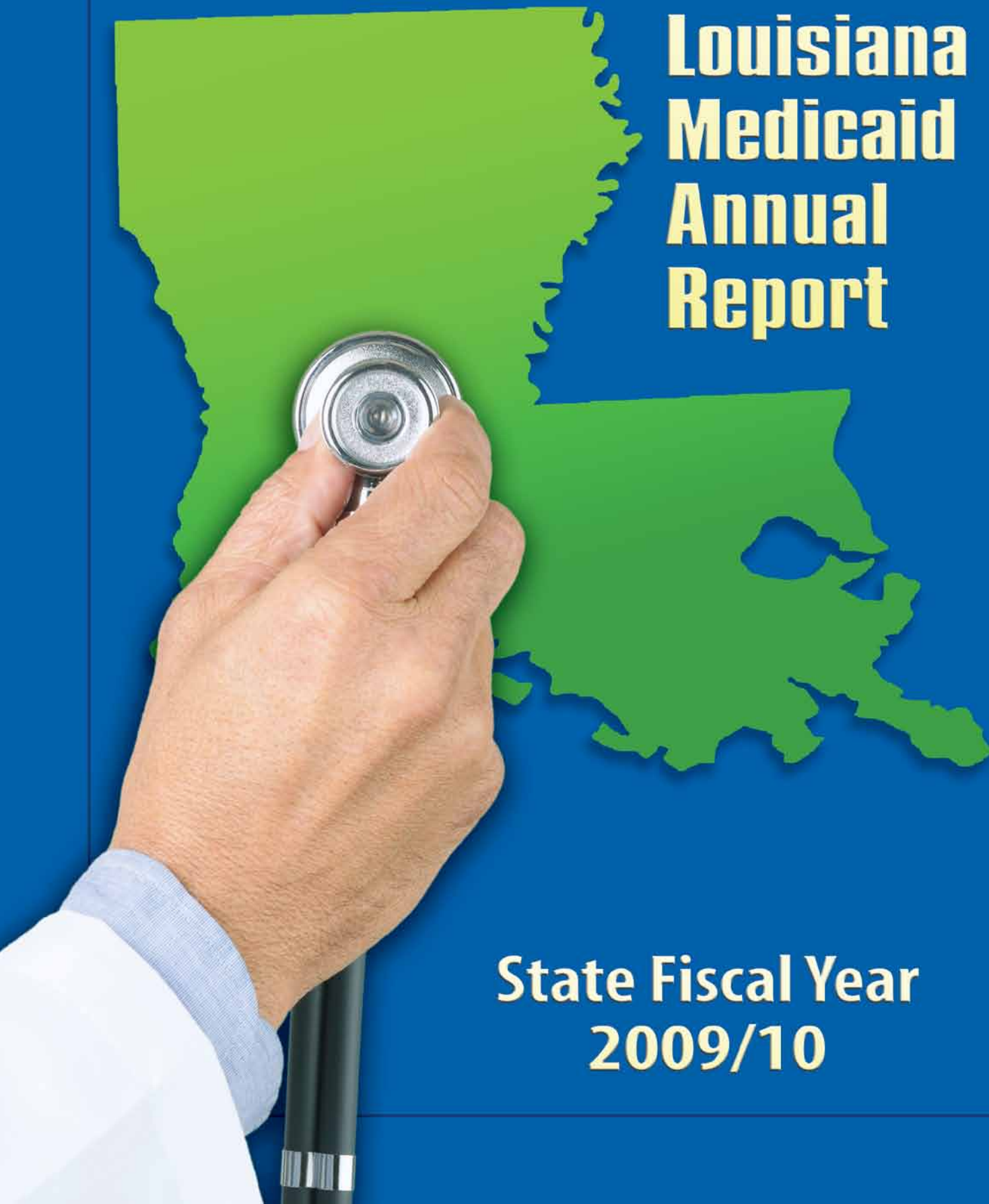


Louisiana Department of Health and Hospitals

Louisiana Medicaid Annual Report

State Fiscal Year
2009/10



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State of Louisiana

Department of Health and Hospitals

Dear Reader:

It is our pleasure to present the State Fiscal Year 2009/10 Medicaid Annual Report, which provides insight into Louisiana's Medicaid Program, and its multiple activities and numerous accomplishments throughout the year.

The Louisiana Medicaid Program continues to be one of the largest state programs with total expenditures of about \$6.6 billion during State Fiscal Year 2009/10. Of the \$6.6 billion, \$5.8 billion were claims and premium payments paid on behalf of more than 1.3 million Louisianans, about 29% of the state population. In addition, Medicaid paid about \$826.1 million as reimbursement of Uncompensated Care Costs on behalf of the uninsured and underinsured population. The Louisiana Medicaid Program continuously strives to accomplish its stated mission and goals: "responding to the health needs of Louisiana's citizens, provide access and quality of care, and improve health outcomes of its enrollees through ongoing cost containment efforts and program initiatives." We look forward to implementing coordinated care in Medicaid to improve health outcomes for our residents and to invest payer dollars more effectively in coming years.

During the State Fiscal Year 2009/10 the Louisiana Medicaid Program directed much of its efforts to maximize technology in order to sustain accessible and quality health care for its enrollees, even in the face of budget constraints. Some of the notable improvements include Radiology Utilization Management (RUM), ClaimCheck, InterQual, and Resource Allocation/Service Hour Allocation of Resources (SHARe). Also, Medicaid applied new initiatives such as Express Lane Eligibility and Low Income Subsidy Referral Process in order to streamline the eligibility process and to provide Louisiana citizens with an opportunity to quality healthcare.

We encourage you to read this report, for it provides a comprehensive overview of Louisiana's Medicaid Program. Our intent is that you will find it informative and useful.


Bruce D. Greenstein
Secretary, DHH


Jerry Phillips
Undersecretary, DHH


Don Gregory
Medicaid Director, DHH

Louisiana Medicaid Organizational Chart



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 **Undersecretary** of the Louisiana Department of Health and Hospitals is responsible for the management of the **Office of Management and Finance** (OMF) and is 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 on page 2).

The Bureau of Health Services Financing (BHSF) is the administrative operation responsible for the Medicaid program with nine regional offices overseeing its state-wide activities. In addition, many 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 C.

The **Division of Health Economics** (DHE) 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, and financial research and planning for the department, as well as databases required for management of Medicaid expenditures, eligibility and utilization.

For additional agency information, please visit the Louisiana Department of Health and Hospitals website at 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, and*
- ◆ *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
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This report can be viewed at <http://www.dhh.state.la.us/reports.asp?Detail=12>

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Division of Health Economics

The Division of Health Economics (DHE) of OMF provides decision support services to the department's executive level managers and policy makers with insightful, accurate and timely analysis based on high quality research and planning. DHE's support is provided through economic analysis, forecasting, and health care research and planning.

Among the most important products DHE prepares are the Louisiana Medicaid Expenditure Forecast Monthly Report, Medicaid Year End Financial Report, and the Medicaid Annual Report. The division has developed and continues to maintain a Medicaid expenditure forecasting model and

a collection of databases with both historical and current expenditures, eligibility and health services utilization information.

The division plays a key role in designing and completing materials for presentation to Legislative Committees and works with Medicaid during the budget cycle to present a complete package of information and analysis for a broad audience. The division is also frequently called upon to develop materials in response to questions from providers, Legislators and their staff, the press and the general public.

Highlights of State Fiscal Year 2009/10

During this State Fiscal Year (SFY) 2009/10, the Louisiana Medicaid Program directed much of its efforts to maximize technology in order to sustain accessible and quality health care for its enrollees. Notably during this SFY, Medicaid implemented the Radiology Utilization Management Program, ClaimCheck, InterQual and Resource Allocation/SHARE. Also, Medicaid applied new initiatives such as Express Lane Eligibility to streamline the eligibility process and to provide Louisiana citizens with an opportunity to quality healthcare.

Radiology Utilization Management Program

Radiology Utilization Management (RUM) program was implemented in February 2010 to promote the health of Medicaid recipients by ensuring appropriate utilization of Department-defined high-tech imaging studies by Medicaid providers and recipients. Medicaid partnered with MedSolutions Inc. (MSI), to provide prior authorization, monitoring and management of medical imaging services. Medicaid providers are required to request prior authorization for non-emergency outpatient Magnetic Resonance (MR), Computed Tomography (CT) and Nuclear Cardiac imaging. MSI's unique process of combining patient-specific information, evidence-based clinical criteria and medically relevant decisions ensures that the right treatment is given at the right time in the diagnostic and treatment process. Louisiana Medicaid's goal is to assure patient-centered outcomes and to eliminate unnecessary and potentially harmful treatment.

InterQual

Louisiana Medicaid updated the InterQual Guidelines and the Thomson Reuters Length of Stay (LOS) criteria in an effort to improve the efficiency, quality, and the medical appropriateness of healthcare as well as to facilitate in the appropriate discharge planning. The electronic version of these annually updated InterQual guidelines are being applied for all LOS extension requests for acute inpatient hospitalizations.

ClaimCheck

'ClaimCheck', implemented in May 2010, is a nationally recognized comprehensive procedure code auditing solution that assists with proper physician reimbursement by automatically evaluating physician claims via sophisticated clinically-based 'logic' before reimbursement. Drawing on the latest industry benchmarks and national clinical standards of care, 'ClaimCheck' addresses Medicaid claims coding issues by identifying services billed incorrectly and educating providers as to the reason for denials. Additionally, this process decreases the amount of manual intervention required to maintain national coding compliance. The systematically updated 'ClaimCheck' process is

integrated with the current claims processing system and increases payment accuracy and consistency based on national clinical guidelines and specifically incorporated Louisiana Medicaid policy where appropriate. Higher data accuracy and savings are an expected result of implementing an effective editing tool such as 'ClaimCheck'.

Resource Allocation/SHARE

The Office of Aging and Adult Services (OAAS) and the Office for Citizens with Developmental Disabilities (OCDD) each implemented efficiencies that use a standardized, evidence-based method for allocation of resources to support individuals. OCDD implemented Resource Allocation System, which is used in allocating resource support to recipients of New Opportunities Waiver (NOW). OAAS completed implementation of Service Hour Allocation of Resources (SHARE), which is used for allocating in-home service hours for recipients of Elderly and Disabled Adult (EDA) Waiver services and Long Term Personal Care Services (LT-PCS). Resource Allocation/SHARE uses a person-centered philosophy and comprehensive assessment to fairly allocate limited resources based on the recipient's acuity or level of disability in a manner that also supports the individual's preferences and goals. The new processes offer flexibility for all individuals and focus on increasing the person's community support network. Resource allocation/SHARE aimed to allow these programs to maintain cost efficiency while serving more recipients.

Low Income Subsidy Referral Process

Beginning in January 2010, with the consent of applicants, the Social Security Administration (SSA) began transmitting data about Low Income Subsidy (LIS) applicants to state Medicaid Programs through an interface. Through collaboration with SSA and other DHH personnel, Medicaid developed an automated process that initiates an application for a Medicare Savings Program (MSP). The data is used to identify each application as pending, approved or denied based on income and resource data provided. Medicaid achieved maximum use of the SSA LIS data transmittals to automate the required processing of LIS data for MSP eligibility determination, with the least amount of Medicaid staff contact.

Express Lane Eligibility

Medicaid has streamlined enrollment and retention processes by utilizing options made available through the Children's Health Insurance Program Reauthorization Act. Through Express Lane Eligibility (ELE), Medicaid uses the eligibility findings of approved agencies to enroll children in Medicaid. Louisiana has chosen the option to fully automate enrollment into Title XIX Medicaid. Currently Medicaid uses

Supplemental Nutrition Assistance Program (SNAP) findings maintained by the Louisiana Department of Children and Family Services (DCFS) to enroll children in Medicaid. ELE is also used for automated renewal of certain Medicaid type cases which meet the criteria.

Long Term Care Facility Notification System

The new Long Term Care Facility Notification System, a secure, internet accessible web application, was developed to replace a manual, paper-driven process. This new system allows facilities to submit information to DHH, as well as retrieve information that is relevant to them. Admission, discharge, transfer, status change and patient income information entered into the system is immediately transferred to the appropriate parish office for processing. The notification system allows

DHH staff to determine eligibility and patient liability more quickly because information is available to them immediately and is displayed in a worker queue for further processing. The system also helps to ensure prompt, accurate payments to providers.

Budget Constraints

During the SFY, the Private Provider program forecast indicated that expenditures would exceed the appropriation/budget. To contain the expenditures growth rate and expenditures to be within the appropriated budget, reimbursement rates for many services were adjusted, along with the implementation of various efficiency measures (RUM, ClaimCheck, SHARE, etc.). These rate adjustments and efficiencies were implemented while maintaining the eligibility conditions/criteria as well as services.

Technical Note

State Fiscal Year and Federal Fiscal Year

Louisiana's State Fiscal Year (SFY) runs from July 1 through June 30 of the next calendar year. The Federal Fiscal Year (FFY) begins October 1 and ends September 30 of the next calendar year. Tables, graphs and text are presented on a SFY basis unless otherwise noted.

Expenditures versus Payments

The data in this report comes from two primary sources. The first source is the overall Medicaid program fiscal amounts drawn from the Integrated State Information System (ISIS), which is the state wide financial system. ISIS reports the program dollar amounts after all claims and financial adjustments have been made. Financial adjustments are amounts often paid in lump-sum that are not necessarily attributable to individual enrollees. These financial adjustments could include transactions related to cost settlements, Uncompensated Care Costs (UCC), pharmacy rebates received from pharmaceutical manufacturers and the amounts paid to CMS for Buy-ins and Part-D. ISIS does not capture recipient and provider specific information.

To capture detailed recipient and provider related information, we use the second set of sources, the Medicaid Management Information System (MMIS) and Medicare Modernization Act (MMA) Response File from Centers for Medicare and Medicaid Services (CMS). MMIS has a claims reporting system, known as the Management Administrative Reporting Subsystem (MARS) Data Warehouse, which is managed by the Medicaid program Fiscal Intermediary (FI). Recipient and provider specific information is drawn from data sets produced by MARS Data Warehouse which are specifically derived for this Annual Report according to the criteria specified in this technical note. The Medicaid MARS Data Warehouse reports paid claims to providers

before the application of certain financial adjustments, as discussed under the first source. MMA Response File contains information about recipients on behalf of whom a Medicare Buy-in and/or Part-D premium was paid to CMS.

Due to the above differences, dollar amounts drawn from the above two sources may not match exactly. To differentiate amounts reported from different sources in this report, we define the term "EXPENDITURES" as fiscal information derived from ISIS and "PAYMENTS" as information drawn from the other primary sources.

Enrollee, Recipient and Payment Counts

To have a better count of enrollees, recipients and payments, all Medicare Buy-in and Part-D dual eligibles are included in total counts. Prior to the SFY 2007/08 report, Medicare Buy-in and Part-D 'premium only' dual eligibles, which were not eligible for any other Medicaid services, were not reported under enrollee and recipient counts. From SFY 2007/08 onwards, Medicare Buy-in and Part-D 'premium only' dual eligibles are included since these individuals are also Medicaid eligible. Also, prior to the SFY 2007/08 report, payments only included claims payments from MARS Data Warehouse; from SFY 2007/08 onwards all Medicare Buy-in and Part-D premium payments are included. Data reported in this SFY report may differ from previous reports, though not significantly.

LaCHIP Affordable Plan (LAP) is a "stand-alone" program administered by the Office of Group Benefits (OGB). Being a stand-alone program, only a summary of the LAP data is presented in the LaCHIP Affordable Plan section on page 27, and therefore LAP data/information is not included in any tables/figures in this Annual Report.

Year in Review

Enrollees and Recipients

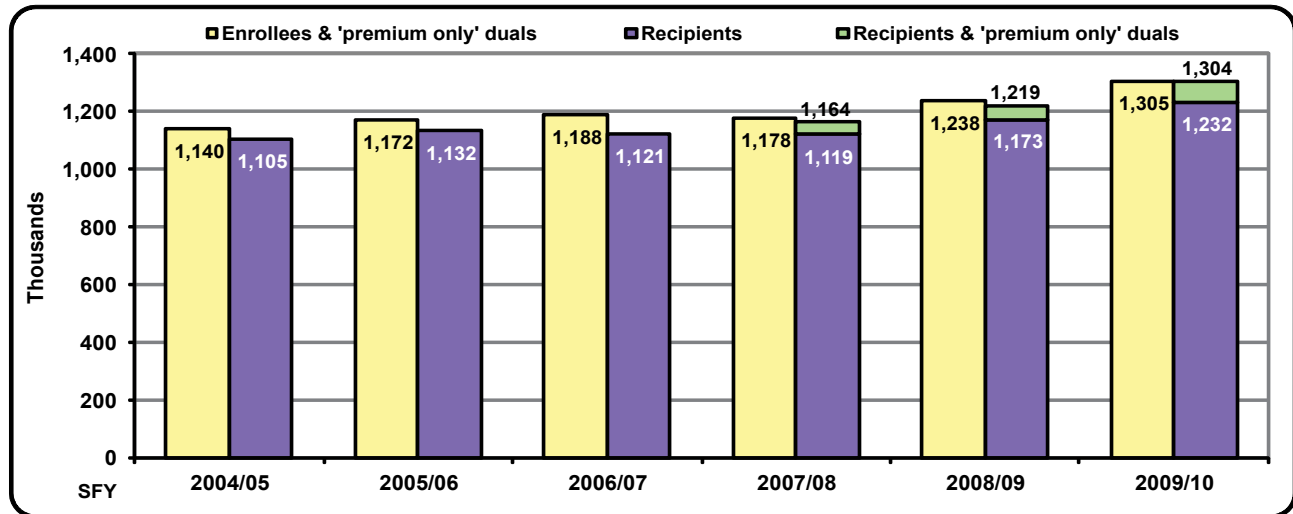
During SFY 2009/10, 1,304,811 people, about 29% of Louisiana's population¹ of 4,492,076, were enrolled and payments were made on behalf of 1,303,984 recipients in the Medicaid program (Figure 1). From a historical perspective, this was about 5.4% increase in enrollees and about 7.0% increase in recipients compared to the previous SFY.

Payments

During SFY 2009/10, over \$5.8 billion (excluding uncompensated care payments) was paid on behalf of about 1.3 million Medicaid recipients,

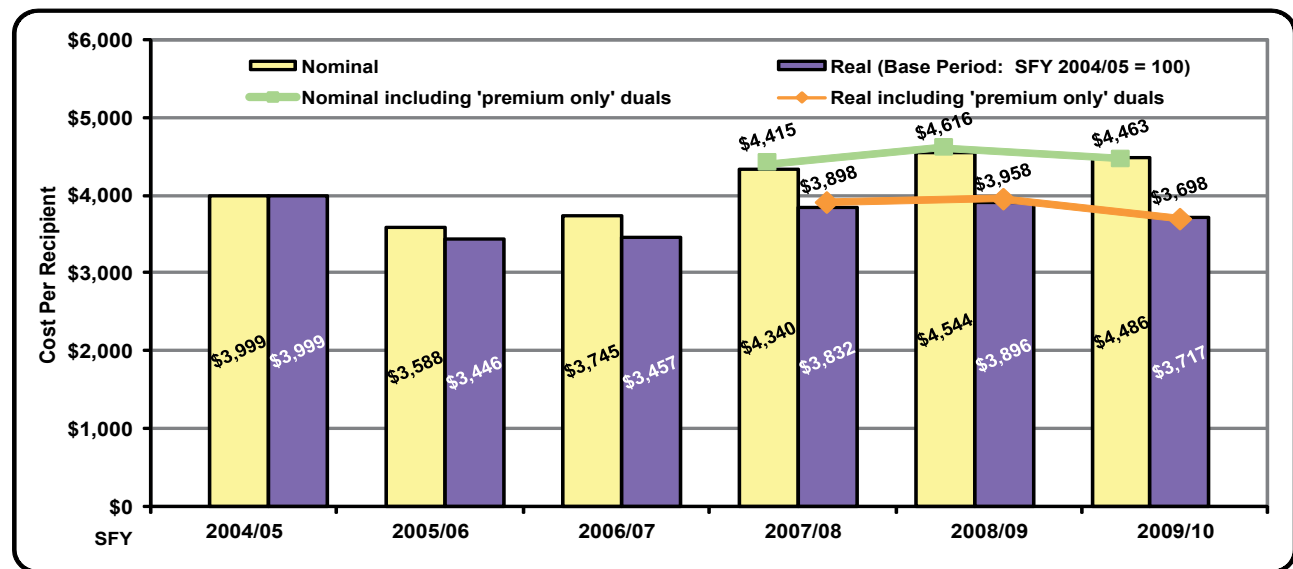
averaging about \$4,463 per recipient², which was about 3.3% less than the previous SFY (Figure 2). From a comparative perspective, nominal average payment per recipient without 'premium only' duals was \$4,486, which was about a 12.2% increase compared to SFY 2004/05. Real average overall annual payment per recipient (adjusted for inflation with SFY 2004/05 as base period) was about \$3,698 during SFY 2009/10, which is 6.6% less than SFY 2008/09. To consider real average annual payment without 'premium only' duals, it was \$3,717, which was a decrease of about 7.1% for Medicaid recipients since SFY 2004/05.

Figure 1: Louisiana Medicaid Enrollees and Recipients



Enrollee counts include 'premium only' duals for all SFYs, whereas recipient counts do not include 'premium only' duals except for SFY 2007/08 through SFY 2009/10. Being a stand-alone program, LaCHIP Affordable Plan (LAP) data is only presented in the LAP section on page 27 and not included in any tables/figures. See technical note on page 7 for a detailed explanation.

Figure 2: Louisiana Medicaid Average Annual Cost per Recipient



Average real cost per recipient is calculated based on Consumer Price Index (CPI). CPI source: Bureau of Labor Statistics. (2010). Consumer Price Index – All Urban Consumers – U.S. Medical Care, Series ID: CUUR0000SAM. Retrieved from <http://data.bls.gov/cgi-bin/surveymost?cu>

¹ U.S. Census Bureau, Population Estimates Program. (2010). 2009 Annual Population Estimates for Louisiana. Retrieved from http://factfinder.census.gov/servlet/GCTTable?_bm=y&-context=gct&-ds_name=PEP_2009_EST&-%20context=gct&-mt_name=PEP_2009_EST_GCTT1_ST2&-CONTEXT=gct&-tree_id=809&-redoLog=true&-geo_id=04000US22&-format=ST-2|ST-2S|ST-2Sh&-lang=en

² 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”. Being an 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. The Medicaid program pays for services covered by the program for those who meet the criteria and are enrolled.

The Medicaid program is funded through federal and state funds. The federal share is based on Federal Medical Assistance Percentages (FMAP), which are updated each Federal Fiscal Year (FFY). State FMAPs normally range from 50% to 83% of program cost based on their latest three year average per capita income in relation to the national average per capita income. The federal government also offers an enhanced FMAP for recipients in the State Children’s Health Insurance Program (SCHIP). Table 1 shows the historical FMAP matching for Medicaid services in Louisiana. During SFY 2009/10, Louisiana’s FMAP was 68.54% for regular Medicaid and 77.97% for LaCHIP. However, under the American Recovery and Reinvestment Act (ARRA) of 2009, the effective FMAP for the first quarter (July 2009 to September 2009) in SFY 2009/10 was 80.75% while the remaining three quarters were 81.48%.

Financial Factors

Being an entitlement program, Medicaid enrollment numbers and corresponding expenditures are impacted by economic, demographic and age-mix factors. Examining these factors can help project

future enrollment and financial characteristics of the Medicaid population.

The percentage of population living under the Federal Poverty Guidelines (FPG) influences the level of state reliance on Medicaid program services. Based on the Current Population Survey’s 2008-2009 average, 16.3% of the Louisiana population was considered living under 100% of the FPG, while 37.7% were living below 200% of the FPG (Table 2). These percentages compare to 13.8% and 32.5% respectively for the U.S. population, categorizing Louisiana as a low income state. In comparison to the 2007-2008 poverty average, Louisiana’s percentages decreased from 17.2% and 38.0% respectively. About 29% of Louisiana’s population was enrolled in Medicaid during SFY 2009/10.

In addition to poverty rates, unemployment rates are also a major factor in state reliance on Medicaid programs. Since Medicaid serves mostly low-income individuals, an increase in unemployment could result in more people being eligible for Medicaid. Figure 3 shows average unemployment rates in Louisiana compared to the U.S. average over time. After tracking above the national average for two decades, the Louisiana rate started tracking more closely to the national average in SFY 2001/02 and finally dipped below the national rate in SFY 2006/07. This dip below the U.S. average unemployment rate could be attributed to Hurricanes Katrina and Rita bringing rebuilding jobs to Louisiana. For SFY 2009/10, Louisiana’s average unemployment rate was 7.2%, which was less than the national average unemployment rate of 9.8%. Overall, in SFY 2009/10 Louisiana’s average unemployment rate increased compared to the previous SFY most likely due to the impact of the economic downturn.

Table 1: Historical Louisiana Federal Medical Assistance Percentages

FFY Federal Percentages ¹		
FFY	Regular Medicaid	Enhanced (LaCHIP) ²
2005	71.04	79.73
2006	69.79	78.85
2007	69.69	78.78
2008	72.47	80.73
2009	71.31	79.92
2010 ³	67.61	77.33

SFY Federal and State Percentages				
SFY	Regular Medicaid		Enhanced (LaCHIP) ²	
	Federal	State	Federal	State
2004/05	71.19	28.81	79.83	20.17
2005/06	70.10	29.90	79.07	20.93
2006/07	69.72	30.28	78.80	21.20
2007/08	71.78	28.22	80.24	19.76
2008/09	71.60	28.40	80.12	19.88
2009/10 ³	68.54	31.46	77.97	22.03

¹ U.S. Department of Health and Human Services. (2008). Federal Medical Assistance Percentages. Federal Register, Vol. 73, No. 229, November 26, 2008, pp. 72051-72052. Retrieved from <http://aspe.hhs.gov/health/fmap10.pdf>

² LaCHIP is Louisiana’s State Children’s Health Insurance Program (SCHIP). See page 27 for additional information.

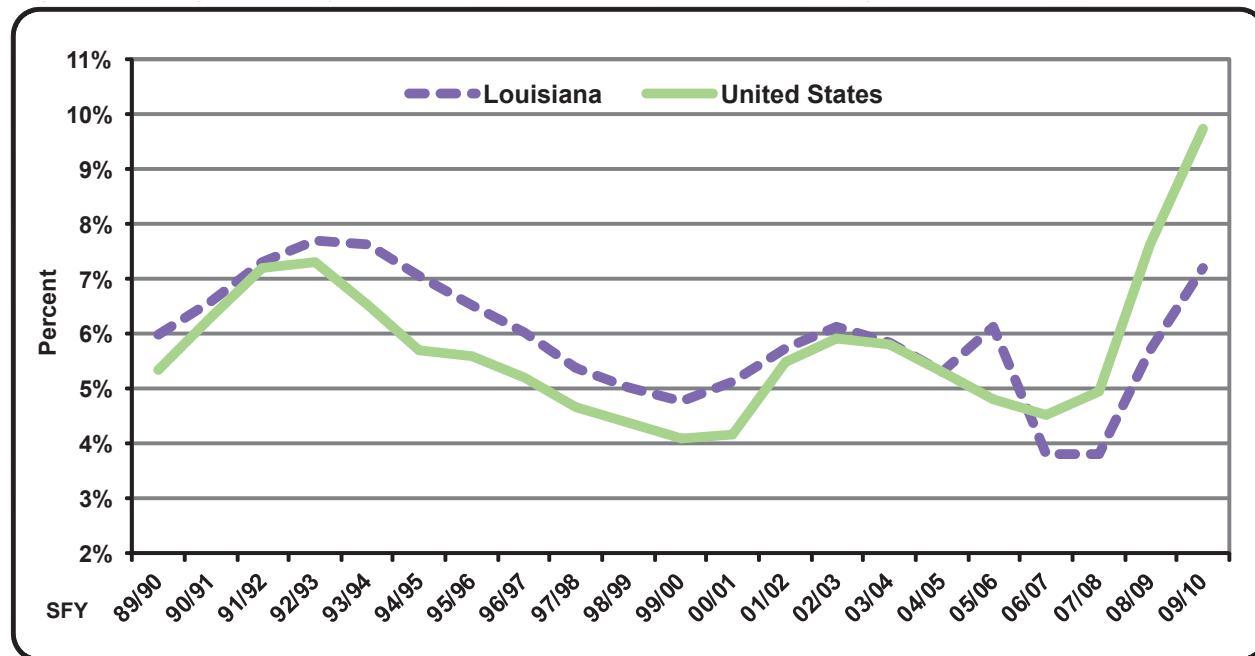
³ Due to ARRA of 2009, the effective FMAP for the first quarter (July 2009 to September 2009) was 80.75% while the remaining three quarters were 81.48%.

