

Louisiana Department of Health and Hospitals

A photograph of the Louisiana State Capitol building, a tall, light-colored stone structure with many windows, set against a blue sky with white clouds. The building is surrounded by a green lawn and some parked cars at the base.

# Louisiana Medicaid Annual Report

State Fiscal Year 2010/11

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# State of Louisiana

## Department of Health and Hospitals

Dear Reader:

It is our pleasure to present the State Fiscal Year 2010/11 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 \$6.8 billion during the State Fiscal Year 2010/11. Of the \$6.8 billion, \$6.1 billion were claims and premium payments paid on behalf of more than 1.3 million Louisianans, about 30% of the state population. In addition, Medicaid paid about \$690.9 million as reimbursement of Uncompensated Care Costs on behalf of the uninsured and underinsured population, and Greater New Orleans Community Health Connection Waiver recipients. 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 and a partnership for behavioral health in Medicaid to improve health outcomes for our residents and to invest taxpayer dollars more effectively in coming years.

During the State Fiscal Year 2010/11, the Louisiana Medicaid Program directed much of its efforts to maximize new initiatives towards sustainable, accessible and quality health care for its enrollees, even in the face of budget constraints. Some of the notable initiatives include Electronic Health Records, Low Income and Needy Care Collaboration Agreements, CommunityCARE 2.0, and Supplemental Payments programs. Also, Medicaid added the Greater New Orleans Community Health Connection program in order to provide more Louisiana citizens with an opportunity to quality healthcare.

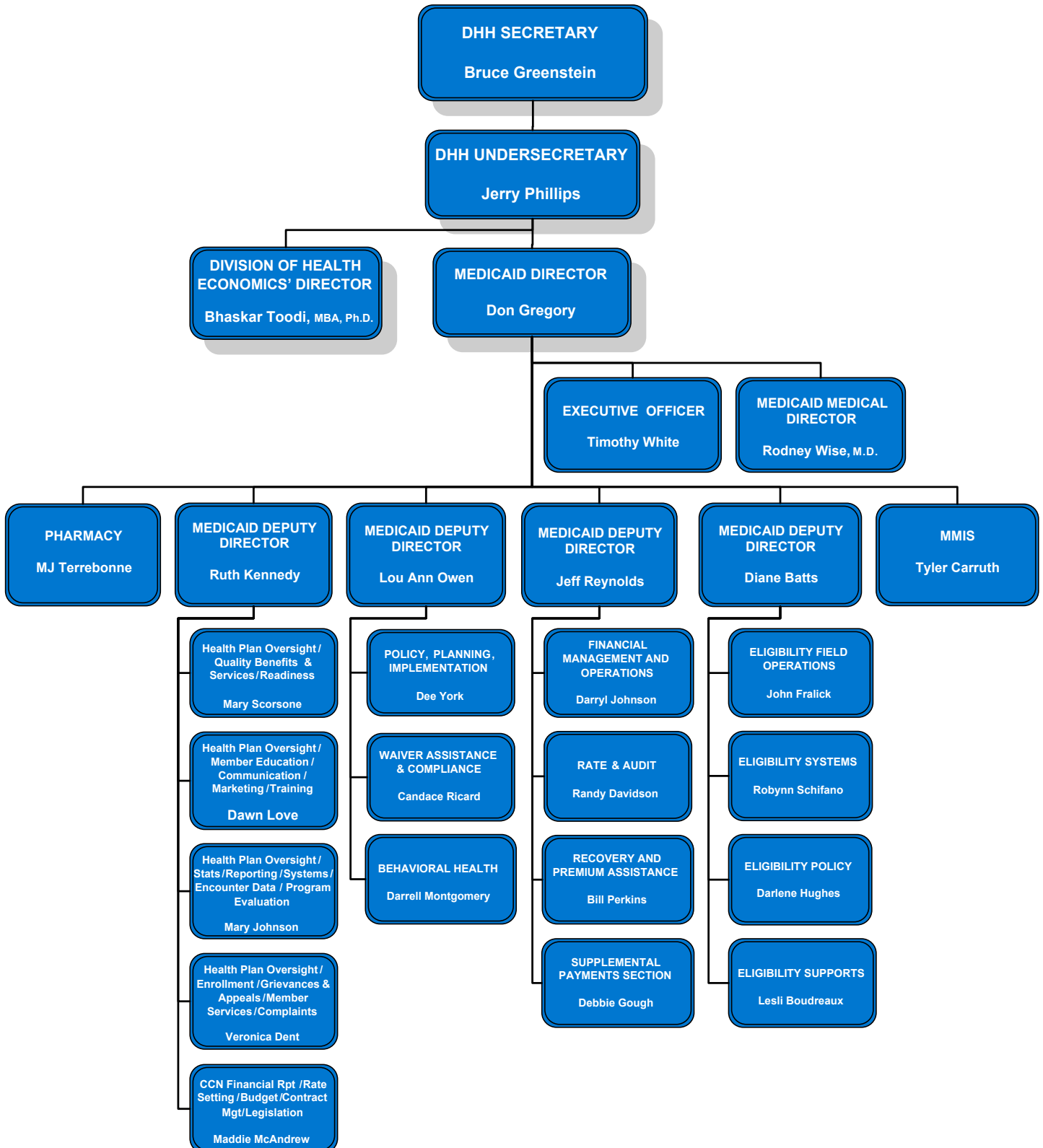
We encourage you to read this report, for it provides a comprehensive overview of Louisiana's Medicaid Program. Our intent is that you will find it informative and useful.

