uncompensated care information that was used to pay providers UCCP payments in addition to traditional UCC/DSH payments.

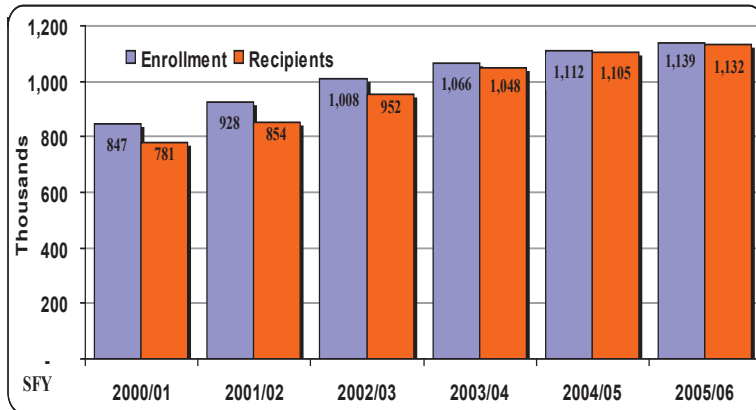
Despite the devastation wrought by the storms, Medicaid remained true to its mission of responding to the health needs of Louisiana's citizens by initiating measures that ensured continuum of health care coverage to our citizens. We could have not accomplished these objectives without the support of our state, nation and work of our dedicated staff.

## Year in Review

### Enrollment

Enrollment in the Medicaid programs continued to increase in State Fiscal Year (SFY) 2005/06, though Hurricanes Katrina and Rita, in August and September 2005 respectively, made a severe impact on the enrollee's primary location. During SFY 2005/06, 1,139,176 people, approximately 25% of Louisiana's population, were enrolled and payments were made on behalf of 1,132,255 recipients in the Medicaid program (Figure 1). Several factors could be attributable to the continued increase in Medicaid enrollment over the last six years. These factors include eligibility expansions of LaCHIP to 200% Federal Poverty Level (FPL) and Pregnant Women to 200% FPL, improved retention at renewal of eligible individuals, in addition to the adverse economic conditions that could have affected the poverty level of the Louisiana population, which in turn affects Medicaid enrollment.

**Figure 1: Louisiana Medicaid Enrollees and Recipients**



### Payments

During SFY 2005/06 about \$4 billion (excluding Uncompensated Care Payments for uninsured) was paid as claims on behalf of about 1.1 million Medicaid recipients, averaging about \$3,500 per recipient<sup>2</sup> (Figure 2). Nominal average annual payment per recipient in the Medicaid program remained relatively stable, while real average annual cost (adjusted for inflation) per recipient declined by about five percent since SFY 2000/01. This might be the result of more efficient and individualized means of healthcare such as CommunityCARE and KIDMED programs. Also, enrolled children who are less expensive continue to increase as a proportion to total enrollment. In Medicaid enrollment about 65% of enrollees were children age 18 and under.

### Payments to Out of State Providers

Total payments of about \$98 million to out of

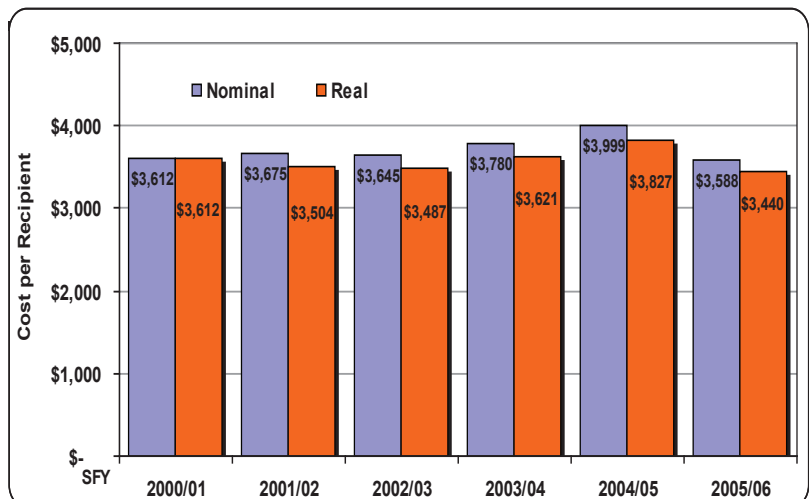
state providers in SFY 2005/06 more than doubled from the \$45 million in SFY 2004/05. Most of this increase could be attributed to the temporary relocation of Louisiana Medicaid enrollees to other states due to Hurricanes Katrina and Rita. Payments to providers in Texas alone were three times higher than those from the previous fiscal year (from \$10 million to almost \$43 million). Meanwhile, total payments to in-state providers declined by only nine percent indicating the continuous care for Louisiana Medicaid enrollees after the devastating hurricanes.

### Medicare Part D: Drug Coverage

The Medicare Modernization Act (MMA) of 2003 made prescription drug coverage, also known as Medicare Part D, available to all Medicare beneficiaries, including full benefit dual eligibles. Full benefit dual eligibles are individuals who are entitled to Medicare Part A and/or Part B as well as eligible for full Medicaid benefits. Effective January 1, 2006, full benefit dual eligible Medicaid recipients no longer receive their pharmacy benefits through the Louisiana Medicaid Pharmacy Program with the exception of some drugs excluded from the Part D benefit.

Through the "Clawback" or Phased Down State Contribution, states are responsible for making monthly payments to the Federal government for the state share of the drug expenditures that would have been spent on these individuals. The Federal government determined a per capita amount for each state based on calendar year 2003 data. This per capita amount reflects the state share, net of rebates, and will increase over time to reflect growth in the cost of the prescription drugs.

**Figure 2: Louisiana Medicaid Average Annual Cost per Recipient**



Source of CPI: U.S. Department of Labor: Bureau of Labor Statistics, Series ID: CUUR0000SAM, June 2007

<sup>2</sup> This is a simple average, not a weighted average.

# Medicaid Finances

## Means of Finance

Medicaid is a means-tested, open-ended entitlement public assistance program, established in 1965 by Title XIX of the Social Security Act, often referred to as "Title XIX." Entitlement program means that the federal government and states do not limit the number of eligible people who can enroll in Medicaid's various established categories of eligibility. Medicaid must pay for services covered under the program.

The Medicaid program is funded through federal and state funds. The federal share is based on Federal Medical Assistance Percentages (FMAP), which are established annually by the CMS. National FMAP ranges from 50% to 83% of program cost based on the poverty rate in each state. This rate is updated each Federal Fiscal Year (FFY). Table 1 shows the historical FMAP matching for medical services in Louisiana. During SFY 2005/06, Louisiana received 70.1% and 79.07% for regular Medicaid and LaCHIP, respectively.

Any adverse economic conditions of the state can have a twofold 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 match the draw down FMAP for the Medicaid program.

Examining demographic and economic factors can help project future enrollment characteristics of the Medicaid population. The Census Population Estimates released by the Census Bureau in June 2006 documented for the first time the significant loss of population in Louisiana due to the Hurricanes Rita and Katrina catastrophe. According to the estimates, Louisiana lost about 219,563 persons, mostly due to migration to other states. Population data for Orleans parish, where 33% of the population was enrolled in Medicaid in the SFY 2004/05, showed a 51% reduction of the total population by January 2006. Louisiana Medicaid enrollment did not decrease because the Medicaid program continued to carry enrollees that were evacuated to other states. The effect of the population reduction on the number of people enrolled in Medicaid is anticipated to be reflected in future years.

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, 2005, 18% of the Louisiana population was considered living under 100% of the FPL, while 39% were living below 200% of the FPL. This compares to 13% and 32% respectively for the U.S. population (Table 2), highlighting Louisiana as a low income state. About 25% of Louisiana's population was enrolled in Medicaid during SFY 2005/06.

**Table 1: Louisiana Historical Federal Medical Assistance Percentages**

FFY Federal Percentages			SFY Federal and State Percentages				
FFY	Regular (Medicaid)	Enhanced (LaCHIP)	SFY	Regular (Medicaid)		Enhanced (LaCHIP)*	
				Federal	State	Federal	State
1996	71.89						
1997	71.36		1996/97	65.00	35.00		
1998	70.03	79.02	1997/98	65.00	35.00	79.02	20.98
1999	70.37	79.26	1998/99	70.29	29.71	79.20	20.80
2000	70.32	79.22	1999/00	70.33	29.67	79.23	20.77
2001	70.53	79.37	2000/01	70.48	29.52	79.33	20.67
2002	70.30	79.21	2001/02	70.36	29.64	79.25	20.75
2003	71.28	79.90	2002/03	71.04	28.96	79.73	20.27
2004	71.63	80.14	2003/04	74.49	25.51	80.08	19.92
2005	71.04	79.73	2004/05	71.19	28.81	79.83	20.17
2006	69.79	78.85	2005/06	70.10	29.90	79.07	20.93

Source: <http://aspe.hhs.gov/health/fmap.htm> (as of June, 2007)

SFY 2002/03 – 2.95% enhanced FMAP for Last Quarter not included; SFY 2003/04 – includes 2.95% enhanced FMAP.

\* LaCHIP is Louisiana's State Children's Health Insurance Program (SCHIP). Additional information is presented on page 23.

**Table 2: Population Poverty Status at all Income Levels in Louisiana and United States, 2005**

Poverty Level	United States	Louisiana
≤ 100% of Poverty	12.5%	18.4%
101% to 125% of Poverty	4.4%	4.8%
126% to 135% of Poverty	2.0%	0.9%
136% to 150% of Poverty	2.7%	3.4%
151% to 200% of Poverty	9.5%	11.7%
Rest of Population	68.9%	60.8%

Source: U.S. Census Bureau. Current Population Survey: 2006 Annual Social and Economic Supplement, August 2006.  
[http://pubdb3.census.gov/macro/032006/pov/new46\\_100125\\_09.htm](http://pubdb3.census.gov/macro/032006/pov/new46_100125_09.htm).

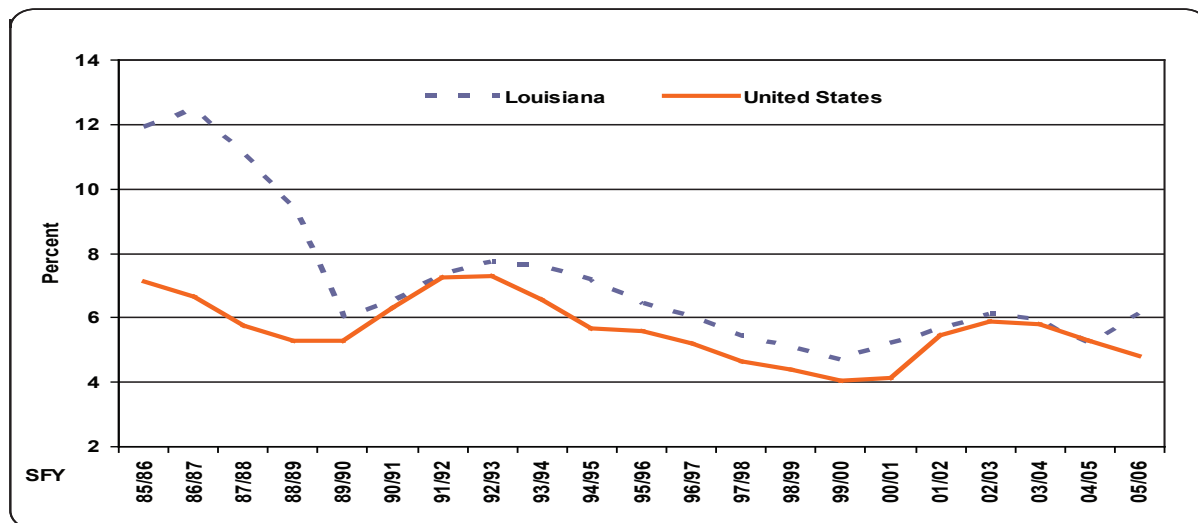
In addition to poverty rates higher than the national average, Louisiana's unemployment rate has also been higher than the national average. Since Medicaid serves mostly low-income individuals, increasing unemployment could result in more people eligible for Medicaid. For SFY 2005/06, Louisiana's seasonally adjusted unemployment rate was 6.2%, which is higher than the national rate of 4.8%. Figure 3 shows unemployment rates in Louisiana compared to the U.S. average over time. After tracking above the national average for two decades, the Louisiana rate has tracked more closely to the national rate from SFY 2001/02 until the SFY 2005/06, when the rate started deviating from that of the national average. This difference could be explained by the effect of hurricanes Katrina and Rita. In fact, the Bureau of Labor Statistics, Quarterly Census of Employment and Wages shows that in October 2005, non-farm payroll employment in Louisiana fell by 241,000, a decline of 12%. In the New Orleans, Metairie and Kenner metro areas, employment declined by 215,000, or 35%.

The 2005 Louisiana Health Insurance Survey, conducted by the LSU Public Policy Research Lab for the Department of Health and Hospitals, provided

specific information about health coverage in Louisiana. The survey showed that, in 2005, 7.6% of Louisiana children (under 19) and over 23% of non-elderly (19-65) adults were uninsured (Figure 4). For children under the age of 19, this rate represented a reduction from the 11% uninsured rate for this age group in the 2003 survey and represented an increase in coverage for more than 45,000 children in the past two years. For the adults, however, the rate represented an increase of about two percent. Among the uninsured respondents, 78% mentioned the cost of health insurance as the main reason why they were uninsured, while an additional 15% cited the fact that their employer did not offer health insurance coverage. Therefore, with increasing health insurance cost, many adults who are parents will find it very difficult to afford health insurance, leaving more children of these parents to be uninsured.

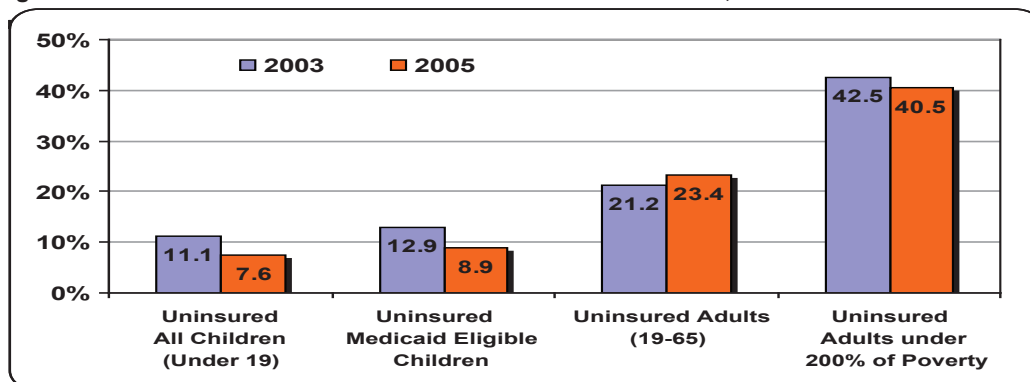
According to the survey estimates, nearly 63% of Louisiana children were Medicaid eligible. Of these children 75% were covered through LaCHIP or Medicaid programs and almost nine percent of the Medicaid eligible children were uninsured in 2005.

**Figure 3: Louisiana and United States Average Unemployment Rate (Seasonally Adjusted)**



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

**Figure 4: Percent of Uninsured Children and Adults in Louisiana, 2005**



Source: Louisiana's Uninsured Population. A Report from the 2005 Louisiana Health Insurance Survey.

## Medicaid Expenditures

Medicaid expenditures, also known as Medical Vendor Payments (MVP), means of finance excluding Medical Vendor Administration (MVA) are presented in Table 3. Unless otherwise stated, Medicaid numbers include LaCHIP Title XXI numbers. Out of \$4.8 billion total expenditures about 22% is state match and 78% federal funds. This increase in federal funds could be attributed to the DRA FMAP relief for hurricane affected areas.

Medicaid expenditures by major appropriation are presented in Table 4. Private providers include all non-state owned providers and account for about

69.4% of total Medicaid expenditures and about 84% of claims payments (excluding UCC and Buy-in). Public providers represent 12.8%, UCC accounts for about 14.3% and 3.5% for Medicare Buy-in premiums for dual eligibles.

Table 5 presents the Medical Vendor Administration (MVA) expenditures. During SFY 2005/06, total Medicaid expenditures (MVP) were almost \$5 billion for health care services delivery. To administer this \$5 billion MVP about \$164 million was spent as MVA, which is about 3.4% of MVP.

**Table 3: Louisiana Medical Vendor Expenditure Sources of Finance by State Fiscal Year**

Financing Category	2003/04		2004/05		2005/06	
	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent
State General Fund	\$735,883,810	14.8%	\$748,667,858	14.5%	\$814,670,843	17.0%
Other Finance	\$548,494,747	11.0%	\$524,311,752	10.1%	\$239,870,041	5.0%
<b>Total State Match</b>	<b>\$1,284,378,557</b>	<b>25.8%</b>	<b>\$1,272,979,610</b>	<b>24.6%</b>	<b>\$1,054,540,884</b>	<b>22.0%</b>
Federal Funds	\$3,697,786,929	74.2%	\$3,908,098,303	75.4%	\$3,701,433,151	78.0%
<b>Total</b>	<b>\$4,982,165,486</b>	<b>100.0%</b>	<b>\$5,181,077,913</b>	<b>100.0%</b>	<b>\$4,755,974,035</b>	<b>100.0%</b>

**Table 4: Louisiana Medical Vendor Expenditures by State Fiscal Year**

Financing Category	2003/04		2004/05		2005/06	
	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent
Private Providers	\$3,193,155,172	64.1%	\$3,586,030,598	69.2%	\$3,300,247,709	69.4%
Public Providers	\$650,858,629	13.1%	\$598,396,623	11.5%	\$610,508,316	12.8%
Medicare Buy-Ins	\$116,289,337	2.3%	\$142,579,374	2.8%	\$164,503,255	3.5%
Uncompensated Care	\$1,021,862,348	20.5%	\$854,071,318	16.5%	\$680,714,755	14.3%
<b>Total</b>	<b>\$4,982,165,486</b>	<b>100.0%</b>	<b>\$5,181,077,913</b>	<b>100.0%</b>	<b>\$4,755,974,035</b>	<b>100.0%</b>

\*Uncompensated Care expenditures are for non-Medicaid recipients.

**Table 5: Louisiana Medical Vendor Administration Expenditures by State Fiscal Year**

Financing Category	2003/04		2004/05		2005/06	
	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent
State General Fund	\$53,155,295	32.3%	\$56,791,479	35.1%	\$64,161,020	39.1%
Other Finance	\$4,013,281	2.4%	\$32,500	0.0%	\$465,720	0.3%
<b>Total State Match</b>	<b>\$57,168,576</b>	<b>34.8%</b>	<b>\$56,823,979</b>	<b>35.2%</b>	<b>\$64,626,740</b>	<b>39.4%</b>
Federal Funds	\$107,195,240	65.2%	\$104,824,290	64.8%	\$99,418,793	60.6%
<b>Total</b>	<b>\$164,363,816</b>	<b>100.0%</b>	<b>\$161,648,269</b>	<b>100.0%</b>	<b>\$164,045,533</b>	<b>100.0%</b>



## Major Budget Categories

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

### 1) Private Providers

Payments to non-state owned providers and facilities, including city and parish owned.