Table 2: Population Poverty Status for All Income Levels, Average of Calendar Years 2008 and 2009

Poverty Level	United States	Louisiana
≤ 100% of Poverty	13.75%	16.25%
101% to 125% of Poverty	4.55%	5.65%
126% to 135% of Poverty	1.90%	2.15%
136% to 150% of Poverty	2.90%	3.00%
151% to 185% of Poverty	6.75%	7.65%
186% to 200% of Poverty	2.60%	2.95%
Remainder of Population	67.55%	62.35%

U.S. Census Bureau. (2009). Current Population Survey: 2009 Annual Social and Economic Supplement, POV46 – Poverty Status by State: 2008. Retrieved from http://www.census.gov/hhes/www/cpstables/032009/pov/new46_001.htm and (2010) Current Population Survey: 2010 Annual Social and Economic Supplement, POV46 – Poverty Status by State: 2009. Retrieved from http://www.census.gov/hhes/www/cpstables/032010/pov/new46_001.htm

Figure 3: Average Unemployment Rate in Louisiana and the United States by State Fiscal Year



U.S. Department of Labor, Bureau of Labor Statistics. (2010). Not Seasonally Adjusted Unemployment Rate. Series ID: LNU04000000 retrieved from <http://data.bls.gov/PDQ/outside.jsp?survey=in> for United States and LAUST22000003 retrieved from <http://data.bls.gov/cgi-bin/surveymost?la+22> for Louisiana.

Louisiana State University (LSU) through the Louisiana Population Data Center projected Louisiana's population every five years, from 2005 to 2030¹. LSU projected that Louisiana's population will increase on average about 3% every five years. In addition to the increase in population, the population age mix is predicted to change greatly. The percentage growth of the 65+ age group is projected to increase while the other age groups' are projected to decrease. As the 65+ age group, also known as the "Graying of America," continues to increase over the years, there could be a greater demand for Medicaid due to the increased need for health care services. Also, many of the services required by the 65+ age group are more expensive than that of other age groups, leading to increased Medicaid expenses in the future.

The 2009 Louisiana's Uninsured Population Report conducted by the LSU Public Policy Research Lab² for the Department of Health and Hospitals showed that in December 2009 5.0% of Louisiana children (under the age of 19) and 20.1% of nonelderly (age 19 to 64) adults were uninsured. For children under the age of 19, this rate represented a decrease from the 5.4% rate in 2007 and was an increase in coverage for more than 6,000 children. For the adults age 19 to 64, the uninsured rate represented a decrease from the 2007 rate of 21.2%, which was an increase in coverage for more than 5,800 adults.

¹ Louisiana Population Data Center – Louisiana State University. Louisiana Population Projections to 2030. Retrieved from http://www.louisiana.gov/Explore/Population_Projections/

² Barnes, Stephen, Kirby Goidel, and Dek Terrell. (2009). Louisiana's Uninsured Population: A Report from the 2009 Louisiana Health Insurance Survey. December 2009. Retrieved from <http://www.dhh.louisiana.gov/offices/reports.asp?ID=119&Detail=733>

Medicaid Expenditures

As explained earlier, Medicaid is jointly funded by federal and state funds with an FMAP assigned each year. The following discusses how the Louisiana Medicaid Program is funded and where the money is spent.

Medicaid expenditures are grouped into two types, Medical Vendor Program (MVP) and Medical Vendor Administration (MVA). The means of finance for Medicaid MVP expenditures, excluding MVA expenditures is presented in Table 3. For this report, unless otherwise stated, Medicaid numbers include Medicaid Title XIX and LaCHIP Title XXI. Out of \$6.6 billion total MVP expenditures, the effective state match rate came to be about 17.2% while the effective federal match rate came to be about 82.8% for SFY 2009/10.

SFY 2009/10 Medicaid MVP expenditures by state appropriation are presented in Table 4. Private providers account for about 70% of total Medicaid MVP expenditures and about 84.3% of claims payments (excluding Uncompensated Care Costs (UCC) and Medicare Buy-ins). Public providers represent 13.1%, UCC accounts for 12.4% and Medicare Buy-in premiums and Part-D expenditures for dual eligibles represent 4.5% of MVP expenditures.

Table 5 presents the MVA expenditures. During SFY 2009/10, total Medicaid MVP expenditures were about \$6.6 billion for health care services delivery. To administer this \$6.6 billion MVP, about \$199 million was spent on MVA. This means that about 97 cents of every Medicaid dollar, considering MVP and MVA, went directly to the delivery of health care services.

Table 3: Medical Vendor Program Expenditures Means of Finance by State Fiscal Year

Financing Category	2007/08		2008/09		2009/10	
	Expenditures (\$)	Percent	Expenditures (\$)	Percent	Expenditures (\$)	Percent
State General Fund	\$906,630,895	15.3%	\$1,158,230,748	18.2%	\$722,361,378	10.9%
Other Finance	632,116,449	10.7%	262,403,609	4.1%	418,046,416	6.3%
Total State Match	1,538,747,344	26.0%	1,420,634,357	22.4%	1,140,407,794	17.2%
Federal Funds	4,382,979,497	74.0%	4,929,734,740	77.6%	5,498,240,267	82.8%
Total	\$5,921,726,841	100.0%	\$6,350,369,097	100.0%	\$6,638,648,061	100.0%

Table 4: Medical Vendor Program Expenditures for Budget Programs by State Fiscal Year

Program	2007/08		2008/09		2009/10	
	Expenditures (\$)	Percent	Expenditures (\$)	Percent	Expenditures (\$)	Percent
Private Providers	\$4,011,059,564	67.7%	\$4,416,559,857	69.5%	\$4,648,658,915	70.0%
Public Providers	717,553,220	12.1%	793,426,654	12.5%	866,811,093	13.1%
Buy-Ins	284,034,872	4.8%	295,097,932	4.6%	297,049,741	4.5%
Uncompensated Care	909,079,185	15.4%	845,284,654	13.3%	826,128,312	12.4%
Total	\$5,921,726,841	100.0%	\$6,350,369,097	100.0%	\$6,638,648,061	100.0%

Table 5: Medical Vendor Administration Expenditures Means of Finance by State Fiscal Year

Financing Category	2007/08		2008/09		2009/10	
	Expenditures (\$)	Percent	Expenditures (\$)	Percent	Expenditures (\$)	Percent
State General Fund	\$74,806,839	39.7%	\$72,283,726	38.8%	\$75,572,985	38.1%
Other Finance	9,491,497	5.0%	3,641,123	2.0%	5,761,529	2.9%
Total State Match	84,298,336	44.8%	75,924,849	40.8%	81,334,514	41.0%
Federal Funds	103,981,402	55.2%	110,350,974	59.2%	117,233,799	59.0%
Total	\$188,279,738	100.0%	\$186,275,823	100.0%	\$198,568,313	100.0%

Major Budget Categories

The Appropriations Act allocates Medicaid MVP funds into 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 government entities and school boards.

3) Buy-Ins (Medicare, Part-D and LaCHIP V)

Payments of Medicare premiums and other charges for Medicaid recipients having Medicare as the primary payer to maintain Medicaid as the payer of last resort; these recipients are also known as dual eligible recipients.

Part-D represents state dollars paid to the federal government toward Medicare prescription drug coverage offered under Medicare Part-D for certain dual eligibles. LaCHIP V Buy-in, also known as LaCHIP Affordable Plan (LAP), refers to payments paid to the Office of Group Benefits for the claims paid on behalf of LAP recipients.

4) Uncompensated Care Costs (UCC)

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) and are presented in Table 6 along with their respective expenditures.

Table 6: Expenditures by Budget Category of Service

Private Providers		Expenditures (\$)	Public Providers		Expenditures (\$)
1	Adult Dentures	\$4,195,609	36	LSU - HCSD	\$268,697,786
2	Ambulatory Surgical Clinics	5,052,820	37	LSU - EA Conway	30,338,600
3	Case Management Services	17,691,374	38	LSU - Huey P. Long	14,028,418
4	Durable Medical Equipment	24,786,730	39	LSUMC - Shreveport	144,086,960
5	EPSDT (Screening and Early Diagnosis)	229,825,172	40	DHH - State DD Facilities	239,988,656
6	Early Steps	7,491,556	41	DHH - State Nursing Homes	20,735,439
7	Family Planning	19,956,475	42	DHH - Office of Public Health	21,985,388
8	Federally Qualified Health Centers	33,422,374	43	DHH - Community Mental Health	5,109,919
9	Hemodialysis Services	33,249,912	44	DHH - Public Psychiatric Free Standing Units	58,463,708
10	Home Health Services	38,509,773	45	DHH - Local Governance Entities	9,593,876
11	Hospice Services	57,239,536	46	State Education	16,688,273
12	Hospital - Inpatient Services	909,978,303	47	Local Education Agencies for SBH Services	37,094,069
13	Hospital - Outpatient Services	280,430,214	48	Other Public Providers	0
14	ICF-DD Community Homes	219,511,037	Total Public Providers		\$866,811,093
15	Laboratory and X-Ray Services	102,047,089			
16	LT - PCS	237,616,920	Buy-Ins		
17	Mental Health - Inpatient Services	17,701,860	49	Medicare Premiums & Supplements	\$234,642,039
18	Mental Health Rehabilitation	50,068,021	50	Part-D Payments	58,727,782
19	Nursing Homes	737,529,166	51	LaCHIP V Buy-in	3,679,920
20	PACE	6,468,431	Total Buy-Ins		\$297,049,741
21	Pharmaceutical Products and Services	521,905,446			
22	Physician Services	497,636,303	Uncompensated Care Costs		
23	Rural Health Clinics	50,413,397	52	LSU - HCSD	\$389,934,043
24	Transportation: Emergency-Ambu.	40,141,300	53	LSU - EA Conway	32,729,876
25	Transportation: Non-Emergency-Ambu.	13,965,945	54	LSU - Huey P. Long	24,077,093
26	Transportation: Non-Emergency-Non-Ambu	9,637,464	55	LSUMC - Shreveport	131,828,070
27	Waiver: Adult Day Health Care	7,586,549	56	Public Psychiatric Free Standing Units	103,342,871
28	Waiver: Adult Residential Care	0	57	Villa Feliciana Medical Complex	1,026,000
29	Waiver: Children's Choice	11,653,378	58	Private Hospitals	143,190,359
30	Waiver: Elderly & Disabled Adults	48,866,553	Total Uncompensated Care Costs		\$826,128,312
31	Waiver: Family Planning	12,353,416			
32	Waiver: NOW DD-Community Services	380,220,266	Grand Total Medical Vendor Program		\$6,638,648,061
33	Waiver: Residential Options	0			
34	Waiver: Supports	14,305,322			
35	Other Private Providers	7,201,205			
Total Private Providers		\$4,648,658,915			

Private Providers

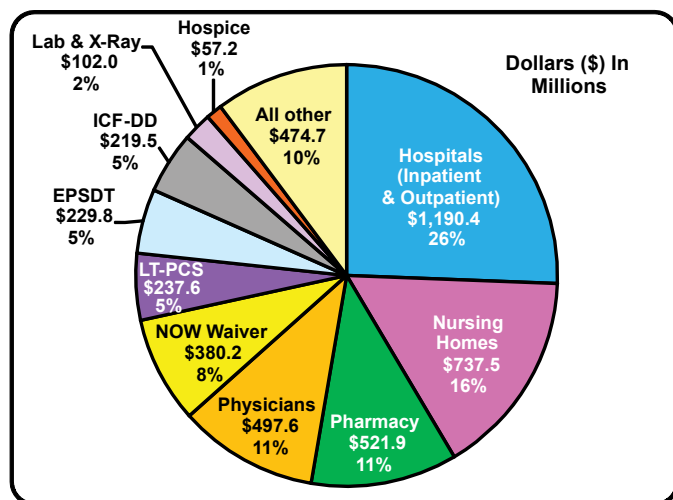
Figure 4 presents the top ten private provider groups by Medicaid expenditures. The top four, hospital services (Inpatient and Outpatient), nursing homes, pharmacy products and services, and physician services, together account for about 64% of the private provider expenditures. The top ten private provider groups account for about 90% of private spending. An overview of each private BCOS is provided below.

1. **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.
2. **Ambulatory Surgical Clinics:** Provides surgical services not requiring hospitalization where expected stay of recipient does not exceed 24 hours.
3. **Case Management Services:** Assists the recipient in prioritizing and defining desired personal outcomes, defining appropriate supports and services, and accessing these supports and services.
4. **Durable Medical Equipment (DME):** Medically necessary equipment, appliances and supplies. DME providers must obtain prior authorization.
5. **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 children. The Health Services component of EPSDT provides evaluation and treatment for children with disabilities, primarily through school-based service providers. The Louisiana screening component of EPSDT is called KIDMED, which provides a framework for

routine health, mental health and developmental screening of children from birth to age 21. Evaluation and treatment for illness, conditions or disabilities are rendered through various other providers. Related services include EPSDT dental services, eyeglasses and durable medical equipment.

6. **Early Steps:** Louisiana's Early Intervention System that provides services to families with infants and toddlers from birth to three years who have a medical condition likely to result in or have a developmental delay. Services include family support coordination, occupational therapy, physical therapy, speech therapy, psychology and audiology.
7. **Family Planning:** Services to female Medicaid recipients for routine family planning services including doctor's visit, counseling, contraceptives and certain lab services.
8. **Federally Qualified Health Center (FQHC) Services:** Physician or professional services and designated services and supplies incident to the physician or other professional services. Commonly known as community health centers, migrant health centers and health care for the homeless programs. FQHCs must meet federal requirements of the U.S. Department of Health and Human Services (DHHS) prior to Medicaid enrollment.
9. **Hemodialysis Services:** Dialysis treatment (including routine laboratory services), medically necessary non-routine laboratory services and medically necessary injections reimbursed to free-standing End Stage Renal Disease (ESRD) facilities.
10. **Home Health Services:** Intermittent or part-time skilled nursing services, personal care services, and physical, occupational and speech therapy services provided by a licensed home health agency in accordance with the plan of treatment ordered by a physician. Certain services may require prior authorization.
11. **Hospice:** Palliative care for the terminally ill patient and support for the family.
12. **Hospital Inpatient Services:** Inpatient hospital care and services. Inpatient services must be pre-certified in most instances if provided by an in-state hospital.
13. **Hospital Outpatient Services:** Outpatient hospital care and services. Some outpatient services must be prior authorized.

Figure 4: Top Ten Private Provider Groups by Expenditures



- 14. Intermediate Care Facilities for the Developmental Disabled (ICF-DD) Community Homes:** Homes for the long-term care of developmentally disabled recipients.
- 15. Laboratory and X-Ray Services:** Diagnostic testing performed by an independent laboratory or physician's office.
- 16. Long Term Personal Care Services (LT-PCS):** Optional services for elderly or disabled recipients over age 21 who qualify for nursing facility level of care. Personal care services are defined as services that provide assistance with the Activities of Daily Living (ADL) and the Instrumental Activities of Daily Living (IADL).
- 17. Mental Health - Inpatient Services:** Mental health evaluation, treatment, and counseling services provided in a inpatient clinic.
- 18. Mental Health Rehabilitation (MHR) Services:** Rehabilitation management for recipients with severe and persistent mental illnesses. Services are furnished in community and 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.
- 19. Nursing Homes:** Facilities that provide professional nursing and rehabilitation services on a 24-hour a day basis.
- 20. PACE – Program for All Inclusive Care for the Elderly:** Offers flexibility in providing the medical and support services necessary for a senior citizen to maintain independence in his or her home for as long as possible. It also coordinates and provides all needed preventive, primary, acute and long term care services so that individuals can continue living in the community.
- 21. Pharmaceutical Products and Services:** Prescription services for prescriptions issued by a licensed physician, podiatrist, certified nurse practitioner or dentist.
- 22. 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.
- 23. Rural Health Clinics:** Provides physician or professional service and designated services and supplies incident to the physician or other

professional services. Rural health clinics must meet federal requirements of the U.S. DHHS prior to Medicaid enrollment.

- 24. 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.
- 25. 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.
- 26. Transportation Non-Emergency – Non-Ambulance:** Transportation to and from routine medical appointments.
- 27. Waiver¹ – Adult Day Health Care (ADHC):** Direct care in a licensed day care facility, during a portion of the 24-hour day, for individuals who meet nursing facility level of care.
- 28. Waiver – Adult Residential Care (ARC):** Provides services to elderly and disabled adults in a congregate setting of the providers' own private apartments as an alternative to nursing home placement. Includes care coordination, adult residential care, community transition services and intensive care coordination.
- 29. Waiver – Children's Choice (CCW):** Provides 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.
- 30. Waiver – Elderly and Disabled Adults (EDA):** Provides services to 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.
- 31. Waiver – Family Planning:** Provides females with family planning services to reduce unplanned pregnancies. Includes yearly physical examinations and necessary re-visits, laboratory tests, medications, supplies and some voluntary sterilization procedures.

¹ For more information and statistics concerning waivers, please see the HCBS Waivers Section on page 48.

32. **Waiver – New Opportunities (NOW) Developmentally Disabled – Community Services:** Provides home and community-based care services as an alternative to institutional care to persons who are developmentally disabled. NOW services must be prior approved and coordinated by the recipient's case manager.
33. **Waiver – Residential Options (ROW):** Provides an on-going opportunity for individuals with developmental disabilities to transition from ICF-DDs, and provides residential and other comprehensive supports for people with complex needs.
34. **Waiver – Supports (SW):** Provides supported employment, day habilitation, prevocational services, respite, habilitation and personal emergency response systems to individuals that are age 18 and older with a developmental disability which manifested prior to age 22.
35. **Other Private Provider Services:** Audiology, chiropractic, expanded dental program for pregnant women, personal care attendant, physical and occupational therapy, prenatal clinics, psychology, social work and other services.

Public Providers

Payments to the public provider program include:

36. **LSU – HCSD:** Health Care Services Division is comprised of seven hospitals: Earl K. Long Medical Center (Baton Rouge), Lallie Kemp Regional Medical (Independence), Leonard J. Chabert Medical Center (Houma), LSU HSC-HCSD (New Orleans), University Medical Center (Lafayette), Washington-St. Tammany Regional Medical Center (Bogalusa) and W. O. Moss Regional Medical Center (Lake Charles).
37. **LSU – EA Conway Medical Center (Monroe)**
38. **LSU – Huey P. Long Medical Center (Pineville)**
39. **LSU Medical Center (Shreveport)**
40. **DHH – State Developmentally Disabled Facilities:** State owned and operated DD facilities, includes Special School District #1.
41. **DHH – State Nursing Homes:** Villa Feliciana Medical Complex and John J. Hainkel, Jr. Home and Rehabilitation Center.
42. **DHH – Office of Public Health**
43. **DHH – Community Mental Health Clinics**
44. **DHH – Public Psychiatric Free Standing Units**
45. **DHH – Local Governance Entities (Districts)**

46. **State Education**—School Boards reimbursements.

47. Local Education Agencies for School Based Health Services

48. Other Public Providers

Buy-Ins (Medicare, Part-D and LaCHIP V)

49. **Medicare Premiums and Supplements:** 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. Matched federal money is available through the Medicaid program to assist the state with the premium payments for certain buy-in enrollees.

50. **Part-D:** Mandatory state dollars paid to the federal government beginning in January 2006 to help finance Medicare prescription drug coverage offered under Medicare Part-D for certain dual eligibles. The amount a state must pay depends on set guidelines the federal government has established under the Medicare Modernization Act of 2003 (MMA).

51. **LaCHIP V Buy-in:** Also referred to as LaCHIP Affordable Plan (LAP), are payments made to the Louisiana Office of Group Benefits (OGB) for the claims paid on behalf of LAP recipients.

Uncompensated Care Costs

The following hospitals receive UCC payments:

52. **LSU – HCSD:** Health Care Services Division (For included hospitals see number 36 under 'public providers').
53. **LSU – EA Conway Medical Center (Monroe)**
54. **LSU – Huey P. Long Medical Center (Pineville)**
55. **LSU Medical Center (Shreveport)**
56. **DHH – Public Psychiatric Free Standing Units**
57. **Villa Feliciana Medical Complex**
58. **Qualifying Private Hospitals**

Medicaid Enrollment

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

This report provides an overview of Medicaid eligibility. Medicaid enrollees, applicants, recipients, providers and researchers who have questions about the Louisiana Medicaid Program may visit our website at www.medicaid.la.gov. The Medicaid Eligibility Manual is available online at <http://bhsfweb.dhh.la.gov/onlinemanualspublic/>. Information is also available when calling the toll free line at 1-888-342-6207 or 1-877-252-2447.

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. Louisiana is a Section 1634 state, which means that 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 Medicaid eligible.

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 online, 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 local office is provided in Appendix C with regional offices listed on the back cover.

Individuals who are not automatically eligible and apply for Medicaid must fit within a certain income range and fall within one of the four major categories listed below to be eligible for Medicaid:

- 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:
 - A pregnant member, **or**
 - A parent or caregiver of a child under age 18, **or**

- A child under age 19, **or**
- A woman who needs treatment for cervical or breast cancer, **or**

- 4) **Disabled** – individuals who meet Social Security Administration's (SSA) disability criteria and have a physical or mental condition 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 programs. An overview of the Medicaid programs offered in Louisiana is presented in Table 8 on page 18 of this document.

Each state sets an income limit within federal guidelines for Medicaid eligibility groups and determines what income counts toward that limit. Part of the financial qualification for Medicaid is based upon the family size and relation of monthly income to the Federal Poverty Guidelines (FPG). Table 7 shows 2010 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 was considered living at 100% of FPG if the household income was \$22,050 annually (\$1,838 per month) and at 200% of FPG if the household income was \$44,100 annually (\$3,675 per month).

Figure 5 summarizes income requirements for many of the Medicaid programs. The major qualifying categories are listed along the bottom of the chart. Along the left axis of the chart is income as a percentage of the FPG. As shown in the eligibility chart, 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. While most eligibility categories allow access to the full array of Medicaid services, the individual's economic and medical circumstances may assign an enrollee to a more limited set of benefits. Table 8 includes a listing and description 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 Other.

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 plastic Medicaid identification card.

Table 7: 2010 Federal Poverty Guidelines for All States (Except Alaska and Hawaii)

Family Size		Annual and Monthly Income in Dollars ¹									
		75%	100%	120%	133%	135%	150%	185%	200%	250%	300%
1	Annual	\$8,123	\$10,830	\$12,996	\$14,404	\$14,621	\$16,245	\$20,036	\$21,660	\$27,075	\$32,490
	Monthly	\$677	\$903	\$1,083	\$1,200	\$1,218	\$1,354	\$1,670	\$1,805	\$2,256	\$2,708
2		10,928	14,570	17,484	19,378	19,670	21,855	26,955	29,140	36,425	43,710
		911	1,214	1,457	1,615	1,639	1,821	2,246	2,428	3,035	3,643
3		13,733	18,310	21,972	24,352	24,719	27,465	33,874	36,620	45,775	54,930
		1,144	1,526	1,831	2,029	2,060	2,289	2,823	3,052	3,815	4,578
4		16,538	22,050	26,460	29,327	29,768	33,075	40,793	44,100	55,125	66,150
		1,378	1,838	2,205	2,444	2,481	2,756	3,399	3,675	4,594	5,513
5		19,343	25,790	30,948	34,301	34,817	38,685	47,712	51,580	64,475	77,370
		1,612	2,149	2,579	2,858	2,901	3,224	3,976	4,298	5,373	6,448
6		22,148	29,530	35,436	39,275	39,866	44,295	54,631	59,060	73,825	88,590
		1,846	2,461	2,953	3,273	3,322	3,691	4,553	4,922	6,152	7,383
7		24,953	33,270	39,924	44,249	44,915	49,905	61,550	66,540	83,175	99,810
		2,079	2,773	3,327	3,687	3,743	4,159	5,129	5,545	6,931	8,318
8 ²		27,758	37,010	44,412	49,223	49,964	55,515	68,469	74,020	92,525	111,030
		2,313	3,084	3,701	4,102	4,164	4,626	5,706	6,168	7,710	9,253

¹ U.S. Department of Health and Human Services. (2010). 2010 Poverty Guidelines. Federal Register, Vol. 75, No. 148, August 3, 2010, pp. 45628-45629.

Retrieved from <http://www.cms.hhs.gov/MedicaidEligibility/Downloads/POV10Combo.pdf>

² For family units more than eight members, add \$3,740 annually and \$311.67 monthly for each additional member.