  
Bruce D. Greenstein  
Secretary, DHH

  
Jerry Phillips  
Undersecretary, DHH

  
Don Gregory  
Medicaid Director, DHH

# 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/](http://www.dhh.louisiana.gov/).

### Mission Statement

*The mission of the Bureau of Health Services Financing, which administers Medicaid in Louisiana, is to respond to the health needs of Louisiana's citizens by developing, implementing and enforcing administrative and programmatic policy with respect to eligibility, licensure, reimbursement and monitoring of health care services, in compliance with federal and state laws and regulations.*

### Goals

*The goals of the Bureau of Health Services Financing are to:*

- ◆ *Improve health outcomes by emphasizing primary care and reducing the number of uninsured persons in Louisiana,*
- ◆ *Expand existing and develop additional community-based services as an alternative to institutional care,*
- ◆ *Ensure cost effectiveness in the delivery of health care services by using efficient management practices and maximizing revenue opportunities,*
- ◆ *Assure the integrity and accountability of the health care delivery system in an effort to promote the health and safety of Louisiana citizens, 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.*

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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 which includes 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 the Division 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.

# Future of Louisiana Medicaid

Louisiana Medicaid faces numerous challenges when it comes to improving the health outcomes and quality of their enrollees, while managing costs. Over the past few years, Medicaid has been developing a series of initiatives that, once implemented, are expected to transform Medicaid into a more efficient and effective program that improves outcomes for Medicaid enrollees and for all stakeholders. Some of Medicaid's future key initiatives consist of Fraud and Abuse changes, BAYOU HEALTH, Louisiana Behavioral Health Partnership (LBHP), and implementation of a new Fiscal Intermediary process.

## Fraud and Abuse

The Department of Health and Hospitals, as good stewards of public financing, needs to ensure that all taxpayer funds are used in the most efficient manner to maximize value to Louisiana residents. Specifically, within the Medicaid program, it is incumbent upon the Department to help assure the fiscal and programmatic integrity of the program. Along those lines, DHH must ensure that providers are providing high quality services and are not perpetrating fraud and abuse. It is estimated by The Government Accountability Office that fraud, waste and abuse account for 10% of Medicaid dollars.