### 2) Public Providers

Payments to state owned providers and facilities, including certain Local Governance Entities and school boards.

### 3) Medicare Buy-Ins and Supplements

Payments of Medicare premiums and other charges for Medicaid recipients having Medicare as the primary payer so that Medicaid is payer

of last resort; these recipients are also known as dual eligible recipients.

### 4) Uncompensated Care Costs

Payments toward compensation for 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 broad budget groupings are classified into separate Budget Categories of Service (BCOS), which are presented in Table 6 along with their expenditures.

**Table 6: Expenditures by Budget Category of Service**

Private Providers	Expenditures (\$)
Adult Dentures	3,534,315
Case Management Services	10,812,516
Certified RN Anesthetists (CRNAs)	8,128,960
Durable Medical Equipment	19,103,554
EPSDT (Screening and Early Diagnosis)	101,396,204
Family Planning	11,782,837
Federal Qualified Health Centers	14,300,183
Hemodialysis Services	29,200,967
Home Health Services	24,919,375
Hospice Services	27,370,650
Hospital - Inpatient Services	637,497,597
Hospital - Outpatient Services	190,823,690
ICF-MR - MR/DD Community Homes	185,342,974
Laboratory and X-Ray Services	71,002,492
LT-PCS	72,226,870
Mental Health - Inpatient Services	12,601,318
Mental Health Rehabilitation	27,793,507
Nursing Homes	607,869,201
Pharmaceutical Products and Services*	543,244,305
Physician Services	307,928,269
Rural Health Clinics	27,281,514
Transportation - Emergency - Ambulance	28,035,886
Transportation - Non-Emergency - Ambulance	8,883,643
Transportation Non-Emergency-Non-Ambulance	8,109,162
Waiver - Adult Day Health	5,185,531
Waiver - Children's	6,912,140
Waiver - Elderly & Disabled Adults	33,540,261
Waiver - NOW (MR/DD) Community Services	236,292,366
Other Private Providers	8,697,957
Clawback *	30,429,463
<b>Sub-Total Private Providers</b>	<b>\$3,300,247,709</b>

Public Providers	Expenditures (\$)
LSU-HCSD	171,116,837
LSU-EA Conway	24,151,713
LSUMC-Shreveport	117,849,664
DHH-State MR/DD Services	239,233,281
DHH-State Nursing Homes	18,388,243
DHH-Office of Public Health	18,702,741
DHH-Community Mental Health	10,494,710
DHH-Public Psychiatric Free Standing Units	611,541
State Education	9,900,960
Other Public Providers	58,625
<b>Sub-Total Public Providers</b>	<b>\$610,508,316</b>

Medicare Buy-Ins	
<b>Sub-Total Medicare Buy-Ins</b>	<b>\$164,503,255</b>

Uncompensated Care	
LSU - HCSD	329,512,636
LSU - EA Conway	40,947,887
LSUMC - Shreveport	126,232,544
Public Psychiatric Free Standing Units	72,998,379
Villa Feliciana	625,000
Private Hospitals (Including CPEs)	110,398,309
<b>Sub-Total Uncompensated Care</b>	<b>\$680,714,755</b>

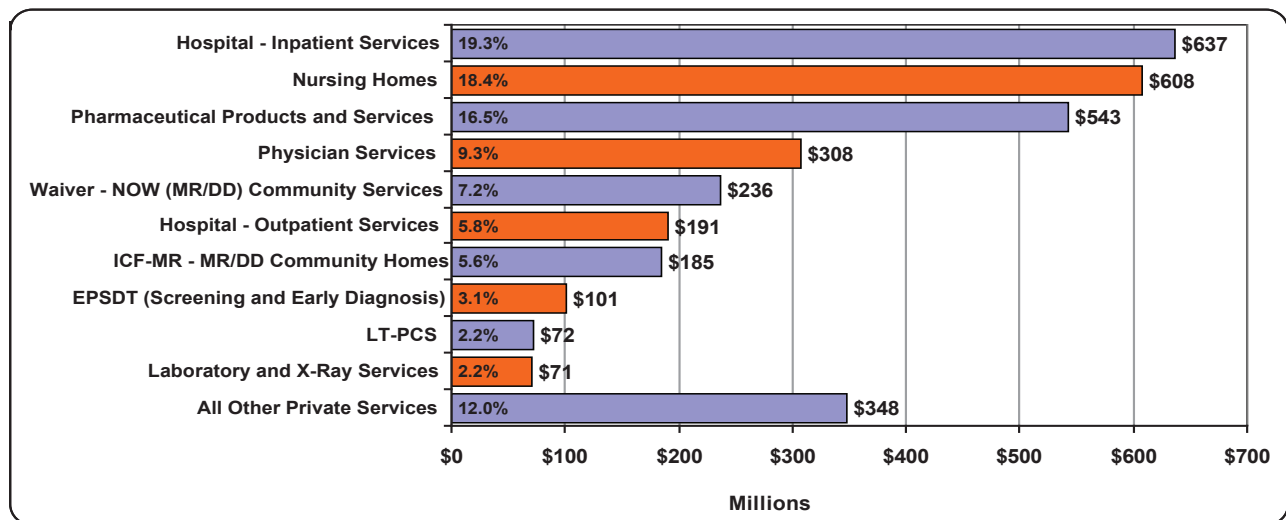
<b>Total Medical Vendor Program</b>	<b>\$4,755,974,035</b>
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\* Includes pharmacy expenditures of dual eligibles from July 2005 to December 2005. January 2006 through June 2006 dual eligibles' pharmacy benefits were captured as clawback (all state funds) payments that were paid to CMS under Part D.

## Medicaid Payments by Major Budget Category of Service (BCOS)

Figure 5 shows the distribution of Medicaid expenditures for the top ten private providers. The top four, Hospital Inpatient Services, Nursing Homes, Pharmaceutical products and services, and Physician services, accounted for 64% of the private provider expenditures. The top ten BCOS of private providers accounted for 89% of private spending. The overview of each Private BCOS is provided in the next section.

**Figure 5: Top Ten Medicaid Private BCOS by Expenditures**



### Private Providers

The Payments to Private Providers Program includes:

**Adult Dentures:** A limited program of dentures, relines, and repairs for adults. Services are limited in scope and frequency and are subject to prior authorization.

**Case Management Services:** Assists the recipient in prioritizing and defining desired personal outcomes, defining appropriate supports and services, and accessing these supports and services.

**Certified Registered Nurse Anesthetists (CRNA) Services:** Anesthesia services provided by certified registered nurse anesthetists.

**Durable Medical Equipment (DME):** Medically necessary equipment, appliances, and supplies. DME providers must obtain prior authorization for services.

**Early and Periodic Screening, Diagnostics 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 Health Services component of EPSDT provides evaluation and treatment for children with disabilities, primarily through school-based and early intervention service providers. Louisiana's EPSDT is called KIDMED, which provides a framework for routine health, mental health, and developmental screening of children from birth to age 21, as well as evaluation and treatment for illness, conditions, or disabilities.

**Family Planning:** Services to female Medicaid recipients for routine family planning services

including doctor's visit, 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 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 services furnished by a home health agency; personal care services provided by a home health agency in accordance with the plan of treatment recommended by the physician; medical supplies recommended by the physician as required in the care of the recipient and suitable for use in the home; and physical therapy

services provided by a home health agency. Certain services may require prior authorization.

**Hospice:** Palliative care for the terminally ill patient and support for the family.

**Hospital Inpatient Services:** Inpatient hospital care and services. Inpatient services must be pre-certified in most instances if provided by an in-state, non-state hospital.

**Hospital Outpatient Services:** Outpatient hospital care and services. Some outpatient services must be prior authorized.

**ICF-MR: MR/DD Community Homes:** Intermediate Care Facilities for the Mentally Retarded – Mentally Retarded/Developmental Disabilities Community Homes: Homes for the long-term care of the mentally retarded and/or developmentally disabled recipients.

**Laboratory and X-Ray Services:** Diagnostic testing performed by a laboratory independent of both the attending or consulting physician's office and/or the hospital where services are rendered.

**Long Term Personal Care Services or LT-PCS:** Optional services for elderly or disabled recipients over age 21 who qualify for a nursing facility level of care. Personal care services are defined as those services that provide assistance with the activities of daily living (ADL) and the instrumental activities of daily living (IADL).

**Mental Health Inpatient Services:** Psychiatric inpatient hospital care and services.

**Mental Health Rehabilitation Services:** Rehabilitation management for recipients with severe and persistent mental illnesses. Services are furnished in outpatient settings 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 be approved for services, and all services must be prior authorized.

**Nursing Homes:** State licensed facilities that provide professional nursing and rehabilitation services on a 24 hour-a-day basis.

**Pharmaceutical Products and Services:** Prescription services for prescriptions issued by a licensed physician, podiatrist, certified nurse practitioner, or dentist.

**Physician Services:** Physician and other professional services, including those of the following professionals: physicians (including specialists), certified registered nurse anesthetists,

nurse midwives, nurse practitioners, optometrists, and podiatrists.

**Rural Health Clinics:** Physician or professional 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 in which no other means of transportation is available and/or the recipient is unable to ride in any other type of vehicle. All services are subject to review for medical necessity of ambulance transportation.

**Transportation (Non-emergency – Non-ambulance):** Transportation to and from routine medical appointments.

**Waiver<sup>3</sup> - Adult Day Health Care:** Direct care in a licensed day care facility, during a portion of the 24-hour day, for individuals who are physically and/or mentally impaired.

**Waiver - Children's Choice:** Provide supplemental support to children with developmental disabilities in their homes. In addition to the waiver services, which include case management, respite services, environmental adaptations, and family support, participants are eligible for all medically necessary Medicaid services.

**Waiver - Elderly and Disabled Adults:** Provides services to the elderly and disabled adults in their homes as an alternative to nursing home placement. Includes case management, personal care attendant, environmental modifications and household supports.

**Waiver - New Opportunities:** Provides home and community based care alternative services (instead of institutional care) to persons who are mentally retarded or have other developmental disabilities. New Opportunities Waiver (NOW) services must be approved by the Office for Citizens with Developmental Disabilities (OCDD), and coordinated by the recipient's case manager.

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<sup>3</sup> For more information and statistics concerning this and all other waivers, please see the HCBS Appendix at the end of this publication.

**Other Private Provider Services:** Ambulatory Surgical, Audiology, Chiropractic, Expanded Dental Program for Women, Personal Care Attendant, Physical & and Occupational Therapy, Prenatal Clinics, Psychology, Social Work, and Substance Abuse Clinics, and other services.

**Clawback:** Mandatory state payments to the federal government to help finance Medicare prescription drug coverage offered under Medicare Part D for dual eligibles. The amount a state must pay depends on set guidelines the federal government has established. It is popularly known as the “clawback,” but is also called “phasedown.” States started clawback payments in January 2006 to CMS.

## Public Providers

Public providers are state owned facilities which include:

- LSU – HCSD: Health Care Services Division, comprises of 8 hospitals: Medical Center of Louisiana at New Orleans, Earl K Long (Baton Rouge), Huey P. Long (Pineville), Lallie Kemp (Independence), L.J. Chabert (Houma), University Medical Center (Lafayette), Washington-St. Tammany (Bogalusa), W.O. Moss (Lake Charles)
- LSUHSC: LSU Health Sciences Center (Shreveport), including E. A. Conway (Monroe).
- DHH – State MR/DD Services: Includes Special School District #1
- DHH – State Nursing Home: Villa Feliciana and New Orleans Home.
- DHH – Office of Public Health
- DHH – Community Mental Health Clinics
- DHH – Public Psychiatric Free Standing Hospitals

- State Education – School Boards reimbursements
- Other Public Providers for Services

## Medicare Buy-Ins and Supplements

The Medicare Buy-Ins and Supplements program permits the State, as part of its total assistance plan, to provide medical insurance protection to designated categories of needy individuals who are eligible for Medicaid and also meet the Medicare eligibility requirements. It has the effect of transferring some medical costs for this population from the Title XIX Medicaid program, which is partially state financed, to the Title XVIII program, which is financed by the federal government. Federal matching money is available through the Medicaid program to assist the state with the premium payments for certain buy-in enrollees.

## Uncompensated Care

The Uncompensated Care Costs program provides payments for compensation of care given in hospitals to individuals who are uninsured and those who are eligible for Medicaid but not all Medicaid costs were reimbursed through the Medicaid rates. Hospitals must qualify to receive such payments.

The following hospitals receive these payments:

- LSUHSCD – Health Care Services Division
- LSUHSC – Shreveport (including E.A. Conway Hospital)
- DHH – Villa Feliciana Medical Complex
- DHH – Public Psychiatric Free Standing Hospitals
- Private Hospitals



# Medicaid Enrollment

Medicaid provides funding for health care to individuals and families who meet the eligibility criterion established by the state and approved by the CMS. Medicaid reimburses health care providers for services provided to Medicaid enrollees.

Medicaid enrollees, applicants, recipients, providers, and researchers who have questions about the Louisiana Medicaid Program may visit our website at <http://www.dhh.state.la.us/> and click Medicaid. The Medicaid Eligibility Manual is available online at <http://www.dhh.louisiana.gov/offices/publications.asp?ID=92&Detail=461>. Information is also available when calling the toll free line at 1-888-342-6207 or TTY 1-800-220-5404.

## 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 the Louisiana's Temporary Aid to Needy Families (TANF) program known as Family Independence Temporary Assistance Program (FITAP) are also fully Medicaid eligible.

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 cervical or breast 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. An overview of the Medicaid programs offered in Louisiana is presented in Table 8 on page 17 of this document.

For an individual or family who does not get SSI or FITAP (TANF) the eligibility process begins with the completion of a Medicaid 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 D.

Each state sets an income limit within federal guidelines for Medicaid eligibility groups and determines what income counts toward that limit. Part of financial qualification for Medicaid is based upon the family size and relation of monthly income to the Federal Poverty Level (FPL) guidelines.

Figure 6 summarizes income requirements for many of the Medicaid programs. All the qualifying categories are listed along the bottom of the chart. Along the left axis of the chart is income as a percentage of the FPL. Table 7 shows 2006 Federal Poverty Guidelines, with annual and monthly incomes according to family size as legislated by the federal government in deeming what is considered the poverty level standard of living. For example, a four person family is considered living at 100% of FPL if the household income is \$20,000 annually (\$1,667 per month) and at 200% of FPL if the household income is \$40,000 annually (\$3,333 per month). As shown along the bottom of the eligibility chart (Figure 6), 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 which the individual falls. Table 8 includes a listing of the programs that make up the five major eligibility groupings: Children, Families (Parents and Children), Women (Pregnant and Breast or Cervical Cancer), Aged, Blind and Disabled, and Adults.

Eligibility determination is a federally approved process which is operated in the same manner throughout the state. In Louisiana, caseworkers in each of the nine regions of the Department of Health and Hospitals determine an individual's eligibility for Medicaid 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. Eligible individuals and families enrolled in the Louisiana Medicaid Program are issued a Medicaid identification card.

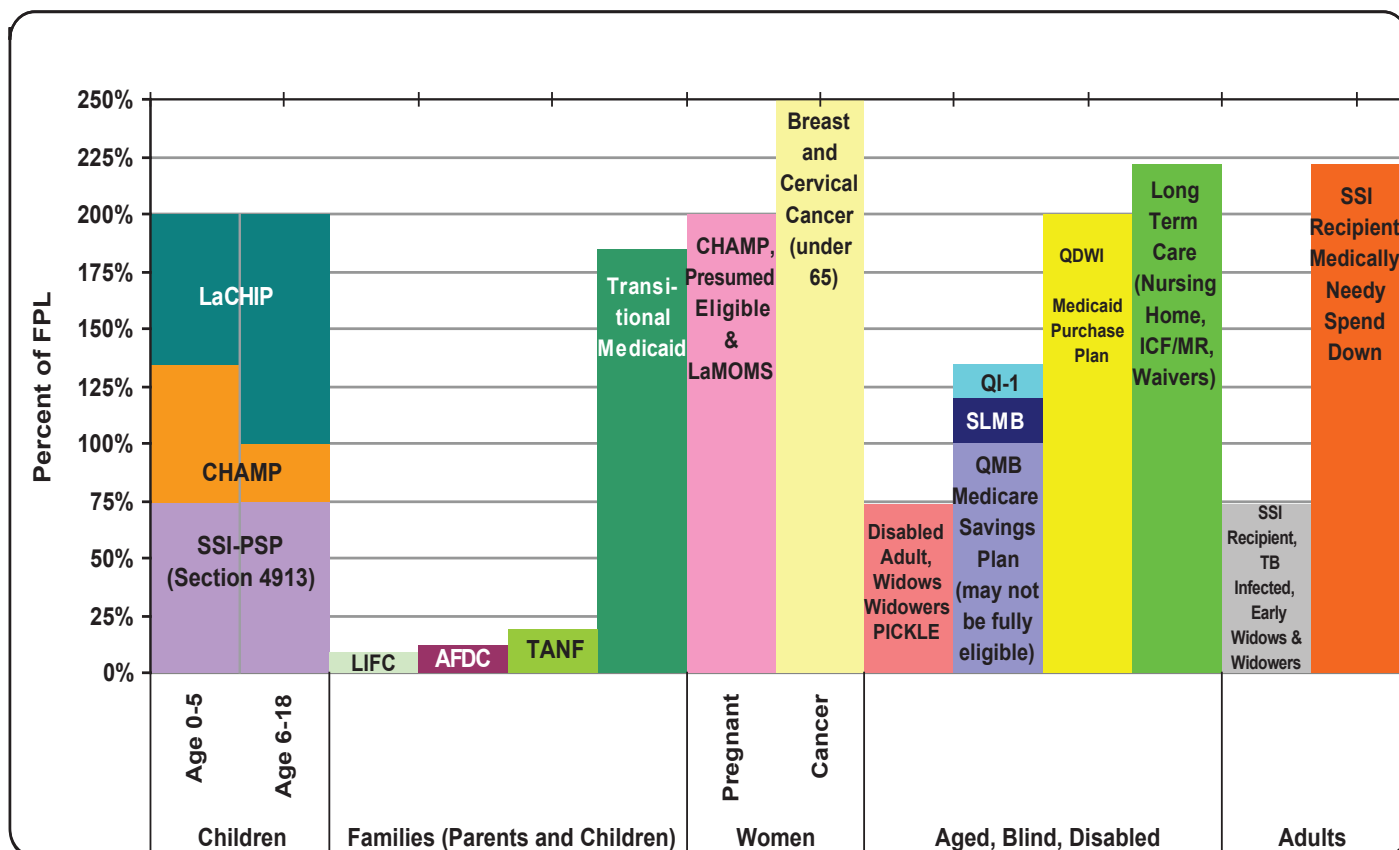
**Table 7: 2006 Federal Poverty Level Guidelines for Louisiana**

Family Size		Annual and Monthly* Income in Dollars								
		100%	120%	133%	135%	150%	175%	185%	200%	250%
1	Annual	\$9,800	\$11,760	\$13,034	\$13,230	\$14,700	\$17,150	\$18,130	\$19,600	\$24,500
	Monthly	817	980	1,086	1,103	1,225	1,429	1,511	1,633	2,042
2	Annual	13,200	15,840	17,556	17,820	19,800	23,100	24,420	26,400	33,000
	Monthly	1,100	1,320	1,463	1,485	1,650	1,925	2,035	2,200	2,750
3	Annual	16,600	19,920	22,078	22,410	24,900	29,050	30,710	33,200	41,500
	Monthly	1,383	1,660	1,840	1,868	2,075	2,421	2,559	2,767	3,458
4	Annual	20,000	24,000	26,600	27,000	30,000	35,000	37,000	40,000	50,000
	Monthly	1,667	2,000	2,217	2,250	2,500	2,917	3,083	3,333	4,167
5	Annual	23,400	28,080	31,122	31,590	35,100	40,950	43,290	46,800	58,500
	Monthly	1,950	2,340	2,594	2,633	2,925	3,413	3,608	3,900	4,875
6	Annual	26,800	32,160	35,644	36,180	40,200	46,900	49,580	53,600	67,000
	Monthly	2,233	2,680	2,970	3,015	3,350	3,908	4,132	4,467	5,583
7	Annual	30,200	36,240	40,166	40,770	45,300	52,850	55,870	60,400	75,500
	Monthly	2,517	3,020	3,347	3,398	3,775	4,404	4,656	5,033	6,292
8**	Annual	33,600	40,320	44,688	45,360	50,400	58,800	62,160	67,200	84,000
	Monthly	2,800	3,360	3,724	3,780	4,200	4,900	5,180	5,600	7,000

\*\*For family units more than eight members add \$3,400.00 annually or \$283.33 monthly for each additional member.