Figure 5: Louisiana Medicaid Coverage Groups and Income Eligibility Requirements

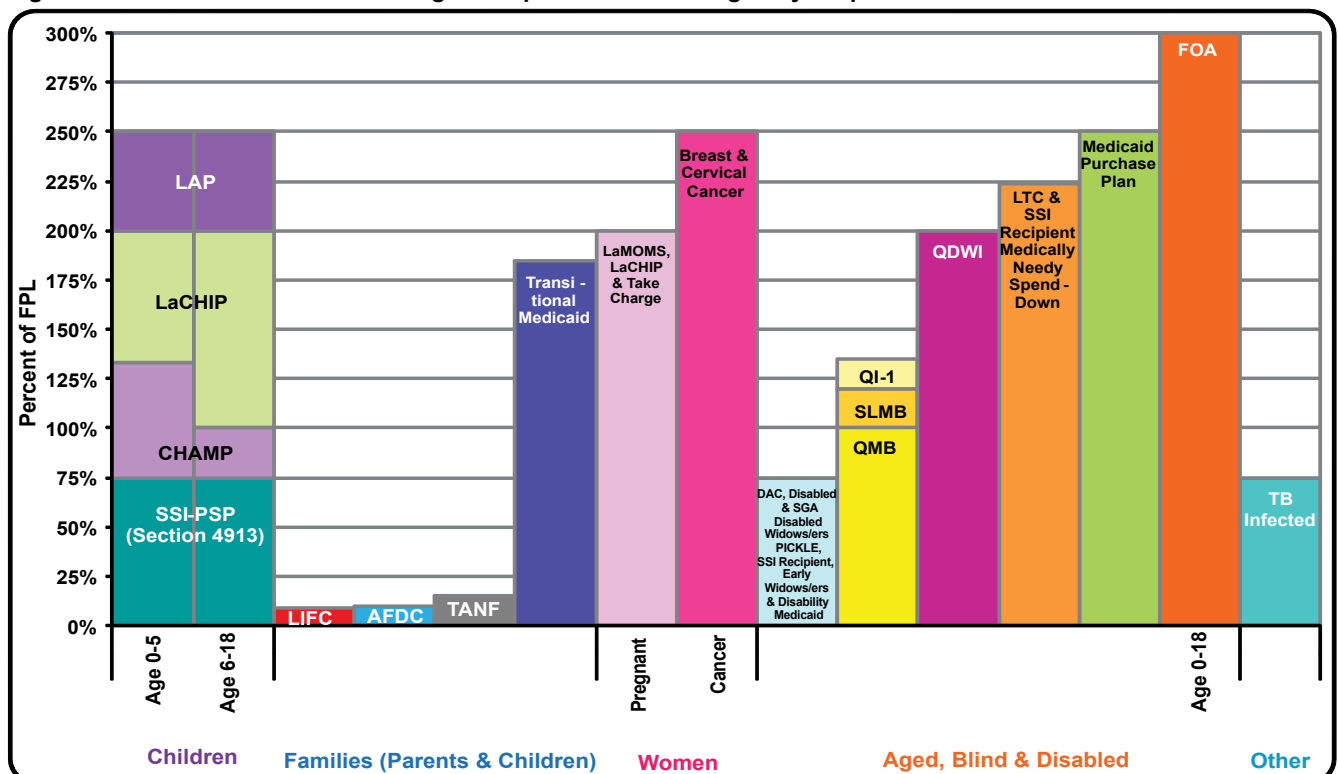


Table 8: Louisiana Medicaid Coverage Groups and Income Eligibility Requirements by Program

Program		Description	Income Limit
A. Children	A1. SSI-PSP (Section 4913)	Individuals under age 18 denied SSI cash because of an SSI provision that is prohibited in Medicaid	75% of poverty (+\$20); Assets limit: \$2,000 for individual
	A2. CHAMP – Low Income Children	Ages 0 to 5	133% of poverty; No assets test
		Ages 6 to 18 (through 19 th birthday)	100% of poverty; No assets test
	A3. LaCHIP (Title XXI)	Ages 0 to 5	> 133% and up to 200% of poverty; No assets test
		Ages 6 to 18 (through 19 th birthday)	> 100% and up to 200% of poverty; No assets test
	A4. LaCHIP Affordable Plan (LAP)	Ages 0 to 18 (through 19th birthday)	> 200% and up to 250% of poverty; Some cost sharing involved; No assets test
	A5. Deemed Eligible Child	Age 0 (through first birthday)	Children whose mothers were enrolled in Medicaid at the time of birth
B. Families (Parents and Children)	A6. OCS Children	Children in Foster Care programs through the Office of Community Services (OCS)	Eligibility determined by the Office of Community Services
	B1. LIFC – Section 1931	Children and Families	Monthly Income levels of \$66, \$123, \$174, \$217 and \$259 (7.3%, 10.1%, 11.4%, 11.8% and 12.1% of poverty) for family sizes of 1, 2, 3, 4 and 5 respectively; No assets test
	B2. LIFC – Section 1931 “PAP”	Children and Families	Monthly Income levels of \$66, \$123, \$174, \$217 and \$259 (7.3%, 10.1%, 11.4%, 11.8% and 12.1% of poverty) for family sizes of 1, 2, 3, 4 and 5 respectively with income of siblings, step-parents and grandparents of minor child disregarded (anyone not legally responsible for child); No assets test
	B3. AFDC – Related Medically Needy	Children and Families	10% of poverty (individuals and couples); No assets test
	B4. AFDC – Related Spend down Medically Needy	Children and Families	All income over 10% of poverty considered available to meet medical expenses for quarter
	B5. TANF Recipients	Recipients of cash assistance as determined by the Department of Social Services’ Office of Family Support	15% of poverty; Assets limit: \$2,000
	B6. Transitional Medicaid	Former LIFC Recipients with earnings now exceeding 7.3% of poverty; Former TANF Recipients with earnings now exceeding 15% of poverty	185% of poverty for coverage in seventh through twelfth month of transitional eligibility period; No assets test
C. Women	C1. CHAMP/LaMOMS – Pregnant Woman	Verified pregnancy, 2-month postpartum period	200% of poverty; No assets test
	C2. LaCHIP (Title XXI)	Conception to birth for low-income, pregnant, non-Medicaid eligible mothers	200% of poverty; No assets test
	C3. Take Charge – Family Planning Program	Women between ages 19 and 44 for family planning related services only	200% of poverty; No assets test
	C4. Breast and Cervical Cancer	Women under 65 diagnosed with breast or cervical cancer, or in a precancerous condition	250% of poverty; No assets test
	D1. Disabled Adult Child (DAC)	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 75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple

Table 8: Louisiana Medicaid Coverage Groups and Income Eligibility Requirements by Program

Program		Description	Income Limit
D. Aged, Blind and Disabled	D2. Disabled Widows/Widowers	Restores Medicaid eligibility to disabled widows/widowers who would be eligible for SSI	Social Security 1984 Widow's/er's adjustment is disregarded in determining countable income with limit 75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D3. SGA Disabled Widows/Widowers / Surviving Divorced Spouse	Individuals who lost SSI because of receipt of Social Security disabled widow's/ widower's benefits	All cost of living raises and Social Security Disabled Widow's/er's benefits are disregarded in calculating countable income with 75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D4. 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 75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D5. Disability Medicaid	Aged and disabled individuals who meet SSI criteria	75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D6. SSI Recipients	Aged and disabled recipients of federal SSI cash payments as determined by SSA	75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D7. Early Widows/ Widowers	Individuals who lost SSI because of receipt of Social Security widow's/widower's benefits	Social Security Early Widow's/er's benefits are disregarded in determining countable income with limit 75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D8. QMB – Qualified Medicare Beneficiary	Pays Medicare premiums, deductibles and co-insurance	100% of poverty; Asset limit: \$6,600 individual and \$9,910 couple
	D9. SLMB – Specified Low-Income Medicare Beneficiary	Pays Part-B Medicare premium only	> 100% and up to 120% of poverty; Assets limit: \$6,600 individual and \$9,910 couple
	D10. QI-1 – Qualified Individual Category 1	Pays Part-B Medicare premium only	> 120% and up to 135% of poverty; Assets limit: \$6,600 individual and \$9,910 couple
	D11. 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: \$6,600 individual and \$9,910 couple
	D12. 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/DD or who receive care in their own home or in the community	224% of poverty (3 times the limit for SSI recipients); 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 \$109,560
	D13. SSI Recipient – Medically Needy Spend-Down	Qualified individuals and families who may have "too much" income to qualify for regular Medicaid	All income over 75% of poverty (+\$20) is considered available to meet medical expenses for quarter – For Long Term Care (institutions only) all income over 224% of poverty; Assets limit: \$2,000 individual and \$3,000 couple
	D14. Medicaid 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; Individual pays a premium when net income is above 150% of poverty; Assets limit: \$25,000
	D15. Family Opportunity Act (FOA)	Offers Medicaid Buy-in to families for children up to age 18 (through 19 th birthday) with disabilities who are not eligible for SSI disability benefits due to income	300% of poverty; Families above 200% of poverty must pay a premium; No assets test
E. Other	E1. TB infected	Persons who have been diagnosed as, or are suspected of being infected with tuberculosis	75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	E2. Emergency Services for Illegal/Ineligible Aliens	Coverage of illegal/undocumented aliens and documented aliens under the Medicaid 5-year bar for life-threatening emergency situations and labor/delivery of newborns	Must meet all requirements of another Medicaid program except for U.S. citizenship
	E3. Youth Aging Out of Foster Care	Individuals age 18 to 21 released from the Foster Care program due to turning age 18	No income or assets test

Enrollment Statistics

Before presenting the statistical data, it is important to establish the difference between the terms Medicaid eligible, Medicaid enrollee and Medicaid recipient 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 applied for Medicaid.

On the other hand, a **‘Medicaid enrollee’** is a Medicaid eligible person who applied for and was approved by the Medicaid program to receive benefits regardless of whether he or she received any service and/or any claims were filed on his or her behalf.

Finally, a **‘Medicaid recipient’** is an enrollee with at least one processed claim during the time period involved, in this case during SFY 2009/10 (July 1, 2009 to June 30, 2010), whether or not he or she was enrolled on the date the claim was paid, but was enrolled at the time the service for the claim was provided, as well as any person with Medicare Buy-in and Part-D premiums paid on his or her behalf. For example, there may be a processed claim during this particular period for services that were provided in a prior period for an individual though his or her eligibility ended before this SFY.

In regards to data, in some categories (e.g. within a parish), the number of recipients reported may exceed the number of enrollees for two main reasons. One reason is that an enrollee case may have closed at the end of SFY 2008/09 but a claim was paid on his or her behalf in SFY 2009/10. Thus, when a claim is paid in SFY 2009/10 for a person who received a service in SFY 2008/09, she or he will be counted as a recipient in SFY 2009/10 although this person is no longer eligible for Medicaid in SFY 2009/10. 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 2009/10 to be for a service rendered in SFY 2007/08. The payment could, therefore, occur long after the person identified as the recipient on the claim has left the program.

There are many ways to interpret enrollment under Medicaid, which will be discussed in the following sections.

Enrollment as a Percentage of the Population

The percentage of the population enrolled in Louisiana Medicaid has consistently increased through the years with a few exceptions (Table 9). During SFY 2009/10, 29% of Louisianans were enrolled in Medicaid.

Table 10 presents total population, enrollees, recipients, payments and the percentage of the population enrolled in Medicaid by parish during SFY 2009/10. It is evident that lower income parishes have large percentages of Medicaid enrollment, especially in the northeast parishes with East Carroll, Franklin, Madison, Morehouse, Richland, Tensas and West Carroll all having 40% of their population or above enrolled in Medicaid, along with the central parishes of Avoyelles, Concordia, Evangeline and St. Landry and Washington Parish, as shown in the map (Figure 6). Cameron Parish had the smallest percentage of Medicaid enrolled with only 11% of the parish’s population enrolled in Medicaid during SFY 2009/10.

East Baton Rouge Parish had the highest payments paid on behalf of their recipients at about \$498 million, while Cameron Parish had the least amount paid on behalf of their recipients at about \$2 million.

Table 9: Enrollment, Population and Percentage of Population Enrolled by State Fiscal Year

SFY	Medicaid Enrollment ¹	Population Estimate ²	Percent of Population Enrolled
2004/05	1,139,944	4,489,327	25%
2005/06	1,171,919	4,497,691	26%
2006/07	1,188,286	4,240,327	28%
2007/08	1,178,318	4,376,122	27%
2008/09	1,237,625	4,451,513	28%
2009/10	1,304,811	4,492,076	29%

¹ Enrollment data was obtained in October, 2010 from MARS Data Warehouse and includes all ‘premium only’ duals. Enrollment will vary depending on the date extracted due to processing. Enrollment counts are **unduplicated** for each SFY.

² Population estimates are taken from the beginning of the State Fiscal Year. U.S. Census Bureau, Population Estimates Program. (2010). 2009 Annual Population Estimates for Louisiana. Retrieved from http://factfinder.census.gov/servlet/GCTTable?_bm=y&-context=gct&-ds_name=PEP_2009_EST&-%20context=gct&-mt_name=PEP_2009_EST_GCTT1_ST2&-CONTEXT=gct&-tree_id=809&-redoLog=true&-geo_id=04000US22&-format=ST-2|ST-2S|ST-2Sh&-lang=en

Table 10: Population, Enrollees, Recipients, Payments and Percentage of Population Enrolled by Parish

	Parish	2009 Population ¹	Medicaid Enrollees ²	Medicaid Recipients ²	Payments ³ (\$)	Medicaid Enrollees/Population	
						Ratio	Rank
1	Acadia	60,095	21,979	22,599	\$105,509,168	37%	19
2	Allen	25,636	8,245	8,526	35,734,489	32%	37
3	Ascension	104,822	23,947	24,021	79,685,417	23%	61
4	Assumption	22,874	6,828	7,065	29,043,990	30%	47
5	Avoyelles	42,511	17,302	17,902	86,960,019	41%	10
6	Beauregard	35,419	10,797	10,861	37,127,511	30%	42
7	Bienville	14,729	5,600	5,843	25,601,337	38%	17
8	Bossier	111,492	26,437	26,347	120,202,746	24%	60
9	Caddo	253,623	81,956	81,375	341,942,146	32%	34
10	Calcasieu	187,554	54,433	54,541	215,762,071	29%	50
11	Caldwell	10,439	3,918	4,128	25,239,568	38%	18
12	Cameron	6,584	746	796	1,826,742	11%	64
13	Catahoula	10,460	4,028	4,221	19,993,339	39%	15
14	Claiborne	16,118	5,224	5,382	26,982,879	32%	33
15	Concordia	18,989	7,874	8,071	29,964,745	41%	7
16	De Soto	26,401	8,524	8,507	32,263,660	32%	36
17	East Baton Rouge	434,633	124,551	123,755	498,223,497	29%	51
18	East Carroll	8,102	4,168	4,367	25,329,792	51%	1
19	East Feliciana	20,970	6,364	6,625	45,128,913	30%	44
20	Evangeline	35,330	14,483	15,058	69,435,193	41%	9
21	Franklin	19,807	8,738	9,036	47,267,899	44%	3
22	Grant	20,164	6,788	6,896	26,651,275	34%	28
23	Iberia	75,101	27,435	27,490	105,211,976	37%	20
24	Iberville	32,505	11,557	11,754	46,891,504	36%	21
25	Jackson	15,063	4,535	4,730	25,943,886	30%	46
26	Jefferson	443,342	122,364	123,584	451,498,912	28%	54
27	Jefferson Davis	31,097	10,526	10,819	49,284,495	34%	27
28	Lafayette	210,954	52,948	50,576	197,469,210	25%	58
29	Lafourche	93,682	24,912	26,902	109,369,135	27%	55
30	La Salle	13,964	4,059	5,723	26,696,212	29%	49
31	Lincoln	43,286	12,668	12,682	67,763,695	29%	48
32	Livingston	123,326	32,340	32,256	108,050,370	26%	56
33	Madison	11,385	5,448	5,526	22,554,611	48%	2
34	Morehouse	28,223	12,440	12,666	63,942,966	44%	4
35	Natchitoches	39,255	13,587	13,607	51,633,236	35%	24
36	Orleans	354,850	113,593	111,202	422,986,223	32%	38
37	Ouachita	151,502	51,563	50,860	211,845,513	34%	26
38	Plaquemines	20,942	5,795	5,682	21,580,937	28%	53
39	Pointe Coupee	22,447	7,081	7,342	33,910,033	32%	39
40	Rapides	133,937	44,904	45,796	356,922,845	34%	29
41	Red River	9,003	3,506	3,580	14,180,165	39%	13
42	Richland	20,422	8,676	8,897	52,429,399	42%	6
43	Sabine	23,733	7,425	7,434	31,617,454	31%	40
44	St. Bernard	40,655	12,375	11,775	37,948,139	30%	43
45	St. Charles	51,611	12,630	12,662	42,112,878	24%	59
46	St. Helena	10,551	3,016	3,104	12,754,486	29%	52
47	St. James	21,054	6,798	6,897	23,233,376	32%	35
48	St. John	47,086	16,342	16,374	47,668,922	35%	23
49	St. Landry	92,326	37,074	38,309	167,875,113	40%	11
50	St. Martin	52,217	17,075	17,229	65,004,980	33%	31
51	St. Mary	50,815	19,701	19,989	69,047,766	39%	14
52	St. Tammany	231,495	47,711	47,617	186,272,187	21%	62
53	Tangipahoa	118,688	45,307	45,748	243,801,349	38%	16
54	Tensas	5,609	2,319	2,377	8,255,682	41%	8
55	Terrebonne	109,291	35,461	36,059	133,107,131	32%	32
56	Union	22,584	7,401	7,481	28,101,578	33%	30
57	Vermillion	56,141	16,970	17,274	69,373,726	30%	45
58	Vernon	46,616	12,011	11,889	49,838,699	26%	57
59	Washington	45,669	18,147	18,256	87,628,646	40%	12
60	Webster	40,544	14,017	14,337	62,501,561	35%	25
61	West Baton Rouge	22,638	6,947	7,103	25,073,677	31%	41
62	West Carroll	11,329	4,852	5,047	22,903,745	43%	5
63	West Feliciana	15,055	2,568	2,638	15,008,441	17%	63
64	Winn	15,331	5,397	5,559	25,013,738	35%	22
State Total		4,492,076	1,304,811	1,303,984	\$5,820,184,993	29%	

¹ Population estimates are taken from the beginning of the State Fiscal Year. U.S. Census Bureau, Population Estimates Program. (2010). 2009 Annual Population Estimates for Louisiana Parishes for July 1, 2009. Retrieved from http://factfinder.census.gov/servlet/GCTTable?_bm=y&-context=gct&-ds_name=PEP_2009_EST&-%20context=gct&-mt_name=PEP_2009_EST_GCTT1_ST2&-CONTEXT=gct&-tree_id=809&-redoLog=true&-geo_id=04000US22&-format=ST-2|ST-2S|ST-2Sh&-lang=en

² Individual parish enrollee and recipient counts may not sum to the total state count due to movement between parishes during the SFY; the state figures are **unduplicated** for entire state, while numbers are **unduplicated** within the parish.

³ Payments are based on recipient parish payments.

Figure 6: Parish Percentage of Population Enrolled in Medicaid

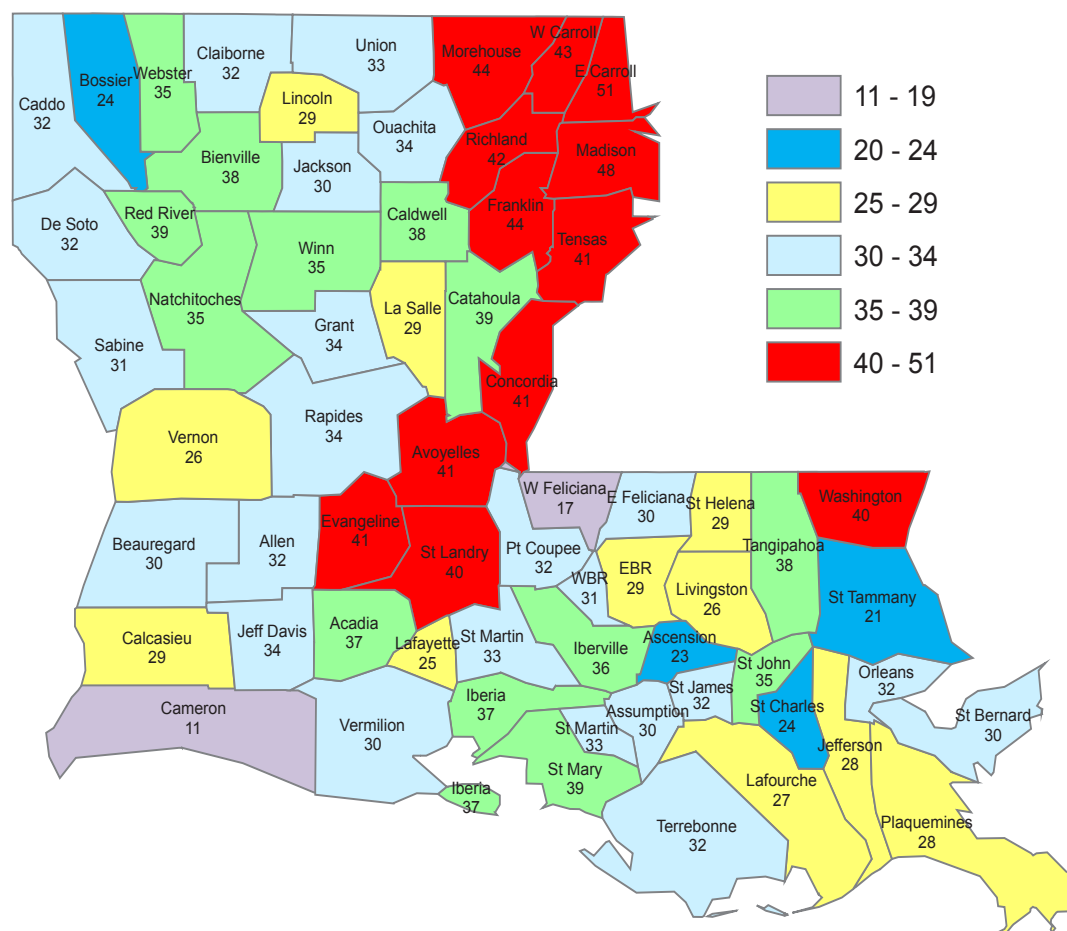


Table 11 presents total population, enrollees, recipients, payments and percentage of population enrolled by region during SFY 2009/10. Monroe Region had the largest percentage of population enrolled in Medicaid at 35% followed by Alexandria Region at 33%. Both Mandeville and Baton Rouge Regions had the smallest percentages of population enrolled in Medicaid at 27%.

New Orleans Region had the highest payments paid on behalf of their recipients at about \$934 million, while Lake Charles Region had the least amount paid on behalf of their recipients at about \$340 million.

Table 11: Population, Enrollees, Recipients, Payments and Percentage of Population Enrolled by Region

Region	2009 Population ¹	Medicaid Enrollees ²	Medicaid Recipients ²	Payments ³ (\$)	Medicaid Enrollees/Population	
					Ratio	Rank
Region 1 - New Orleans	859,789	245,818	241,153	\$934,014,210	29%	7
Region 2 - Baton Rouge	653,070	179,374	178,792	743,921,482	27%	8
Region 3 - Thibodaux	396,413	120,312	122,791	453,583,199	30%	4
Region 4 - Lafayette	582,164	181,009	180,572	779,879,366	31%	3
Region 5 - Lake Charles	286,290	83,351	83,718	339,735,308	29%	6
Region 6 - Alexandria	301,972	100,658	103,722	622,040,872	33%	2
Region 7 - Shreveport	534,898	160,741	160,023	706,925,186	30%	5
Region 8 - Monroe	347,751	122,903	123,130	601,578,335	35%	1
Region 9 - Mandeville	529,729	144,208	143,997	638,507,037	27%	9
State Total	4,492,076	1,304,811	1,303,984	\$5,820,184,993	29%	

¹ Population estimates are taken from the beginning of the State Fiscal Year. U.S. Census Bureau, Population Estimates Program. (2010). 2009 Annual Population Estimates for Louisiana Parishes for July 1, 2009. Retrieved from http://factfinder.census.gov/servlet/GCTTable?_bm=y&-context=gct&-ds_name=PEP_2009_EST&-%20context=gct&-mt_name=PEP_2009_EST_GCTT1_ST2&-CONTEXT=gct&-tree_id=809&-redoLog=true&-geo_id=04000US22&-format=ST-2|ST-2|ST-2Sh&-_lang=en

² Individual region enrollee and recipient counts may not sum to the total state count due to movement between regions during the SFY; the state figures are unduplicated for entire state, while numbers are unduplicated within the region.

³ Payments are based on recipient region payments.

Enrollment by Age and Gender

The breakdown of enrollees by age (Table 12 and Figure 7) shows that majority enrolled are children, with those aged 20 and under making up 62.7% of the total. Those between the age 21 and 64 comprised 28.8% of the enrolled population and those 65 and over made up the smallest component at 8.5%. Also, as expected, statistics reveal that certain age groups are more expensive than others. The reason for the difference is the medical needs of these age groups tend to require

more expensive services, for example long-term care services.

In general, for all ages there are more females than males enrolled in Medicaid (Figure 8). Though children age 18 and under are almost evenly split between female and male, for enrollees of ages 19 and above, women comprised about 74.4% of enrollment. This can be explained by the pregnant women program, disproportionate number of female parents in very low income households and longer life expectancy of females.

Table 12: Enrollees, Recipients and Payments by Age and Gender

Age ¹	Enrollees			Recipients			Payments (\$)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Under 1	35,981	34,886	70,867	34,265	33,212	67,477	\$184,351,655	\$164,436,034	\$348,787,689
1-5	117,596	113,152	230,748	117,777	113,235	231,012	233,778,859	197,242,708	431,021,567
6-14	170,886	164,360	335,246	168,015	161,723	329,738	332,778,249	248,956,747	581,734,995
15-18	68,033	70,554	138,587	65,732	69,090	134,822	146,435,355	180,728,933	327,164,289
19-20	10,375	31,946	42,321	12,608	30,589	43,197	41,745,453	97,052,062	138,797,515
21-44	40,860	214,742	255,602	42,596	200,157	242,753	493,913,734	864,048,370	1,357,962,104
45-64	51,630	68,337	119,967	53,965	72,368	126,333	693,806,065	815,136,880	1,508,942,945
65-84	29,002	61,973	90,975	32,235	71,043	103,278	259,206,460	524,349,875	783,556,335
85+	3,724	16,774	20,498	4,589	20,785	25,374	54,027,552	288,190,003	342,217,555
Total	528,087	776,724	1,304,811	531,782	772,202	1,303,984	\$2,440,043,382	\$3,380,141,611	\$5,820,184,993

¹ Age as of January 1, 2010.