In SFY 2010/11, DHH recovered 96% of \$8,793,220 identified as Medicaid fraud and abuse. Through an aggressive realignment of the fraud and abuse system, DHH hopes to increase Medicaid cost avoidance and recoveries in future years. The ultimate end goal would be to recognize and avoid improper claims prior to payment, rather than identifying such claims after payment has been made.

This additional pre-payment review process complements the current front-end claims processes to reduce improper payments, which include system edits, ClaimCheck, InterQual, Radiology Utilization Management (RUM), pre-certification, and prior authorization. It will further assist in identifying areas requiring strengthening of policy and additional system editing.

The pre-payment review process also complements the current post-payment review structure, through which more than 10% of all active providers are audited annually, resulting in a variety of actions ranging from education to exclusion from the Medicaid program. The current review structure also allows for a close working relationship with the Louisiana Attorney General's Medicaid Fraud Control Unit (MFCU), with whom case issues are discussed on a monthly basis. In SFY 2010/11 alone, 20% of case closures resulted in a referral to the MFCU.

## BAYOU HEALTH

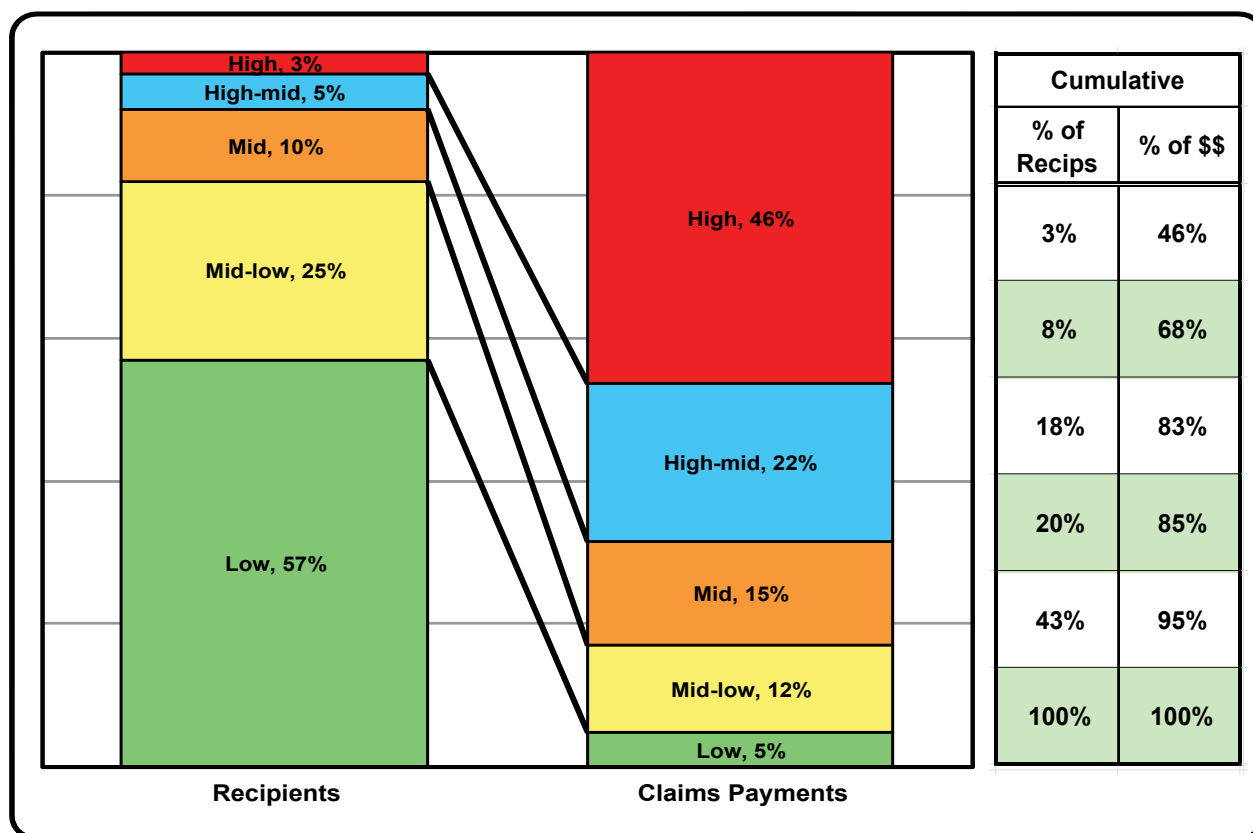
Medicaid was developed to provide health care coverage to elderly, disabled and low income families, which are high-cost populations. Due to Medicaid being an entitlement program, Louisiana cannot limit the number of enrollees in Medicaid, nor can they be selective in who is allowed to get services if the individuals meet Medicaid eligibility requirements. Figure 1 shows the percentage of recipients ranked by payments. During SFY 2010/11, of all Medicaid recipients, 3% are associated with 46% of claims payments. These recipients make up almost half of total Medicaid claims payments for SFY 2010/11. The top 43% of recipients made up about 95% of total payments, while the low cost recipients, 57%, only made up 5% of total payments.