Based on Federal Income Guidelines from the Federal Register, Vol.71, No.15, January 24, 2006, pp. 3848-3849.

**Figure 6: Louisiana Medicaid Coverage Groups and Eligibility Income Requirements**



**Table 8: Medicaid Coverage Group and Income Eligibility by Program**

Category	Program	Description	Income Limit
Children	SSI-PSP (Section 4913)	Individuals under age 18 denied SSI cash because of an SSI provision that is prohibited in Medicaid	74% of poverty (+\$20) Assets limit: \$2,000 for individual
	CHAMP – Low Income Children	Ages 0-5	133% of poverty; no assets test
		Ages 6 to 19	100% of poverty; no assets test
	LaCHIP or Title XXI	Ages 0-5	>133% to 200% of poverty; no assets test
		Age 6 to 19	>100% poverty to 200% of poverty; no assets test
Families, Parents and Children	LIFC – Section 1931	Children and Families	Income levels of \$66, \$123, \$174, \$217, and \$300 (8%, 11%, 13%, 13% and 15% of poverty) for family sizes of 1, 2, 3, 4, and 5 respectively; no assets test.
	LIFC – Section 1931 “PAP”	Children and Families	Income levels of \$66, \$123, \$174, \$217, and \$300 (8%, 11%, 13%, 13% and 15% of poverty) for family sizes of 1, 2, 3, 4, and 5 respectively with income of siblings, step-parent, and grandparent of minor child disregarded (anyone not legally responsible for child); no assets test
	AFDC – Related Medically Needy	Children and Families	12% of poverty (individuals and couples); no assets test
	AFDC- Related Spend down Medically Needy	Children and Families	All income over 12% of poverty considered available to meet medical expenses for quarter
	TANF Recipients	Recipients of cash assistance as determined by DSS Office of Family Support	19% of poverty; assets below \$2,000
	Transitional Medicaid	Former LIFC Recipients with earnings now exceeding 9% of poverty; Former TANF Recipients with earnings now exceeding 19% of poverty	185% of poverty for coverage in seventh through twelfth month of transitional eligibility period
Women	CHAMP / LaMOMS – Pregnant Woman	Verified pregnancy, 2-month postpartum period	200% of poverty; no assets test
	Presumptive Eligible Pregnant Woman	Provides ambulatory prenatal services to pregnant women as determined eligible by a qualified provider	200% of poverty; no assets test
	Breast and Cervical Cancer	Women under 65 diagnosed with breast or cervical cancer, or in a precancerous condition	250% of poverty, no assets test
Aged, Blind, Disabled	Disabled Adult Child	Individuals over age 18 who become blind or disabled before age 22 and lost SSI eligibility on or before 7/1/87, as a result of entitlement to or increase in Social Security benefits	Social Security benefits are disregarded in determining countable income with limit 74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	Disabled Widows/ Widowers	Restores Medicaid eligibility to disabled widows/widowers who would be eligible for SSI	74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple

**Table 8: Medicaid Coverage Group and Income Eligibility by Program**

Category	Program	Description	Income Limit
Aged, Blind, Disabled	PICKLE	Former SSI Recipients of two different groups of aged, blind and disabled who lost eligibility due to annual SSI cost of living increase	All cost of living raises are disregarded in calculating countable income with limit 74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	QI-1 Qualified Individual Category 1	Pays Part B Medicare premium only	120% and less than 135% of poverty Assets limit: \$4,000 individual and \$6,000 couple
	SLMB – Specified Low-Income Medicare Beneficiary	Pays Part B Medicare premium only	100% and less than 120% of poverty Assets limit: \$4,000 individual and \$6,000 couple
	QMB – Qualified Medicare Beneficiary	Pays Medicare premiums, deductibles and co-insurance for Medicare covered	Below 100% of poverty Asset limit: \$4,000 individual; \$6,000 couple
	QDWI – Qualified Disabled Working Individual	Provides Medicare Part A buy-in for non-aged individuals who lost SSI disability benefits and premium free Part A	200% of poverty Assets limit:\$2,000 individual and \$3,000 couple
	Long Term Care (Home and Institutions)	Aged and disabled recipients who meet criteria for institutional level of care, residing in medical institutions such as nursing homes and ICF/MR or who receive care in their own home or in the community.	222% (3 times the limit for SSI recipients) of poverty Assets limit: \$2,000 individual and \$3,000 couple (both reside in an institution) A “community” spouse (one not residing in an institution) can retain assets up to \$95,100
	Medicare Purchase Plan (MPP)	Individuals with disabilities who are working, or interested in working, have the option to buy the health coverage offered by the Louisiana Medicaid Program	250% of poverty Assets limit of \$25,000 Individual pays a premium when net income is above 150% of poverty.
Adults	SSI Recipients	Aged and disabled recipients of federal SSI cash payments as determined by SSA	74% of poverty (+\$20) Assets limit: \$2,000 individual and \$3,000 couple
	TB infected	Persons who have been diagnosed as, or are suspected of being infected with tuberculosis	74% of poverty (+\$20) Assets limit: \$2,000 individual
	Early Widows and Widowers	Individuals who lost SSI because of receipt of Social Security widow/ widowers benefits	74% of poverty (+\$20) Assets limit: \$2,000 individual and \$3,000 couple
	SSI Recipient - Medically Needy Spend-down	Qualified individuals and families who may have “too much” income to qualify for regular Medicaid	All income over 74% of poverty (+\$20) is considered available to meet medical expenses for quarter – For Long Term Care and Waivers all income over 222% of poverty Assets limit: \$2,000 individual and \$3,000 couple

## Enrollment Statistics

Before presenting the statistical data, it is important to establish the difference between Medicaid eligible, Medicaid enrollee, and Medicaid recipient definitions used in this report. These terms can seem interchangeable, but technically, especially in this report, they are not.

A **Medicaid eligible** is a person who fits the established eligibility criteria of the program, whether or not the person has applied. 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 established eligibility criteria of the program, applied and approved by the Medicaid program to receive services, regardless of whether he or she received any service and/or any claims have been filed on his or her behalf.

Finally, a **Medicaid recipient** is an enrollee with at least one paid claim during the time period involved, in this case during SFY 2005/06, whether or not he or she was enrolled on the date the claim was paid.

In general, during SFY 2005/06, total Medicaid enrollment continued to increase at nearly the same rate as the last five years (Figure 1). There are many ways to interpret enrollment under Medicaid. This report will explore four ways:

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

## Enrollment as a Percent of the Population

The percentage of the population enrolled in Medicaid in Louisiana has consistently increased through the years (Table 9). During SFY 2005/06, one in four Louisianans were enrolled in Medicaid.

Table 10 presents enrollees, total population, percentage of population living in poverty, and the percentage of the population enrolled in Medicaid by parish during SFY 2005/06. It is evident that the lower income parishes have large percentages of Medicaid enrollment, especially in the Northeastern parishes with East Carroll, Madison and Tensas having 40% or above their population enrolled in Medicaid, as shown in the map (Figure 7). Recall that the total population numbers come from the U.S. Census Bureau and that such numbers may not take into account the actual effects of Hurricanes Katrina and Rita.

According to data estimated by the Census Bureau, in 2004, 24 parishes had more than 30% of their children under age 18 living in poverty. Of these parishes, Tensas, Madison and East Carroll had more than 40% of their children under age 18 living in poverty.

**Table 9: Louisiana Medicaid Enrollees and Population**

SFY	Enrollment	July 1 Population Estimate	Percent of Population Enrolled
2000/01	846,646	4,469,635	19%
2001/02	928,269	4,463,421	21%
2002/03	1,008,492	4,470,543	23%
2003/04	1,065,516	4,480,925	24%
2004/05	1,111,659	4,495,706	25%
2005/06	1,139,176	4,507,331	25%

Sources: MDW through May 2006 for enrollees. Further adjustments may occur due to billing procedures.  
U.S. Census Bureau (Population Estimates Program) for Population

Table 10: Louisiana Medicaid Enrollment, Total Population and Percent Enrolled by Parish

	Parish	Total Population <sup>1</sup>	Medicaid Enrollees <sup>2</sup>	Medicaid Recipients**	Percent of People Living in Poverty <sup>3</sup>		Medicaid Enrollees/Population	
					All People	Children under 18	Ratio	Rank
1	Acadia	59,247	18,678	21,063	21%	29%	32%	19
2	Allen	25,241	7,493	8,446	22%	27%	30%	27
3	Assension	90,447	17,564	20,053	12%	17%	19%	61
4	Assumption	23,108	6,473	7,354	19%	28%	28%	36
5	Avoyelles	41,789	14,692	16,761	25%	33%	35%	10
6	Beauregard	34,542	8,282	9,415	16%	23%	24%	52
7	Bienville	15,183	4,757	5,321	23%	33%	31%	20
8	Bossier	105,309	20,896	24,049	14%	21%	20%	60
9	Caddo	250,438	68,798	80,473	21%	30%	27%	38
10	Calcasieu	184,708	45,212	53,927	17%	24%	24%	47
11	Caldwell	10,618	3,285	3,955	21%	28%	31%	22
12	Cameron	9,611	1,547	1,834	13%	18%	16%	63
13	Catahoula	10,472	3,465	3,780	25%	37%	33%	15
14	Claiborne	16,184	4,793	5,354	24%	34%	30%	28
15	Concordia	19,298	7,052	7,589	26%	38%	37%	7
16	De Soto	26,301	7,107	7,772	20%	29%	27%	40
17	East Baton Rouge	409,809	100,104	117,712	18%	26%	24%	49
18	East Carroll	8,786	4,143	4,891	36%	48%	47%	1
19	East Feliciana	20,703	5,220	5,716	19%	25%	25%	45
20	Evangeline	35,462	13,331	15,456	26%	34%	38%	5
21	Franklin	20,390	7,782	9,088	25%	37%	38%	4
22	Grant	19,438	5,920	6,758	20%	28%	30%	24
23	Iberia	74,212	22,841	26,469	21%	30%	31%	23
24	Iberville	32,160	10,041	11,939	23%	29%	31%	21
25	Jackson	15,084	4,152	4,771	18%	26%	28%	37
26	Jefferson	451,049	103,739	73,581	17%	26%	23%	54
27	Jefferson Davis	31,194	9,025	10,332	19%	26%	29%	31
28	Lafayette	196,627	42,664	48,881	17%	23%	22%	56
29	Lafourche	91,910	22,418	25,653	17%	23%	24%	51
30	La Salle	14,010	3,612	4,141	18%	26%	26%	44
31	Lincoln	41,907	10,259	11,429	23%	28%	24%	46
32	Livingston	108,958	23,638	27,337	13%	18%	22%	57
33	Madison	12,471	5,373	5,833	31%	43%	43%	2
34	Morehouse	29,919	10,564	12,296	25%	36%	35%	9
35	Natchitoches	38,320	11,605	13,616	24%	32%	30%	26
36	Orleans	452,170	145,940	153,643	27%	38%	32%	17
37	Ouachita	147,721	42,050	47,862	21%	32%	28%	34
38	Plaquemines	28,903	6,651	6,953	16%	22%	23%	53
39	Pointe Coupee	22,288	6,382	7,405	20%	28%	29%	32
40	Rapides	127,887	38,886	45,200	20%	29%	30%	25
41	Red River	9,445	3,001	3,380	24%	34%	32%	18
42	Richland	20,391	7,399	8,422	25%	36%	36%	8
43	Sabine	23,715	6,116	6,766	19%	27%	26%	43
44	St. Bernard	65,147	14,205	15,203	15%	22%	22%	55
45	St. Charles	50,554	10,559	11,767	13%	19%	21%	58
46	St. Helena	10,138	3,338	3,645	22%	34%	33%	16
47	St. James	21,031	5,690	6,113	18%	25%	27%	39
48	St. John	46,150	13,443	15,023	16%	24%	29%	30
49	St. Landry	89,640	31,240	35,354	24%	34%	35%	12
50	St. Martin	50,228	14,376	16,246	20%	30%	29%	33
51	St. Mary	51,213	17,760	19,625	22%	32%	35%	13
52	St. Tammany	219,814	37,374	43,671	11%	15%	17%	62
53	Tangipahoa	106,152	35,623	40,887	22%	31%	34%	14
54	Tensas	6,117	2,419	2,618	31%	43%	40%	3
55	Terrebonne	107,094	28,647	33,598	18%	26%	27%	41
56	Union	22,866	6,077	6,660	19%	27%	27%	42
57	Vermilion	55,267	13,497	15,383	19%	27%	24%	50
58	Vernon	48,511	10,032	11,098	16%	22%	21%	59
59	Washington	44,277	15,493	17,713	26%	37%	35%	11
60	Webster	41,144	11,621	13,399	19%	28%	28%	35
61	West Baton Rouge	21,634	5,295	6,089	17%	24%	24%	48
62	West Carroll	11,815	4,357	5,042	23%	33%	37%	6
63	West Feliciana	15,185	2,202	2,467	20%	20%	15%	64
64	Winn	15,929	4,644	5,319	23%	31%	29%	29
<b>State Total<sup>4</sup></b>		<b>4,507,331</b>	<b>1,139,176</b>	<b>1,132,254</b>	<b>19%</b>	<b>27%</b>	<b>25%</b>	

<sup>1</sup> Source: U.S. Census Bureau, Population Estimates Program; March 2007 release. It does not show the effect of Hurricanes Katrina and Rita.<sup>2</sup> Annual Estimates of the Population for Louisiana Parishes: April 1, 2000 to July 1, 2006 (Jul 1, 2005)<sup>3</sup> Source: U.S. Census Bureau, Small Area Income & Poverty Estimates: December 2006 release.<sup>4</sup> Parish enrollees will not sum the total due to movement between parishes during the fiscal year; the state figure is **unduplicated**.

\*\* Total Recipients is pure unduplicated recipients.



**Percentage of Population Enrolled**

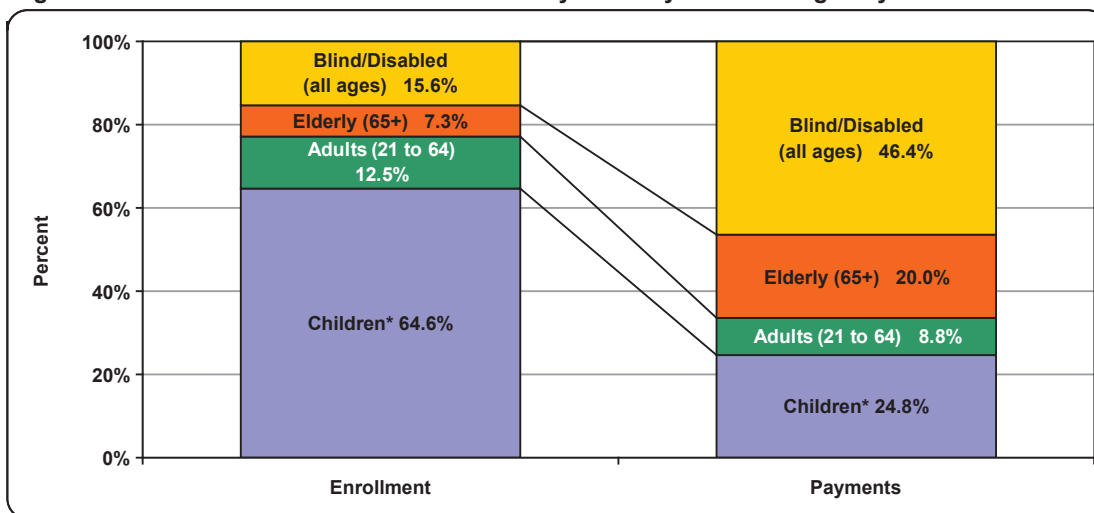
- 10 to 19
- 20 to 29
- 30 to 39
- 40 to 49

Parish	Percentage of Population Enrolled
Adams	24
Allen	30
Assumption	28
Azote	24
Beauregard	24
Bossier	20
Bienville	31
Caddo	27
Calcasieu	24
Caldwell	31
Catahoula	33
Cameron	16
Claiborne	30
Concordia	37
Couillard	24
De Soto	27
East Feliciana	25
E. Carroll	47
Evangeline	38
Franklin	38
Grant	30
Iberia	31
Iberville	31
Jackson	28
Jeff Davis	29
Jefferson	23
Lincoln	24
Lafayette	22
Lafourche	24
La Salle	26
Louisiana	24
Madison	43
Morehouse	35
Natchitoches	30
Orleans	32
Ouachita	28
Pasadena	24
Plaquemines	23
Rapides	30
Red River	32
Richland	36
Sabine	26
St. Bernard	22
St. Charles	21
St. James	27
St. John	29
St. Landry	35
St. Martin	29
St. Mary	35
St. Tammany	17
Tangipahoa	34
Tensas	40
Terrebonne	27
Union	27
Vernon	21
Vermilion	24
Washington	35
Webster	28
West Feliciana	15
Winn	29
W. Carroll	37

After Hurricanes Katrina and Rita hit Louisiana, in August and September 2005, total population residing in the state declined due to out migration of hurricane affected parishes' residents to other states across the country. The number of enrollees and recipients did not decrease during the SFY 2005/06, as Louisiana Medicaid continued to maintain its Medicaid enrollee's eligibility status and pay for Louisiana Medicaid Enrollees who were receiving services in other states. Louisiana Medicaid enrollment was only terminated when there was communication on behalf of the enrollee that they had established residence in another state.