Figure 7: Enrollment by Age Groups

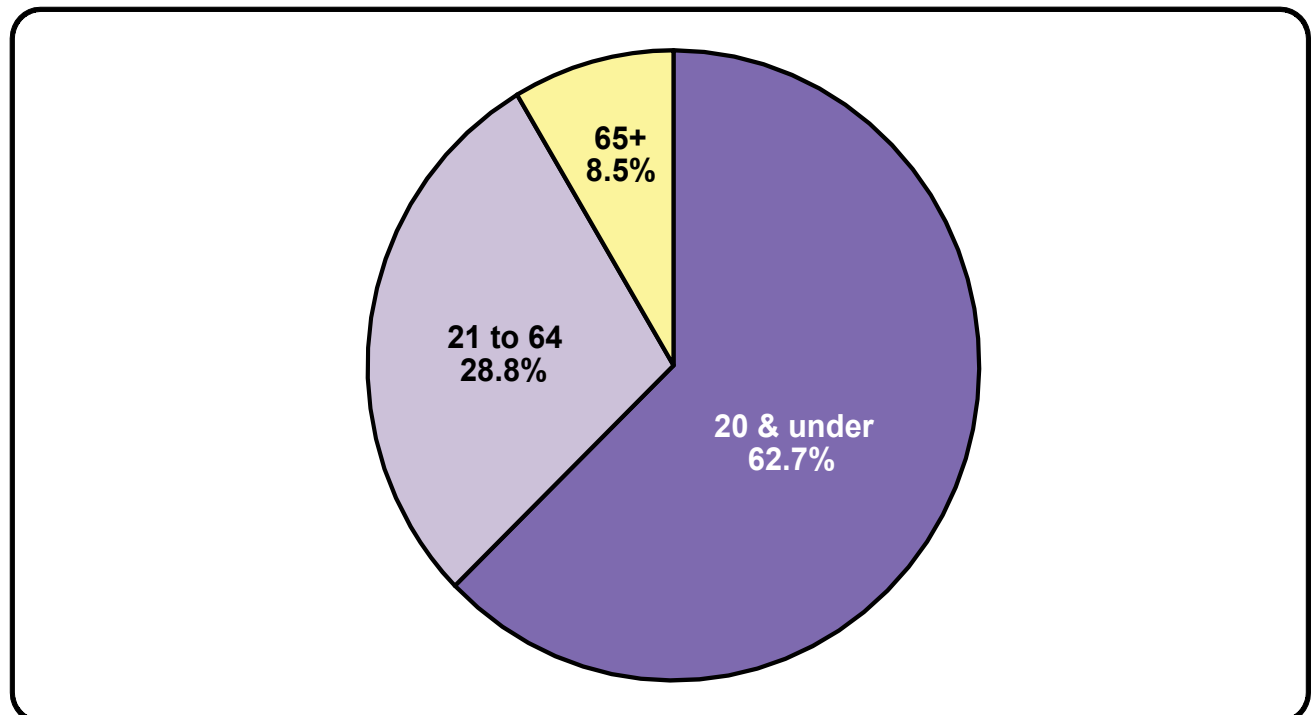
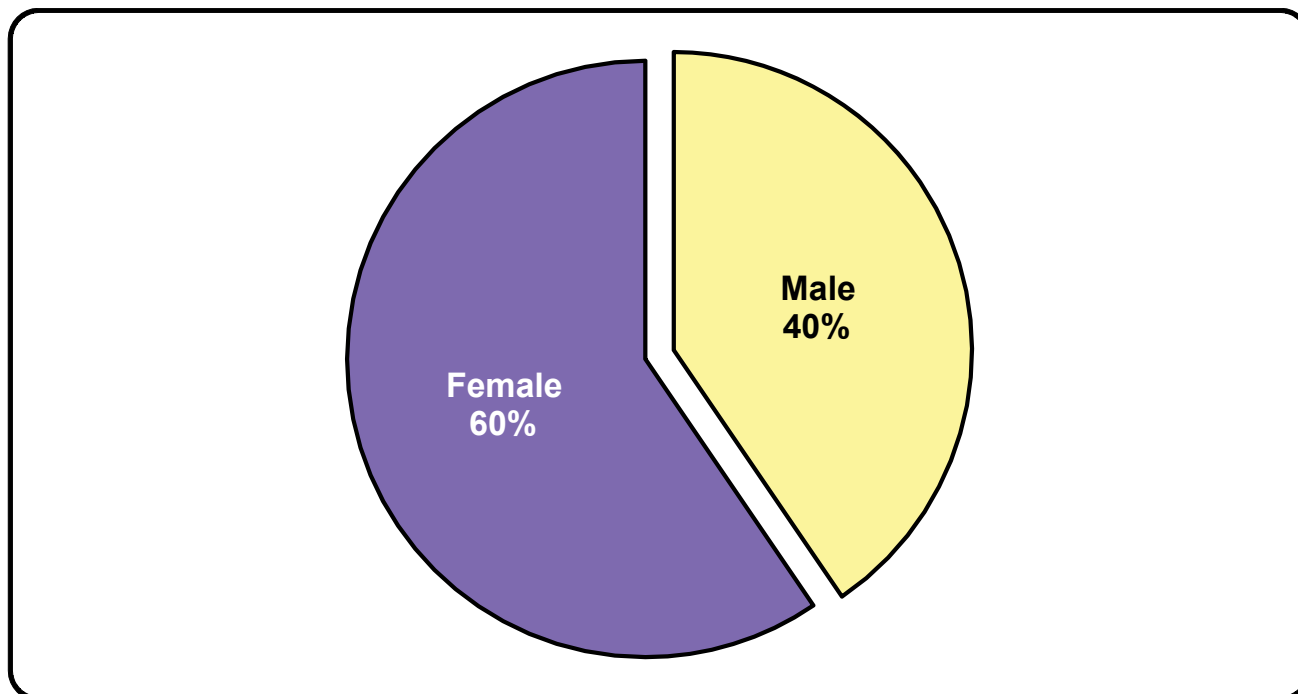


Figure 8: Total Enrollment by Gender

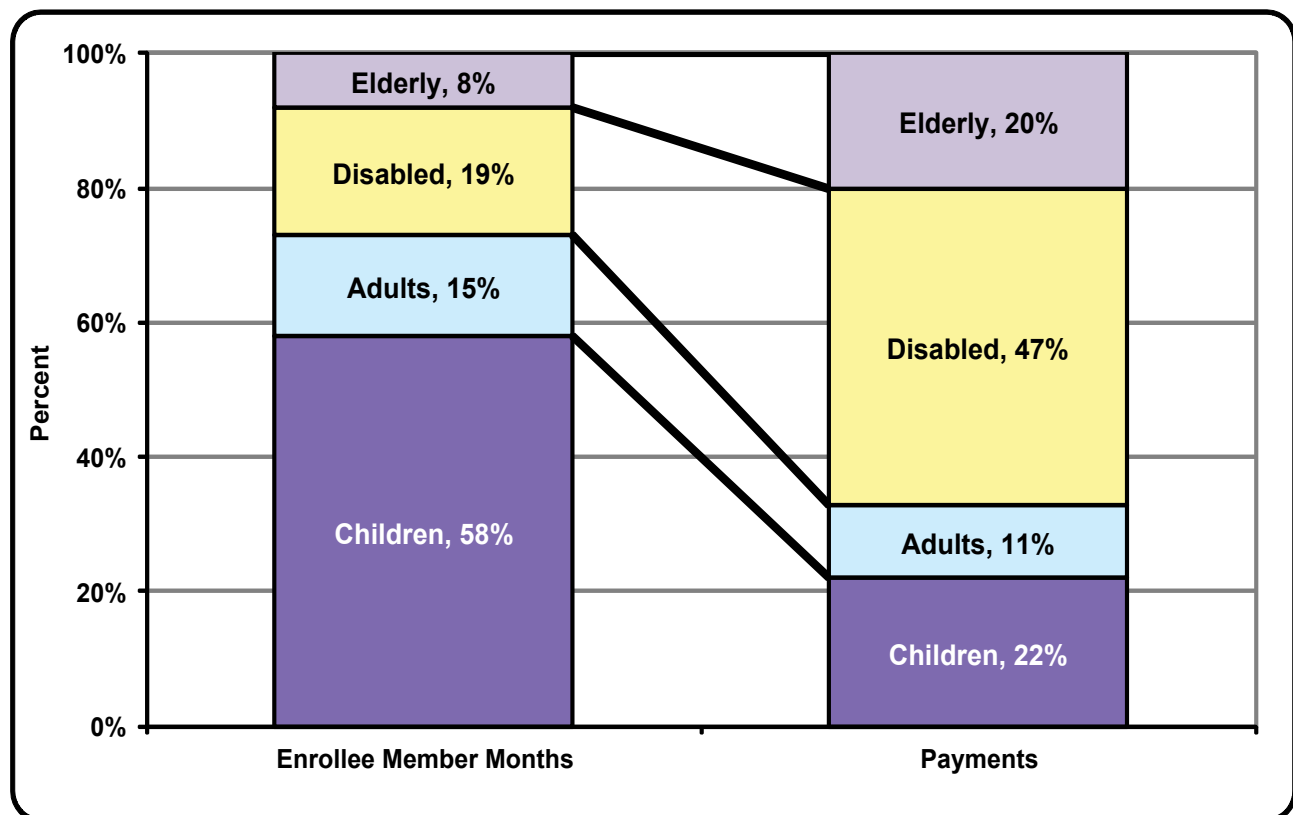


Enrollment by Basis of Eligibility

During SFY 2009/10, total unduplicated Medicaid enrollment was 1,304,811. Based on total enrollee member months by basis of eligibility category (Figure 9), about 58% were children, about 15% were adults, about 19% were disabled and about 8% were elderly.

Though children and adults together made up about 73% of total enrollee member months, only about 33% of Medicaid payments were associated with them. Conversely, the elderly category and disabled category collectively accounted for about 27% of enrollee member months, while making up about 67% of payments.

Figure 9: Percentage of Enrollee Member Months and Payments by Basis of Eligibility



Enrollment by Aid Categories

Enrollment data for the last two state fiscal years by aid category are presented in Table 13. Monthly and SFY total enrollment numbers are unduplicated for

their respective periods of time. For SFY 2009/10, the families and children, and LIFC aid categories together accounted for about 68% of total enrollment. The disabled aid category followed with about 14% of total enrollment.

Table 13: Monthly Enrollment by Aid Category¹ for SFY 2008/09 and SFY 2009/10

SFY 2008/09										
Month	Aged	Blind	Disabled	Families & Children	OCS Foster/ OYD	LIFC	QMB	Family Planning	All Other	Total ²
July	77,387	1,709	175,009	581,802	10,278	133,822	35,728	50,282	52	1,061,040
August	77,627	1,703	175,480	584,034	10,303	134,395	35,951	51,587	57	1,066,344
September	77,745	1,698	175,862	585,290	10,247	134,541	36,186	52,624	56	1,069,597
October	77,880	1,688	176,646	589,716	10,190	135,831	36,343	53,926	51	1,077,172
November	77,799	1,684	176,895	588,440	10,244	135,831	36,623	54,642	56	1,077,605
December	77,822	1,668	176,937	590,004	10,148	136,431	36,828	55,760	57	1,080,854
January	77,814	1,650	177,028	592,382	10,156	136,882	36,960	56,646	63	1,084,742
February	77,722	1,651	177,504	593,779	10,150	137,553	37,031	57,338	68	1,088,014
March	77,757	1,646	177,925	596,596	10,188	138,618	37,172	58,668	70	1,093,312
April	77,808	1,653	178,557	598,540	10,286	139,479	37,340	59,610	89	1,097,894
May	77,894	1,648	179,389	600,835	10,365	140,130	37,508	60,523	90	1,102,628
June	77,885	1,642	180,124	603,945	10,445	140,843	37,617	61,721	102	1,108,107
Total SFY 2008/09³	88,673	1,811	201,545	735,152	13,450	192,586	41,982	87,137	190	1,237,625
SFY 2009/10										
Month	Aged	Blind	Disabled	Families & Children	OCS Foster/ OYD	LIFC	QMB	Family Planning	All Other	Total ²
July	77,991	1,634	181,082	608,133	10,431	141,440	37,823	62,544	102	1,114,576
August	78,261	1,635	182,298	611,316	10,440	142,390	38,005	63,449	89	1,121,713
September	78,344	1,633	183,121	614,415	10,414	143,252	38,214	64,635	101	1,128,091
October	78,582	1,633	183,869	616,005	10,451	143,132	38,381	65,384	96	1,132,306
November	78,617	1,631	184,305	616,354	10,424	143,832	38,539	66,073	92	1,134,852
December	78,749	1,629	184,628	632,680	10,384	144,409	38,639	66,900	96	1,153,141
January	78,898	1,631	185,075	635,130	10,405	144,595	38,813	67,640	91	1,157,389
February	78,936	1,614	185,461	635,148	10,369	145,543	39,131	67,971	96	1,159,635
March	79,141	1,620	186,205	640,147	10,347	146,601	39,374	68,973	107	1,167,568
April	79,182	1,621	186,399	640,920	10,389	147,441	39,746	69,382	109	1,170,001
May	79,307	1,615	186,681	641,729	10,349	147,860	39,971	69,659	113	1,172,490
June	79,436	1,611	186,830	643,447	10,304	148,066	40,254	70,183	134	1,175,820
Total SFY 2009/10³	89,928	1,751	208,793	776,159	13,413	204,288	44,459	101,684	281	1,304,811
Total Percent Change	1%	-3%	4%	6%	0%	6%	6%	17%	48%	5%

¹ Please see Appendix A for aid category descriptions.

² Monthly totals may not equal the sum of monthly aid categories due to movement across categories. Both are pure **unduplicated** enrollee counts.

³ SFY enrollee counts may not equal the sum of monthly counts due to duplication across months. SFY enrollee total is pure **unduplicated** enrollees.

Medicaid Programs

Medicaid Data

Medicaid data can be presented either by “Date of Payment” or “Date of Service,” in which results may differ based on the methodology employed. The difference between the two types of methodologies is given below.

- **“Date of Payment” (DOP):** Reported data, such as payments, services, recipients, etc., reflects claims that are paid during the period (July 2009 to June 2010) irrespective of the time the services were provided. Some of the payments made during this time period may be for services provided in the previous SFY. DOP is typically used for budget and financial analysis.
- **“Date of Service” (DOS):** Reported data reflects the services provided during the period irrespective of the time payments were paid. Services may be provided during this particular period but payments may be paid during a subsequent period, say after one year. DOS is typically used for clinical/policy interventions.

Both approaches are valid and examine similar data, but each has a specific function in terms of analyzing results. Because they are set in different time frames, the analytical results may be slightly different. Therefore, if one set of data seems to be inconsistent with another, the disparity may simply be that the data sets are obtained using different underlying methodologies.

In general, most of the Medicaid budgetary/financial statistics that are published are based on **“Date of Payment,”** therefore, all the data in this report is presented on DOP methodology.

Medicaid Programs

The Louisiana Medicaid Program serves a wide range of the population, from children to pregnant women to persons with disabilities. This section will describe some of the Medicaid programs offered in Louisiana and will provide some statistical data.

Information in this document is general in regards to Medicaid programs. For detailed information about Louisiana Medicaid Programs please visit our website, www.medicaid.la.gov, or call the toll free Medicaid Customer Service line at 1-888-342-6207.

Family Opportunity Act

The Family Opportunity Act (FOA) Medicaid Buy-In Program was created through the Federal Deficit

Reduction Act (DRA) of 2005. The program grants Medicaid access to children through age 18 for families up to 300% FPG who have a disability and are ineligible for Supplemental Security Income (SSI), Medicaid, or LaCHIP because of parent income or private health insurance. Some cost sharing is associated with FOA through monthly premiums. The program offers full Medicaid benefits, though most of FOA enrollees have other health care coverage and only use the Medicaid coverage for wrap around of services and benefits not covered through their private plan. FOA enrollees are required to keep employer sponsored insurance if the employer is paying at least 50% of the total annual premium. During SFY 2009/10, a total of \$72,814 was collected in premiums charged to these families for their children’s coverage and a total of 799 children received services at total payments of \$3,097,486.

Family Planning Waiver - Take Charge

The Family Planning Waiver was implemented under Section 1115 and is known as Take Charge in Louisiana. Take Charge is a single service waiver that provides family planning services to women between the ages of 19 and 44 who have household income below 200% FPG and are otherwise ineligible for Medicaid. Medicaid works closely with DHH, Office of Public Health and Family Planning Clinics throughout the state to transition women receiving state funded family planning services to the waiver for which federal match is an enhanced rate of 90% compared to typical average of 70%. In addition, pregnant women certifications are reviewed at the end of the two-month postpartum eligibility period and, if eligible, are certified for Family Planning. For SFY 2009/10, a total of 52,857 women received services under Take Charge with total payments of \$14,216,007.

LaMOMS Program

The Medicaid program for pregnant women was renamed LaMOMS in 2003 and expanded to include women with income up to 200% FPG. Prior to January 2003, only mandatory (up to 133% FPG) pregnant women were covered. LaMOMS program was expanded to increase access to pre-natal care, to improve birth outcomes and to ultimately reduce the state’s infant mortality rate. Medicaid pays for pregnancy-related services, delivery and care up to 60 days after the pregnancy ends, including doctor visits, lab work, lab tests, prescriptions and hospital care. The program provided services to 68,517 recipients in SFY 2009/10 with total payments of \$245,555,900.

Louisiana Children's Health Insurance Program (LaCHIP)

LaCHIP is Louisiana's version of the federal State Children's Health Insurance Program (SCHIP) authorized by Title XXI of the Social Security Act. CMS pays enhanced FMAP for both services and program administration costs. DHH initiated LaCHIP in 1998 to provide quality health care coverage to additional uninsured children up to age 19. Louisiana's SCHIP program is a combination program using both a Medicaid expansion model and separate SCHIP model that covers children in households with income at or below 200% FPG. To ensure stability of coverage and reduce "churning" the program provides twelve months continuous eligibility. The enrollment process and benefit package for LaCHIP children below 200% FPG is the same as for Title XIX Medicaid. Effective May 2007, Louisiana implemented a SCHIP Program to extend coverage for children from conception to birth whose mothers are otherwise ineligible for Medicaid.

Table 14 presents Regular Medicaid (XIX) children and LaCHIP enrollees, recipients and payments by major age groupings. Of the age groups, those between the age 6 and 14 had the most enrollees making up about 43% of the total enrolled Medicaid children under the age of 19.

Also, Regular Medicaid children and LaCHIP enrollees, recipients and payments by parish are

presented in Table 15. For SFY 2009/10, LaCHIP provided services to 170,708 recipients with total payments of \$228,355,581.

LaCHIP Affordable Plan (LAP)

In June 2008, Louisiana expanded coverage for children up to 250% FPG through a separate SCHIP model, known as the LaCHIP Affordable Plan (LAP). LAP provides Medicaid coverage to children under the age of 19 who are not covered by health insurance. Some cost sharing is associated with LAP through monthly premiums and co-payments. LAP is a separate state SCHIP program and different from the regular LaCHIP program; it is not a Medicaid expansion program, but instead was implemented as a "stand-alone" program. Louisiana Office of Group Benefits (OGB) serves as a third party administrator for the management of LAP claims payments through their preferred provider organization network. During SFY 2009/10, there were 5,936 enrolled in LAP. A total of \$1,014,730 was collected in premiums charged to these families for their children's coverage and a total of 4,116 (OGB Reporting) children received services at total expenditures of \$3,679,920 in SFY 2009/10. Since it is a stand-alone program, LAP data was not included in any tables or figures in this SFY 2009/10 Medicaid Annual Report.

Table 14: Regular Medicaid Children and LaCHIP Enrollees, Recipients and Payments by Age Group

Age ¹	LaCHIP (XXI)			Regular Medicaid Children (XIX)			Total (XXI & XIX Children)		
	Enrollees ²	Recipients ²	Payments (\$)	Enrollees ²	Recipients ²	Payments (\$)	Enrollees ²	Recipients ²	Payments (\$)
Under 1	1,982	1,782	\$2,167,840	70,402	67,135	\$346,619,850	70,867	67,477	\$348,787,689
1 to 5	29,554	30,246	35,959,355	215,240	219,321	395,062,212	230,748	231,012	431,021,567
6 to 14	85,957	87,652	106,474,759	275,896	281,057	475,260,236	335,246	329,738	581,734,995
15 to 18	39,639	40,692	61,073,353	109,287	110,332	266,090,936	138,587	134,822	327,164,289
Total Under 19	157,132	160,372	205,675,306	670,825	677,845	1,483,033,234	775,448	763,049	1,688,708,540
19 to 20 ³	8,389	10,336	22,680,275	39,188	39,556	134,142,134	46,204	47,519	156,822,409
Total	165,521	170,708	\$228,355,581	710,013	717,401	\$1,617,175,368	821,652	810,568	\$1,845,530,948

¹ Age as of January 1, 2010.

² Enrollee and recipient counts of LaCHIP and Regular Medicaid may not sum to the total Medicaid children count due to movement between the two types of Medicaid during the SFY; the figures are **unduplicated** for each Medicaid type, while numbers are **unduplicated** for total Medicaid children.

³ LaCHIP includes the pregnant women who qualify for LaCHIP prenatal care services above the age 18 and those over the age 18 with continuous twelve month coverage.

Table 15: Regular Medicaid Children and LaCHIP Enrollees, Recipients and Payments by Parish

Parish		LaCHIP (XXI) ¹			Regular Medicaid Children (XIX)			Total (XXI & XIX Children)		
		Enrollees ²	Recipients ²	Payments (\$)	Enrollees ²	Recipients ²	Payments (\$)	Enrollees ²	Recipients ²	Payments (\$)
1	Acadia	2,852	2,898	4,164,871	11,528	11,770	28,186,449	13,649	13,708	32,351,320
2	Allen	1,024	1,076	1,413,758	4,358	4,500	8,489,444	5,108	5,177	9,903,202
3	Ascension	3,604	3,647	4,595,459	13,401	13,478	25,837,823	16,088	15,975	30,433,282
4	Assumption	851	892	1,285,885	3,368	3,488	8,198,294	4,018	4,084	9,484,179
5	Avoyelles	1,859	2,021	2,704,043	8,437	8,726	23,196,561	9,841	9,935	25,900,604
6	Beauregard	1,499	1,527	1,956,813	6,122	6,126	12,499,672	7,114	7,077	14,456,485
7	Bienville	520	547	649,111	2,913	2,957	5,418,202	3,282	3,294	6,067,313
8	Bossier	3,352	3,408	4,232,799	15,124	14,906	26,188,826	17,611	17,321	30,421,625
9	Caddo	8,951	9,145	10,666,967	46,253	45,617	100,368,573	52,719	51,621	111,035,540
10	Calcasieu	7,368	7,501	9,944,077	31,240	31,234	64,716,879	36,482	36,192	74,660,955
11	Caldwell	497	527	1,040,864	2,016	2,100	6,002,857	2,384	2,433	7,043,721
12	Cameron	109	111	138,231	435	480	852,359	506	560	990,589
13	Catahoula	451	474	685,537	2,041	2,112	4,537,335	2,359	2,407	5,222,872
14	Claiborne	542	555	591,792	2,704	2,723	8,415,001	3,079	3,089	9,006,794
15	Concordia	856	888	992,329	4,445	4,412	7,315,261	5,026	5,007	8,307,590
16	De Soto	998	999	1,231,408	4,641	4,646	9,042,807	5,426	5,336	10,274,215
17	East Baton Rouge	15,643	16,295	18,402,098	69,293	69,676	142,402,575	80,853	79,955	160,804,673
18	East Carroll	319	351	561,320	2,344	2,433	6,743,508	2,579	2,626	7,304,827
19	East Feliciana	917	966	1,259,667	3,126	3,252	7,264,763	3,828	3,895	8,524,431
20	Evangeline	1,547	1,579	2,309,758	7,083	7,309	15,408,798	8,268	8,341	17,718,556
21	Franklin	799	831	1,225,804	4,586	4,729	12,643,732	5,199	5,281	13,869,536
22	Grant	777	803	1,192,897	3,721	3,755	8,033,963	4,293	4,284	9,226,860
23	Iberia	3,169	3,233	4,162,754	15,171	15,292	28,897,083	17,422	17,327	33,059,837
24	Iberville	1,303	1,365	2,045,763	6,228	6,314	14,506,632	7,199	7,219	16,552,395
25	Jackson	487	506	1,184,140	2,298	2,357	6,438,314	2,649	2,695	7,622,454
26	Jefferson	19,283	19,737	27,867,299	64,848	64,944	130,773,999	78,512	78,081	158,641,297
27	Jefferson Davis	1,441	1,469	2,134,264	5,454	5,601	15,367,617	6,473	6,536	17,501,881
28	Lafayette	7,053	7,157	8,492,970	29,482	29,200	59,727,197	34,642	34,010	68,220,166
29	Lafourche	3,222	3,500	5,155,409	13,009	13,779	29,835,293	15,422	15,983	34,990,702
30	La Salle	494	516	799,002	2,091	2,378	5,474,359	2,467	2,705	6,273,361
31	Lincoln	1,307	1,315	1,553,131	6,774	6,808	16,406,957	7,783	7,713	17,960,088
32	Livingston	4,831	4,933	6,948,449	18,165	18,236	40,192,189	21,700	21,607	47,140,638
33	Madison	420	438	550,749	3,241	3,269	7,446,412	3,531	3,546	7,997,162
34	Morehouse	1,213	1,253	1,834,994	6,667	6,691	19,719,860	7,531	7,526	21,554,854
35	Natchitoches	1,313	1,319	1,593,692	7,726	7,663	15,875,678	8,703	8,551	17,469,371
36	Orleans	11,074	11,226	12,210,710	59,710	58,322	114,893,044	67,788	65,725	127,103,754
37	Ouachita	5,647	5,656	6,954,170	29,531	29,282	67,462,311	33,647	33,061	74,416,481
38	Plaquemines	797	785	923,185	3,111	3,068	6,944,224	3,658	3,568	7,867,409
39	Pointe Coupee	896	935	1,277,270	3,641	3,746	8,021,098	4,262	4,337	9,298,368
40	Rapides	5,540	5,676	7,176,857	23,859	24,026	70,171,371	27,872	27,775	77,348,228
41	Red River	344	373	348,110	1,990	2,015	3,728,446	2,242	2,251	4,076,556
42	Richland	915	960	1,525,333	4,538	4,608	12,370,946	5,230	5,253	13,896,279
43	Sabine	765	787	1,049,854	3,993	3,923	7,960,815	4,516	4,429	9,010,669
44	St. Bernard	1,504	1,468	1,983,312	6,738	6,494	13,051,496	7,857	7,518	15,034,808
45	St. Charles	1,920	1,979	2,635,709	7,039	7,105	13,700,272	8,430	8,400	16,335,981
46	St. Helena	305	316	349,549	1,541	1,556	3,066,075	1,762	1,772	3,415,624
47	St. James	879	909	967,808	3,630	3,716	7,731,313	4,279	4,291	8,699,121
48	St. John	2,347	2,394	2,609,549	8,984	8,996	16,793,578	10,667	10,612	19,403,127
49	St. Landry	4,590	4,691	6,122,218	19,280	19,586	43,711,421	22,840	22,823	49,833,639
50	St. Martin	2,232	2,248	2,871,329	9,221	9,338	18,040,071	10,819	10,792	20,911,400
51	St. Mary	2,564	2,612	3,201,479	10,773	10,888	20,138,561	12,636	12,650	23,340,040
52	St. Tammany	7,473	7,613	10,671,366	26,229	25,975	55,948,027	31,183	30,898	66,619,393
53	Tangipahoa	5,400	5,579	7,515,293	24,136	24,215	52,776,448	28,037	27,849	60,291,741
54	Tensas	213	219	264,300	1,215	1,229	2,693,708	1,379	1,379	2,958,007
55	Terrebonne	4,286	4,507	6,519,638	19,433	19,773	44,290,673	22,543	22,582	50,810,311
56	Union	955	1,006	1,287,202	4,038	4,107	8,628,909	4,701	4,718	9,916,110
57	Vermilion	2,034	2,100	2,764,798	9,000	9,211	19,245,004	10,584	10,593	22,009,802
58	Vernon	1,456	1,506	2,381,787	6,825	6,627	17,656,127	7,830	7,644	20,037,913
59	Washington	2,143	2,188	3,414,566	9,387	9,235	24,423,391	10,875	10,708	27,837,957
60	Webster	1,467	1,495	1,898,507	7,586	7,566	16,477,049	8,653	8,554	18,375,556
61	West Baton Rouge	811	827	971,474	3,732	3,817	8,198,158	4,403	4,413	9,169,632
62	West Carroll	611	664	1,320,761	2,560	2,655	7,452,685	2,956	3,060	8,773,447
63	West Feliciana	423	432	596,730	1,259	1,294	3,242,793	1,589	1,604	3,839,522
64	Winn	667	677	974,619	2,740	2,774	5,932,083	3,238	3,241	6,906,701
Grand Total		165,521	170,708	\$228,355,581	710,013	717,401	\$1,617,175,368	821,652	810,568	\$1,845,530,948

¹ LaCHIP includes the pregnant women who qualify for LaCHIP prenatal care services above the age 18 and those over the age 18 with continuous twelve month coverage.

² Individual parish enrollee and recipient counts may not sum to the total state count due to movement between parishes during the SFY; the state figures are **unduplicated** for the entire state, while numbers are **unduplicated** within the parish. Also, LaCHIP and Regular Medicaid enrollee and recipient counts may not sum to the total Medicaid children count due to movement between the two types of Medicaid during the SFY.

Medicaid Purchase Plan

The Medicaid Purchase Plan (MPP), implemented in January 2004, allows working individuals with disabilities to “buy in” to Louisiana Medicaid health coverage. This optional Medicaid program was authorized by the 1999 Ticket to Work Act. Depending on an individual’s income, a premium

payment may be required for this health care coverage (Table 16). This plan provides full medical coverage including prescription drugs, hospital care, doctor visits, medical equipment and supplies, medical transportation and other services. During SFY 2009/10, there were 2,561 recipients receiving services in the program with total payments of \$20,373,597 (Table 17).

Table 16: Medicaid Purchase Plan Requirements and Monthly Premiums

Income Requirement ¹	Premium	Age	Assets Limit
Up to 150% of Poverty	\$0	16 to 64	Less than \$25,000
From 150% to 200% of Poverty	\$80		
From 200% to 250% of Poverty	\$110		

¹This is based on countable income, not gross or net income.