Currently, Louisiana has a fragmented Medicaid service delivery system that operates almost exclusively in a fee-for-service system environment that has little to no coordination, uneven quality of care, inequitable access to care, and unpredictable costs. Our health care system was designed to provide episodic and acute care for conditions where people break, then mend, which is an outdated system. The system was not designed to promote and maintain health of the chronically ill, which ends in results shown in Figure 1.

Based on extensive research and stakeholder input, DHH is planning to transition Louisiana's Medicaid program to a managed care delivery system through the development of BAYOU HEALTH, formally known as Coordinated Care Networks (CCNs). BAYOU HEALTH offers the opportunity to provide medical homes for thousands of Medicaid enrollees, and is ultimately projected to deliver high quality coordinated health care services and to achieve measurable improvements in population health. DHH has carefully studied the experiences of other states identifying best practices and practices to be avoided, and has consulted with experts and stakeholders across the state and the country. Louisiana Medicaid has used those "lessons learned" to develop two models of managed care that represent the best evidenced practices for 1) improving health outcomes for our population, 2) increasing access to quality care and 3) providing fiscal sustainability. Of the top 100 most expensive recipients, about half of their payments will be covered under BAYOU HEALTH, which will help manage their care more adequately without compromising their health care needs.



**Figure 1: Percentage of Recipients Ranked by Payments**



Payments and recipient counts are based on claims data only; does not include Part-D/Clawback and Buy-in premiums information. Also, being stand-alone programs, LaCHIP Affordable Plan (LAP) as well as Greater New Orleans Community Health Connection (GNOCHC) data are not included in this data. See technical note on page 13 for a detailed explanation.

Under BAYOU HEALTH, DHH has contracted with five different Health Plans that will form networks of health care providers and care managers and be responsible for coordinating health care for their members. Initial operations are scheduled to begin in February 2012 with the phased statewide rollout to be completed by June 2012. Eligible Medicaid enrollees will choose from one of the five Plans. While all core benefits and services will be maintained for all recipients, each plan is offering a different package of enhanced benefits that include benefits like disease management tools and incentives for keeping all preventive well-child visits.

#### **Louisiana Behavioral Health Partnership (LBHP)**

Louisiana Medicaid has experienced a growing trend in behavioral health services in the past few years. The behavioral health service that is experiencing the most growth is Mental Health Rehabilitation (MHR), which also includes Multi-Systematic Therapy (MST). Mental Health Rehabilitation program expenditures in SFY 2010/11 were \$64,901,738, which is a growth of 29.6% from the previous SFY (Table 1 and Figure 2).

To address the behavioral health needs of Louisiana citizens, Medicaid is proposing a new approach, the Louisiana Behavioral Health Partnership (LBHP),

to deliver and finance behavioral health services to Louisiana's children and adults. This will create an integrated public behavioral health service system that draws on the strengths of the private, public and non-profit sectors. The goals are to provide enhanced access to a more complete and effective array of evidenced-based behavioral health services and support and improve individual outcomes.