During SFY 2005/06, total unduplicated Medicaid enrollment was 1,139,176. By eligible category (Figure 8), 64.6% of the enrollees were children, 15.6% were blind/disabled, 12.5% were adults between the ages of 21 and 64, and 7.3% were elderly (65+). Though children and adults together made up 77.1% of enrollees, only 33.6% of Medicaid claims payments were associated with them. Conversely, the blind and disabled category and elderly category combined made up 22.9% of enrollment, but accounted for 66.4% of claims payments. These two groups received services that were more expensive per enrollee than any other group.

**Figure 8: Louisiana Medicaid Enrollment and Payments by Basis of Eligibility**



\* Not including Blind and Disabled Children.

## Enrollment by Age, Gender, and Payments

Breaking down enrollees by age (Table 11) showed a majority of children enrolled with those aged 20 and under making up 68% of the total. Those between the age 21 and 64 comprised 24% of the enrolled population and the elderly (65 and over) made up the smallest component at 8%. Also, as expected, statistics reveal that certain age groups are more expensive than others. The reason for the difference

is that some groups tend to need more expensive services, such as long-term care services.

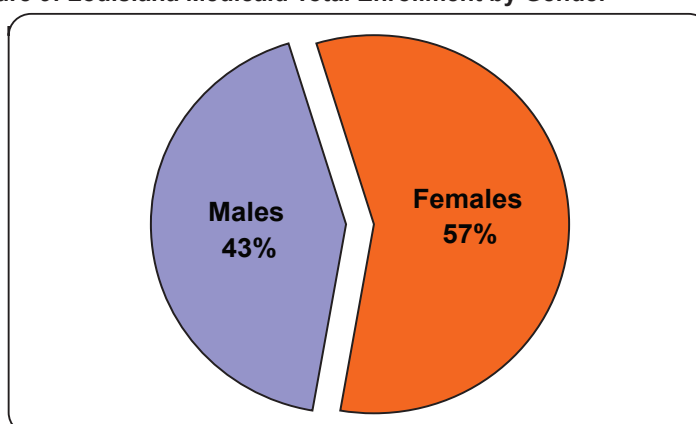
In general, for all ages, there are more females than males enrolled in Medicaid (Figure 9). Though children of age 18 and under are almost evenly split between female and male, in enrollees of ages 21 and above, enrollment is comprised of about 73% women. Many of these female enrollees meet the eligibility requirements of programs for pregnant women or programs for parents with small children.

**Table 11: Enrollees, Recipients, and Payments by Age and Gender**

Age	Enrollees			Recipients			Payments		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Under 1	34,352	32,564	66,916	32,589	30,900	63,489	\$164,614,384	\$137,077,783	\$301,692,167
1-5	110,758	105,743	216,501	110,767	105,697	216,464	\$150,447,941	\$120,937,258	\$271,385,199
6-14	167,900	161,409	329,309	166,034	159,433	325,467	\$215,452,042	\$160,070,805	\$375,522,846
15-18	63,410	67,586	130,996	62,450	66,707	129,157	\$89,796,302	\$129,148,184	\$218,944,486
19-20	9,113	23,598	32,711	10,493	25,146	35,639	\$26,464,826	\$75,498,992	\$101,963,818
21-44	38,162	141,383	179,545	35,345	144,494	179,839	\$373,404,773	\$616,158,835	\$989,563,608
45-64	37,118	56,033	93,151	35,673	55,110	90,783	\$428,771,328	\$556,825,664	\$985,596,991
65-84	20,099	50,622	70,721	19,622	49,553	69,175	\$173,173,484	\$374,819,081	\$547,992,566
85+	3,288	16,038	19,326	3,949	18,292	22,241	\$44,957,423	\$224,608,383	\$269,565,805
<b>Total</b>	<b>484,200</b>	<b>654,976</b>	<b>1,139,176</b>	<b>476,922</b>	<b>655,332</b>	<b>1,132,254</b>	<b>\$1,667,082,502</b>	<b>\$2,395,144,985</b>	<b>\$4,062,227,487</b>

\*Age in years as of January 2006.

**Figure 9: Louisiana Medicaid Total Enrollment by Gender**



# Medicaid Programs

Information about Louisiana Medicaid Services Programs can be found on our website, [www.dhh.louisiana.gov/Medicaid](http://www.dhh.louisiana.gov/Medicaid), or by calling the director's office at 1-225-342-3891 or any of our Medicaid Regional Offices.

## **...about Medicaid Data**

There are different ways to present Medicaid data; thus, results may differ based on the methodology employed. For instance, data is generally reported on one of the following bases:

- **“Date of Payment”** basis which includes only recipients of services along with the amounts of those claims **paid** during the time period in question, or 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 valid 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.

Therefore, 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** methodology. That is applicable for all budgetary and appropriation purposes, unless otherwise noted.

## **Medicaid Programs<sup>4</sup>**

The Louisiana Medicaid Program serves a wide range of the population from children to pregnant women to persons with disabilities.

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).

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

LaCHIP Program is the Louisiana version of the federal State Children's Health Insurance Program (SCHIP). DHH implemented LaCHIP or Title XXI in 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 currently up to 200% of FPL. To ensure continuity of care once enrolled, enrollees maintain their eligibility for twelve continuous months. LaCHIP provides coverage for medical visits for primary care as well as for preventive and emergent care, immunizations, prescription medications, hospitalization, dental work, home health care, and many other services. LaCHIP enrollees, recipients, and payments by parish are presented in Table 12. Also, Table 13 presents historical LaCHIP enrollees, recipients, and payments by major age groupings by SFY. For SFY 2005/06 there were a total of 147,758 children receiving Medicaid services through LaCHIP.

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<sup>4</sup> Information provided in this document is general. For detailed information regarding Medicaid programs please contact your local Department of Health and Hospitals.

**Table 12: LaCHIP (Title XXI) Statistics by Parish**

Parish					Parish				
	Parish	Enrollees*	Recipients*	Payments		Parish	Enrollees*	Recipients*	Payments
1	Acadia	2,739	2,754	\$2,627,858	33	Madison	490	497	\$417,127
2	Allen	1,049	1,076	\$887,852	34	Morehouse	1,174	1,190	\$1,314,980
3	Ascension	2,709	2,713	\$2,955,206	35	Natchitoches	1,276	1,251	\$1,096,882
4	Assumption	856	866	\$1,076,338	36	Orleans	12,834	13,218	\$6,053,934
5	Avoyelles	1,825	1,859	\$1,780,309	37	Ouachita	4,699	4,810	\$3,981,961
6	Beauregard	1,424	1,415	\$1,223,163	38	Plaquemines	781	771	\$603,971
7	Bienville	519	525	\$467,421	39	Pointe Coupee	869	904	\$892,447
8	Bossier	2,785	2,851	\$2,120,503	40	Rapides	4,739	4,738	\$4,264,072
9	Caddo	8,068	8,225	\$7,123,756	41	Red River	391	397	\$351,538
10	Calcasieu	6,740	6,730	\$5,866,667	42	Richland	843	899	\$917,826
11	Caldwell	482	587	\$691,797	43	Sabine	761	753	\$696,074
12	Cameron	313	332	\$325,303	44	St. Bernard	1,868	1,877	\$1,330,364
13	Catahoula	403	430	\$474,657	45	St. Charles	1,500	1,502	\$1,214,409
14	Claiborne	559	577	\$580,194	46	St. Helena	455	467	\$398,460
15	Concordia	799	797	\$639,470	47	St. James	740	758	\$462,703
16	De Soto	783	809	\$633,847	48	St. John	1,821	1,801	\$1,131,689
17	East Baton Rouge	10,759	10,948	\$7,782,353	49	St. Landry	3,967	4,002	\$3,669,082
18	East Carroll	368	374	\$418,702	50	St. Martin	2,113	2,152	\$1,749,429
19	East Feliciana	803	813	\$701,143	51	St. Mary	2,407	2,426	\$2,126,528
20	Evangeline	1,522	1,555	\$1,486,329	52	St. Tammany	5,755	5,718	\$5,347,761
21	Franklin	933	984	\$1,115,148	53	Tangipahoa	4,327	4,343	\$3,958,615
22	Grant	838	867	\$773,937	54	Tensas	253	261	\$241,318
23	Iberia	2,844	2,858	\$2,666,898	55	Terrebonne	3,745	3,864	\$3,999,892
24	Iberville	1,167	1,182	\$1,235,476	56	Union	810	831	\$704,829
25	Jackson	547	557	\$489,088	57	Vermilion	1,723	1,786	\$1,617,643
26	Jefferson	12,866	12,978	\$9,465,304	58	Vernon	1,753	1,749	\$1,645,297
27	Jefferson Davis	1,483	1,495	\$1,672,971	59	Washington	1,790	1,864	\$1,875,428
28	Lafayette	5,769	5,765	\$4,793,400	60	Webster	1,518	1,532	\$1,267,361
29	Lafourche	3,176	3,269	\$3,388,932	61	West Baton Rouge	696	707	\$1,219,397
30	La Salle	606	645	\$646,267	62	West Carroll	682	701	\$1,140,418
31	Lincoln	1,193	1,213	\$994,961	63	West Feliciana	420	420	\$421,712
32	Livingston	4,357	4,375	\$4,696,075	64	Winn	702	734	\$697,467
State Totals					145,460 147,758 \$128,611,941				

\*Parish enrollees and recipients will not sum to the state total due to movement between parishes during the fiscal year. The state total is unduplicated for the entire state, while total numbers are unduplicated within the parish.

**Table 13: LaCHIP Children (Title XXI) by State Fiscal Year**

Age	Enrollees				Recipients				Payments			
	2002/03	2003/04	2004/05	2005/06	2002/03	2003/04	2004/05	2005/06	2002/03	2003/04	2004/05	2005/06
Under 1	2,086	2,017	2,126	1,852	1,370	1,248	1,892	1,619	\$3,464,656	\$3,200,634	\$2,440,157	\$1,762,623
1 to 5	22,105	25,671	26,825	24,820	20,547	24,349	27,143	25,183	\$22,766,594	\$27,630,819	\$25,520,381	\$22,570,072
6 to 14	68,673	77,643	83,512	80,553	52,657	62,836	84,198	81,072	\$47,534,582	\$59,719,719	\$71,354,317	\$65,412,218
15 to 18	26,192	30,879	37,213	38,235	18,571	20,644	39,183	39,884	\$20,612,525	\$24,091,729	\$39,250,348	\$38,867,028
Total	119,056	136,210	149,676	145,460	93,145	109,077	152,416	147,758	\$94,378,357	\$114,642,901	\$138,565,203	\$128,611,941

The total number of children, including Title XIX and Title XXI, under age 20 enrolled in Medicaid (Table 14 and Figure 10) increased for the SFY 2005/06 by

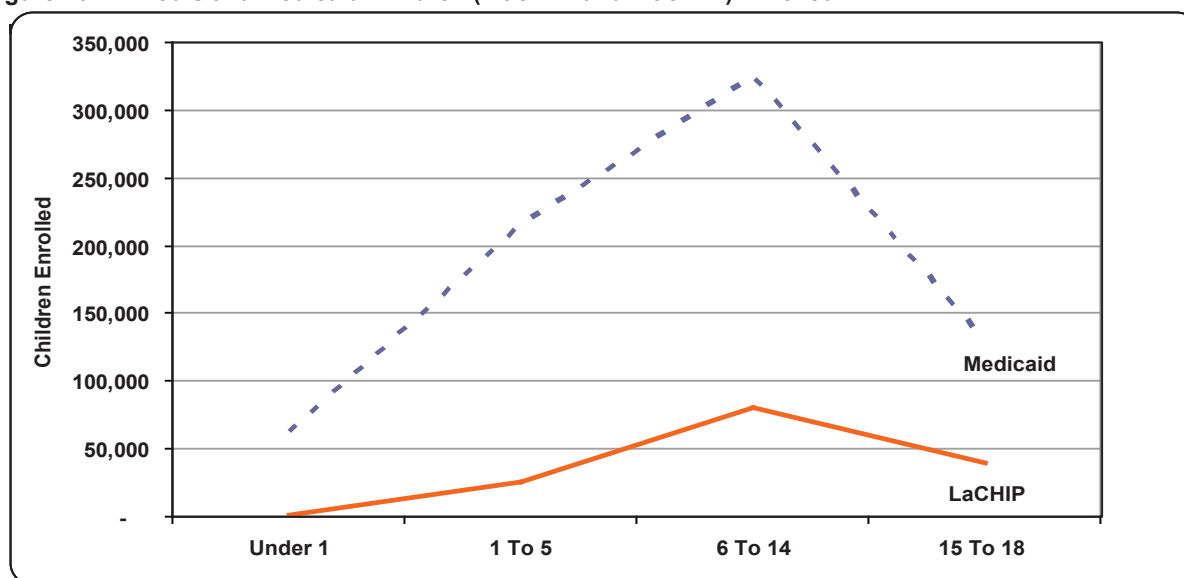
15,511. During SFY 2004/05, there were 760,922 children enrolled and 754,817 recipients with total payments of \$1,388,671,606.

**Table 14: All Medicaid Children (Title XIX and Title XXI) Enrollees, Recipients, Payments, and Percentage of Payment**

Age*	Enrollees	Recipients	Payments	Proportion of Payments
Under 1	66,916	63,489	\$301,692,167	24%
1 to 5	216,501	216,464	\$271,385,199	21%
6 to 14	329,309	325,467	\$375,522,846	30%
15 to 18	130,996	129,157	\$218,944,486	17%
<b>Total Under 19</b>	<b>743,722</b>	<b>734,577</b>	<b>1,167,544,698</b>	<b>92%</b>
19 to 20	32,711	35,639	\$101,963,818	8%
<b>Grand Total</b>	<b>776,433</b>	<b>770,216</b>	<b>1,269,508,516</b>	<b>100%</b>

\*Age as of January 1, 2006.

**Figure 10: All Louisiana Medicaid Children (Title XIX and Title XXI) Enrolled**



## LaMOMS Program

The Medicaid Program for Pregnant Woman was renamed LaMoms in 2003 and eligibility was expanded to 200% FPL. Prior to January 2003, only mandatory (up to 133% FPL) pregnant women were covered. The LaMOMS program was implemented to make prenatal care available to more pregnant women. The LaMOMS program provided services to 69,897 women in SFY 2005/06 at a total cost of \$206,585,136. Eligibility criteria allow pregnant women with an income up to 200% of the FPL (Table 7) to be eligible for prenatal services through Medicaid. Medicaid pays for pregnancy-related services, delivery, and care up to 60 days after the pregnancy ends including doctor visits, lab work, lab tests, prescription medicines and hospital care.

## Medicaid Purchase Plan

The Medicaid Purchase Plan, implemented in January 2004, offers an individual with disabilities who is working or interested in working the opportunity to buy the health coverage offered by the Louisiana Medicaid Program. Depending on an individual's income, a premium payment may be required for this health care coverage (Table 15). This plan provides full medical coverage including prescription drugs, hospital care, doctor visits, medical equipment and supplies, medical transportation, and other services. During SFY 2005/06, total enrollment was 1,150; a 44% increase from the end of the SFY 2004/05 (Table 16).

**Table 15: Medicaid Purchase Plan Requirements and Monthly Premiums**

Income Requirement*	Premium	Age	Assets Limit
To 150% of Poverty	\$0	Between 16 and 65	Less than \$25,000
From 150% to 200% of Poverty	\$80		
From 200% to 250% of Poverty	\$110		

\*This is based on countable income – not gross or net income.



**Table 16: Medicaid Purchase Plan- Enrollees, Recipients, Payments and Premiums Collected**

SFY	Enrollees	Recipients	Payments	Premium Collected	
				Enrollees Paying Premium	Amount Collected
2003/04	227	129	\$205,521	26	\$6,170
2004/05	800	685	\$3,706,973	98	\$45,890
2005/06	1,150	1,007	\$6,232,096	175	\$89,980

## Medicare Savings Program (MSP)

The Medicare Savings Program, also called Medicare buy-in, is a program for people with Medicare who have limited income and resources. Depending on income, an individual may be classified as a Qualified Medicare Beneficiary (QMB), which covers both the Medicare Part B premium and some co-pays and deductibles; Specified Low Medicare Beneficiary (SLMB), which covers the Medicare Part B premium only; or Qualified Individual (QI-1), which covers the Medicare Part B premium through 100% federal dollars. All three programs automatically entitle the enrollee to Low Income Subsidy (LIS) status for the Medicare Prescription Drug Plan (Part D). Monthly premiums are waived and prescription co-pays are nominal. In addition these individuals are not subject to the Medicare Drug Plan “doughnut hole.” The MSP helps Medicare qualified, low income older adults and individuals with disabilities pay premiums associated

with Medicare Part A, Part B, and Part D monthly premiums (up to \$35). 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 2005 and 2006 are presented in Table 17. 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 currently enrolled in Part A Medicare to receive assistance on Part B premiums.

Table 18 presents the income eligibility requirements for each buy-in program. At the end of SFY 2005/06, Louisiana Medicaid was paying premiums for approximately 140,000 individuals per month.

**Table 17: Medicare Premiums, Deductibles, and Total Payments**

Calendar Year	Part A Monthly Premiums*		Part A Deductible	Part B Monthly Premium	Part B Annual Deductible	Part D Monthly Premium
	Eligible Work History					
	< 7½ Years	7½ to 10 years				
2005	\$375	\$206	\$912	\$78.20	\$110	--
2006	\$393	\$216	\$952	\$88.50	\$124	\$32.50

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

Source: 2006 Annual Report of the Board of Trustees of the Medicare Trust Funds, May 2006

**Table 18: Medicare Buy-In Program Requirements and Coverage**

Eligible Group	Coverage	Income Requirement	Asset Limit
<b>Qualified Medicare Beneficiary (QMB)</b>	Medicare Part A and Part B premiums, deductible and co-payment Medicare Prescription Drug Plan monthly premium	To 100% of poverty	Less than \$4,000 for individual and \$6,000 for couple
<b>Specified Low Income Beneficiary (SLMB)</b>	Medicare Part B premium Medicare Prescription Drug Plan monthly premium	To 120% of poverty	
<b>Qualified Individual (QI)</b>	Medicare Part B premium Medicare Prescription Drug Plan monthly premium	To 135% of poverty	

## **Women Diagnosed with Breast or Cervical Cancer**

The Louisiana Medicaid Breast and Cervical Cancer Program provides full Medicaid benefits to uninsured women who are identified through the Centers for Disease Control (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP). These women have been diagnosed with breast or cervical cancer, or a pre-cancerous condition and are in need of treatment. The Medicaid program does not have income or resource limits, but the CDC requires that the income be less than 250% of the federal poverty income guidelines. During SFY 05/06, a total of 1,255 women received services at annual expense of \$19 million.

## **CommunityCARE Program**

The CommunityCARE program is a Primary Care Case Management (PCCM) program of the Louisiana Medicaid Program initiated under the authority of a section 1915(b) waiver, and currently operates as a State Plan service. PCCM is a comprehensive health delivery system with fee-for-service reimbursement that links Medicaid recipients to a contracted provider who is paid a set fee for managing and coordinating an assigned/linked enrollee's health care services.