Table 17: Medicaid Purchase Plan Enrollees, Recipients, Payments and Premiums Collected

SFY	Enrollees	Recipients	Payments (\$)	Premiums Collected ¹	
				Enrollees Paying Premium	Amount Collected
2005/06	1,150	1,007	\$6,232,096	117	\$68,509
2006/07	1,482	1,342	\$8,459,885	148	\$87,350
2007/08	1,721	1,655	\$11,908,717	174	\$111,721
2008/09	2,137	2,064	\$14,723,731	247	\$142,235
2009/10	2,649	2,561	\$20,373,597	318	\$149,255

¹ Data comes from the Office of Group Benefits’ Medicaid Purchase Plan Premium Files.

Medicare Savings Program

The Medicare Savings Program (MSP), also called Medicare Buy-in, results in major cost avoidance for Louisiana Medicaid by making Medicare the primary payer for people who have both Medicare and Medicaid (“full” dual eligibles). Medicare Part-B premiums are paid directly to CMS for all “full” dual eligibles. Medicare Part-A premiums are paid for those Medicaid enrollees with low income who did not sign up for Medicare Part-A when they were initially eligible. Part-D expenditures are paid to CMS each month.

The Medicare Savings Program also provides Medicare Buy-in benefits to people with Medicare who are not eligible for full Medicaid services but have limited income and assets. Depending on income, an individual may be classified as a Qualified Medicare Beneficiary (QMB), which covers both the Medicare Part A and B premiums and some co-payments 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) or “Extra Help” status for the Medicare Prescription Drug Plan (Part-D). Monthly premiums are waived and prescription co-payments are nominal. In addition, these individuals are not subject to the Medicare Drug Plan “doughnut hole.”

Premiums for calendar years 2009 and 2010 are presented in Table 18. Due to the cost efficiency of having Medicare as the first payer, a concerted effort is ongoing 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 19 presents the income eligibility requirements for each buy-in program. During SFY 2009/10, Louisiana Medicaid paid premiums for 7,470 individuals for Part-A and 170,710 individuals for Part-B, and Part-D expenditures (all state funds) for 109,012 individuals (Table 20).

Table 18: Medicare Premiums and Deductibles¹

Calendar Year	Part-A Monthly Premiums ²		Part-A Deductible	Part-B Monthly Premium	Part-B Deductible	Part-D Monthly Premium	Part-D Deductible
	Eligible Work History						
	< 7½ Years	7½ to 10 years					
2009	\$443	\$244	\$1,068	\$96.40	\$135	\$30.36	\$295
2010	\$461	\$254	\$1,100	\$110.50	\$155	\$31.94	\$310

¹ 2010 Annual Report of the Board of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds. (2010).

Retrieved from <http://www.cms.hhs.gov/ReportsTrustFunds/downloads/tr2010.pdf>

² Part A is free to those working more than 10 eligible years.

Table 19: Medicare Buy-In Program Requirements and Coverage

Eligible Group	Coverage	Income Requirement	Asset Limit
Qualified Medicare Beneficiary (QMB)	Medicare Part-A and Part-B premiums, deductible and co-insurance; Medicare Prescription Drug Plan monthly premium (up to \$35)	Up to 100% of poverty	Less than \$6,600 for individual and \$9,910 for couple
Specified Low Income Beneficiary (SLMB)	Medicare Part-B premium; Medicare Prescription Drug Plan monthly premium (up to \$35)	100% to 120% of poverty	
Qualified Individual (QI-1)	Medicare Part-B premium; Medicare Prescription Drug Plan monthly premium (up to \$35)	120% to 135% of poverty	

Table 20: Medicare Buy-In Program Recipients and Expenditures by Type

SFY	Part-A		Part-B		Part-D ¹	
	Recipients ²	Expenditures (\$)	Recipients ²	Expenditures (\$)	Recipients ²	Expenditures (\$)
2007/08	7,917	\$36,131,055	161,588	\$171,792,197	109,436	\$73,705,299
2008/09	7,739	\$32,890,618	166,603	\$179,299,930	108,210	\$78,314,306
2009/10³	7,470	\$34,954,045	170,710	\$196,731,969	109,012	\$58,727,782

¹ Part-D expenditures are all state funds.

² Recipient data comes from MMA Response File from CMS and is unduplicated by each type.

³ Part-D expenditure's reduction is due to the effective ARRA FMAP.

Women Diagnosed with Breast or Cervical Cancer

The 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 guidelines. During SFY 2009/10, a total of 1,768 recipients received services with total payments of \$28,945,126.

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 Medicaid 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 of \$3 per member per month 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. The CommunityCARE program's Primary Care Case Management (PCCM) fee payments of \$25,869,153 were paid to 721 providers on behalf of 866,364 recipients during SFY 2009/10 (Table 21).

KIDMED

KIDMED is the screening component of Louisiana's Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program. KIDMED provides medical,

vision, and hearing screens performed according to a periodicity schedule recommended by the American Academy of Pediatrics. This schedule identifies the type of screening the child needs according to the child's age. Screenings can be performed in addition to the prescribed schedule based on medical necessity. Immunizations are part of the KIDMED medical screens and are administered according to the Centers for Disease Control and Prevention immunization 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. EPSDT services are available to Medicaid eligible children under the age of 21. EPSDT screenings as performed in the KIDMED Program can also be provided to Medicaid eligible children and adolescents not participating in the KIDMED program. Medical conditions such as lead poisoning, sickle cell anemia, developmental delays, nutritional deficiencies and behavioral disorders when detected early, can lead to successful outcomes and cost effective treatment plans.

KIDMED provided services to 399,779 recipients in SFY 2009/10 with total payments of \$33,901,680 (Table 21). There were over 550 providers that provided services to KIDMED recipients during SFY 2009/10.

Table 21: CommunityCARE – PCCM and KIDMED Recipients, Providers and Payments

SFY	CommunityCARE - PCCM		
	Recipients	Providers	Payments
2007/08	797,180	718	\$23,246,274
2008/09	825,764	703	\$24,618,770
2009/10	866,364	721	\$25,869,153
SFY	KIDMED		
	Recipients	Providers	Payments
2007/08	362,900	540	\$30,893,283
2008/09	378,804	603	\$34,949,306
2009/10	399,779	573	\$33,901,680

Medicaid Providers

During SFY 2009/10, over 24,600 providers participated and offered services to Louisiana Medicaid enrollees.

Figure 10 represents total payments to public and private providers. The hospital category includes inpatient and outpatient services. Hospital payments rank at the top with 22.8%, pharmacy payments are second with 15.1%, followed closely by nursing facility payments in third place with 13.0% of total payments.

Top ten provider types of total Medicaid payments grouped by in-state and out-of-state are presented in Table 22. About \$5.5 billion (93.8%) of the total \$5.8 billion payments were paid to providers within

Louisiana, while about \$359 million (6.2%) of payments were made to out-of-state providers. The “all others” out-of-state category includes payments to CMS for Medicare Buy-in and Part-D premiums.

Table 23 presents the number of participating in-state and out-of-state providers grouped by top ten provider types based on total payments. Physician provider type accounted for 11,785 (47.8%) of the 24,660 total participating providers. With respect to in-state and out-of-state provider distribution, about 10.8% of participating providers are from out-of-state. The out-of-state category “all others” (553) includes CMS along with 552 other providers.

Figure 10: Top Ten Provider Types (Public and Private) Based on Total Payments

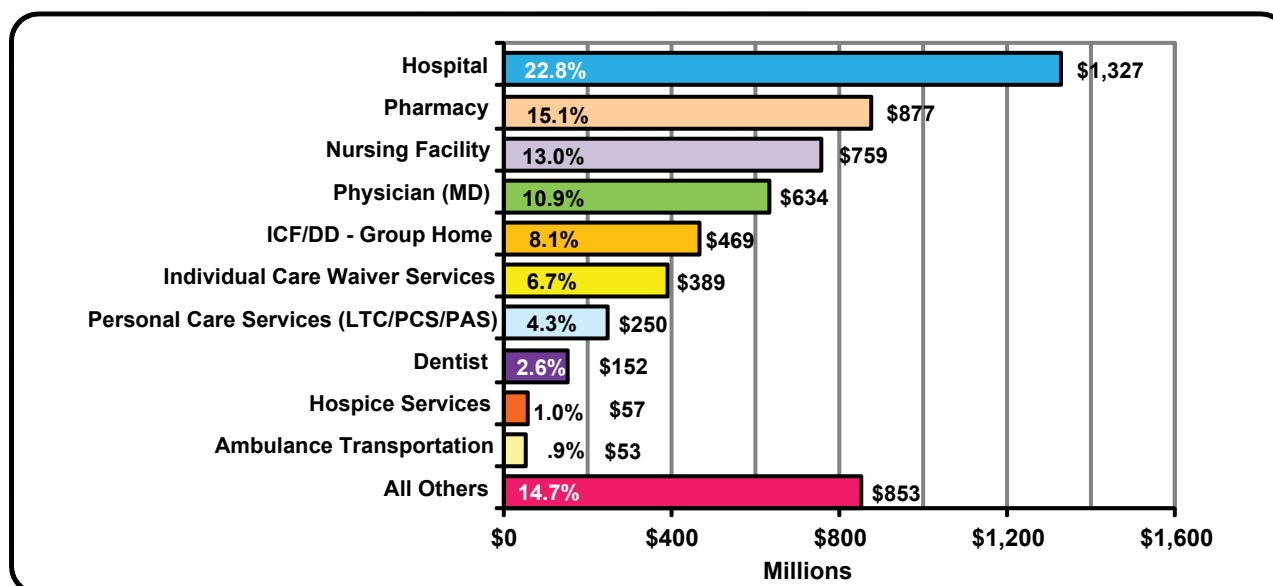


Table 22: Payments by In-State and Out-of-State for the Top Ten Provider Types Based on Total Payments

Provider Type	Payments (\$)			Ratio of each Program			Ratio Between In-State and Out-of-State	
	In State	Out of State	Total	In State	Out of State	Total	In State	Out of State
Hospital	\$1,307,950,305	\$18,824,397	\$1,326,774,702	24%	5%	23%	99%	1%
Pharmacy	864,995,992	12,188,839	877,184,831	16%	3%	15%	99%	1%
Nursing Facility	758,888,517	-	758,888,517	14%	0%	13%	100%	0%
Physician (MD)	629,019,492	5,451,831	634,471,322	12%	2%	11%	99%	1%
ICF/DD - Group Home	468,864,231	-	468,864,231	9%	0%	8%	100%	0%
Individual Care Waiver Services	388,859,203	-	388,859,203	7%	0%	7%	100%	0%
Personal Care Services (LTC/PCS/PAS)	249,830,026	-	249,830,026	5%	0%	4%	100%	0%
Dentist	151,552,157	55,368	151,607,525	3%	0%	3%	100%	0%
Hospice Services	57,198,248	-	57,198,248	1%	0%	1%	100%	0%
Ambulance Transportation	53,123,340	211,019	53,334,359	1%	0%	1%	100%	0%
All Others	530,440,832	322,731,197	853,172,028	10%	90%	15%	62%	38%
Total	\$5,460,722,342	\$359,462,651	\$5,820,184,993	100%	100%	100%	94%	6%

Table 23: Number of Providers by In-State and Out-of-State for the Top Ten Provider Types Based on Total Payments

Provider Type	Number of Providers			Ratio of each Program			Ratio Between In-State and Out-of-State	
	In State	Out of State	Total	In State	Out of State	Total	In State	Out of State
Hospital	196	547	743	1%	20%	3%	26%	74%
Pharmacy	1,318	138	1,456	6%	5%	6%	91%	9%
Nursing Facility	266	-	266	1%	0%	1%	100%	0%
Physician (MD)	10,370	1,415	11,785	47%	53%	48%	88%	12%
ICF/DD - Group Home	550	-	550	3%	0%	2%	100%	0%
Individual Care Waiver Services	645	-	645	3%	0%	3%	100%	0%
Personal Care Services (LTC/PCS/PAS)	657	-	657	3%	0%	3%	100%	0%
Dentist	845	-	845	4%	0%	3%	100%	0%
Hospice Services	123	-	123	1%	0%	0%	100%	0%
Ambulance Transportation	49	21	70	0%	1%	0%	70%	30%
All Others	6,967	553	7,520	32%	21%	30%	93%	7%
Total	21,986	2,674	24,660	100%	100%	100%	89%	11%

Figure 11 shows a map of the ratios of provider parish payments to recipient parish payments from Table 24 for SFY 2009/10. This relationship gives a perspective

on how well a parish is meeting the medical needs of their Medicaid recipients.

Figure 11: Provider Participation Ratios

*(more than 100 means Provider \$\$ > Recipient \$\$)

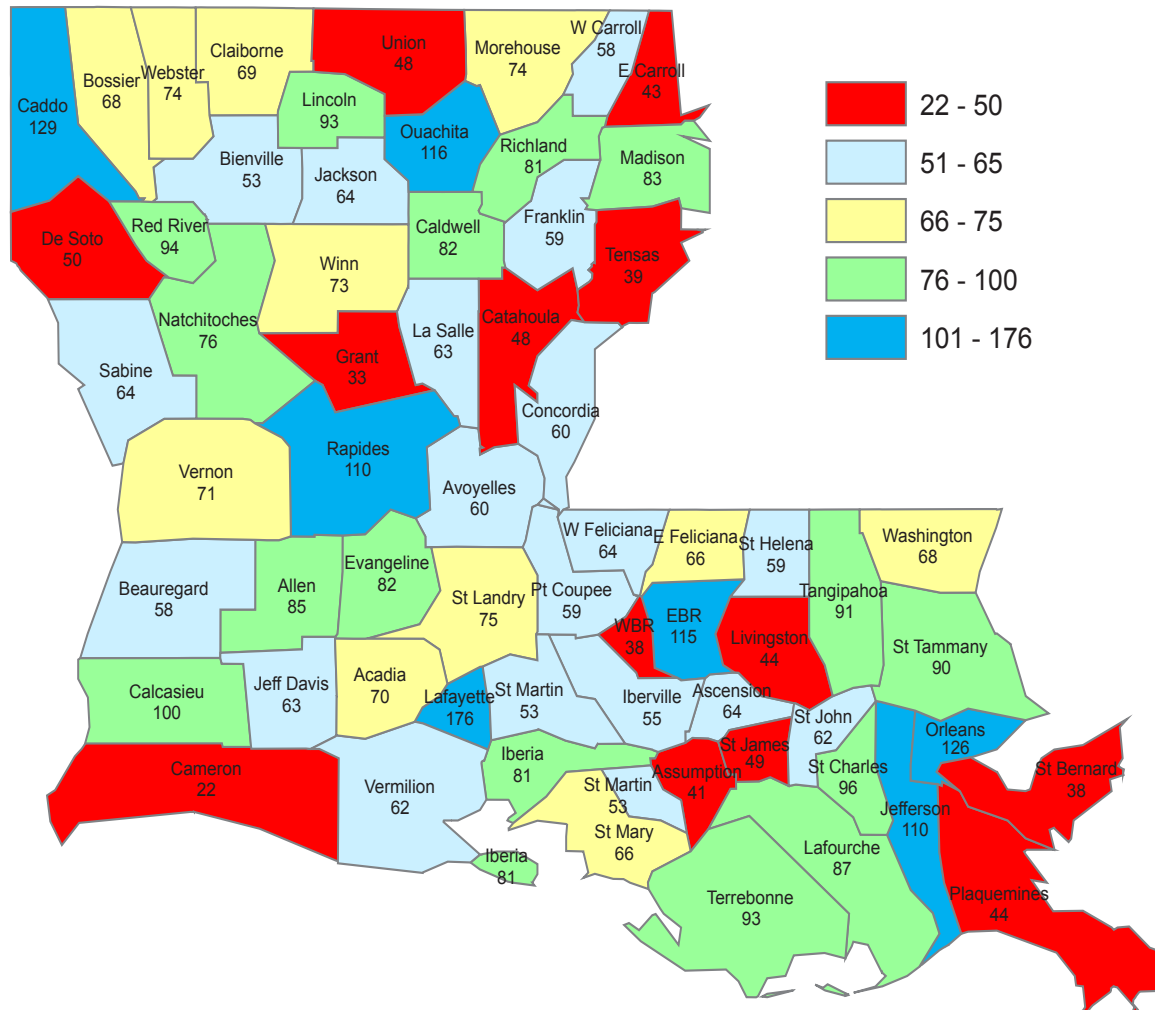


Table 24: Provider Payments and Participation Ratios

	Parish	A. Provider Parish Payments (\$)¹	B. Recipient Parish Payments (\$)	C. Ratio C=(A/B)*100
1	Acadia	\$74,178,052	\$105,509,168	70.3
2	Allen	30,319,353	35,734,489	84.8
3	Ascension	50,789,916	79,685,417	63.7
4	Assumption	11,995,106	29,043,990	41.3
5	Avoyelles	52,508,968	86,960,019	60.4
6	Beauregard	21,669,716	37,127,511	58.4
7	Bienville	13,631,479	25,601,337	53.2
8	Bossier	82,037,493	120,202,746	68.2
9	Caddo	439,458,307	341,942,146	128.5
10	Calcasieu	215,791,410	215,762,071	100.0
11	Caldwell	20,631,690	25,239,568	81.7
12	Cameron	400,591	1,826,742	21.9
13	Catahoula	9,650,186	19,993,339	48.3
14	Claiborne	18,591,117	26,982,879	68.9
15	Concordia	17,864,660	29,964,745	59.6
16	De Soto	16,211,605	32,263,660	50.2
17	East Baton Rouge	572,786,313	498,223,497	115.0
18	East Carroll	11,009,814	25,329,792	43.5
19	East Feliciana	29,909,002	45,128,913	66.3
20	Evangeline	57,126,586	69,435,193	82.3
21	Franklin	27,963,273	47,267,899	59.2
22	Grant	8,740,786	26,651,275	32.8
23	Iberia	84,919,129	105,211,976	80.7
24	Iberville	25,595,974	46,891,504	54.6
25	Jackson	16,598,159	25,943,886	64.0
26	Jefferson	496,712,975	451,498,912	110.0
27	Jefferson Davis	31,010,374	49,284,495	62.9
28	Lafayette	348,355,794	197,469,210	176.4
29	Lafourche	95,258,045	109,369,135	87.1
30	La Salle	16,923,493	26,696,212	63.4
31	Lincoln	63,110,604	67,763,695	93.1
32	Livingston	47,781,199	108,050,370	44.2
33	Madison	18,753,385	22,554,611	83.1
34	Morehouse	47,346,476	63,942,966	74.0
35	Natchitoches	39,272,573	51,633,236	76.1
36	Orleans	531,066,667	422,986,223	125.6
37	Ouachita	245,476,970	211,845,513	115.9
38	Plaquemines	9,533,093	21,580,937	44.2
39	Pointe Coupee	19,992,775	33,910,033	59.0
40	Rapides	391,717,868	356,922,845	109.7
41	Red River	13,274,271	14,180,165	93.6
42	Richland	42,347,724	52,429,399	80.8
43	Sabine	20,126,926	31,617,454	63.7
44	St. Bernard	14,469,862	37,948,139	38.1
45	St. Charles	40,455,225	42,112,878	96.1
46	St. Helena	7,467,915	12,754,486	58.6
47	St. James	11,475,787	23,233,376	49.4
48	St. John	29,661,065	47,668,922	62.2
49	St. Landry	125,167,327	167,875,113	74.6
50	St. Martin	34,627,023	65,004,980	53.3
51	St. Mary	45,495,506	69,047,766	65.9
52	St. Tammany	166,828,250	186,272,187	89.6
53	Tangipahoa	221,568,327	243,801,349	90.9
54	Tensas	3,230,700	8,255,682	39.1
55	Terrebonne	123,845,119	133,107,131	93.0
56	Union	13,612,398	28,101,578	48.4
57	Vermilion	42,942,779	69,373,726	61.9
58	Vernon	35,392,390	49,838,699	71.0
59	Washington	59,314,782	87,628,646	67.7
60	Webster	46,065,395	62,501,561	73.7
61	West Baton Rouge	9,426,913	25,073,677	37.6
62	West Carroll	13,375,634	22,903,745	58.4
63	West Feliciana	9,623,624	15,008,441	64.1
64	Winn	18,236,424	25,013,738	72.9
In-State Total		\$5,460,722,342	\$5,820,184,993	93.8
Out-of-State Total		\$359,462,651	\$0	
Total		\$5,820,184,993	\$5,820,184,993	100.0

Table 24 presents (A) Provider Parish payments which represent payments made to providers located in a parish regardless of the recipients' residing parish; (B) Recipient Parish payments which represent payments made on behalf of recipients residing in that parish regardless of where they received services; and (C) the Ratio of provider parish payments to recipient parish payments times 100.

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

A ratio of less than 100 means that some of the payments made on behalf of the recipients of that parish went to providers 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 received some payments made on behalf of recipients of other parishes. For example, a ratio of 120 implies that about 20% of payments made to the providers of that parish are made on behalf of recipients from other parishes.

¹ Provider parish is based on service provider's enrolled location on file at the time of payment.

Table 25 shows a regional comparison of payments made on behalf of the top ten provider types based on total payments. For the remainder of this section, unless otherwise stated, all data is based on the service providers' enrolled location (parish/region/state) on file at the time of payment. The New Orleans Region ranked number one with about \$1,051.8 million in payments going into the region. Payments to the top ten providers in each region will differ according to a variety of factors (e.g., availability of providers, medical need of the population, etc.).

Table 26 reports payment distribution across provider parishes to the top ten provider types in the state based on total payments. East Baton Rouge Parish ranked number one with about \$572.8 million in payments going into the parish, while Cameron Parish ranked last with \$400,591 in payments going into the parish.

Table 27 presents the number of service providers by parish while Table 28 presents the number of recipients by parish for the top ten provider types based on total payments during this SFY.

Table 25: Payments by Region for the Top Ten Provider Types Based on Total Payments (1-6)

Region	1. Hospital	2. Pharmacy	3. Nursing Facility	4. Physician (MD)	5. ICF/DD - Group Home	6. Individual Care Waiver Services
Region 1 – New Orleans	\$407,208,827	\$152,665,712	\$90,210,023	\$140,439,424	\$32,757,385	\$65,758,112
Region 2 – Baton Rouge	177,391,469	112,631,310	108,149,420	91,117,130	29,080,838	56,241,572
Region 3 – Thibodaux	67,930,588	76,179,888	50,052,957	46,259,884	13,184,404	30,472,629
Region 4 – Lafayette	144,029,569	131,458,344	120,589,464	98,752,958	30,215,899	58,870,859
Region 5 – Lake Charles	51,765,052	65,027,389	48,164,455	36,815,480	19,973,325	18,856,408
Region 6 – Alexandria	81,838,894	63,727,176	74,118,979	41,007,753	176,835,215	34,988,850
Region 7 – Shreveport	197,276,194	82,462,235	125,274,998	71,641,694	52,803,872	37,100,762
Region 8 – Monroe	97,692,573	76,052,099	83,209,155	47,623,374	43,667,211	45,808,851
Region 9 – Mandeville	82,817,138	104,791,839	59,119,067	55,361,795	70,346,083	40,761,161
Total In-State	\$1,307,950,305	\$864,995,992	\$758,888,517	\$629,019,492	\$468,864,231	\$388,859,203
Total Out-of-State	\$18,824,397	\$12,188,839	\$0	\$5,451,831	\$0	\$0
Grand Total	\$1,326,774,702	\$877,184,831	\$758,888,517	\$634,471,322	\$468,864,231	\$388,859,203

Table 25: Continued (7-10)

Region	7. Personal Care Services (LTC/PCS/PAS)	8. Dentist	9. Hospice Services	10. Ambulance	All Others	Grand Total	Overall Rank
Region 1 - New Orleans	\$25,161,643	\$23,850,399	\$5,580,606	\$7,662,084	\$100,488,384	\$1,051,782,597	1
Region 2 - Baton Rouge	37,309,854	25,051,240	7,646,558	2,552,458	70,952,667	718,124,516	3
Region 3 - Thibodaux	12,630,257	10,852,608	3,532,393	412,054	46,678,190	358,185,853	8
Region 4 - Lafayette	52,198,640	18,964,072	5,765,601	30,397,198	76,074,087	767,316,690	2
Region 5 - Lake Charles	10,103,201	8,408,025	4,798,669	186,610	35,092,831	299,191,445	9
Region 6 - Alexandria	24,779,638	11,811,935	6,428,297	1,354,337	34,143,701	551,034,776	5
Region 7 - Shreveport	25,448,416	15,266,014	9,562,359	5,697,777	66,134,846	688,669,166	4
Region 8 - Monroe	40,699,414	14,581,539	8,407,708	3,857,091	61,857,811	523,456,828	6
Region 9 - Mandeville	21,498,961	22,766,325	5,476,057	1,003,732	39,018,315	502,960,472	7
Total In-State	\$249,830,026	\$151,552,157	\$57,198,248	\$53,123,340	\$530,440,832	\$5,460,722,342	
Total Out-of-State	\$0	\$55,368	\$0	\$211,019	\$322,731,197	\$359,462,651	
Grand Total	\$249,830,026	\$151,607,525	\$57,198,248	\$53,334,359	\$853,172,028	\$5,820,184,993	

Table 26: Payments by Parish for the Top Ten Provider Types Based on Total Payments