The partnership will be managed by DHH-Office of Behavioral Health (OBH) and includes a special target population of children eligible for the Coordinated System of Care (CSOC); adults with serious mental illness; and the remainder of the child/adult population who is non-institutionalized, Medicaid eligible, and in need of behavior health services. The benefit package for the third population includes inpatient psychiatric care, emergency room care, substance abuse services, and care by psychiatrists for adults and children. Children also receive behavioral health care services which are medically necessary. The LBHP will oversee the Statewide Management Organization (SMO), which acts as a Prepaid Inpatient Health Plan (PIHP) that implements a 1915(b) waiver for eligible adults and children, a 1915(i) adult mental health rehabilitation services for the severely mental ill state plan, and a 1915(c) waiver for children with severe

emotional disturbance. Magellan Health Services, Inc. (Magellan) has been awarded the SMO contract. Magellan will provide services to adults on an at-risk basis, and services to children on a non-risk basis.

#### New Medicaid Fiscal Intermediary

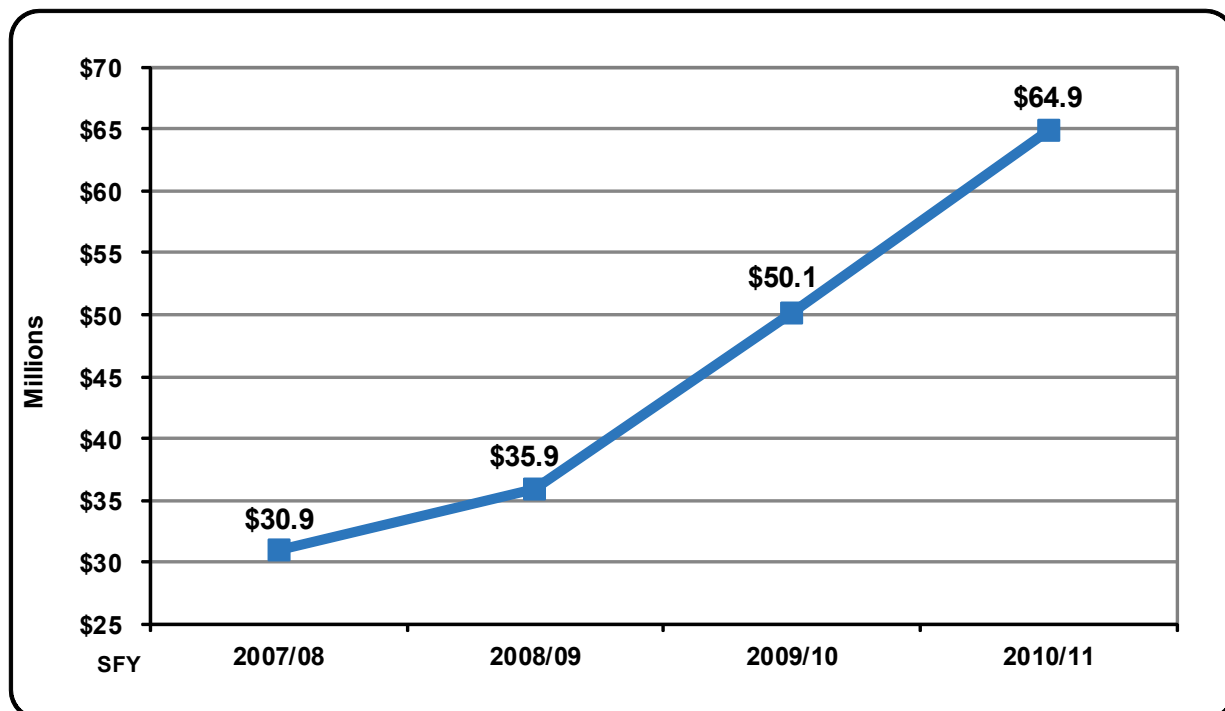
The Medicaid Fiscal Intermediary is responsible for the operation of Louisiana's Medicaid Management Information System (MMIS), which processes claims from Medicaid providers for payments. To fulfill the requirements of Centers for Medicare and Medicaid Services' (CMS) Medicaid Information Technology Architecture (MITA), Louisiana must have a fiscal intermediary that can support a web-based framework and provides the state with an innovative system. This MITA framework would allow the MMIS Enterprise to be expanded to assist in meeting the future IT needs of the department.