The primary goal of CommunityCARE is to provide a "Medical Home" to all enrollees to assure access to quality, continuity, and preventive health care for Medicaid enrollees participating in the CommunityCARE program.

## **KIDMED**

Louisiana's Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program, which is known as KIDMED, includes medical, vision, hearing, and dental screens performed according to a periodicity schedule recommended by the American Academy of Pediatrics. This schedule identifies the type of screen the child needs according to the child's age. Screens can be performed in addition to the prescribed schedule based on medical necessity. Immunizations are also administered according to this periodicity schedule. Health education is a vital part of the success of the EPSDT Program and is tailored to the child's age and health status at the time of the screening service. Medical conditions such as lead poisoning, sickle cell anemia, developmental delays, nutritional deficiencies, and behavioral disorders consistently result in successful outcomes and cost effective treatment plans when detected early.

## Medicaid Providers

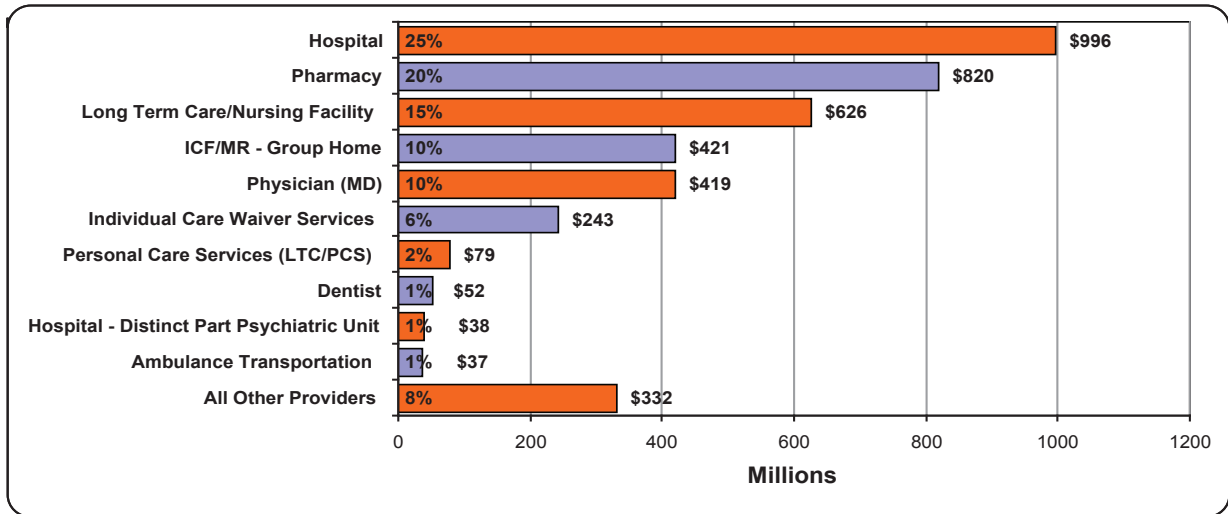
During SFY 2005/06, over 31,032 participating providers offered services to the Louisiana Medicaid population. Private providers (non-state owned) account for 69.4% of the \$4.8 billion total expenditures for SFY 2005/06 (Table 4).

Figure 11 represents combined claims payments to public and private providers. It also combines

inpatient and outpatient payments to hospitals. In SFY 2005/06, together, Hospital and Pharmacy payments represented nearly half (45%) of total claims payments to all (public and private) providers.

Figure 12 shows a map of the provider payment/recipient payments ratios from Table 19 for the SFY 2005/06.

**Figure 11: Top Ten Provider Types (Public and Private)**



**Figure 12: Provider Participation Ratios**

\*(101 means Provider \$\$ > Recipient \$\$)

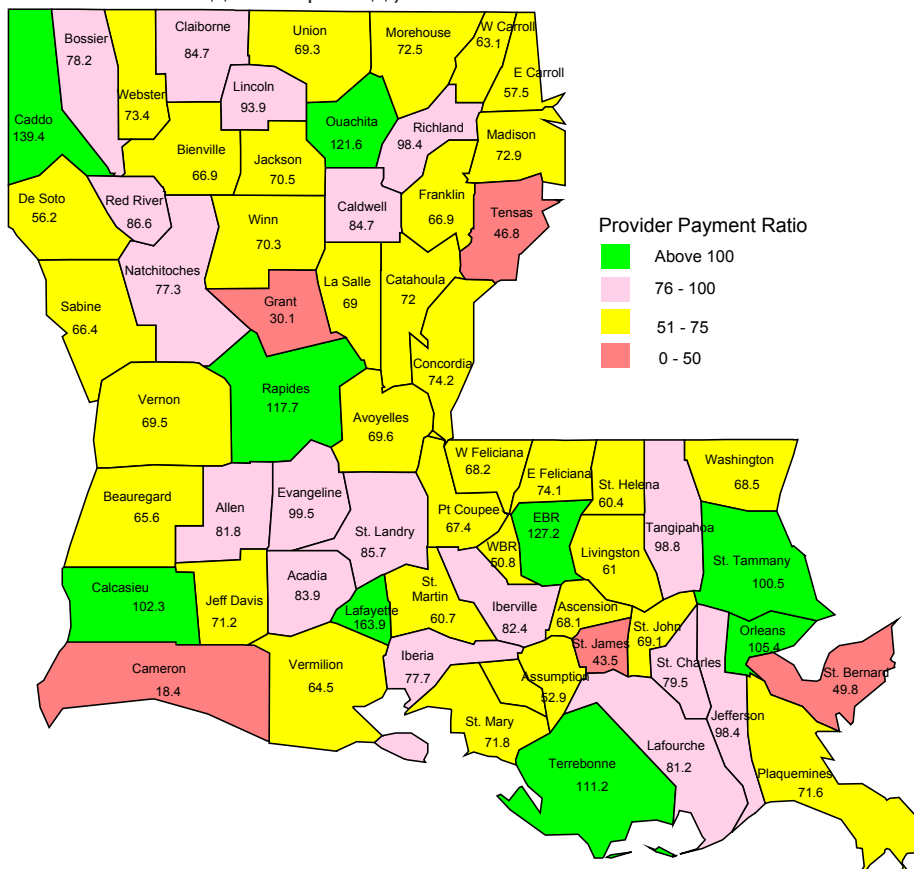


Table 19: Provider Participation Ratios

	Parish	In-Parish Provider Payments	In-Parish Resident Payments	Ratio
1	Acadia	\$62,750,426	\$74,822,115	83.9
2	Allen	\$21,616,549	\$26,434,607	81.8
3	Ascension	\$36,207,896	\$53,190,845	68.1
4	Assumption	\$10,969,610	\$20,735,271	52.9
5	Avoyelles	\$40,848,373	\$58,677,835	69.6
6	Beauregard	\$16,811,974	\$25,622,649	65.6
7	Bienville	\$12,052,646	\$18,021,320	66.9
8	Bossier	\$64,991,204	\$83,130,501	78.2
9	Caddo	\$353,124,430	\$253,358,624	139.4
10	Calcasieu	\$154,104,242	\$150,582,772	102.3
11	Caldwell	\$15,951,787	\$18,822,179	84.7
12	Cameron	\$558,375	\$3,030,328	18.4
13	Catahoula	\$9,461,899	\$13,141,992	72.0
14	Claiborne	\$14,876,506	\$17,567,152	84.7
15	Concordia	\$15,252,344	\$20,549,996	74.2
16	De Soto	\$12,503,741	\$22,234,175	56.2
17	East Baton Rouge	\$418,251,050	\$328,758,961	127.2
18	East Carroll	\$9,306,899	\$16,183,913	57.5
19	East Feliciana	\$25,998,885	\$35,082,650	74.1
20	Evangeline	\$52,193,361	\$52,453,372	99.5
21	Franklin	\$23,029,711	\$34,443,729	66.9
22	Grant	\$5,648,800	\$18,749,989	30.1
23	Iberia	\$56,261,748	\$72,455,376	77.7
24	Iberville	\$27,597,202	\$33,483,239	82.4
25	Jackson	\$12,780,892	\$18,134,843	70.5
26	Jefferson	\$263,415,042	\$267,766,122	98.4
27	Jefferson Davis	\$23,587,517	\$33,122,087	71.2
28	Lafayette	\$241,990,617	\$147,624,847	163.9
29	Lafourche	\$65,498,776	\$80,628,911	81.2
30	La Salle	\$11,625,320	\$16,853,991	69.0
31	Lincoln	\$44,556,011	\$47,474,940	93.9
32	Livingston	\$41,705,312	\$68,343,852	61.0
33	Madison	\$13,408,398	\$18,402,758	72.9
34	Morehouse	\$30,172,816	\$41,605,668	72.5
35	Natchitoches	\$31,483,590	\$40,726,988	77.3
36	Orleans	\$315,828,647	\$299,595,545	105.4
37	Ouachita	\$181,313,957	\$149,166,469	121.6
38	Plaquemines	\$31,926,077	\$44,585,393	71.6
39	Pointe Coupee	\$14,114,969	\$20,945,312	67.4
40	Rapides	\$334,300,629	\$283,955,921	117.7
41	Red River	\$9,022,322	\$10,423,666	86.6
42	Richland	\$35,946,432	\$36,546,290	98.4
43	Sabine	\$15,679,870	\$23,611,208	66.4
44	St. Bernard	\$16,370,525	\$32,846,669	49.8
45	St. Charles	\$20,070,864	\$25,261,013	79.5
46	St. Helena	\$6,221,871	\$10,302,048	60.4
47	St. James	\$5,994,869	\$13,785,340	43.5
48	St. John	\$19,424,991	\$28,124,070	69.1
49	St. Landry	\$101,214,961	\$118,089,448	85.7
50	St. Martin	\$26,861,320	\$44,268,327	60.7
51	St. Mary	\$36,042,902	\$50,204,908	71.8
52	St. Tammany	\$102,411,192	\$101,919,186	100.5
53	Tangipahoa	\$164,537,055	\$166,455,570	98.8
54	Tensas	\$3,430,967	\$7,327,330	46.8
55	Terrebonne	\$104,542,809	\$93,975,869	111.2
56	Union	\$15,574,830	\$22,477,783	69.3
57	Vermilion	\$29,551,315	\$45,845,502	64.5
58	Vernon	\$24,174,283	\$34,784,748	69.5
59	Washington	\$39,239,584	\$57,271,915	68.5
60	Webster	\$33,798,563	\$46,078,350	73.4
61	West Baton Rouge	\$8,529,492	\$16,797,972	50.8
62	West Carroll	\$11,852,753	\$18,788,212	63.1
63	West Feliciana	\$6,479,448	\$9,504,927	68.2
64	Winn	\$11,999,606	\$17,069,900	70.3
In-State Total		\$3,967,051,052		97.7
Out of State Total		\$95,176,435		2.3
Total		4,062,227,487	\$4,062,227,487	100

Table 19 Presents (1) payments made on the basis of provider parish regardless of which parish a recipient resides in; (2) payments made on behalf of Medicaid recipients from a parish regardless of which parish they actually received services; and (3) the ratio of provider parish payments to recipient parish payments times 100.

A ratio of 100 indicates that the payments made to the providers of the parish are equal to the payments made on behalf of recipients of that parish.

A ratio of less than 100 means that payments made on behalf of that parish's recipients are greater than payments made to the providers of that parish, which may indicate that some recipients received their services outside of their respective parish. For example, a ratio of 95 indicates that about 5% of payments made on behalf of recipients of the parish are going out of that parish.

A ratio greater than 100 implies that providers of that parish may be serving Medicaid recipients of other parishes. For example, a ratio of 120 implies that about 20% of payments made to the providers of that parish are coming on behalf of recipients of other parishes.

Top Ten provider types of total Medicaid Payments grouped by in-state and out-of state are presented in Table 20. About \$4 billion (98%) of the total \$4.1 billion payments was made to providers within Louisiana, while about \$95.2 million (2%) of payments was made to out-of-state providers.

Table 20 also shows that Hospitals (25%), Pharmacy (20%, in addition to clawback payments), Nursing facilities (15%) and ICF/MR Facilities (10%) combined accounted for more than 70% of total payments. Hospitals (45%) and Pharmacy (33%) together made up about 78% of out-of-state payments. This year out-of-state payments more than doubled compared to the previous year payments of about \$45 million. This is a reflection of the impact hurricanes Katrina and Rita had during the SFY 2005/06.

Table 21 presents the number of participating providers grouped by top ten provider types of total payments. Physician (MD) provider types accounted for 14,177 (46%) of the 31,032 total participating providers. With respect to in-state and out-of-state providers distribution, about 38% of participating providers are from out of state. This reflects the impact on increased provider enrollment during the brief period immediately after the hurricanes fury over southern Louisiana.

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.).

**Table 20: In-State and Out-of-State Payments - Top 10 Provider Types Based on Total Payments**

Provider Type	Payments			Ratio of each Program			Ratio Between In and Out of State	
	In State	Out of State	Total	In State	Out of State	Total	In State	Out of State
Hospital	\$952,738,352	\$43,271,268	\$996,009,620	24%	45%	25%	96%	4%
Pharmacy	789,161,062	30,352,062	819,513,124	20%	32%	20%	96%	4%
Long Term Care/Nursing Facility	625,953,980	31,567	625,985,548	16%	0%	15%	100%	0%
ICF/MR - Group Home	420,733,021		420,733,021	11%	0%	10%	100%	0%
Physician (MD)	413,765,627	5,057,458	418,823,085	10%	5%	10%	99%	1%
Personal Care Attendant - Waiver	242,964,547	33,266	242,997,813	6%	0%	6%	100%	0%
Personal Care Services (LTC/PCS/PAS)	79,475,114	2,721	79,477,835	2%	0%	2%	100%	0%
Dentist	52,006,276	169,221	52,175,497	1%	0%	1%	100%	0%
Hospital - Distinct Part Psychiatric Unit	37,750,761		37,750,761	1%	0%	1%	100%	0%
Ambulance Transportation	36,404,341	189,656	36,593,997	1%	0%	1%	99%	1%
All Other Provider Types	316,097,972	16,069,215	332,167,187	8%	17%	8%	95%	5%
<b>Grand Total</b>	<b>\$3,967,051,052</b>	<b>\$95,176,435</b>	<b>\$4,062,227,487</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>98%</b>	<b>2%</b>

**Table 21: In-State and Out-of-State Number of Providers - Top 10 Provider Types Based on Total Payments**

Provider Type	Number of Provider			Ratio of each Program			Ratio Between In and Out of State	
	In State	Out of State	Total	In State	Out of State	Total	In State	Out of State
Hospital	193	841	1,034	1%	7%	3%	19%	81%
Pharmacy	1,469	5,205	6,674	8%	44%	22%	22%	78%
Long Term Care/Nursing Facility	308	39	347	2%	0%	1%	89%	11%
ICF/MR - Group Home	511	0	511	3%	0%	2%	100%	0%
Physician (MD)	9,661	4,516	14,177	50%	39%	46%	68%	32%
Personal Care Attendant - Waiver	345	1	346	2%	0%	1%	100%	0%
Personal Care Services (LTC/PCS/PAS)	401	1	402	2%	0%	1%	100%	0%
Dentist	678	101	779	4%	1%	3%	87%	13%
Hospital - Distinct Part Psychiatric Unit	50	0	50	0%	0%	0%	100%	0%
Ambulance Transportation	50	43	93	0%	0%	0%	54%	46%
All Other Provider Types	5,657	962	6,619	29%	8%	21%	85%	15%
<b>Grand Total</b>	<b>19,323</b>	<b>11,709</b>	<b>31,032</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>62%</b>	<b>38%</b>



**Table 22: Payments of Top Ten Provider Types by Parish**

Parish	Hospital	Pharmacy	Long Term Care/Nursing Facility	ICF/MR - Group Home	Physician (MD)	Individual Care Waiver Services
Acadia	\$6,459,773	\$20,795,360	\$12,358,779	\$11,183,001	\$5,295,442	\$70,361
Allen	2,600,689	5,438,298	7,747,363		2,282,039	61,566
Ascension	3,673,780	14,790,252	5,650,827	290,288	3,377,439	2,868,720
Assumption	534,181	2,546,876	3,017,178	607,622	382,302	2,086,918
Avoyelles	3,200,889	12,100,402	17,724,776	295,098	3,157,833	
Beauregard	3,113,274	3,842,099	5,353,784	630,247	2,182,234	203,877
Bienville	44,829	2,330,928	6,102,136	996,053	598,369	
Bossier	4,242,931	9,908,745	10,924,829	27,739,040	3,236,509	3,362,926
Caddo	136,092,034	55,852,248	50,030,151	10,426,707	38,177,998	16,049,112
Calcasieu	36,343,457	31,858,158	22,316,643	12,945,650	17,014,302	9,398,959
Caldwell	2,206,525	3,942,053	2,464,663	4,244,595	954,415	375,449
Cameron	150,364	97,119	34,042		50,466	
Catahoula		3,041,878	2,411,589		583,356	1,081,874
Claiborne	2,522,682	3,253,606	4,285,885		741,580	2,498,421
Concordia	2,706,062	4,050,484	4,301,660		1,533,559	256,224
De Soto	1,545,136	3,543,547	3,918,284	541,810	471,678	97,628
East Baton Rouge	137,839,636	77,045,348	54,355,488	13,066,998	51,907,774	25,321,527
East Carroll	1,352,218	2,693,047	3,055,761		1,122,925	
East Feliciana	290,346	3,748,346	17,407,431	2,256,945	521,084	
Evangeline	7,792,485	14,923,035	9,988,392	2,239,234	5,435,105	1,331,794
Franklin	1,726,937	5,551,110	9,278,015	1,837,552	996,933	7,581
Grant		1,197,508	3,681,977	272,808	334,283	
Iberia	4,237,520	16,326,168	11,591,688	2,640,911	10,704,073	4,500,355
Iberville	5,153,802	7,797,021	6,993,117		3,554,643	1,119,053
Jackson	1,521,909	3,369,518	6,264,229		518,481	469,108
Jefferson	46,167,751	72,752,998	22,884,442	25,306,311	37,633,043	25,857,034
Jefferson Davis	2,539,272	8,647,383	7,200,892	263,428	2,410,919	693,599
Lafayette	74,903,195	31,858,686	23,730,543	5,373,965	24,542,040	21,121,757
Lafourche	8,682,630	13,619,280	9,864,886	8,696,514	5,306,633	10,470,929
LaSalle	2,804,897	2,955,794	4,702,809		390,147	
Lincoln	8,981,776	6,302,828	7,008,900	13,892,374	4,162,028	1,201,489
Livingston	1,198,008	17,567,388	13,854,716	1,328,530	1,944,923	2,062,805
Madison	1,556,940	3,009,651	2,545,337	2,021,230	517,840	339,776
Morehouse	3,434,366	7,821,456	10,534,282	651,017	3,730,218	1,121,568
Natchitoches	4,616,670	11,145,949	6,732,570		3,518,229	1,702,030
Orleans	165,387,884	22,869,529	25,015,084	10,037,740	34,627,570	15,300,300
Ouachita	51,849,234	28,547,203	17,935,336	8,524,002	18,934,893	21,110,705
Plaquemines		532,383	1,334,414	28,605,279	168,857	707,008
Pointe Coupe	1,454,652	3,903,658	4,979,419		1,175,398	311,997
Rapides	55,040,856	45,805,046	24,983,087	136,955,395	20,594,937	21,217,637
Red River	1,884,564	2,894,400	2,860,953		533,107	33,777
Richland	2,673,646	7,937,715	7,441,956	7,619,200	3,166,370	3,048,298
Sabine	1,091,480	3,933,190	6,939,675	1,806,263	1,411,356	
St. Bernard	1,557,246	3,057,775	1,825,565	1,155,599	1,889,632	5,206,027
St. Charles	2,149,095	6,072,974	4,466,526	330,705	1,926,276	1,513,289
St. Helena	692,875	1,543,423	1,543,714	501,667	542,183	
St. James	884,644	2,129,649	1,390,080		1,095,059	49,259
St. John	2,913,543	4,731,419	2,168,318	898,238	3,358,783	2,332,058
St. Landry	19,578,942	29,909,634	22,010,351	2,513,037	16,230,233	1,962,045
St. Martin	586,309	8,627,235	6,148,835	811,831	971,427	6,072,681
St. Mary	5,693,632	11,284,596	7,183,222	553,179	4,879,201	686,070
St. Tammany	25,958,323	25,494,825	16,900,761	3,233,093	16,630,458	2,929,719
Tangipahoa	31,184,724	22,958,613	12,645,560	50,771,792	13,942,367	16,980,330
Tensas		1,240,641	1,700,593		71,602	
Terrebonne	35,554,234	21,369,974	13,298,320	1,751,035	16,585,032	4,909,892
Union	1,399,717	4,458,056	6,027,144	317,347	820,769	
Vermilion	2,758,858	8,455,376	12,505,185	642,235	2,803,151	6,584
Vernon	4,049,654	5,870,931	4,555,654	5,529,648	3,212,983	
Washington	7,530,595	12,614,890	7,064,499	931,564	2,838,583	1,886,167
Webster	6,392,890	5,217,403	8,674,137	5,006,408	2,962,288	835,726
West Baton Rouge		4,328,288	2,548,441	640,002	405,864	73,792
West Carroll	1,517,879	3,497,920	3,798,575	331,159	1,357,762	
West Feliciana	1,000,346	1,090,015	3,013,231	247,261	618,363	58,750
Winn	1,715,566	3,059,735	4,677,280	1,271,413	720,276	
<b>Total In-State</b>	<b>\$952,738,352</b>	<b>\$789,161,062</b>	<b>\$625,953,980</b>	<b>\$420,733,021</b>	<b>\$413,765,627</b>	<b>\$242,964,547</b>
<b>Total Out-State</b>	<b>\$43,272,430</b>	<b>\$30,352,243</b>	<b>\$31,567</b>	<b>\$0</b>	<b>\$5,063,696</b>	<b>\$33,266</b>
<b>Grand Total</b>	<b>\$996,010,782</b>	<b>\$819,513,304</b>	<b>\$625,985,548</b>	<b>\$420,733,021</b>	<b>\$418,829,322</b>	<b>\$242,997,813</b>