	Parish	Hospital	Pharmacy	Nursing Facility	Physician (MD)	ICF/DD - Group Home	Individual Care Waiver Services
1	Acadia	\$7,487,031	\$20,200,515	\$17,017,250	\$7,041,828	\$12,880,465	\$285,411
2	Allen	4,881,183	5,224,620	7,117,207	2,270,759	649,056	1,063,712
3	Ascension	5,174,848	15,618,548	7,147,949	5,392,457	1,960,424	4,997,219
4	Assumption	748,806	2,331,878	3,374,277	558,445	612,737	1,976,224
5	Avoyelles	5,422,924	11,395,609	17,866,519	2,990,376	283,891	1,531,136
6	Beauregard	5,281,117	4,398,946	5,299,923	3,126,899	671,262	356,533
7	Bienville	1,370,096	1,973,441	7,637,221	800,692	747,444	29,084
8	Bossier	4,975,518	10,050,528	15,511,598	4,587,790	29,233,379	6,805,707
9	Caddo	162,766,895	44,954,847	64,720,973	52,845,734	14,569,763	22,665,076
10	Calcasieu	35,700,504	46,440,993	27,911,484	28,343,629	17,727,865	15,049,040
11	Caldwell	3,965,367	3,116,202	2,589,493	1,077,831	3,188,217	2,603,385
12	Cameron	64,258	-	-	53,838	-	-
13	Catahoula	-	2,092,653	2,407,649	117,993	-	1,081,135
14	Claiborne	4,822,451	2,674,758	5,039,678	856,206	-	2,507,814
15	Concordia	2,506,028	3,651,017	5,486,953	1,457,134	-	300,059
16	De Soto	2,713,311	3,111,024	4,630,915	567,236	512,541	245,280
17	East Baton Rouge	168,182,433	76,762,447	62,818,083	78,380,625	21,430,956	47,207,150
18	East Carroll	2,152,391	2,225,334	3,539,282	718,796	218,124	61,303
19	East Feliciana	152,653	3,202,879	18,031,774	587,035	3,803,464	653,455
20	Evangeline	8,576,186	12,690,476	9,672,657	5,778,379	1,811,322	1,841,417
21	Franklin	3,019,543	4,667,473	8,855,764	1,238,576	2,010,279	548,428
22	Grant	-	1,576,312	5,308,141	432,279	1,000,219	-
23	Iberia	10,234,640	17,285,377	13,090,800	15,241,706	3,880,996	8,708,524
24	Iberville	55,167	8,724,069	6,566,218	3,671,867	361,158	1,448,209
25	Jackson	2,855,874	2,634,093	7,234,036	381,574	573,442	676,548
26	Jefferson	125,478,608	100,194,925	44,497,585	79,168,374	22,394,026	39,980,207
27	Jefferson Davis	5,837,990	8,962,829	7,835,840	3,020,356	925,144	2,387,123
28	Lafayette	93,676,636	35,537,142	30,949,485	46,048,845	6,521,911	36,318,262
29	Lafourche	10,779,135	14,942,980	11,973,741	8,251,888	9,337,066	15,004,785
30	La Salle	5,423,147	2,790,286	5,020,553	1,748,108	335,138	-
31	Lincoln	8,886,868	10,163,748	7,567,315	6,614,661	17,208,633	4,709,587
32	Livingston	1,961,429	20,169,178	8,277,760	2,535,379	1,523,239	2,514,536
33	Madison	3,631,651	1,901,549	3,314,346	846,088	2,777,723	813,403
34	Morehouse	5,358,322	6,493,832	11,439,959	5,813,642	813,785	2,507,389
35	Natchitoches	6,616,355	7,837,437	7,776,723	5,261,564	1,053,828	2,206,066
36	Orleans	281,730,219	43,832,941	42,351,363	59,402,256	7,084,864	22,538,124
37	Ouachita	59,093,765	31,468,995	23,829,729	25,545,761	8,317,517	28,539,128
38	Plaquemines	-	1,206,052	3,361,075	172,124	2,152,305	1,720,846
39	Pointe Coupee	2,201,537	3,268,285	7,014,552	1,786,137	500,563	880,117
40	Rapides	57,477,032	32,785,646	28,287,048	27,519,768	165,760,292	30,798,917
41	Red River	3,400,623	2,342,050	2,641,487	723,346	628,927	545,632
42	Richland	4,067,083	6,329,267	5,999,255	3,446,943	7,903,063	4,738,925
43	Sabine	2,309,008	3,581,850	7,158,072	2,321,852	2,102,381	505,930
44	St. Bernard	-	7,431,793	-	1,696,669	1,126,190	1,518,934
45	St. Charles	3,634,296	17,119,673	5,485,722	2,088,987	-	1,822,450
46	St. Helena	1,252,155	1,141,901	1,768,357	544,530	551,154	258,138
47	St. James	2,938,205	2,098,016	2,107,131	2,041,873	-	385,959
48	St. John	3,173,372	5,642,730	2,412,845	3,217,685	694,354	4,504,178
49	St. Landry	17,107,929	28,146,915	26,150,906	19,374,676	3,089,510	5,363,246
50	St. Martin	1,173,748	8,466,614	6,633,871	1,464,451	1,371,849	6,134,103
51	St. Mary	7,244,615	12,176,260	9,333,230	7,177,675	614,693	1,627,172
52	St. Tammany	28,460,857	44,129,881	22,629,817	28,913,035	2,796,956	6,180,553
53	Tangipahoa	37,377,584	26,401,387	16,101,229	18,389,748	64,426,964	26,493,582
54	Tensas	-	911,308	-	-	-	267,715
55	Terrebonne	39,412,160	21,868,352	15,366,010	22,923,330	1,925,553	5,151,861
56	Union	2,019,022	3,358,266	5,216,801	934,022	368,949	-
57	Vermilion	5,773,399	9,131,306	17,074,495	3,803,072	659,846	219,897
58	Vernon	7,873,643	6,509,933	4,836,094	5,977,477	7,983,994	168,422
59	Washington	13,765,114	12,949,492	10,341,903	4,979,102	1,047,770	5,314,352
60	Webster	8,301,937	5,936,299	10,158,331	3,677,274	3,955,608	1,590,174
61	West Baton Rouge	-	3,815,270	2,856,783	504,551	705,421	220,292
62	West Carroll	2,642,686	2,782,032	3,623,176	1,005,480	287,479	343,041
63	West Feliciana	1,624,831	1,239,812	3,714,061	794,457	318,852	835,130
64	Winn	3,136,120	2,925,719	4,906,021	764,619	1,471,680	1,109,181
Total In-State		\$1,307,950,305	\$864,995,992	\$758,888,517	\$629,019,492	\$468,864,231	\$388,859,203
Total Out-of-State		\$18,824,397	\$12,188,839	\$0	\$5,451,831	\$0	\$0
Grand Total		\$1,326,774,702	\$877,184,831	\$758,888,517	\$634,471,322	\$468,864,231	\$388,859,203

Table 26: Payments by Parish for the Top Ten Provider Types Based on Total Payments

Personal Care Services (LTC/PCS/PAS)	Dentist	Hospice Services	Ambulance Transportation	All Others	Grand Total	Rank	Parish
\$670,043	\$2,042,147	\$0	\$0	\$6,553,363	\$74,178,052	16	Acadia
824,119	470,066	2,386,105	143,034	5,289,491	30,319,353	33	Allen
4,078,022	1,035,242	-	36,775	5,348,432	50,789,916	21	Ascension
1,291,076	-	-	-	1,101,661	11,995,106	54	Assumption
6,050,085	1,127,301	436,447	-	5,404,680	52,508,968	20	Avoyelles
513,691	867,665	-	-	1,153,679	21,669,716	38	Beauregard
195,681	4,155	-	-	873,664	13,631,479	50	Bienville
2,187,903	823,621	241,377	844,882	6,775,191	82,037,493	15	Bossier
14,585,110	11,667,711	7,089,351	2,507,196	41,085,651	439,458,307	4	Caddo
8,719,587	7,001,852	2,083,187	25,206	26,788,064	215,791,410	9	Calcasieu
1,188,953	516,404	-	-	2,385,839	20,631,690	39	Caldwell
-	-	-	18,370	264,127	400,591	64	Cameron
2,560,485	239,054	-	-	1,151,217	9,650,186	57	Catahoula
1,178,973	454,568	-	-	1,056,669	18,591,117	43	Claiborne
1,192,234	1,471,773	133,955	383,637	1,281,870	17,864,660	45	Concordia
1,089,006	926,668	350,594	233,830	1,831,201	16,211,605	48	De Soto
28,748,615	21,592,369	7,136,677	2,515,683	58,011,275	572,786,313	1	East Baton Rouge
574,093	645,981	-	-	874,511	11,009,814	56	East Carroll
1,456,798	343,669	-	-	1,677,276	29,909,002	34	East Feliciana
6,229,032	1,244,111	452,031	-	8,830,975	57,126,586	19	Evangeline
2,093,793	635,263	997,804	1,017,904	2,878,448	27,963,273	36	Franklin
-	33,595	-	-	390,240	8,740,786	61	Grant
6,052,636	1,348,849	133,244	-	8,942,357	84,919,129	14	Iberia
771,823	771,962	197,767	-	3,027,733	25,595,974	37	Iberville
472,423	11,738	584,239	438,455	735,738	16,598,159	47	Jackson
11,308,110	14,187,458	4,643,563	5,008,441	49,851,678	496,712,975	3	Jefferson
45,805	68,442	329,376	-	1,597,470	31,010,374	32	Jefferson Davis
17,120,544	10,465,045	4,499,178	29,623,283	37,595,464	348,355,794	6	Lafayette
3,536,892	2,728,300	149,186	234,548	18,319,524	95,258,045	13	Lafourche
-	315,481	142,405	-	1,148,374	16,923,493	46	La Salle
2,183,659	1,626,352	440,483	105,065	3,604,233	63,110,604	17	Lincoln
1,245,243	3,106,337	1,625,366	-	4,822,733	47,781,199	22	Livingston
3,060,988	209,739	382,966	-	1,814,932	18,753,385	42	Madison
6,858,575	1,075,203	1,499,630	487,616	4,998,523	47,346,476	23	Morehouse
3,723,461	1,187,645	623,047	-	2,986,445	39,272,573	29	Natchitoches
12,965,831	8,731,340	937,043	2,526,249	48,966,437	531,066,667	2	Orleans
18,111,360	8,582,977	3,894,238	1,586,860	36,506,640	245,476,970	7	Ouachita
56,272	511,056	-	127,394	225,969	9,533,093	59	Plaquemines
1,462,967	856,220	312,113	-	1,710,282	19,992,775	41	Pointe Coupee
11,688,234	8,285,523	5,475,591	970,699	22,669,117	391,717,868	5	Rapides
918,827	72,976	-	-	2,000,402	13,274,271	53	Red River
4,877,027	801,413	608,348	-	3,576,401	42,347,724	27	Richland
53,728	19,972	-	-	2,074,134	20,126,926	40	Sabine
831,430	420,545	-	-	1,444,300	14,469,862	49	St. Bernard
518,062	654,545	-	177,506	8,953,984	40,455,225	28	St. Charles
1,031,723	321,830	-	-	598,128	7,467,915	62	St. Helena
511,596	394,495	-	-	998,512	11,475,787	55	St. James
1,929,261	1,894,236	2,878,192	-	3,314,214	29,661,065	35	St. John
14,565,849	2,656,136	681,148	773,915	7,257,097	125,167,327	11	St. Landry
6,803,053	273,748	-	-	2,305,586	34,627,023	31	St. Martin
2,733,273	438,918	-	-	4,149,670	45,495,506	25	St. Mary
1,877,338	13,989,695	3,332,261	106,484	14,411,373	166,828,250	10	St. Tammany
13,047,718	3,861,671	518,430	-	14,950,012	221,568,327	8	Tangipahoa
543,879	-	-	-	1,507,798	3,230,700	63	Tensas
2,110,096	4,742,115	505,016	-	9,840,625	123,845,119	12	Terrebonne
-	231,961	-	-	1,483,377	13,612,398	51	Union
757,483	934,034	-	-	4,589,246	42,942,779	26	Vermilion
384,519	228,990	214,551	-	1,214,767	35,392,390	30	Vernon
4,296,939	1,486,792	-	897,248	4,236,068	59,314,782	18	Washington
1,515,728	108,698	1,257,990	2,111,869	7,451,489	46,065,395	24	Webster
102,212	271,855	-	-	950,528	9,426,913	60	West Baton Rouge
734,666	244,510	-	221,191	1,491,372	13,375,634	52	West Carroll
689,417	179,924	-	-	227,141	9,623,624	58	West Feliciana
2,904,081	110,220	25,348	-	883,436	18,236,424	44	Winn
\$249,830,026	\$151,552,157	\$57,198,248	\$53,123,340	\$530,440,832	\$5,460,722,342		Total In-State
\$0	\$55,368	\$0	\$211,019	\$322,731,197	\$359,462,651		Total Out-of-State
\$249,830,026	\$151,607,525	\$57,198,248	\$53,334,359	\$853,172,028	\$5,820,184,993		Grand Total

Table 27: Number of Providers by Parish for the Top Ten Provider Types Based on Total Payments

	Parish	Hospital	Pharmacy	Nursing Facility	Physician (MD)	ICF/DD - Group Home	Individual Care Waiver Services
1	Acadia	3	22	6	62	6	3
2	Allen	2	10	3	38	2	2
3	Ascension	4	28	3	76	5	11
4	Assumption	1	4	1	16	2	5
5	Avoyelles	2	19	8	49	1	3
6	Beauregard	1	4	3	43	2	1
7	Bienville	1	5	3	11	2	1
8	Bossier	3	22	6	126	20	8
9	Caddo	9	64	21	1,129	27	28
10	Calcasieu	9	63	10	469	29	22
11	Caldwell	2	2	1	17	7	3
12	Cameron	1	-	-	4	-	-
13	Catahoula	-	7	1	4	-	1
14	Claiborne	1	7	3	16	-	3
15	Concordia	2	6	2	27	-	4
16	De Soto	1	5	2	14	2	2
17	East Baton Rouge	16	123	21	1,313	59	108
18	East Carroll	1	3	2	12	1	2
19	East Feliciana	2	3	2	10	5	4
20	Evangeline	2	21	4	85	5	6
21	Franklin	1	6	5	22	5	2
22	Grant	-	3	2	4	3	-
23	Iberia	3	25	5	140	9	13
24	Iberville	2	13	2	30	1	4
25	Jackson	1	4	3	12	2	2
26	Jefferson	13	130	13	1,644	61	58
27	Jefferson Davis	2	15	3	45	3	2
28	Lafayette	16	77	10	867	17	38
29	Lafourche	3	26	5	197	15	11
30	La Salle	2	8	2	31	1	-
31	Lincoln	3	12	3	105	12	7
32	Livingston	1	21	2	31	4	8
33	Madison	1	4	1	9	6	4
34	Morehouse	3	11	5	73	2	8
35	Natchitoches	2	9	3	44	3	6
36	Orleans	9	65	13	1,162	18	52
37	Ouachita	11	64	9	398	23	43
38	Plaquemines	-	5	1	8	2	3
39	Pointe Coupee	1	7	2	19	1	4
40	Rapides	6	43	10	431	69	26
41	Red River	2	2	1	20	2	2
42	Richland	2	9	3	61	15	7
43	Sabine	1	8	3	42	6	1
44	St. Bernard	-	6	-	19	3	6
45	St. Charles	2	12	2	31	-	5
46	St. Helena	1	1	1	20	1	2
47	St. James	1	6	1	25	-	3
48	St. John	1	8	1	64	2	12
49	St. Landry	4	34	7	234	7	14
50	St. Martin	1	17	2	36	4	10
51	St. Mary	2	21	3	78	2	8
52	St. Tammany	11	64	8	659	8	12
53	Tangipahoa	7	35	6	265	31	24
54	Tensas	-	2	-	-	-	1
55	Terrebonne	4	34	4	305	6	9
56	Union	2	6	3	30	1	-
57	Vermilion	2	24	6	63	2	1
58	Vernon	4	8	2	64	9	1
59	Washington	2	24	4	90	3	10
60	Webster	2	10	2	62	10	5
61	West Baton Rouge	-	7	1	8	2	3
62	West Carroll	1	4	2	14	1	1
63	West Feliciana	1	3	1	11	1	2
64	Winn	2	7	2	20	3	1
Total In-State		196	1,318	266	10,370	550	645
Total Out-of-State		547	138	-	1,415	-	-
Grand Total		743	1,456	266	11,785	550	645

¹ Individual parish provider counts may not sum to the total state count due to providers offering services in more than one parish during the SFY; the state figures are **unduplicated** for the entire state, while other numbers are **unduplicated** for each parish.

Table 27: Number of Providers by Parish for the Top Ten Provider Types Based on Total Payments

Personal Care Services (LTC/PCS/PAS)	Dentist	Hospice Services	Ambulance Transportation	All Others	Grand Total	Rank	Parish
3	14	0	0	82	201	19	Acadia
1	3	2	1	37	101	36	Allen
11	6	-	1	75	220	18	Ascension
4	-	-	-	18	51	52	Assumption
4	9	1	-	76	172	24	Avoyelles
1	8	-	-	46	109	34	Beauregard
1	1	-	-	17	42	56	Bienville
6	11	2	3	93	300	15	Bossier
28	55	10	8	459	1,838	4	Caddo
19	38	6	1	316	982	9	Calcasieu
3	1	-	-	24	60	48	Caldwell
-	-	-	2	7	14	64	Cameron
1	4	-	-	23	41	57	Catahoula
4	2	-	-	24	60	48	Claiborne
4	6	1	2	31	85	39	Concordia
2	2	1	1	25	57	51	De Soto
128	94	15	1	870	2,748	2	East Baton Rouge
2	1	-	-	15	39	59	East Carroll
4	5	-	-	33	68	43	East Feliciana
8	9	1	-	55	196	21	Evangeline
2	4	3	1	46	97	38	Franklin
-	1	-	-	11	24	62	Grant
15	11	2	-	118	341	14	Iberia
4	5	1	-	46	108	35	Iberville
2	1	1	1	21	50	53	Jackson
60	82	11	8	819	2,899	1	Jefferson
1	6	1	-	41	119	33	Jefferson Davis
36	63	8	1	472	1,605	5	Lafayette
7	14	1	1	121	401	13	Lafourche
-	3	1	-	27	75	41	La Salle
6	5	2	1	70	226	17	Lincoln
7	20	2	-	89	185	22	Livingston
4	4	1	-	26	60	48	Madison
7	5	1	1	52	168	27	Morehouse
6	5	2	-	70	150	29	Natchitoches
55	71	4	1	480	1,930	3	Orleans
45	39	7	2	357	998	7	Ouachita
1	1	-	1	9	31	61	Plaquemines
4	3	1	-	38	80	40	Pointe Coupee
24	39	8	1	328	985	8	Rapides
3	4	-	-	25	61	47	Red River
7	3	2	-	60	169	26	Richland
1	3	-	-	33	98	37	Sabine
6	5	-	-	23	68	43	St. Bernard
6	8	-	1	53	120	32	St. Charles
2	2	-	-	15	45	55	St. Helena
4	3	-	-	24	67	45	St. James
12	6	1	-	54	161	28	St. John
15	20	2	1	148	486	12	St. Landry
11	4	-	-	40	125	31	St. Martin
7	6	-	-	74	201	19	St. Mary
13	65	12	3	301	1,156	6	St. Tammany
20	39	3	-	225	655	10	Tangipahoa
1	-	-	-	18	22	63	Tensas
9	29	4	-	188	592	11	Terrebonne
-	1	-	-	27	70	42	Union
1	11	-	-	61	171	25	Vermilion
1	3	1	-	33	126	30	Vernon
9	14	-	2	100	258	16	Washington
6	1	2	2	82	184	23	Webster
1	2	-	-	16	40	58	West Baton Rouge
1	1	-	1	24	50	53	West Carroll
2	2	-	-	12	35	60	West Feliciana
1	1	1	-	25	63	46	Winn
657	845	123	49	6,967	21,986		Total In-State
-	-	-	21	553	2,674		Total Out-of-State
657	845	123	70	7,520	24,660		Grand Total

Table 28: Number of Recipients by Parish for the Top Ten Provider Types Based on Total Payments

	Parish	Hospital	Pharmacy	Nursing Facility	Physician (MD)	ICF/DD - Group Home	Individual Care Waiver Services
1	Acadia	10,075	19,021	669	27,871	109	28
2	Allen	5,817	7,416	310	16,704	11	61
3	Ascension	11,814	21,680	322	22,899	34	190
4	Assumption	2,181	2,897	117	4,032	13	73
5	Avoyelles	8,707	13,073	693	17,334	5	96
6	Beauregard	5,541	6,855	229	11,086	14	27
7	Bienville	899	3,253	302	5,026	12	2
8	Bossier	9,826	19,700	659	16,485	297	158
9	Caddo	68,670	57,219	2,613	127,959	268	613
10	Calcasieu	32,750	40,920	1,135	78,270	344	519
11	Caldwell	3,020	3,293	109	3,636	39	73
12	Cameron	150	-	-	411	-	-
13	Catahoula	-	3,009	97	1,192	-	96
14	Claiborne	2,591	3,443	212	4,974	-	64
15	Concordia	3,156	5,667	225	7,573	-	40
16	De Soto	3,308	4,499	185	4,565	9	17
17	East Baton Rouge	101,390	90,158	2,645	200,028	404	1,374
18	East Carroll	2,213	2,763	118	3,330	4	3
19	East Feliciana	66	3,634	297	3,172	29	31
20	Evangeline	10,892	11,468	417	19,732	35	147
21	Franklin	3,760	6,442	362	9,032	36	39
22	Grant	-	1,939	211	5,579	16	-
23	Iberia	16,262	22,762	564	46,430	75	254
24	Iberville	417	10,439	218	16,439	7	38
25	Jackson	2,630	3,556	275	2,458	12	16
26	Jefferson	71,183	99,674	1,866	218,814	409	1,021
27	Jefferson Davis	5,507	9,065	319	19,769	19	35
28	Lafayette	54,495	42,605	1,219	136,983	130	1,049
29	Lafourche	17,020	20,224	513	35,233	106	467
30	La Salle	4,701	3,556	204	8,760	6	-
31	Lincoln	9,110	10,729	320	25,877	160	145
32	Livingston	106	24,656	383	14,356	30	103
33	Madison	2,670	3,500	128	4,560	57	62
34	Morehouse	6,492	9,167	463	34,423	14	86
35	Natchitoches	7,234	9,980	322	16,656	19	111
36	Orleans	94,770	68,390	1,648	174,624	122	623
37	Ouachita	38,261	38,810	1,067	76,743	155	810
38	Plaquemines	-	2,134	143	1,605	37	41
39	Pointe Coupee	4,247	5,080	280	6,571	11	62
40	Rapides	36,064	37,724	1,172	73,766	1,356	890
41	Red River	3,004	3,603	113	5,132	13	18
42	Richland	5,591	7,917	262	22,064	156	196
43	Sabine	3,827	6,833	274	19,289	42	18
44	St. Bernard	-	9,364	-	10,147	21	47
45	St. Charles	4,089	11,233	212	8,462	-	65
46	St. Helena	1,719	1,979	92	4,029	6	31
47	St. James	3,513	4,707	88	8,584	-	32
48	St. John	6,234	11,481	117	14,741	12	154
49	St. Landry	23,581	30,092	951	72,948	49	297
50	St. Martin	4,094	11,255	247	11,735	28	263
51	St. Mary	10,491	14,815	408	28,844	13	85
52	St. Tammany	24,807	37,392	1,014	81,281	54	274
53	Tangipahoa	28,878	33,339	695	58,965	487	871
54	Tensas	-	1,432	-	-	-	15
55	Terrebonne	27,848	26,441	598	61,346	39	200
56	Union	3,000	4,819	206	6,796	6	-
57	Vermilion	7,512	12,877	650	25,955	15	14
58	Vernon	6,003	8,818	227	18,157	75	14
59	Washington	10,783	14,222	492	20,805	22	226
60	Webster	10,048	9,384	404	18,026	73	62
61	West Baton Rouge	-	5,572	97	3,221	18	19
62	West Carroll	2,662	3,711	170	3,080	6	32
63	West Feliciana	1,888	1,777	168	3,282	6	35
64	Winn	2,993	3,721	245	5,825	25	80
Total In-State		698,782	875,304	29,678	1,120,379	5,335	11,734
Total Out-of-State		9,217	12,487	-	20,336	-	-
Grand Total ¹		702,829	880,163	29,678	1,123,021	5,335	11,734

¹ Individual parish recipient counts may not sum to the total state count due to recipients receiving services in more than one parish during the SFY; the state figures are unduplicated for the entire state, while other numbers are unduplicated for each parish. Also, provider type recipient counts may not add up to the parish totals due to recipients receiving services from multiple provider types throughout the SFY.

Table 28: Number of Recipients by Parish for the Top Ten Provider Types Based on Total Payments

Personal Care Services (LTC/PCS/PAS)	Dentist	Hospice Services	Ambulance Transportation	All Others	Grand Total	Rank	Parish
91	4,908	-	-	12,020	38,762	18	Acadia
63	1,242	165	308	7,673	23,492	34	Allen
346	3,430	-	112	13,414	37,553	20	Ascension
106	-	-	-	3,216	8,253	51	Assumption
388	4,065	36	-	15,901	27,984	27	Avoyelles
38	2,346	-	-	5,392	15,065	39	Beauregard
28	5	-	-	3,324	9,202	47	Bienville
210	1,300	42	1,474	15,269	39,253	17	Bossier
1,175	26,264	591	5,896	77,030	162,563	5	Caddo
666	17,786	232	63	49,193	96,384	9	Calcasieu
93	862	-	-	4,610	7,466	53	Caldwell
-	-	-	53	950	1,429	64	Cameron
177	893	-	-	3,273	5,607	60	Catahoula
117	671	-	-	3,637	7,004	55	Claiborne
118	2,682	10	559	4,706	11,540	42	Concordia
89	2,489	30	521	3,574	8,870	49	De Soto
2,280	44,285	828	4,832	95,369	239,466	3	East Baton Rouge
44	1,679	-	-	4,597	6,998	56	East Carroll
111	1,338	-	-	3,867	7,874	52	East Feliciana
452	4,105	43	-	10,937	28,196	26	Evangeline
149	2,189	69	1,961	8,349	15,997	37	Franklin
-	44	-	-	3,695	9,457	46	Grant
488	4,120	8	-	17,954	54,311	13	Iberia
62	3,032	16	-	10,847	25,876	28	Iberville
43	14	54	416	3,148	6,185	59	Jackson
1,226	39,677	560	10,444	233,631	384,984	1	Jefferson
10	281	32	-	5,994	24,182	31	Jefferson Davis
1,399	25,589	651	49,161	61,493	207,834	4	Lafayette
299	5,939	33	408	24,405	50,064	14	Lafourche
-	1,502	12	-	3,435	12,721	40	La Salle
189	4,481	53	471	10,937	34,367	22	Lincoln
116	6,780	146	-	14,359	38,513	19	Livingston
222	701	27	-	3,863	6,929	57	Madison
481	2,195	80	1,071	10,535	39,767	16	Morehouse
311	4,808	72	-	7,534	24,029	32	Natchitoches
1,237	25,621	111	4,632	239,687	383,372	2	Orleans
1,369	17,104	368	4,001	54,243	98,697	8	Ouachita
6	925	-	248	1,446	4,458	62	Plaquemines
129	1,820	36	-	6,100	10,798	43	Pointe Coupee
876	21,432	459	1,939	47,181	102,275	7	Rapides
64	404	-	-	3,230	7,452	54	Red River
340	2,666	39	-	13,602	30,015	24	Richland
7	30	-	-	6,017	24,451	30	Sabine
108	1,033	-	-	3,036	15,572	38	St. Bernard
51	2,475	-	314	10,266	21,436	36	St. Charles
99	1,448	-	-	3,873	8,626	50	St. Helena
47	703	-	-	4,277	12,290	41	St. James
277	4,366	291	-	7,527	24,870	29	St. John
1,192	7,970	60	1,760	24,407	85,172	10	St. Landry
506	873	-	-	8,537	23,781	33	St. Martin
241	1,956	-	-	19,737	41,701	15	St. Mary
224	38,302	325	362	33,519	120,078	6	St. Tammany
1,135	10,444	84	-	36,725	73,589	11	Tangipahoa
41	-	-	-	3,958	4,205	63	Tensas
200	10,774	98	-	26,505	71,677	12	Terrebonne
-	752	-	-	4,022	10,326	44	Union
60	3,559	-	-	9,444	35,568	21	Vermilion
29	1,499	22	-	4,911	21,642	35	Vernon
381	4,169	-	1,415	9,753	30,349	23	Washington
142	404	144	3,457	15,393	28,243	25	Webster
15	631	-	-	3,525	9,569	45	West Baton Rouge
59	749	-	310	4,507	6,847	58	West Carroll
55	511	-	-	1,570	4,625	61	West Feliciana
210	349	4	-	3,263	9,031	48	Winn
19,377	342,414	5,718	88,777	850,572	1,229,718		Total In-State
-	213	-	209	309,989	333,953		Total Out-of-State
19,377	342,546	5,718	88,906	969,173	1,303,984		Grand Total'

Table 29 presents each state's payments by top ten out-of-state provider types. Washington, D.C. out ranked all other states with \$295.6 million (82.2%) due to CMS payments for Medicare Buy-

in and Part-D. If CMS payments were excluded, our neighboring states would have the highest payments, Texas with about \$21.7 million (6.0%) and Mississippi with about \$11.4 million (3.2%). The

Table 29: Payments by State for the Top Ten Provider Types Based on Total Out-of-State Payments

	State	Independent Lab	Hospital	Pharmacy	Physician (MD)	DME Provider	Fiscal Agent - Waiver
1	AK	\$0	\$0	\$0	\$0	\$0	\$0
2	AL	6,528,672	1,090,750	(736)	77,329	3,152	-
3	AR	-	3,060,270	95,242	684,637	36,993	-
4	AZ	33,270	81,354	-	-	2,032	2,053,341
5	CA	779,374	314,612	-	13,088	346,831	-
6	CO	587,103	71,462	-	2,886	69,666	-
7	CT	1,848	-	-	-	-	-
8	DC	-	1,034,450	-	33,999	-	-
9	DE	-	108	-	-	-	-
10	FL	192,868	498,518	771,671	24,627	303,072	-
11	GA	6,301	166,834	(953)	53,496	3,850	-
12	HI	-	875	-	2,835	-	-
13	IA	-	434	-	309	-	-
14	ID	-	(63)	-	-	-	-
15	IL	-	106,854	-	24,520	17,800	-
16	IN	121,608	17,852	-	319	-	-
17	KS	-	2,757	565,633	7,805	8,372	-
18	KY	-	8,263	-	762	-	-
19	MA	117,128	20,450	-	29,557	65,452	-
20	MD	-	29,569	604,388	-	3,437	-
21	ME	-	-	-	-	12,702	-
22	MI	-	34,017	-	-	2,585	-
23	MN	305,874	5,022	-	59,610	516,208	-
24	MO	(63)	139,418	103,671	7,369	88,576	-
25	MS	165,117	5,178,397	1,877,655	3,476,155	351,945	-
26	MT	-	214	-	-	-	-
27	NC	842,988	70,166	(152)	2,378	15,605	-
28	ND	-	223	-	165	-	-
29	NE	9,443	483,555	26,745	44,021	-	-
30	NH	13	449	-	-	-	-
31	NJ	1,842,267	-	-	-	29,775	-
32	NM	92,006	251	-	440	-	-
33	NV	-	318,068	-	357	-	-
34	NY	783	39,083	-	10	69,627	-
35	OH	516	22,737	76,091	12,544	38,145	-
36	OK	1,977	27,113	-	2,634	-	-
37	OR	-	9,824	-	384	-	-
38	PA	1,295	12,462	1,331,718	324	129,789	-
39	RI	1,438	5,175	-	-	-	-
40	SC	-	6,504	-	-	463	-
41	SD	-	-	-	-	-	-
42	TN	49,612	1,382,479	285,760	317,313	1,051,902	-
43	TX	9,774,878	4,434,360	6,452,107	571,428	436,506	-
44	UT	14,225	5,775	-	(39)	132	-
45	VA	43,256	123,259	-	-	6,435	-
46	VT	-	23	-	-	-	-
47	WA	6,220	9,232	-	-	121,527	-
48	WI	-	2,921	-	568	-	-
49	WV	-	6,690	-	-	-	-
50	WY	-	1,630	-	-	-	-
Total		\$21,520,017	\$18,824,397	\$12,188,839	\$5,451,831	\$3,732,576	\$2,053,341

number of participating providers by state for the top ten out-of-state provider types based on total out-of-state payments is presented in Table 30. Provider participation was represented by all of the states in

the United States except for two, Alaska and South Dakota. Table 31 presents the number of recipients by state for the top ten provider types based on total out-of-state payments.