Table 22: Payments of Top Ten Provider Types by Parish

Personal Care Services (LTC/PCS/PAS)	Dentist	Hospital - Distinct Part Psychiatric Unit	Ambulance Transportation	All Other Provider Types	Grand Total	Rank	Parish
	\$897,376	\$1,960,855		\$3,729,480	\$62,750,426	15	Acadia
70,767	93,075	2,448,504	79,803	794,444	21,616,549	36	Allen
966,804	677,903	44,924		3,866,958	36,207,896	22	Ascension
821,315				973,218	10,969,610	54	Assumption
124,456	1,000,412	20,203		3,224,303	40,848,373	20	Avoyelles
553,343	309,886			623,230	16,811,974	39	Beauregard
	4,650			1,975,681	12,052,646	50	Bienville
730,946	333,728		460,436	4,051,113	64,991,204	14	Bossier
4,266,773	4,511,287	6,213,397	2,279,253	29,225,469	353,124,430	2	Caddo
3,474,890	2,593,301	2,367,483		15,791,398	154,104,242	9	Caldcasieu
231,447	13,767			1,518,872	15,951,787	41	Caldwell
	16,128		13,913	196,343	558,375	64	Cameron
1,355,466	328,078			659,658	9,461,899	55	Catahoula
475,244	52,594	15,595	96,468	934,431	14,876,506	45	Claiborne
485,577	588,915		269,243	1,060,620	15,252,344	44	Concordia
424,287	426,165	86	102,739	1,432,382	12,503,741	49	De Soto
9,913,715	6,929,187	4,848,772	1,588,066	35,434,538	418,251,050	1	East Baton Rouge
209,673	445,151			428,124	9,306,899	56	East Carroll
	180,244			1,594,489	25,998,885	32	East Feliciana
2,739,390	540,769	3,485,276		3,717,881	52,193,361	17	Evangeline
579,765	364,190	19,931	901,626	1,766,072	23,029,711	35	Franklin
	23,400			138,824	5,648,800	62	Grant
1,929,422	475,002			3,856,608	56,261,748	16	Iberia
62,646	618,760			2,298,161	27,597,202	30	Iberville
74,646	16,608		113,092	433,301	12,780,892	48	Jackson
4,170,714	2,970,946	1,718,666	2,074,745	21,878,392	263,415,042	5	Jefferson
	63,045			1,768,979	23,587,517	34	Jefferson Davis
5,549,821	3,975,026	1,429,735	21,351,785	28,154,064	241,990,617	6	Lafayette
1,503,449	728,302	77,968	186,186	6,362,001	65,498,776	13	Lafourche
	28,413	128,552		614,708	11,625,320	53	LaSalle
384,546	808,052		96,039	1,717,980	44,556,011	18	Lincoln
401,047	1,043,301			2,304,595	41,705,312	19	Livingston
1,016,601	62,069			2,338,954	13,408,398	47	Madison
674,289	305,252	0	562,509	1,337,860	30,172,816	28	Morehouse
779,984	243,585	145,816		2,598,757	31,483,590	27	Natchitoches
3,820,261	2,746,494	3,137,378	1,568,517	31,317,890	315,828,647	4	Orleans
5,702,464	3,961,098	3,918,407	1,145,358	19,685,257	181,313,957	7	Ouachita
51,981	134,448		57,060	334,646	31,926,077	26	Plaquemines
395,889	652			1,893,304	14,114,969	46	Pointe Coupe
5,552,414	2,289,520	1,011,842	554,248	20,295,648	334,300,629	3	Rapides
150,843	63,574			601,105	9,022,322	57	Red River
1,217,234	354,520	5,965		2,481,528	35,946,432	24	Richland
	38,405			459,502	15,679,870	42	Sabine
340,021	352,794	19,987		965,878	16,370,525	40	St. Bernard
290,843	111,787	980,766	99,133	2,129,471	20,070,864	37	St. Charles
847,644	155,568			394,798	6,221,871	60	St. Helena
3,249	6,142			436,786	5,994,869	61	St. James
901,508	943,709			1,177,415	19,424,991	38	St. John
3,522,413	826,276	65,537	538,216	4,058,275	101,214,961	12	St. Landry
2,284,618	34,423			1,323,961	26,861,320	31	St. Martin
1,191,575	286,029	386,185		3,899,212	36,042,902	23	St. Mary
856,946	3,057,829		59,414	7,289,823	102,411,192	11	St. Tammany
5,068,238	2,063,063	89,692		8,832,674	164,537,055	8	Tangipahoa
				418,130	3,430,967	63	Tensas
1,082,544	1,493,301	1,202,072		7,296,404	104,542,809	10	Terrebonne
	114,608		220,604	2,216,584	15,574,830	43	Union
9,930	440,029	1,028,780		901,187	29,551,315	29	Vermilion
128,922	5,919			820,572	24,174,283	33	Vernon
1,560,385	407,277	978,386	751,982	2,675,255	39,239,584	21	Washington
157,469	105,981		1,073,753	3,372,508	33,798,563	25	Webster
	197,627			335,478	8,529,492	58	West Baton Rouge
105,654	7,778		160,155	1,075,873	11,852,753	52	West Carroll
261,045	83,633			106,806	6,479,448	59	West Feliciana
	55,229			500,109	11,999,606	51	Winn
\$79,475,114	\$52,006,276	\$37,750,761	\$36,404,341	\$316,097,972	\$3,967,051,052		Total In-State
\$2,721	\$169,221	\$0	\$189,656	\$16,061,635	\$95,176,435		Total Out-State
\$79,477,835	\$52,175,497	\$37,750,761	\$36,593,997	\$332,159,608	\$4,062,227,487		Grand Total

Table 23 presents each state's payments by the top ten out-of-state provider types. The number of participating providers for the top ten out-of-state provider types is presented in Table 24. Our neighbor

states, Texas with about \$45 million (47%) and Mississippi with \$18 million (17%), out rank all other states. Participation is represented by all states in the U.S., except for Vermont.

**Table 23: Top Ten Out-of-State Payments by State**

State	Hospital	Pharmacy	Independent Lab	Physician (MD)	DME	Fiscal Agent - Waiver
AK						
AL	\$1,262,289	\$576,983	\$3,603,252	\$66,205	\$12,250	
AR	2,393,590	823,008	444	372,068	24,286	
AZ	72,148	30,021	969	416	1,158	
CA	507,720	71,185	565,014	3,213	215,101	
CO	168,519	29,377	507,150	4,409	275	
CT	44	10,439	24,706	747		
DC	2,616	312		70		
DE	0					
FL	681,144	1,290,919	110,406	45,718	240,404	
GA	1,160,371	1,252,452	13,417	95,400	9,849	
HI	68	364				
IA	10,486	8,151				
ID	3,631	28				
IL	130,774	56,605		792	21,254	
IN	43,401	98,642	13	2,659		
KS	32,882	78,335	3,445	176		
KY	20,906	120,825		232	19	
MA	109,908	5,602	57,066	3,681	7,465	551,992
MD	166,958	136,837		927	380,635	
ME	38	1,128				
MI	24,527	38,369		358	5,075	
MN	12,382	9,004	227,581	35	163,540	
MO	969,878	80,796	9,195	25,393	3,313	
MS	6,822,815	7,575,255	104,476	2,827,995	188,289	56
MT	227	2,097		226		
NC	28,491	51,689	609,500	2,650	1,480	17
ND				125		
NE	550,932	8,115		37,578	5,200	
NH	116	1,588	80			
NJ	55,305	5,421	1,064,798	608	5,835	
NM	16,731	9,472	66,923	494		
NV	81,488	18,065		70		
NY	197,768	13,204			2,676	
OH	206,036	21,320		10,639	62,845	
OK	116,386	72,167		5,925	208	
OR	260	1,929			19	
PA	29,395	3,211,103		7,284	249,557	
RI	700	1,291				
SC	13,337	24,532			928	
SD		998		1,163		
TN	2,360,071	1,987,152	34,987	249,422	123,561	
TX	24,819,127	12,564,558	5,284,012	1,287,428	381,289	4,335
UT	38,607	1,661	4,903	210		
VA	50,279	42,199	13,253	395	2,025	
WA	23,215	8,194		126	74,625	
WI	43,423	5,509	3	29		
WV	11,224	3,883	9	2,050		
WY	31,056	1,280		538		
Total	\$43,271,268	\$30,352,062	\$12,305,599	\$5,057,458	\$2,183,160	\$556,400

Table 23: Top Ten Out-of-State Payments by State

Nurse Practitioner	Hemodialysis	Ambulance Transportation	Dentist	Others	Total	State
						AK
\$348	\$597	\$3,664	\$1,396	\$4,909	\$5,531,893	AL
69	14,713			5,906	\$3,634,084	AR
				31	\$104,743	AZ
				142	\$1,362,375	CA
			217		\$709,947	CO
					\$35,935	CT
					\$2,998	DC
						DE
29	745	72,460		2,805	\$2,444,629	FL
358	10,258	7,582	4,107	8,353	\$2,562,146	GA
					\$432	HI
					\$18,637	IA
					\$3,659	ID
					\$209,425	IL
					\$144,715	IN
					\$114,838	KS
55		1,135		4,725	\$147,897	KY
					\$735,715	MA
					\$685,356	MD
					\$1,167	ME
	1,337				\$69,665	MI
					\$412,542	MN
				113	\$1,088,688	MO
196,424	2,653	57,965	16,188	237,389	\$18,029,505	MS
					\$2,550	MT
	619			289	\$694,734	NC
				16	\$140	ND
					\$601,825	NE
					\$1,785	NH
					\$1,131,967	NJ
					\$93,620	NM
				2,721	\$102,345	NV
		72			\$213,720	NY
			40	27	\$300,907	OH
				6,396	\$201,082	OK
	955				\$3,162	OR
					\$3,497,338	PA
					\$1,991	RI
					\$38,797	SC
					\$2,160	SD
34,037	7,706	228	171	25,909	\$4,823,245	TN
5,812	235,316	46,550	147,102	279,435	\$45,054,963	TX
					\$45,380	UT
					\$108,150	VA
				70	\$106,231	WA
				67	\$49,031	WI
177				101	\$17,444	WV
					\$32,874	WY
\$237,310	\$274,897	\$189,656	\$169,221	\$579,403	\$95,176,435	Total

**Table 24: Number of Out-of-State Providers by Top 10 Provider Types**

State	Hospital	Pharmacy	Independent Lab	Physician (MD)	DME	Fiscal Agent - Waiver
AK	1					
AL	41	298	5	255	10	
AR	31	251	2	389	14	
AZ	23	42	1	2	4	
CA	14	133	14	12	7	
CO	14	51	2	27	2	
CT	1	15	1	4		
DC	1	3		1		
DE	1					
FL	53	531	5	144	35	
GA	50	453	5	292	15	
HI	1	1				
IA	6	28				
ID	2	1				
IL	28	138		5	5	
IN	11	91	1	15		
KS	12	27	1	3		
KY	14	42		7	1	
MA	4	13	1	24	3	1
MD	7	45		2	6	
ME	1	2				
MI	15	75		4	3	
MN	8	23	2	1	4	
MO	33	141	3	57	1	
MS	56	312	8	760	38	1
MT	1	4		5		
NC	13	85	5	6	4	1
ND				2		
NE	6	15		33	1	
NH	1	6	1			
NJ	8	18	4	2	5	
NM	3	14	1	4		
NV	9	36		1		
NY	7	31			1	
OH	14	81		38	3	
OK	15	95		28	3	
OR	3	9			2	
PA	12	25		14	6	
RI	1	7				
SC	5	54			2	
SD		2		1		
TN	53	310	6	263	19	
TX	216	1,550	21	2,082	103	6
UT	8	8	1	4		
VA	19	77	2	5	2	
WA	7	24		1	2	
WI	6	25	1	1		
WV	2	8	1	21		
WY	4	5		1		
<b>Total</b>	<b>841</b>	<b>5,205</b>	<b>94</b>	<b>4,516</b>	<b>301</b>	<b>9</b>



Table 24: Number of Out-of-State Providers by Top 10 Provider Types

Nurse Practitioner	Hemodialysis	Ambulance Transportation	Dentist	Others	Total	State
					1	AK
3	1	2	2	20	637	AL
1	7			18	713	AR
				1	73	AZ
				2	182	CA
			1		97	CO
					21	CT
					5	DC
					1	DE
1	1	1		9	780	FL
8	8	2	6	21	860	GA
					2	HI
					34	IA
					3	ID
					176	IL
					118	IN
				1	44	KS
1		4		2	71	KY
					46	MA
					60	MD
					3	ME
	1				98	MI
					38	MN
				2	237	MO
49	4	4	12	91	1335	MS
					10	MT
	1			2	117	NC
				1	3	ND
					55	NE
					8	NH
					37	NJ
					22	NM
				1	47	NV
		1			40	NY
			1	1	138	OH
				9	150	OK
	1				15	OR
					57	PA
					8	RI
					61	SC
					3	SD
31	2	2	1	16	703	TN
33	39	27	78	206	4361	TX
					21	UT
					105	VA
				1	35	WA
				1	34	WI
1				1	34	WV
					10	WY
128	65	43	101	406	11,709	Total

## Appendix A. 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 of 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 Health Care Financing Authority (HCFA).

**CommunityCARE Program:** Louisiana's Primary Care Case Management program (PCCM). This program, which links Medicaid recipients to primary care physicians, operates statewide.

**United States 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).

**Disproportionate Share (DSH):** Payments made by 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 Retirement, Survivors and Disability Insurance (RSDI).

**Disabled Widows and 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 or partial Medicaid benefits. Medicaid pays for all or a portion of Medicare Part A and B premiums, co-payments, and deductibles for dual eligibles. There are two types of eligibility, full dual eligibles and partial dual eligibles.

**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 or she may or may not be receiving services.

**Expenditure:** In this report, an expenditure 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.

**Federal Fiscal Year (FFY):** The FFY starts October 1 and ends September 30 of the next calendar year.

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

**FMAP:** Federal Medical Assistance Percentage is the amount the federal government will match for state money spent on Medicaid; also known as FFP. Table 1 shows the FMAP Percentages.

**Full Dual Eligible:** Medicare beneficiary who is eligible for full Medicaid benefits. Medicaid pays the deductible and co-payments for Medicare services and may cover other Medicaid services not covered by Medicare, such as long-term services and supports.

**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:** 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% 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 or she requires medical assistance for a defined activity of daily living (ADL) such as dressing, eating, bathing, ambulation, etc. These services may be provided either in a facility or in an individual's own home or in the community.

**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% of the federal poverty level (FPL).

**Low-Income Families with Children (LIFC):** 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).

**Mandatory 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 age 21 if the services are deemed medically necessary.

**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:** Like Medicaid, Medicare was created by the Social Security Act of 1965, but the two programs are different. Medicare is a federally paid and administrated insurance program. Medicare has four parts: Part A, Part B, Part C, and Part D.

**Medicare 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.

**Medicare Part B:** 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.

**Medicare Part C:** Provides for a managed care delivery system for Medicare services.

**Medicare Part D:** Provides Medicare beneficiaries with assistance paying for prescription drugs. It was enacted as part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) and went into effect on January 1, 2006. Unlike coverage in Medicare Parts A and B, Part D coverage is not provided within the traditional Medicare program. Instead, beneficiaries must affirmatively enroll in one of the many hundreds of Part D plans offered by private companies.

**Partial dual eligible:** Medicare beneficiary who do not qualify for full Medicaid benefits. Medicare Savings Program serves the partial eligibles by assisting with Medicare premium and cost sharing programs through the Medicaid program.

**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 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 used to verify if 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% of the FPL or less, have 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 to 135% of federal poverty level, have resources that do not exceed twice the limit for SSI eligibility, and are 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 state fiscal year. The data for this report is based on a claim's date of payment (DOP).

**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 limits falls between 100% and 120% of FPL.

**State Fiscal Year (SFY):** The SFY is a 12-month calendar that begins July 1 and ends June 30 of the following calendar 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 the age of 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 TANF program.

**Uncompensated Care Costs (UCC):** Provides payments to hospitals for providing inpatient and outpatient care for uninsured and low income individuals who are not financially capable of paying for the medical services they receive. These hospitals are Disproportionate Share hospitals (DSH) meaning they provide a certain percentage of their total patient care to the indigent population.

**Unduplicated (Eligible/Recipient):** An unduplicated eligible/recipient is a uniquely counted eligible/recipient who is counted only once during a given period for any particular category of interest.

**Waiver:** A Medicaid waiver 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].

## Appendix B: Home and Community-Based Service (HCBS) Medicaid Waivers

In 1981, the Federal Government created the Title XIX Home and Community-Based Services (HCBS) in order to provide home and community-based services to the elderly and persons with physical disabilities, mental retardation, developmental disabilities or mental illness. Since this act made an exception to the traditional Medicaid requirements, it required a "waiver." Waivers allow flexibility for states to develop and test creative alternatives for operating their Medicaid programs.

During SFY 2005/06, the administration of Medicaid HCBS Waivers in Louisiana was transferred from the Bureau of Community Supports and Services (BCSS). The administration of waiver programs that serve persons with developmental disabilities was moved to the Office for Citizens with Developmental Disabilities (OCDD). The Long Term Supports and Services (LTSS) division of Medicaid was created in July 2005 to administer waiver programs that served the elderly and persons with adult onset disabilities. Then a legislative act in June 2006 created the Office of Aging and Adult Services (OAAS) to take responsibility for administering the waivers that serviced the elderly and persons with adult onset disabilities while absorbing LTSS.

These waiver programs allow Louisiana residents 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. The types of HCBS waivers available during the SFY 2005/06 in Louisiana included:

### 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. In SFY 2005/06, a total of 631 recipients were served at an annual cost of \$5 million.

### Elderly and Disabled Adults (EDA) Waiver

The EDA waiver provides support coordination, transition intensive support coordination, companion service, environmental accessibility adaptation, personal emergency response system, and transitional services in the home or community to elderly or disabled adults who qualify. The program served a total of 2,621 individuals in SFY 2005/06 at a yearly cost of about \$33 million.

### Children's Choice Waiver

The Children's Choice waiver, capped at \$15,000 per year, provides family support, crisis support, non-crisis support, family training, environmental accessibility adaptation, and center based respite to disabled children from birth to age 18. During the SFY 2005/06, a total of 762 recipients were served at an annual cost of almost \$7 million.

### 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 three and up. During SFY 2005/06, a total of 4,579 recipients received NOW services at annual expense of \$236 million.

Waivers are offered on a first-come, first-served basis, except for the limited number of emergency slots, 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.

Table B 1 shows the types of HCBS waivers, with the description and the income limit of each, available for the SFY 2005/06 in Louisiana. Table B 2 shows the number of allocated and filled slots along with the expenditures for the last six state fiscal years. During SFY 2005/06, 8,593 persons received services under the waiver program continuing the escalating trend of delivering services outside of an institutional facility. On average, for the last six state fiscal years, the slots have been filled at a rate of 87%.

In response to Hurricanes Katrina and Rita, DHH issued temporary policy/procedure changes for six months in order to facilitate continuation of HCBS for displaced waiver participants. The changes included: (1) allowing waiver providers to continue to provide services to waiver participants regardless of the participant's location (out-of-parish or out-of-state); (2) allowing services to be provided in the home of the worker for displaced participants; (3) allowing service hours to be increased, if justified due to circumstances related to hurricane displacement, without pre-approved Comprehensive Plan of Care (CPOC) revision; (4) temporarily waiving maximum case management caseload size, supervisory requirements, and face-to-face visit and observation



requirements; (5) extending all CPOCs and annual assessments for six months (18 month assessments/plans); (6) waiving 30-day and 90-day continuity of stay requirements; (7) allowing waiver providers to provide services outside of enrolled region in order to continue to provide services to displaced participants. Also, DHH coordinated with other states to administer questionnaires to out-of-state waiver participants during the 1<sup>st</sup> and 2<sup>nd</sup> quarter of 2006.

All temporary policy/procedure changes were discontinued February 28, 2006 with the exception of specific requirements allowing out-of-state waiver

participants receiving services that had indicated intention of returning to Louisiana to continue to receive waiver services. DHH also enacted a rule providing that waiver recipients, who evacuated out of state and were not receiving services or were receiving services from another state, would have their waiver slots held for two years in case they returned to Louisiana.

LTSS conducted outreach to nursing homes to identify waiver recipients who were forced into nursing homes by the storms. Recipients were assisted to transition back into the community if they chose to do so.

**Table B 1: Home and Community-Based Waivers Eligibility**

Waiver	Description	Income Limit
<b>New Opportunities Waiver (NOW)</b>	Age 3 and older and have a developmental disability manifested prior to age 22 Must meet the Louisiana definition of developmental disability	222% FPL (3 times the SSI amount); A community spouse (one not residing in an institution) can retain assets up to \$95,100; Assets limit: \$2,000 individual and \$3,000 couple
<b>Children's Choice Waiver (CC)</b>	Birth through age 18 Must meet the federal definition for a developmental disability	222% FPL (3 times the SSI amount); Assets limit: \$2,000 individual
<b>Adult Day Health Care Waiver (ADHC)</b>	Age 65 or older who meet criteria for institutional level of care Age 22-64 and disabled according to Medicaid standards or SSI standards and meet the criteria for institutional level of care	222% FPL (3 times the SSI amount); A community spouse (one not residing in an institution) can retain assets up to \$95,100; Assets limit: \$2,000 individual and \$3,000 couple
<b>Elderly and Disabled Adults Waiver (EDA)</b>	Age 65 or older who meet criteria for institutional level of care Age 21-64 and disabled according to Medicaid standards or SSI standards and meet the criteria for institutional level of care	222% FPL (3 times the SSI amount); A community spouse (one not residing in an institution) can retain assets up to \$95,100; Assets limit: \$2,000 individual and \$3,000 couple

**Table B 2: Home and Community-Based Service (HCBS) Waivers**

Waiver	Slots	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
<b>Adult Day Health Care</b>	<b>Allocated Slots</b>	500	525	638	663	688	700
	<b>Filled Slots</b>	431	394	478	562	639	631
	<b>Expenditures</b>	\$2,549,673	\$3,395,755	\$3,744,733	\$5,695,212	\$6,746,957	\$5,185,531
<b>Elderly and Disabled</b>	<b>Allocated Slots</b>	679	979	1,779	2,179	2,741	2,803
	<b>Filled Slots</b>	473	548	1,486	2,054	2,653	2,621
	<b>Expenditures</b>	\$4,925,860	\$4,762,602	\$9,970,327	\$26,728,495	\$34,121,230	\$33,540,261
<b>Personal Care Attendant</b>	<b>Allocated Slots</b>	124	149	362	387	0	
	<b>Filled Slots</b>	117	125	232	335	13	Discontinued*
	<b>Expenditures</b>	\$1,787,171	\$1,872,604	\$2,475,734	\$5,253,609	\$1,520,221	
<b>Children's Choice</b>	<b>Allocated Slots</b>	500	800	800	800	800	800
	<b>Filled Slots</b>	67	325	508	766	765	762
	<b>Expenditures</b>	\$1,250	\$461,448	\$2,965,761	\$6,565,554	\$8,037,435	\$6,912,140
<b>New Opportunities</b>	<b>Allocated Slots</b>	4,251	4,251	4,576	4,576	4,642	4,742
	<b>Filled Slots</b>	3,629	3,968	4,290	4,433	4,579	4,579
	<b>Expenditures</b>	\$124,978,164	\$141,391,937	\$161,598,757	\$203,500,917	\$234,144,770	\$236,292,366
<b>Total</b>	<b>Allocated Slots</b>	<b>6,054</b>	<b>6,704</b>	<b>8,155</b>	<b>8,605</b>	<b>8,871</b>	<b>9,045</b>
	<b>Filled Slots</b>	<b>4,717</b>	<b>5,360</b>	<b>6,994</b>	<b>8,150</b>	<b>8,690</b>	<b>8,593</b>
	<b>Expenditures</b>	<b>\$134,242,118</b>	<b>\$151,884,346</b>	<b>\$180,755,312</b>	<b>\$247,743,787</b>	<b>\$284,570,613</b>	<b>\$281,930,298</b>

\*Individuals were transferred to the EDA waiver.

Figure B 1: Historical Waiver Slots Allocation by State Fiscal Year

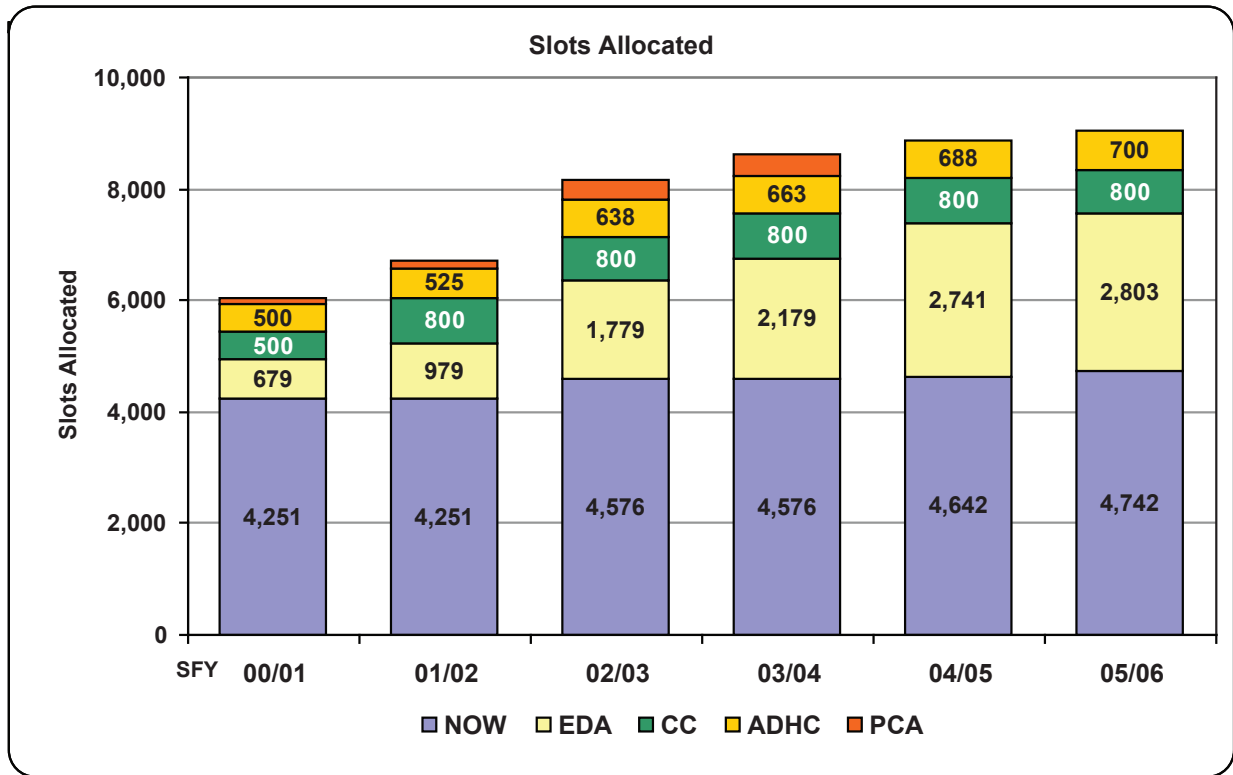


Figure B 2: Historical Waiver Slots Filled by State Fiscal Year

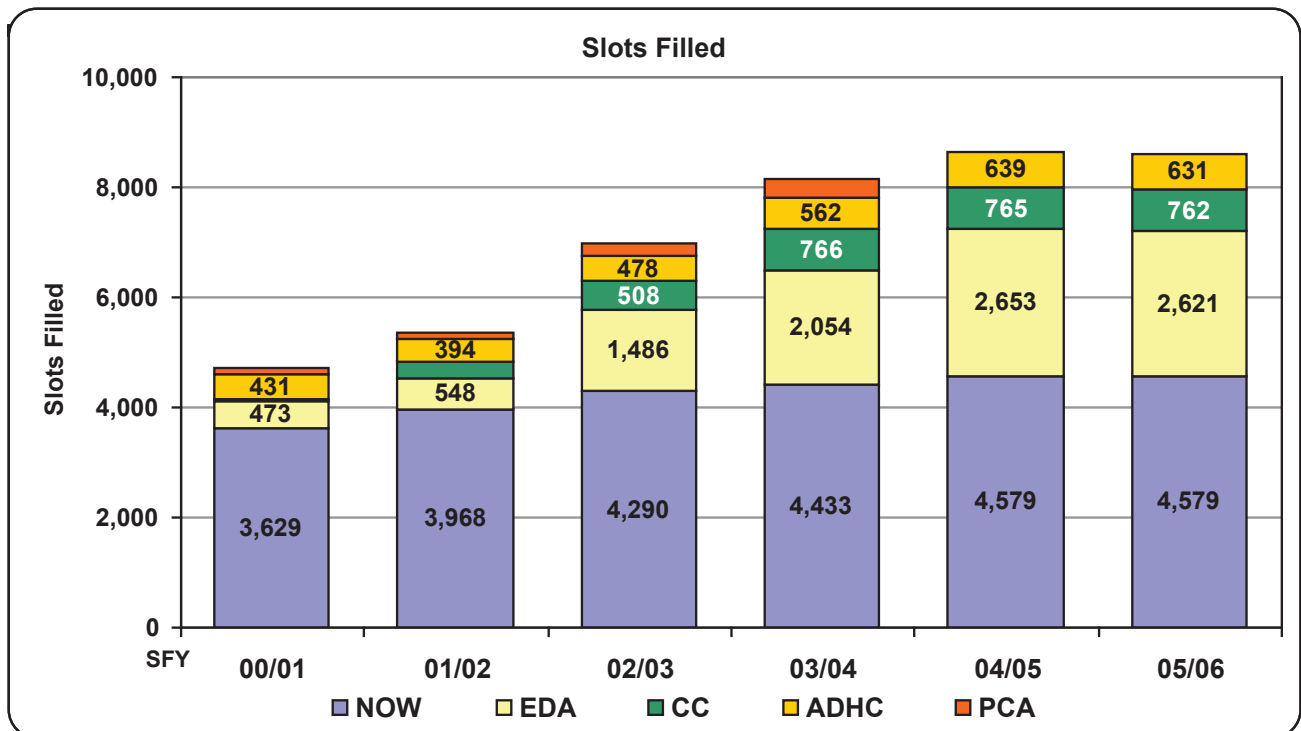
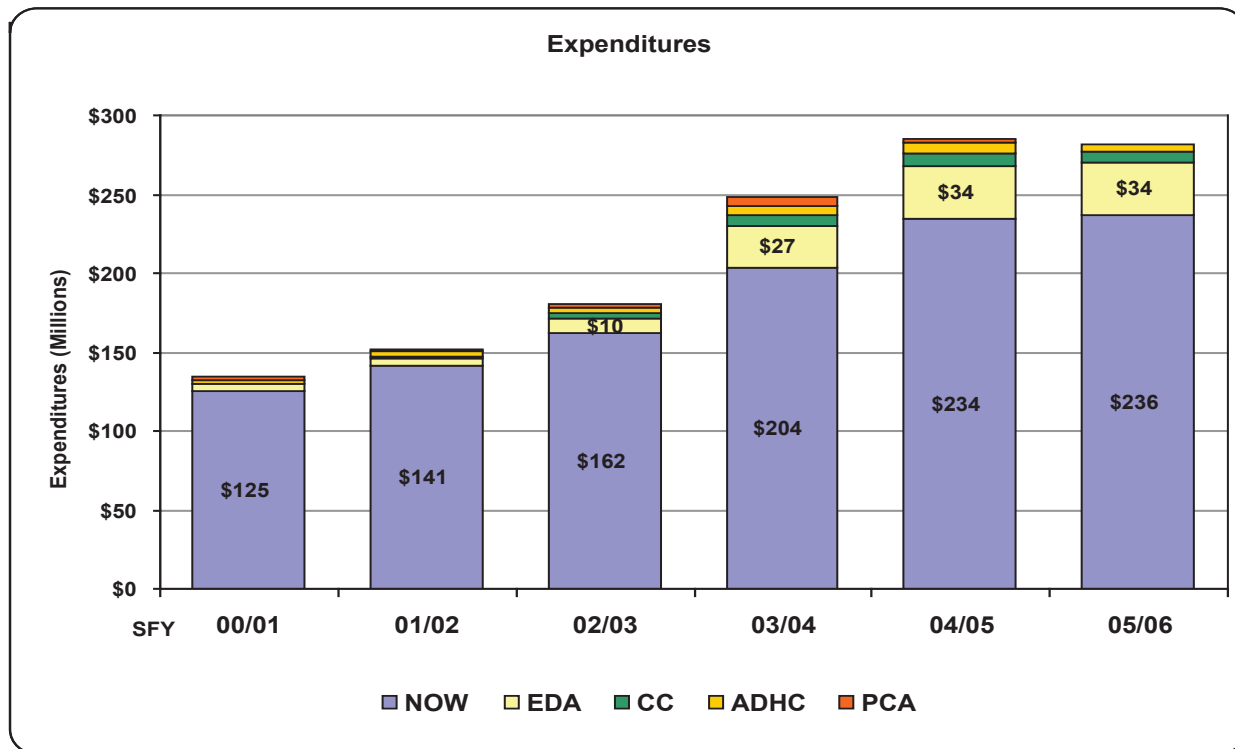
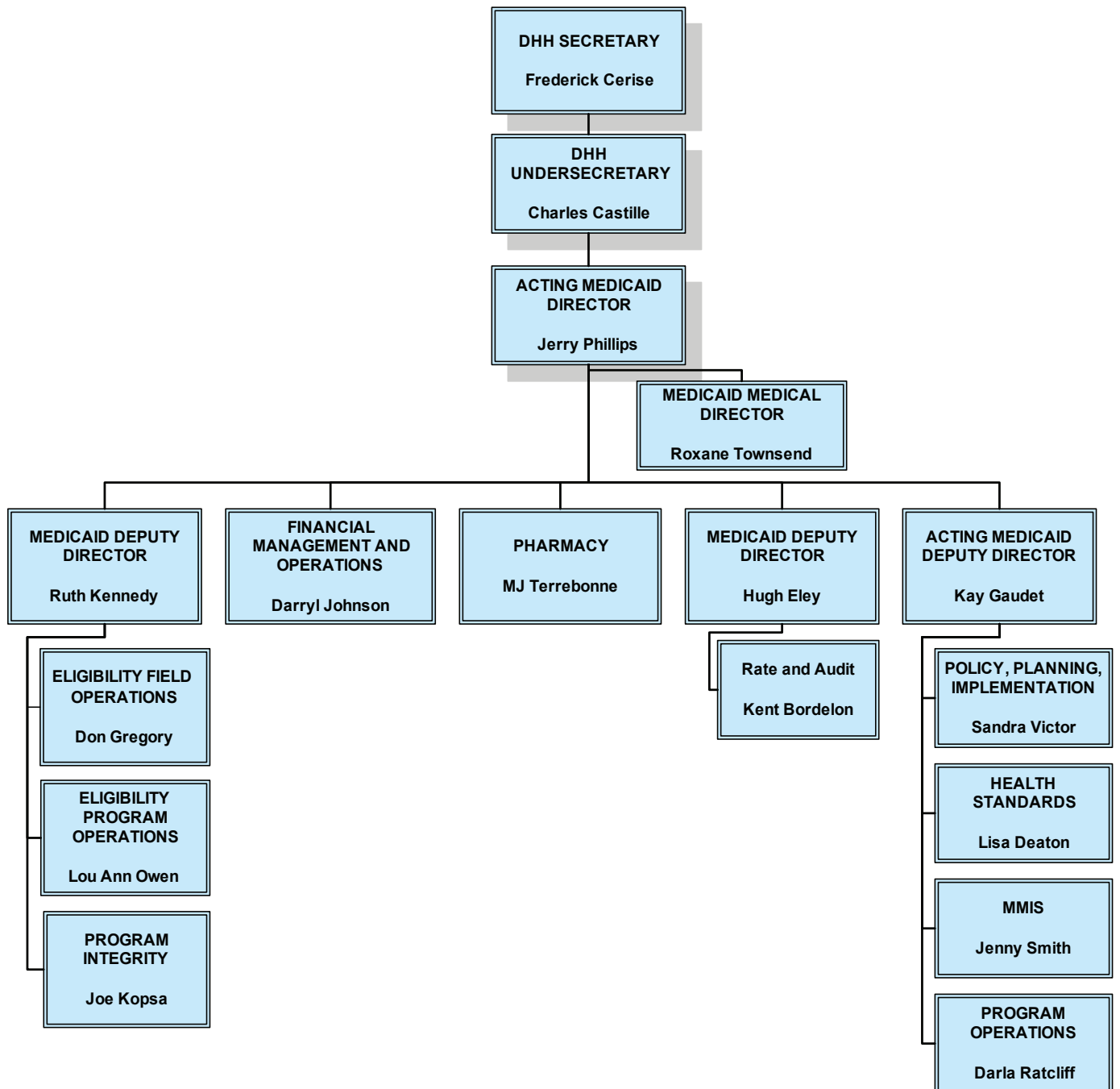