Table 29: Payments by State for the Top Ten Provider Types Based on Total Out-of-State Payments

Psychiatric Residential Treatment Facility	Ambulance Transportation	CRNA	Nurse	All Others	Grand Total	Rank	State
\$0	\$0	\$0	\$0	\$0	\$0	48	AK
-	-	-	-	-	7,699,166	4	AL
-	1,858	450	25	1,337	3,880,812	5	AR
-	-	-	-	-	2,169,996	8	AZ
-	-	-	-	-	1,453,906	11	CA
-	3,673	-	-	144	734,934	14	CO
-	-	-	-	-	1,848	40	CT
-	-	-	-	294,504,742	295,573,191	1	DC
-	-	-	-	-	108	46	DE
405,500	119,814	-	-	10,488	2,326,558	7	FL
-	-	-	-	(1,613)	227,916	21	GA
-	-	-	-	-	3,710	38	HI
-	-	-	-	-	742	42	IA
-	-	-	-	-	(63)	50	ID
-	-	-	-	-	149,174	24	IL
-	-	-	-	-	139,779	25	IN
-	4,051	-	-	-	588,617	16	KS
-	2,769	-	-	-	11,794	33	KY
-	-	-	-	-	232,587	20	MA
-	-	-	-	-	637,394	15	MD
-	-	-	-	-	12,702	32	ME
-	-	-	-	-	36,601	29	MI
-	-	-	-	11,131	897,846	13	MN
-	4,268	-	-	295	343,534	18	MO
-	38,627	137,395	57,698	87,616	11,370,605	3	MS
-	-	-	-	-	214	45	MT
-	4,616	-	-	-	935,601	12	NC
-	-	-	-	-	388	44	ND
-	-	63	3,216	232	567,276	17	NE
-	-	-	-	-	463	43	NH
-	-	-	-	-	1,872,042	9	NJ
-	3,360	-	-	-	96,057	28	NM
-	-	-	-	51	318,476	19	NV
-	-	-	-	-	109,503	27	NY
-	-	-	61	64	150,158	23	OH
-	-	-	-	-	31,724	30	OK
-	-	-	-	-	10,209	34	OR
-	-	-	-	-	1,475,588	10	PA
-	-	-	-	-	6,614	37	RI
-	-	-	-	-	6,967	35	SC
-	-	-	-	-	-	48	SD
88,725	3,878	52,899	62,071	6,284	3,300,922	6	TN
-	24,106	5,657	3,953	42,147	21,745,141	2	TX
-	-	-	-	-	20,093	31	UT
-	-	-	-	-	172,950	22	VA
-	-	-	-	-	23	47	VT
-	-	-	-	-	136,979	26	WA
-	-	-	-	-	3,489	39	WI
-	-	-	-	-	6,690	36	WV
-	-	-	-	-	1,630	41	WY
\$494,225	\$211,019	\$196,464	\$127,024	\$294,662,919	\$359,462,651		Total

Table 30: Number of Providers by State for the Top Ten Provider Types Based on Total Out-of-State Payments

State		Independent Lab	Hospital	Pharmacy	Physician (MD)	DME Provider	Fiscal Agent - Waiver
1	AK	-	-	-	-	-	-
2	AL	5	25	7	26	1	-
3	AR	-	22	9	130	10	-
4	AZ	2	15	1	-	3	1
5	CA	16	10	-	17	9	-
6	CO	2	15	-	16	4	-
7	CT	2	-	-	-	-	-
8	DC	-	1	-	41	-	-
9	DE	-	1	-	-	-	-
10	FL	8	30	6	8	38	-
11	GA	3	25	9	2	5	-
12	HI	-	1	-	1	-	-
13	IA	-	5	-	3	-	-
14	ID	-	1	-	-	-	-
15	IL	-	17	-	7	6	-
16	IN	1	5	-	4	-	-
17	KS	1	4	1	18	1	-
18	KY	-	11	-	3	-	-
19	MA	3	3	-	22	1	-
20	MD	-	1	2	-	2	-
21	ME	-	-	-	-	1	-
22	MI	-	13	-	-	3	-
23	MN	3	5	-	32	4	-
24	MO	2	14	2	13	2	-
25	MS	7	38	55	535	24	-
26	MT	-	1	-	-	-	-
27	NC	7	11	1	2	3	-
28	ND	-	1	-	3	-	-
29	NE	1	8	4	48	-	-
30	NH	1	1	-	-	-	-
31	NJ	3	-	-	-	2	-
32	NM	1	2	-	8	-	-
33	NV	-	10	-	3	-	-
34	NY	2	6	-	1	2	-
35	OH	2	12	1	31	3	-
36	OK	1	8	-	5	-	-
37	OR	-	5	-	2	-	-
38	PA	2	9	1	1	6	-
39	RI	1	1	-	-	-	-
40	SC	-	5	-	-	3	-
41	SD	-	-	-	-	-	-
42	TN	5	33	11	148	14	-
43	TX	22	134	32	336	38	-
44	UT	1	5	-	1	1	-
45	VA	4	16	1	-	3	-
46	VT	-	1	-	-	-	-
47	WA	1	9	-	-	2	-
48	WI	-	5	-	3	-	-
49	WV	-	2	-	-	-	-
50	WY	-	2	-	-	-	-
Total ¹		108	547	138	1,415	188	1

¹ Individual state provider counts may not sum to the total out-of-state count due to providers offering services in more than one state during the SFY; the total out-of-state figures are **unduplicated** for the entire out-of-state count, while other numbers are **unduplicated** for each state.

Table 30: Number of Providers by State for the Top Ten Provider Types Based on Total Out-of-State Payments

Psychiatric Residential Treatment Facility	Ambulance Transportation	CRNA	Nurse Practitioner	All Others	Grand Total	Rank	State
-	-	-	-	-	-	49	AK
-	-	-	-	-	64	7	AL
-	3	3	1	2	180	4	AR
-	-	-	-	-	22	20	AZ
-	-	-	-	1	53	8	CA
-	1	-	-	3	41	13	CO
-	-	-	-	-	2	38	CT
-	-	-	-	1	43	12	DC
-	-	-	-	-	1	44	DE
1	2	-	-	1	94	5	FL
-	-	-	-	3	47	10	GA
-	-	-	-	-	2	38	HI
-	-	-	-	-	8	30	IA
-	-	-	-	-	1	44	ID
-	-	-	-	-	30	15	IL
-	-	-	-	-	10	29	IN
-	2	-	-	-	27	17	KS
-	1	-	-	-	15	23	KY
-	-	-	-	-	29	16	MA
-	-	-	-	-	5	35	MD
-	-	-	-	-	1	44	ME
-	-	-	-	-	16	22	MI
-	-	-	-	3	47	10	MN
-	2	-	-	3	38	14	MO
-	4	41	44	30	778	1	MS
-	-	-	-	-	1	44	MT
-	1	-	-	-	25	18	NC
-	-	-	-	-	4	37	ND
-	-	1	6	2	70	6	NE
-	-	-	-	-	2	38	NH
-	-	-	-	-	5	35	NJ
-	1	-	-	-	12	26	NM
-	-	-	-	1	14	24	NV
-	-	-	-	-	11	28	NY
-	-	-	1	-	50	9	OH
-	-	-	-	-	14	24	OK
-	-	-	-	-	7	34	OR
-	-	-	-	-	19	21	PA
-	-	-	-	-	2	38	RI
-	-	-	-	-	8	30	SC
-	-	-	-	-	-	49	SD
1	1	25	37	7	282	3	TN
-	3	15	11	30	621	2	TX
-	-	-	-	-	8	30	UT
-	-	-	-	-	24	19	VA
-	-	-	-	-	1	44	VT
-	-	-	-	-	12	26	WA
-	-	-	-	-	8	30	WI
-	-	-	-	-	2	38	WV
-	-	-	-	-	2	38	WY
2	21	77	95	81	2,673		Total¹

Table 31: Number of Recipients by State for the Top Ten Provider Types Based on Total Out-of-State Payments

State		Independent Lab	Hospital	Pharmacy	Physician (MD)	DME Provider	Fiscal Agent - Waiver
1	AK	-	-	-	-	-	-
2	AL	61,771	221	7	25	83	-
3	AR	-	273	206	2,293	573	-
4	AZ	274	37	1	-	25	55
5	CA	8,634	24	-	136	1,781	-
6	CO	39,902	54	-	9	103	-
7	CT	27	-	-	-	-	-
8	DC	-	12	-	18	-	-
9	DE	-	1	-	-	-	-
10	FL	330	300	5,791	397	3,425	-
11	GA	59	137	9	2	79	-
12	HI	-	1	-	29	-	-
13	IA	-	7	-	4	-	-
14	ID	-	1	-	-	-	-
15	IL	-	36	-	14	113	-
16	IN	674	9	-	1	-	-
17	KS	1	12	41	1	245	-
18	KY	-	22	-	1	-	-
19	MA	1,292	11	-	9	7	-
20	MD	-	5	573	-	95	-
21	ME	-	-	-	-	106	-
22	MI	-	47	-	-	71	-
23	MN	15,641	10	-	925	124	-
24	MO	7	55	8	7	111	-
25	MS	1,489	5,179	2,141	13,730	1,338	-
26	MT	-	3	-	-	-	-
27	NC	9,337	31	1	2	59	-
28	ND	-	1	-	1	-	-
29	NE	43	27	14	88	-	-
30	NH	1	1	-	-	-	-
31	NJ	8,138	-	-	-	177	-
32	NM	905	3	-	5	-	-
33	NV	-	55	-	5	-	-
34	NY	23	9	-	1	517	-
35	OH	9	31	61	9	30	-
36	OK	40	36	-	3	-	-
37	OR	-	8	-	1	-	-
38	PA	94	12	343	1	81	-
39	RI	15	4	-	-	-	-
40	SC	-	11	-	-	11	-
41	SD	-	-	-	-	-	-
42	TN	378	247	141	275	3,567	-
43	TX	106,868	2,266	3,360	2,695	1,391	-
44	UT	616	10	-	1	3	-
45	VA	1,989	34	1	-	81	-
46	VT	-	4	-	-	-	-
47	WA	53	28	-	-	261	-
48	WI	-	8	-	1	-	-
49	WV	-	3	-	-	-	-
50	WY	-	5	-	-	-	-
Total ¹		223,616	9,217	12,487	20,336	12,860	55

¹ Individual state recipient counts may not sum to the total out-of-state count due to recipients receiving services in more than one state during the SFY; the total out-of-state figures are unduplicated for the entire out-of-state count, while other numbers are unduplicated for each state. Also, provider type recipient counts may not add up to the state totals due to recipients receiving services from multiple provider types throughout the SFY.

Table 31: Number of Recipients by State for the Top Ten Provider Types Based on Total Out-of-State Payments

Psychiatric Residential Treatment Facility	Ambulance Transportation	CRNA	Nurse Practitioner	All Others	Grand Total	Rank	State
-	-	-	-	-	-	49	AK
-	-	-	-	-	62,078	3	AL
-	6	3	1	9	3,243	12	AR
-	-	-	-	-	392	21	AZ
-	-	-	-	-	10,571	7	CA
-	1	-	-	4	40,059	4	CO
-	-	-	-	-	27	35	CT
-	-	-	-	72,181	72,202	2	DC
-	-	-	-	-	1	47	DE
2	9	-	-	45	9,765	8	FL
-	-	-	-	4	286	24	GA
-	-	-	-	-	30	34	HI
-	-	-	-	-	11	38	IA
-	-	-	-	-	1	47	ID
-	-	-	-	-	162	26	IL
-	-	-	-	-	683	16	IN
-	2	-	-	-	302	23	KS
-	9	-	-	-	32	33	KY
-	-	-	-	-	1,317	14	MA
-	-	-	-	-	673	17	MD
-	-	-	-	-	106	30	ME
-	-	-	-	-	118	29	MI
-	-	-	-	190	16,832	6	MN
-	2	-	-	2	186	25	MO
-	156	916	738	534	18,599	5	MS
-	-	-	-	-	3	43	MT
-	1	-	-	-	9,429	9	NC
-	-	-	-	-	2	45	ND
-	-	1	5	4	150	27	NE
-	-	-	-	-	2	45	NH
-	-	-	-	-	8,315	10	NJ
-	1	-	-	-	914	15	NM
-	-	-	-	1	61	32	NV
-	-	-	-	-	550	19	NY
-	-	-	1	-	139	28	OH
-	-	-	-	-	79	31	OK
-	-	-	-	-	8	40	OR
-	-	-	-	-	531	20	PA
-	-	-	-	-	19	37	RI
-	-	-	-	-	22	36	SC
-	-	-	-	-	-	49	SD
1	1	84	121	26	4,423	11	TN
-	21	46	26	673	115,052	1	TX
-	-	-	-	-	630	18	UT
-	-	-	-	-	2,104	13	VA
-	-	-	-	-	4	42	VT
-	-	-	-	-	340	22	WA
-	-	-	-	-	9	39	WI
-	-	-	-	-	3	43	WV
-	-	-	-	-	5	41	WY
3	209	1,050	892	73,672	333,953		Total¹

Medicaid Home and Community-Based Service Waivers

In 1981, the Federal Government created 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, developmental disabilities and/or mental illnesses. 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 that are cost neutral to what Medicaid would have paid absent the waiver.

The administration of the waiver programs was divided into two offices, Office for Citizens with Developmental Disabilities (OCDD) and Office of Aging of Adult Services (OAAS). OCDD has the responsibility of administering the waiver programs that serve persons with developmental disabilities, which includes Children’s Choice Waiver, New Opportunities Waiver and the Supports Waiver. OAAS has the responsibility of administering the waivers that serve the elderly and persons with adult onset disabilities, which includes the Elderly and Disabled Adult Waiver and the Adult Day Health Care Waiver.

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. They also allow individuals to preserve their independence by staying out of institutional settings and maintaining ties to families and friends. The types of HCBS Waivers available in Louisiana during the SFY 2009/10 included:

Adult Day Health Care (ADHC) Waiver

The ADHC Waiver provides health care services and activities for elderly and disabled adults at a licensed facility for five or more hours per day. 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 2009/10, a total of 680 slots were filled with total payments of about \$16.9 million.

Elderly and Disabled Adult (EDA) Waiver

The EDA Waiver provides support coordination, transition intensive support coordination, companion service, environmental modifications, personal emergency response system, adult day health care and transitional services in the home or community to elderly or disabled adults who qualify. The program filled a total of 4,071 slots in SFY 2009/10 with total payments of almost \$137.8 million.

Children’s Choice Waiver (CCW)

The Children’s Choice Waiver, which is capped at \$17,000 for direct waiver payments per year for each waiver slot, provides family support, support coordination, family training, crisis support, environmental modifications and center based respite to disabled children from birth to age 18. During SFY 2009/10, a total of 999 slots were filled with total payments of about \$28.3 million.

New Opportunities Waiver (NOW)

The New Opportunities Waiver provides individual and family support services, center-based respite, environmental modifications, employment training and transportation, community integration and development, day habilitation, emergency response systems and specialized medical equipment to disabled children and adults from age three and up. During SFY 2009/10, a total of 7,046 slots were filled with total payments of about \$434.9 million.

Supports Waiver (SW)

The Supports Waiver, which is capped at \$26,000 for direct waiver payments per year for each waiver slot, provides supported employment, day habilitation, prevocational services, respite, habilitation and personal emergency response systems to recipients age 18 and older with a developmental disability which manifested prior to age 22. The Supports Waiver filled a total of 1,703 slots in SFY 2009/10 with total payments of about \$22.3 million.

Waivers are offered on a first-come, first-serve 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 32 shows the types of HCBS Waivers, with the eligible population description and income limit of each waiver available during SFY 2009/10 in Louisiana. Table 33 shows the number of allocated and filled slots along with the payments for the last five state fiscal years (Figures 12, 13 and 14). During SFY 2009/10, 14,499 slots were filled under the HCBS waiver programs, continuing the escalating trend of delivering services outside an institutional facility. On average, for the last five state fiscal years, slots have been filled at a rate of about 88%.

Table 32: Home and Community-Based Service Waivers Eligible Populations and Income Limits

Waiver	Eligible Population	Income Limit
Adult Day Health Care Waiver (ADHC)	Age 65 or older OR Age 21 or older with a disability that meets the SSA definition of disability; Meets nursing facility level of care and ONE of the following: in a nursing facility and able to be discharged if community-based services were available, likely to require nursing facility admission within the next 120 days, or has a primary caregiver who has a disability or who is at least 70 years old.	224% of poverty (3 times the SSI amount); A community spouse (one not residing in an institution) can retain assets up to \$109,560; Assets limit: \$2,000 individual and \$3,000 for a couple who needs LTC
Elderly and Disabled Adult Waiver (EDA)	Age 65 or older OR Age 21 or older with a disability that meets the SSA definition of disability; Meets nursing facility level of care and ONE of the following: in a nursing facility and able to be discharged if community-based services were available, likely to require nursing facility admission within the next 120 days, or has a primary caregiver who has a disability or who is at least 70 years old.	224% of poverty (3 times the SSI amount); A community spouse (one not residing in an institution) can retain assets up to \$109,560; Assets limit: \$2,000 individual and \$3,000 for a couple who needs LTC
Children's Choice Waiver (CCW)	Age birth through age 18; Meets ICF-DD level of care for medical and/or psychological criteria, and meets the federal definition for developmental disability.	224% of poverty (3 times the SSI amount); Assets limit: \$2,000 individual
New Opportunities Waiver (NOW)	Age 3 or older with a developmental disability that manifested prior to age 22; Meets ICF-DD level of care for medical and/or psychological criteria, and meets the Louisiana definition for developmental disability.	224% of poverty (3 times the SSI amount); A community spouse (one not residing in an institution) can retain assets up to \$109,560; Assets limit: \$2,000 individual and \$3,000 for a couple who needs ICF-DD level of care
Supports Waiver (SW)	Age 18 or older with a developmental disability that manifested prior to age 22; Meets ICF-DD level of care for medical and/or psychological criteria, and meets the Louisiana definition for developmental disability.	224% of poverty (3 times the SSI amount); Assets limit: \$2,000 individual and \$3,000 for a couple who needs ICF-DD level of care

Table 33: Home and Community-Based Service Waiver Slots and Payments¹ by State Fiscal Year

Waiver		2005/06	2006/07	2007/08	2008/09	2009/10
Adult Day Health Care	Allocated Slots	700	700	825	825	825
	Filled Slots	631	569	675	705	680
	Direct Waiver (\$)	\$5,164,975	\$6,756,288	\$7,481,491	\$7,652,210	\$7,907,572
	Non-Waiver (\$)	\$3,824,710	\$4,142,554	\$8,043,864	\$9,364,122	\$9,028,823
	Total Payments	\$8,989,685	\$10,898,842	\$15,525,354	\$17,016,332	\$16,936,395
Elderly and Disabled Adults	Allocated Slots	2,803	2,903	4,403	4,603	4,603
	Filled Slots	2,621	2,703	3,403	3,934	4,071
	Direct Waiver (\$)	\$33,514,040	\$37,276,771	\$50,512,328	\$63,093,098	\$48,788,385
	Non-Waiver (\$)	\$56,670,910	\$56,948,878	\$78,094,896	\$103,237,616	\$88,973,196
	Total Payments	\$90,184,950	\$94,225,650	\$128,607,223	\$166,330,714	\$137,761,581
Children's Choice	Allocated Slots	800	800	1,000	1,050	1,050
	Filled Slots	762	751	925	956	999
	Direct Waiver (\$)	\$6,888,837	\$7,222,138	\$9,138,230	\$9,991,258	\$11,355,892
	Non-Waiver (\$)	\$8,601,640	\$9,526,948	\$13,105,065	\$14,688,220	\$16,938,240
	Total Payments	\$15,490,477	\$16,749,086	\$22,243,295	\$24,679,478	\$28,294,133
New Opportunities	Allocated Slots	4,742	5,042	6,542	8,682	8,682
	Filled Slots	4,579	4,799	5,762	6,372	7,046
	Direct Waiver (\$)	\$240,182,747	\$261,704,401	\$325,701,415	\$373,621,978	\$385,039,832
	Non-Waiver (\$)	\$33,416,794	\$29,905,858	\$39,707,343	\$49,434,436	\$49,896,331
	Total Payments	\$273,599,541	\$291,610,259	\$365,408,758	\$423,056,414	\$434,936,163
Supports	Allocated Slots		2,088	2,188	2,188	2,188
	Filled Slots		1,414	1,668	1,764	1,703
	Direct Waiver (\$)	N/A	\$9,903,610	\$14,318,256	\$15,474,757	\$14,307,206
	Non-Waiver (\$)		\$4,410,845	\$8,887,607	\$8,628,288	\$7,974,441
	Total Payments		\$14,314,455	\$23,205,863	\$24,103,045	\$22,281,648

¹ Payments are based on Type Case. SFY 2007/08 through SFY 2009/10 includes payments for Medicare Buy-in premiums and Part-D, whereas previous years do not.

Figure 12: Historical Waiver Allocated Slots by State Fiscal Year

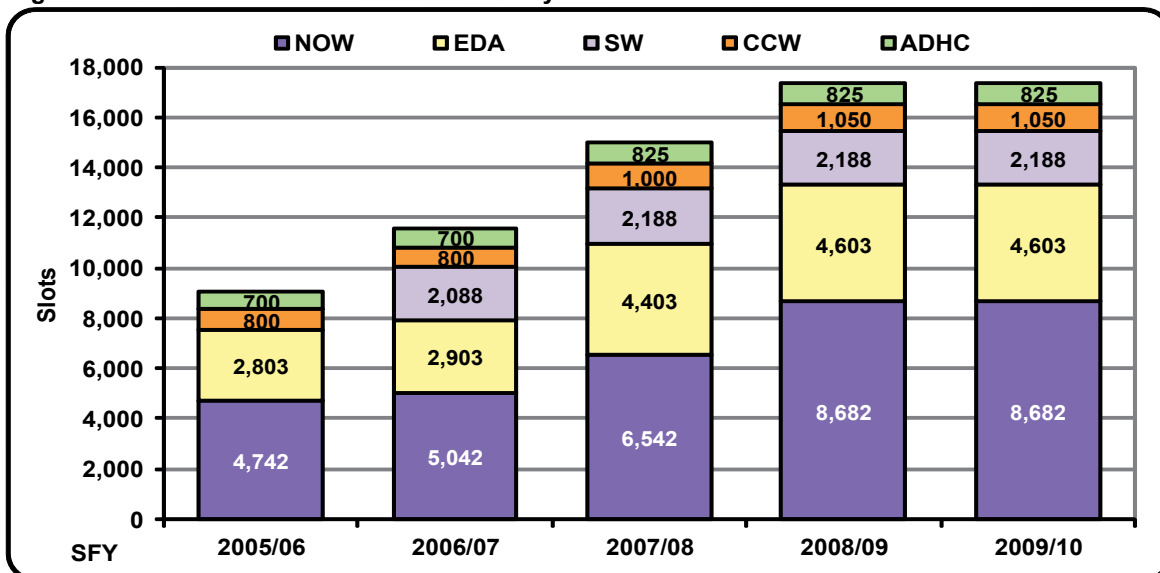


Figure 13: Historical Waiver Filled Slots by State Fiscal Year

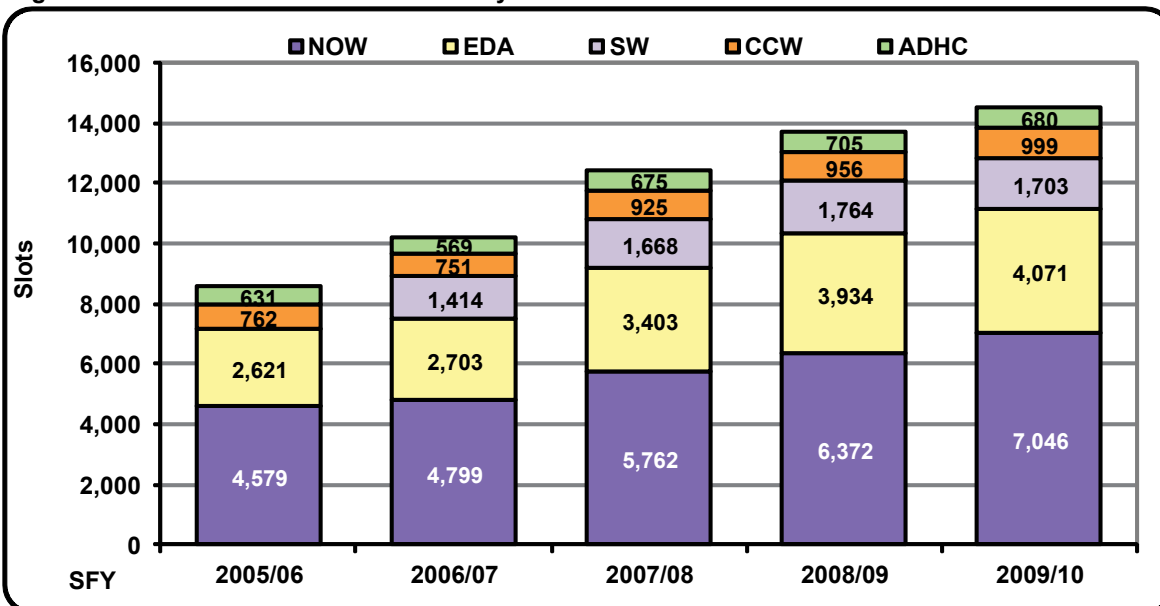
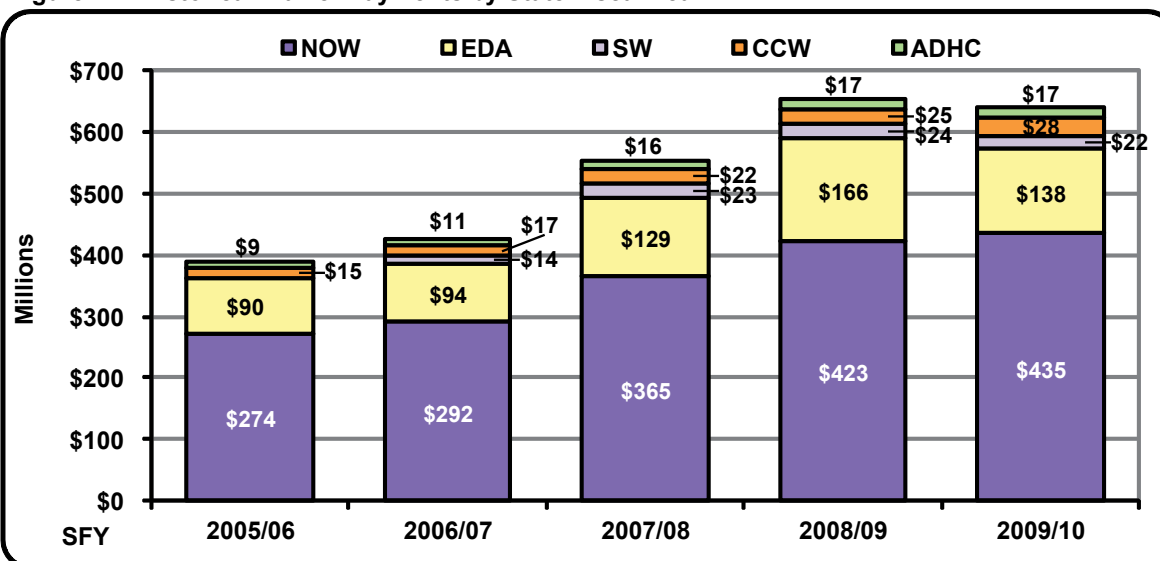


Figure 14: Historical Waiver Payments by State Fiscal Year ¹



¹ SFY 2007/08 through SFY 2009/10 include payments for Medicare Buy-in and Part-D premiums, whereas previous years do not.