Figure B 3: Historical Waiver Expenditures by State Fiscal Year



## Appendix C. Louisiana Medicaid Organizational Chart

Figure C 1:



## Appendix D. Medicaid Parish Offices - Contact Information

Parish	Address	City, State	ZIP	Phone	Fax
Acadia	1113 East Northern Avenue	Crowley, LA	70527	(337) 788-7610	(337) 788-7621
Allen	213 B North 1st Street	Oberlin, LA	70655	(337) 639-4173	(337) 639-4097
Ascension	1532 S. Burnside Ave., Bldg. 2	Gonzales, LA	70737	(225) 644-3700	(225) 647-8743
Assumption	Lafourche Parish Medicaid, 1000-E Plantation Road	Thibodaux, LA	70301	(985) 449-5021	(985) 449-5161
Avoyelles	457 West Waddil Street	Marksville, LA	71351	(318) 253-5946	(318) 253-4060
Beauregard	1808 Highway 190 West - Suite C	DeRidder, LA	70634	(337) 463-9131	(337) 463-3929
Bienville	1285 Pine Street - Suite 102	Arcadia, LA	71001	(318) 263-9477	(318) 263-2009
Bossier	3020 Knight Street, Suite 100	Shreveport, LA	71105	(318) 862-9875	(318) 862-9850
Caddo	3020 Knight Street, Suite 100	Shreveport, LA	71105	(318) 862-9875	(318) 862-9850
Calcasieu	2300 Broad Street	Lake Charles, LA	70601	(337) 491-2439	(337) 491-2785
Caldwell	2406 West Street	Winnsboro, LA	71295	(318) 435-2930	(318) 435-2935
Cameron	2300 Broad Street	Lake Charles, LA	70601	(337) 491-2439	(337) 491-2785
Catahoula	1305 Fourth Street	Jonesville, LA	71343	(318) 339-4213	(318) 339-9969
Claiborne	3020 Knight Street, Suite 100	Shreveport, LA	71105	(318) 862-9875	(318) 862-9850
Concordia	27797 Highway 15	Ferriday, LA	71334	(318) 757-3202	(318) 757-7455
DeSoto	430 Dixie Plaza	Natchitoches, LA	71457	(318) 357-2466	(318) 357-7059
East Baton Rouge	2521 Wooddale Boulevard	Baton Rouge, LA	70806	(225) 922-1542	(225) 922-0406
East Carroll	702 East Jefferson Street	Oak Grove, LA	71263	(318) 428-3252	(318) 428-1033
East Feliciana	Feliciana Parishes Medicaid Office, 12486 Feliciana Drive	Clinton, LA	70722	(225) 683-4757	(225) 683-9618
Evangeline	1008 West LaSalle Street	Ville Platte, LA	70586	(337) 363-4262	(337) 363-4251
Franklin	2406 West Street	Winnsboro, LA	71295	(318) 435-2930	(318) 435-2149
Grant	100 8th Street	Colfax, LA	71417	(318) 627-5408	(318) 627-2985
Iberia	1217 Adrian Street	New Iberia, LA	70560	(337) 373-0062	(337) 373-0138
Iberville	24710 Plaza Drive	Plaquemine, LA	70764	(225) 692-7014	(225) 692-7086
Jackson	1102 East Georgia, Ste. B	Ruston, LA	71270	(318) 251-5049	(318) 251-5056
Jefferson Davis	437 North Market Street	Jennings, LA	70546	(337) 824-2014	(337) 824-0842
Jefferson, East Bank	3229 36th Street, Ste. 210	Metairie, LA	70001	(504) 846-6960	(504) 846-6967
Jefferson, West Bank	2150 West Bank Expressway, Suite 104	Harvey, LA	70058	(504) 361-6973	(504) 361-6973
Lafayette	117 Production Drive	Lafayette, LA	70508	(337) 262-1424	(337) 262-1671
Lafourche	1000-E Plantation Road	Thibodaux, LA	70301	(985) 449-5021	(985) 449-5161
Lasalle	3683 South First Street	Jena, LA	71342	(318) 992-5320	(318) 992-5422
Lincoln	1102 East Georgia, Ste. B	Ruston, LA	71270	(318) 251-5049	(318) 251-5056
Livingston	29841 South Magnolia Street	Livingston, LA	70754	(225) 686-2558	(225) 686-2820
Madison	121 Ellington Drive	Rayville, LA	71269	(318) 728-0344	(318) 728-9348
Morehouse	240 Holt Street	Bastrop, LA	71220	(318) 556-7014	(318) 283-0864
Natchitoches	430 Dixie Plaza	Natchitoches, LA	71457	(318) 357-2466	(318) 357-7059
Orleans	1010 Common Street, 4th Floor	New Orleans, LA	70112	(504) 599-0656	(504) 599-0660
Ouachita	3100 Kilpatrick Blvd	Monroe, LA	71201	(318) 362-3300	(318) 362-0412
Plaquemines	2150 West Bank Expressway, Suite 104	Harvey, LA	70058	(504) 361-6973	(504) 361-6973
Pointe Coupee	1919 Hospital Road, Suite B	New Roads, LA	70760	(225) 638-6584	(225) 638-6586
Rapides	1505 Washington Street	Alexandria, LA	71301	(318) 487-5670	(318) 487-5924
Red River	430 Dixie Plaza	Natchitoches, LA	71457	(318) 357-2466	(318) 357-7059
Richland	121 Ellington Drive	Rayville, LA	71269	(318) 728-0344	(318) 728-9348
Sabine	430 Dixie Plaza	Natchitoches, LA	71457	(318) 357-2466	(318) 357-7059
St. Bernard	1010 Common Street, 4th Floor	New Orleans, LA	70160	(985) 651-4809	(985) 599-0616
St. Charles	Tri-Parish Medicaid, 421 West Airline Highway	LaPlace, LA	70068	(985) 651-4809	(985) 651-4818
St. Helena	29841 S. Magnolia	Livingston, LA	70754	(225) 686-2558	(225) 686-2820
St. James	Tri-Parish Medicaid, 421 West Airline Highway, Suite H	LaPlace, LA	70069	(985) 651-4809	(985) 651-4818
St. John	Tri-Parish Medicaid, 421 West Airline Highway, Suite H	LaPlace, LA	70068	(985) 651-4809	(985) 651-4818
St. Landry	6069 I-49 Service Road, Suite B	Opelousas, LA	70570	(337) 942-0155	(337) 948-0371
St. Martin	508 E. Bridge Street	St. Martinville, LA	70582	(337) 394-3228	(337) 394-5348
St. Mary	15213 LA Highway 182 West	Franklin, LA	70538	(337) 828-2611	(337) 828-2656
St. Tammany	21454 Koop Drive, Suite B	Mandeville, LA	70471	(985) 871-1359	(985) 871-1369
Tangipahoa	121 Robin Hood Drive	Hammond, LA	70403	(985) 543-4216	(985) 543-4221
Tensas	205 Twelfth Street	St. Joseph, LA	71366	(318) 766-9040	(318) 766-9083
Terrebonne	5593 Highway 311	Houma, LA	70361	(985) 873-2030	(985) 873-2042
Union	3100 Kilpatrick Blvd	Monroe, LA	71201	(318) 362-3300	(318) 362-0412
Vermilion	1820-A Veterans Memorial Drive	Abbeville, LA	70510	(337) 898-2854	(337) 898-3827
Vernon	1100 Nolan Trace	Leesville, LA	71496	(337) 238-7022	(337) 238-6496
Washington	521 Ontario Avenue	Bogalusa, LA	70427	(985) 732-6844	(985) 732-6835
Webster	3020 Knight Street, Suite 100	Shreveport, LA	71105	(318) 862-9875	(318) 862-9850
West Baton Rouge	24710 Plaza Drive	Plaquemine, LA	70764	(225) 692-7014	(225) 692-7086
West Carroll	702 East Jefferson Street	Oak Grove, LA	71263	(318) 428-3252	(318) 428-1033
West Feliciana	Feliciana Parishes Medicaid Office, 12486 Feliciana Drive	Clinton, LA	70722	(225) 683-4757	(225) 683-9618
Winn	207 East North Street	Winnfield, LA	71483	(318) 648-9189	(318) 648-9190



## Appendix E. Acronyms

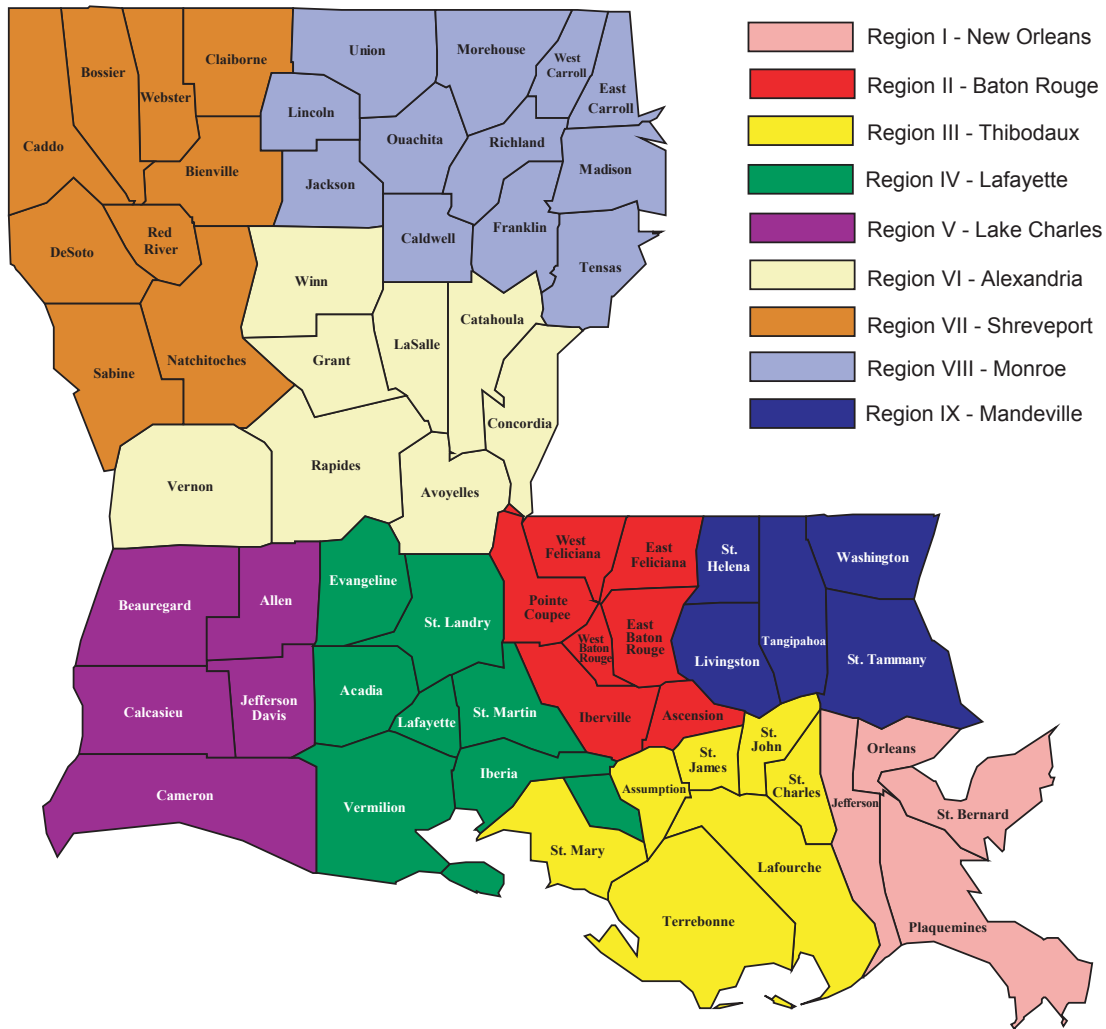
<b>ADHC</b>	Adult Day Health Care	<b>LTC</b>	Long Term Care
<b>ADL</b>	Activities of Daily Living	<b>LT-PCS</b>	Long Term – Personal Care Services
<b>AFDC</b>	Aid to Families with Dependent Children – now LIFC	<b>LTSS</b>	Long Term Supports and Services
<b>BCOS</b>	Budget Category of Service	<b>MD</b>	Medical Doctor
<b>BCSS</b>	Bureau of Community Supports and Services	<b>MDW</b>	Mars Data Warehouse
<b>BHSF</b>	Bureau of Health Services Financing – also Medicaid	<b>MHR</b>	Mental Health Rehabilitation
<b>CHAMP</b>	Child Health and Maternity Program	<b>MNP</b>	Medically Needy Program
<b>CMS</b>	Center for Medicare and Medicaid Services	<b>MPP</b>	Medicaid Purchase Plan
<b>CPOC</b>	Comprehensive Plan of Care	<b>MR/DD</b>	Mentally Retarded/Developmentally Disabled
<b>CRNA</b>	Certified Registered Nurse Anesthetists	<b>MSP</b>	Medicare Savings Program
<b>DHE</b>	Division of Health Economics	<b>MVA</b>	Medical Vendor Administration
<b>DHH</b>	Department of Health and Hospitals	<b>MVP</b>	Medical Vendor Payments
<b>DHHS</b>	Department of Health and Human Services	<b>NEMT</b>	Non-Emergency Medical Transportation
<b>DME</b>	Durable Medical Equipment	<b>NOW</b>	New Opportunities Waiver
<b>DOP</b>	Date of Payment	<b>OAAS</b>	Office of Aging and Adult Services
<b>DOS</b>	Date of Service	<b>OCDD</b>	Office For Citizens with Developmental Disabilities
<b>DRA</b>	Deficit Reduction Act of 2005	<b>OFS</b>	Office of Family Support
<b>DSH</b>	Disproportionate Share	<b>OMF</b>	Office of Management and Finance
<b>EDA</b>	Elderly and Disabled	<b>PAS</b>	Personal Assistance Services
<b>EPSDT</b>	Early and Periodic Screening, Diagnosis and Treatment	<b>PCA</b>	Personal Care Assistance
<b>ESRD</b>	End Stage Renal Disease	<b>PCCM</b>	Primary Care Case Management
<b>FFP</b>	Federal Financial Participation – also FMAP	<b>PCP</b>	Primary Care Physician/Provider
<b>FFY</b>	Federal Fiscal Year	<b>PCS</b>	Personal Care Services
<b>FITAP</b>	Family Independence Temporary Assistance Program	<b>PSP</b>	Prohibited SSI Provisions
<b>FMAP</b>	Federal Medical Assistance Percentage	<b>QDWI</b>	Qualified Disabled Working Individual
<b>FPL</b>	Federal Poverty Level	<b>QI</b>	Qualified Individuals
<b>FQHC</b>	Federally Qualified Health Center	<b>QMB</b>	Qualified Medicare Beneficiary
<b>HCBS</b>	Home and Community Based Services	<b>RSDI</b>	Retirement, Survivors and Disability Insurance
<b>HCFA</b>	Health Care Financing Authority – also CMS	<b>SFY</b>	State Fiscal Year
<b>HCSD</b>	Health Care Services Division	<b>SLMB</b>	Specified Low-Income Beneficiary
<b>ICF-MR</b>	Intermediate Care Facility – Mentally Retarded	<b>SSA</b>	Social Security Administration
<b>IADL</b>	Instrumental Activities of Daily Living	<b>SSI</b>	Supplemental Security Income
<b>ISIS</b>	Integrated State Information System	<b>TANF</b>	Temporary Aid for Needy Families
<b>LaCHIP</b>	Louisiana Children's Health Insurance Program	<b>TB</b>	Tuberculosis
<b>LIFC</b>	Low Income Families with Children	<b>UCC</b>	Uncompensated Care
<b>LSU</b>	Louisiana State University	<b>UCCP</b>	Uncompensated Care Pool
<b>LSUMC</b>	Louisiana State University Medical Center		





# Department of Health and Hospitals

## Administrative Regions



### REGION I - NEW ORLEANS

3229 36th Street Suite 210  
New Orleans, LA 70001  
**Mail to:** P.O. Box 1521  
Metairie, LA 70004-1521  
**PHONE: (504) 846-6960**  
**FAX: (504) 846-6967**

### REGION II - BATON ROUGE

2521 Wooddale Boulevard  
Baton Rouge, LA 70806  
**Mail to:** P.O. Box 91248  
Baton Rouge, LA 70821-9248  
**PHONE: (225) 925-6505**  
**FAX: (225) 925-6525**

### REGION III - THIBODAUX

1000-C 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

3501 5th Avenue Suite A  
Lake Charles, LA 70607  
**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 71303  
**Mail to:** P.O. Box 13316  
Alexandria, LA 71315-3316  
**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 Dr., Suite 1B  
Mandeville, LA 70471  
**PHONE: (985) 871-1298**  
**FAX: (985) 871-1276**