Appendix A: Glossary

Aid Category – Aged: Persons who are age 65 or older.

Aid Category – Blind: Persons who meet the Social Security Administration (SSA) definition of blindness.

Aid Category – Families and Children: Families with minor or unborn children.

Aid Category – Disabled: Persons who receive disability-based Supplemental Security Income (SSI) or who meet SSA defined disability requirements.

Aid Category – OCS Foster Care/OYD: Foster children and state adoption subsidy children who are directly served by and determined Medicaid eligible by Office of Community Services (OCS), children eligible under Title IV-E, OCS and Office of Youth Development (OYD) children whose medical assistance benefits are state-funded, those whose income and resources are at or below the LIFC standard but are not IV-E eligible because deprivation is not met, those whose income and resources are at or below the standards for Regular Medically Needy Program (MNP), those who meet the standards of CHAMP Child or CHAMP Pregnant Woman, and children ages 18-21 who enter the Young Adult Program.

Aid Category – LIFC: Individuals who meet all eligibility requirements for Low Income Families with Children (LIFC) under the Aid to Families with Dependent Children (AFDC) State Plan in effect as of 7/16/1996.

Aid Category – QMB: Persons who meet the income and eligibility requirements for enrollment in Medicare Part-A including conditional enrollment, known as a Qualified Medicare Beneficiary.

Aid Category – Family Planning: Individuals that are enrolled in the Family Planning Waiver.

Aid Category – All Other: Includes refugee medical assistance, individuals eligible for state-funded medical benefits as a result of loss of SSI benefits and Medicaid due to a cost-of-living increase in State or local retirement, presumptive eligible pregnant women and individuals who have been diagnosed as or are suspected of being infected with Tuberculosis.

Child Health and Maternity Program (CHAMP) – Child: Medicaid eligibility for poverty-level children under the age of 19 who are eligible for Medicaid if they meet all program requirements.

Child Health and Maternity 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.

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.

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

Co-payment: A fixed dollar amount paid by a Medicaid enrollee at the time of receiving a covered service from a participating provider.

United States Department of Health and Human Services (DHHS): DHHS administers many of the "social" programs at the federal level that deal 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.

Disproportionate Share (DSH): Payments made by the 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 federally matched funds available annually to individual states for DSH payments is specified in the federal Medicaid statute.

Disabled Adult Child (DAC): Provides Medicaid coverage to individuals over the age of 18 who became blind or disabled before the age of 22 and has 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: Provides Medicaid coverage to 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.

Deficit Reduction Act of 2005 (DRA): Enacted in February 2006 to reduce the rate of federal and state Medicaid spending growth through new flexibility on Medicaid premiums, cost sharing and benefits, along with tighter controls on asset transfers in order to qualify for long-term care through Medicaid.

Direct Waiver Payments – Payments made on behalf of HCBS Waiver recipients for services, such

as support coordination, assistive devices, home health care, respite care, personal care attendant, supported employment, environmental modifications, personal emergency response systems, companion service, transition and transportation to and from services and/or medical care, etc.

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.

Eligible: A person who is qualified for Medicaid but may or may not be enrolled.

Enrollee: A person who is Medicaid eligible, has applied for and was approved by the Medicaid program to receive benefits regardless of whether he or she received any service and/or any claims were filed on his or her behalf. Refer to the technical note on page 7 for a detailed explanation of changes from prior SFYs.

Expenditure: In this report, 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.

Family Independence Temporary Assistance Program (FITAP): In Louisiana, Temporary Assistance for Needy Families (TANF) is provided under a program known as the 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.

Family Opportunity Act (FOA): Implemented in October 2007 under the DRA, FOA is a buy-in program that grants Medicaid access to children who have a disability, but have maxed out their private health insurance or are ineligible for Supplemental Security Income (SSI), Medicaid, or LaCHIP because of parent income or private health insurance. FOA covers children up to 300% of the FPG.

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

Federal Medical Assistance Percentage (FMAP): FMAP is the percentage the federal government will match on state money spent on Medicaid; also known as FFP.

Financial Eligibility: Limits on the amount of income and the amount of resources an individual is allowed to have in order to qualify for coverage.

Full Dual Eligible: Medicare beneficiary who is eligible for full Medicaid services. Medicaid pays the deductible and co-payments for Medicare services and may cover other Medicaid services not covered by Medicare.

Individual Care Waiver Services: Services that provide companion services offered by Home and Community-Based Service (HCBS) Waivers.

Inflation: Inflation is an overall general price level increase of goods and services in an economy, usually measured by the Consumer Price Index (CPI) and the Producer Price Index (PPI) by the Bureau of Economic Analysis.

LaMOMS: Medicaid 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 FPG.

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, in an individual's home or in the community.

Louisiana Children's Health Insurance Program (LaCHIP): 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 old and up to 200% of the FPG.

LaCHIP Affordable Plan (LAP): A stand-alone program that provides Medicaid coverage for children under the age of 19 not covered by health insurance and is below 250% FPG. Some cost sharing is associated with LAP through monthly premiums and co-payments.

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 federally matched 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.

Medicaid Purchase Plan (MPP): Allows working individuals up to 250% of the FPG with disabilities to “buy in” to Louisiana Medicaid health coverage.

Medically Needy Program (MNP): Provides Medicaid coverage in a categorical assistance program when income and resources of the individual or family are sufficient to meet basic needs, but are not sufficient to meet medical needs according to the state’s established Medically Needy 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 that has four parts of coverage: Part-A, Part-B, Part-C and Part-D.

Medicare Part-A: 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.

Non-Waiver Payments – All other payments, besides those for direct waiver services, made on behalf of HCBS Waiver recipients, such as physician, hospital, pharmacy, etc.

Partial dual eligible: Medicare beneficiary who does not qualify for full Medicaid services. Medicare Savings Program serves the partial eligibles by

assisting with Medicare premium and cost sharing programs through the Medicaid program.

Payment: Refers to information derived from the claims-based data sets produced by the Medicaid fiscal intermediary and the Medicare Buy-in and Part-D premiums. Refer to the technical note on page 7 for a detailed explanation.

Personal Care Services (LTC/PCS/PAS): Services under the state plan, that offers EPSDT, Long Term Care, Personal Assistance Services and Personal Care Services.

Prior Authorization: A management tool used to verify whether proposed treatments/services are medically necessary and appropriate for the patient.

Program for All-Inclusive Care for the Elderly (PACE): Program that coordinates and provides all needed preventive, primary, acute and long term care services so that older individuals can continue to live in the community.

Prohibited AFDC Provisions (PAP): 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 have income up to 100% of the FPG 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, Part-D 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. 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 FPG, 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 claims related transaction(s) or Medicare Buy-in or Part-D premium payment(s) occurred on behalf of that person during the state fiscal year. The data for this report is based on a claim’s date of payment (DOP). Refer to the technical note on page 7 for a detailed explanation.

Specified Low-Income Medicare Beneficiary (SLMB): Provides Medicare Part-B premium only. The eligibility requirements are the same as for the Qualified Medicare Beneficiary (QMB) except that income limits fall between 100% and 120% of FPG.

Spend-Down: When an individual may qualify for Medicaid coverage even though their countable income is higher than the specified income standard by “spending down.” Under this process, the medical expenses that an individual incurs during a specified period are deducted from the individual’s income during that period. Once the individual’s income has been reduced to a state-specified level, the individual qualifies for Medicaid benefits for the remainder of the period.

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) for any added costs is not available to the state until the amendment is approved.

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.

Temporary Assistance for Needy Families (TANF): 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): 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].

Youth Aging Out of Foster Care: Provides Medicaid coverage to youth between the ages of 18 and 21 who are transitioning out of foster care.

Appendix B: Acronyms

ADHC	Adult Day Health Care	LT-PCS	Long Term – Personal Care Services
ADL	Activities of Daily Living	MARS	Management Administrative Reporting Subsystem
AFDC	Aid to Families with Dependent Children – now LIFC	MD	Medical Doctor
ARC	Adult Residential Care	MDS-HC	Minimum Data Set for Home Care
ARRA	American Recovery and Reinvestment Act	MHR	Mental Health Rehabilitation
BCOS	Budget Category of Service	MMA	Medicare Modernization Act of 2003
BHSF	Bureau of Health Services Financing – also Medicaid	MMIS	Medicaid Management Information System
CCW	Children's Choice Waiver	MNP	Medically Needy Program
CDC	Centers for Disease Control	MPP	Medicaid Purchase Plan
CHAMP	Child Health and Maternity Program	MSI	MedSolutions Incorporated
CMS	Center for Medicare and Medicaid Services	MSP	Medicare Savings Program
CPI	Consumer Price Index	MVA	Medical Vendor Administration
CRNA	Certified Registered Nurse Anesthetists	MVP	Medical Vendor Program
DAC	Disabled Adult Child	NBCCEDP	National Breast and Cervical Cancer Early Detection Program
DCFS	Department of Children and Family Services	NOW	New Opportunities Waiver
DD	Developmentally Disabled	OAAS	Office of Aging and Adult Services
DHE	Division of Health Economics	OCDD	Office For Citizens with Developmental Disabilities
DHH	Department of Health and Hospitals	OCS	Office of Community Services
DHHS	Department of Health and Human Services	OFS	Office of Family Support
DME	Durable Medical Equipment	OGB	Office of Group Benefits
DOP	Date of Payment	OMF	Office of Management and Finance
DOS	Date of Service	OYD	Office of Youth Development
DRA	Deficit Reduction Act of 2005	PACE	Program of All-Inclusive Care for the Elderly
DSH	Disproportionate Share	PAP	Prohibited AFDC Provisions
ED	Emergency Department	PAS	Personal Assistance Services
EDA	Elderly and Disabled Adult	PCCM	Primary Care Case Management
ELE	Express Lane Eligibility	PCP	Primary Care Physician/Provider
EPSDT	Early and Periodic Screening, Diagnosis and Treatment	PCS	Personal Care Services
ESRD	End Stage Renal Disease	PSP	Prohibited SSI Provisions
FFP	Federal Financial Participation – also FMAP	QDWI	Qualified Disabled Working Individual
FFY	Federal Fiscal Year	QI	Qualified Individuals
FITAP	Family Independence Temporary Assistance Program	QMB	Qualified Medicare Beneficiary
FMAP	Federal Medical Assistance Percentage	RCA	Refugee Cash Assistance
FOA	Federal Opportunity Act	ROW	Residential Options Waiver
FPG	Federal Poverty Guidelines	RSDI	Retirement, Survivors and Disability Insurance
FQHC	Federally Qualified Health Center	RUM	Radiology Utilization Management
HCBS	Home and Community-Based Services	SBH	School Based Hospital
HCSD	Health Care Services Division	SCHIP	State Children's Health Insurance Program
HSC	Health Sciences Center	SFY	State Fiscal Year
IADL	Instrumental Activities of Daily Living	SGA	Substantial Gainful Activity
ICF-DD	Intermediate Care Facility – Developmentally Disabled	SHARe	Service Hour Allocation of Resources
ISIS	Integrated State Information System	SLMB	Specified Low-Income Beneficiary
LaCHIP	Louisiana Children's Health Insurance Program	SNAP	Supplemental Nutrition Assistance Program
LAP	LaCHIP Affordable Plan	SSA	Social Security Administration
LIFC	Low Income Families with Children	SSI	Supplemental Security Income
LIS	Low Income Subsidy	SW	Supports Waiver
LSU	Louisiana State University	TANF	Temporary Aid for Needy Families
LSUMC	Louisiana State University Medical Center	TB	Tuberculosis
LTC	Long Term Care	UCC	Uncompensated Care Costs

Appendix C: Medicaid Parish Offices - Contact Information

Customer Service Phone: 1-877-252-2447

	Parish	Address	City, State	ZIP	Fax
1	Acadia	117 Production Drive	Lafayette, LA	70508	(337) 262-1671
2	Allen	437 North Market Street	Jennings, LA	70546	(337) 824-0842
3	Ascension	2521 Wooddale Boulevard	Baton Rouge, LA	70806	(225) 925-6909
4	Assumption	1222 Tiger Drive	Thibodaux, LA	70301	(985) 449-5161
5	Avoyelles	457 West Waddil Street	Marksville, LA	71351	(318) 253-4060
6	Beauregard	1100 Nolan Trace	Leesville, LA	71446	(337) 238-6496
7	Bienville	3020 Knight Street, Suite 100	Shreveport, LA	71105	(318) 862-9701
8	Bossier	3020 Knight Street, Suite 100	Shreveport, LA	71105	(318) 862-9701
9	Caddo	3020 Knight Street, Suite 100	Shreveport, LA	71105	(318) 862-9701
10	Calcasieu	2300 Broad Street	Lake Charles, LA	70601	(337) 491-2785
11	Caldwell	2406 West Street	Winnsboro, LA	71295	(318) 435-2149
12	Cameron	2300 Broad Street	Lake Charles, LA	70601	(337) 491-2785
13	Catahoula	1008 West LaSalle Street	Ville Platte, LA	70568	(337) 363-4251
14	Claiborne	3020 Knight Street, Suite 100	Shreveport, LA	71105	(318) 862-9701
15	Concordia	1008 West Street	Ville Platte, LA	70568	(337) 363-4251
16	DeSoto	430 Dixie Plaza	Natchitoches, LA	71457	(318) 357-7059
17	East Baton Rouge	2521 Wooddale Boulevard	Baton Rouge, LA	70806	(225) 925-6909
18	East Carroll	240 Holt Street	Bastrop, LA	71220	(318) 283-0864
19	East Feliciana	12486 Feliciana Drive	Clinton, LA	70722	(225) 683-9618
20	Evangeline	1008 West LaSalle Street	Ville Platte, LA	70568	(337) 363-4251
21	Franklin	2406 West Street	Winnsboro, LA	71295	(318) 435-2149
22	Grant	207 East North Street	Winnfield, LA	71483	(318) 648-9190
23	Iberia	1217 Adrian Street	New Iberia, LA	70560	(337) 373-0138
24	Iberville	2521 Wooddale Boulevard	Baton Rouge, LA	70806	(225) 925-6906
25	Jackson	1102 East Georgia, Suite B	Ruston, LA	71273	(318) 251-5056
26	Jefferson Davis	437 North Market Street	Jennings, LA	70546	(337) 824-0842
27	Jefferson, East Bank	3229 36th Street, Suite 210	Metairie, LA	70001	(504) 846-6967
28	Jefferson, West Bank	Harvey Building, 2150 West Bank Expressway, 4th Floor	Harvey, LA	70058	(504) 361-6978
29	Lafayette	117 Production Drive	Lafayette, LA	70508	(337) 262-1671
30	Lafourche	1222 Tiger Drive	Thibodaux, LA	70301	(985) 449-5161
31	LaSalle	207 East North Street	Winnfield, LA	71483	(318) 648-9190
32	Lincoln	1102 East Georgia, Ste. B	Ruston, LA	71270	(318) 251-5056
33	Livingston	121 Robin Hood Drive	Hammond, LA	70403	(985) 543-4221
34	Madison	121 Ellington Drive	Rayville, LA	71269	(318) 728-9348
35	Morehouse	240 Holt Street	Bastrop, LA	71220	(318) 283-0864
36	Natchitoches	430 Dixie Plaza	Natchitoches, LA	71457	(318) 357-7059
37	Orleans	1010 Common Street, 4th Floor	New Orleans, LA	70112	(504) 599-0528
38	Ouachita	3100 Kilpatrick Blvd.	Monroe, LA	71201	(318) 362-0411
39	Plaquemines	Harvey Building, 2150 West Bank Expressway, 4th Floor	Harvey, LA	70058	(504) 361-6978
40	Pointe Coupee	1919 Hospital Road, Suite B	New Roads, LA	70760	(225) 638-6586
41	Rapides	1505 Washington Street	Alexandria, LA	71301	(318) 487-5924
42	Red River	430 Dixie Plaza	Natchitoches, LA	71457	(318) 357-7059
43	Richland	121 Ellington Drive	Rayville, LA	71269	(318) 728-9348
44	Sabine	430 Dixie Plaza	Natchitoches, LA	71457	(318) 357-7059
45	St. Bernard	1010 Common Street, 4th Floor	New Orleans, LA	70112	(504) 599-0528
46	St. Charles	Tri-Parish Medicaid, 421 West Airline Highway, Suite H	LaPlace, LA	70068	(985) 651-4818
47	St. Helena	121 Robin Hood Drive	Hammond, LA	70403	(985) 543-4221
48	St. James	Tri-Parish Medicaid, 421 West Airline Highway, Suite H	LaPlace, LA	70068	(985) 651-4818
49	St. John	Tri-Parish Medicaid, 421 West Airline Highway, Suite H	LaPlace, LA	70068	(985) 651-4818
50	St. Landry	6069 I-49 Service Road, Suite B	Opelousas, LA	70570	(337) 948-0371
51	St. Martin	508 East Bridge Street	St. Martinville, LA	70582	(337) 394-8918
52	St. Mary	5593 Highway 311	Houma, LA	70360	(985) 873-2042
53	St. Tammany	21454 Koop Drive, Suite B	Mandeville, LA	70471	(985) 871-1369
54	Tangipahoa	121 Robin Hood Drive	Hammond, LA	70403	(985) 543-4221
55	Tensas	2406 West Street	Winnsboro, LA	71295	(318) 435-2149
56	Terrebonne	5593 Highway 311	Houma, LA	70360	(985) 873-2042
57	Union	3100 Kilpatrick Blvd	Monroe, LA	71201	(318) 362-0411
58	Vermillion	2501 Charity Street	Abbeville, LA	70510	(337) 898-3827
59	Vernon	1100 Nolan Trace	Leesville, LA	71446	(337) 238-6496
60	Washington	521 Ontario Avenue	Bogalusa, LA	70427	(985) 732-6835
61	Webster	3020 Knight Street, Suite 100	Shreveport, LA	71105	(318) 862-9701
62	West Baton Rouge	2521 Wooddale Boulevard	Baton Rouge, LA	70806	(225) 925-6909
63	West Carroll	240 Holt Street	Bastrop, LA	71220	(318) 283-0864
64	West Feliciana	Feliciana Parishes Medicaid Office, 12486 Feliciana Drive	Clinton, LA	70722	(225) 683-9618
65	Winn	207 East North Street	Winnfield, LA	71483	(318) 648-9190

* All parish office's main phone lines have been redirected to the centralized Customer Service Unit.

Medicare and Medicaid

	Medicare	Medicaid (XIX)
Program	Health Insurance or 65+/ Disabled (Title XVIII 1965)	Needs based Entitlement (Title XIX 1965)
Eligibility	Have contributed to system	Must meet categorical income/asset test
Finance	Trust Funds which those covered have paid into	Federal, state and local tax
Cost to Patient	Small premium, co-payments and deductibles	Federal, state and local tax
Coverage	Uniform across the states	Varies by state
Administration	Federal Centers for Medicare and Medicaid Services (CMS)	State/local Government with broad federal guidelines

There are different types of Medicare and each type provides different services. See table below.

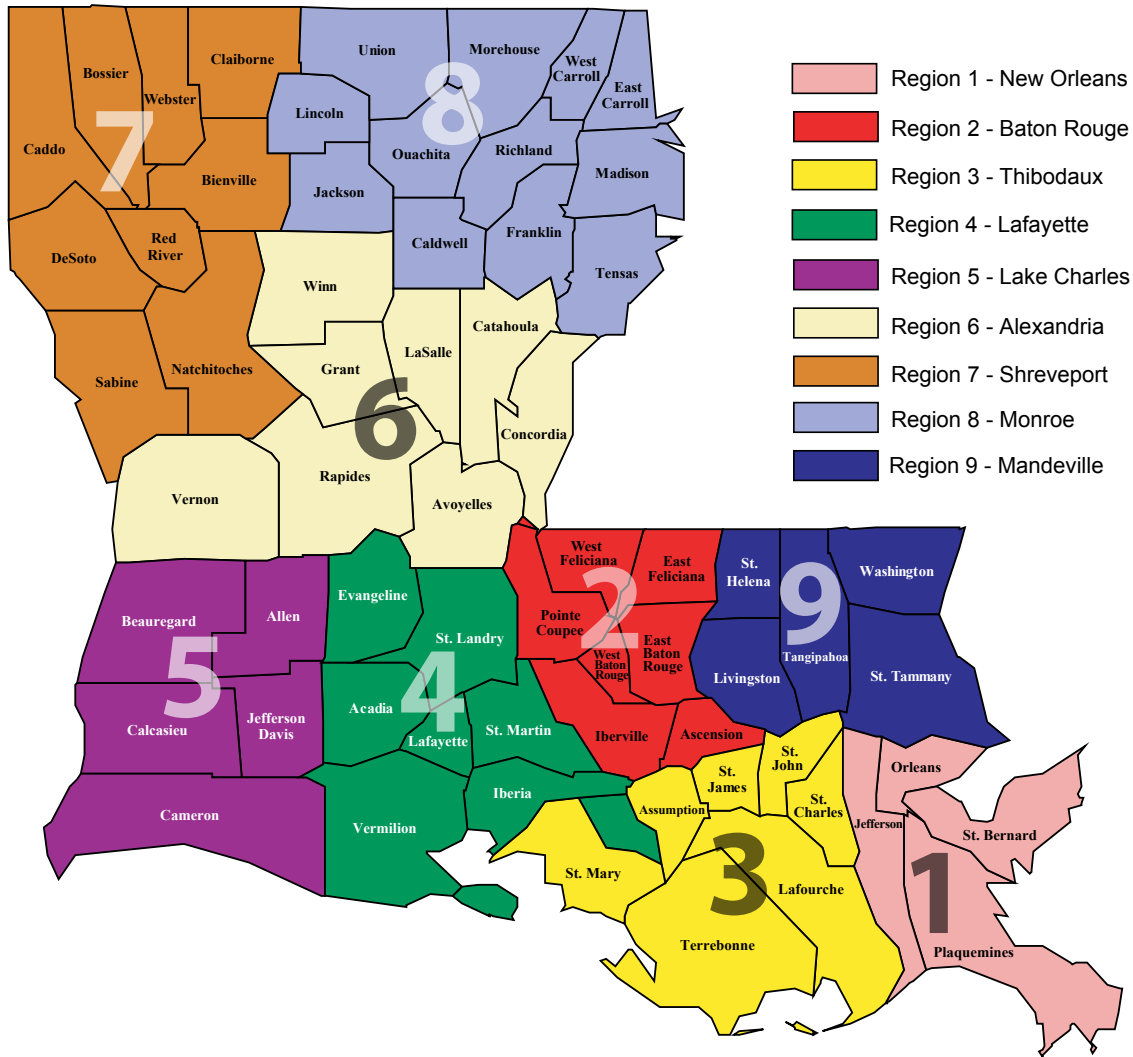
Medicare Type	Provided Services
Medicare Part-A	Provides coverage of inpatient hospital services, skilled nursing facilities, home health services and hospice care
Medicare Part-B	Helps pay for the cost of physician services, outpatient hospital services, medical equipment and supplies and other health services and supplies
Medicare Part-C	Provides managed care
Medicare Part-D	Pays for pharmaceuticals for qualified individuals

Medicaid is required to provide certain services by CMS, while others are optional. See table below.

Medicaid Mandatory Services	Medicaid Optional Services
Inpatient Hospital	ICF-DD (Community Homes)
Outpatient Hospital	All HCBS Waivers
Rural Health Clinics	Inpatient Mental Health
Lab and X Ray	Mental Health Rehabilitation
Long Term Care Facilities	Pharmacy
Early Periodic Screening, Diagnostic and Treatment (EPSDT)	Long Term Personal Care
Physician Services	Hemodialysis
Private Family Planning	Certified RN Anesthetists
Federally Qualified Health Centers	Adult Dentures
Nurse-Midwife Services	Case Management
Nurse Practitioner	Rehabilitation
Home Health	Ambulatory Surgical
Durable Medical Equipment	Hospice
	Medical Transportation

Department of Health and Hospitals

Administrative Regions



REGION 1 – NEW ORLEANS

Benson Tower, 1450 Poydras St.,
10th Floor, New Orleans, LA 70112
Mail to: P.O. Box 60840
New Orleans, LA 70160-0840
PHONE: (504) 846-6960
FAX: (504) 846-6967

REGION 4 – LAFAYETTE

101 Feu Follet Road
Saloom Office Park 2, Ste. 115
Lafayette, LA 70508
Mail to: P.O. Box 81709
Lafayette, LA 70598-1709
PHONE: (337) 262-1231
FAX: (337) 262-1232

REGION 7 – SHREVEPORT

3020 Knight Street – Suite 100
Shreveport, LA 71105
PHONE: (318) 862-9875
FAX: (318) 862-9701
TTD: (318) 862-9714 or
1-888-838-2351

REGION 2 – 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 5 – LAKE CHARLES

2300 Broad Street
Lake Charles, LA 70601
Mail to: P.O. Box 3250
Lake Charles, LA 70602-3250
PHONE: (337) 491-2439
FAX: (337) 491-2785

REGION 8 – MONROE

122 St. John Street
State Office Building, Room 110
Monroe, LA 71201-7384
PHONE: (318) 362-3066
FAX: (318) 362-3065

REGION 3 – THIBODAUX

1000-C Plantation Road
Thibodaux, LA 70301
PHONE: (985) 449-5163
FAX: (985) 449-5030

REGION 6 – 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 9 – MANDEVILLE

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