The design, development and implementation of the MMIS replacement system is estimated to take about three years. Once fully implemented, the system will have the latest advancements in security, interoperability, data sharing, data mining, ease of use, expandability, flexibility, reliability, and automation, while also being fully compatible with the expectations of transparency, accountability, quality of care and other health care initiatives. The replacement system will also allow the department to make changes within days instead of months, using table driven technologies. The new system will also be appropriately integrated with the state health information exchange and provide recipients with easy access to their Medicaid claims information, ensuring that recipients are receiving the services for which Medicaid has been billed.

**Table 1: Mental Health Rehabilitation Expenditures and Percentage Growth**

	Expenditures	Percentage Growth
<b>2007/08</b>	\$30,935,187	
<b>2008/09</b>	\$35,947,798	16.2%
<b>2009/10</b>	\$50,068,021	39.3%
<b>2010/11</b>	\$64,901,738	29.6%

**Figure 2: Mental Health Rehabilitation Expenditures**



# Highlights of State Fiscal Year 2010/11

During this State Fiscal Year (SFY) 2010/11, the Louisiana Medicaid Program strengthened its efforts to maximize new initiatives towards quality and sustainable access to health care for its enrollees. Notably during this SFY, Medicaid implemented new initiatives such as Electronic Health Records, Low Income and Needy Care Collaboration Agreements, CommunityCARE 2.0 and Supplemental Payments programs. Also, Medicaid added the Greater New Orleans Community Health Connection program to provide more Louisiana citizens with an opportunity to quality healthcare.

## Residential Options Waiver

The Medicaid Residential Options Waiver (ROW), which is designed to be a flexible, cost-effective alternative to New Opportunities Waiver, was fully implemented during SFY 2010/11. The goal of ROW is to promote independence through strengthening the individual's capacity for self-care and self-sufficiency. Some of the advantages to ROW are that it allows funding to follow the person instead of being tied to the provider. It also offers new, innovative residential models and additional waiver services (ex. occupational therapy, physical therapy, speech therapy and dental services). ROW also focuses on preventing institutionalization through "crisis diversion" services; rebalancing the system by converting private Intermediate Care Facilities for People with Developmental Disabilities (ICF-DD) beds into ROW shared living waiver homes; and maximizing the use of state dollars to serve more individuals in waiver programs. Although several private ICF-DD providers began the ROW conversion process, rate cuts induced by budget shortfalls prevented their completion. Subsequently, Office for Citizens with Developmental Disabilities (OCDD) began working with these providers to explore innovative and cost-effective mechanisms with incentives for ICF-DD providers to complete the conversion of their ICF-DD beds into ROW waiver opportunities. During SFY 2010/11, ROW filled a total of 24 slots with total payments of \$462,751.

## Personal Assistance Services

The Elderly and Disabled Adult (EDA) Waiver program started offering a new service, Personal Assistance Service (PAS), in July 2010. PAS allowed EDA Waiver recipients to receive assistance with both supervision and personal care through one waiver service by replacing companion services and Long Term Personal Care Services (LT-PCS). Recipients continued to receive the same number of services hours per week as they were receiving under the two programs. The implementation of PAS simplified service planning and monitoring for support coordinators, and improved service delivery,

documentation and billing for providers by combining services for the same recipient under one service type within one program.

## Public ICF-DD Transitioning to Private ICF-DD

OCDD made efforts to downsize its public ICF-DD by privatizing five of its remaining ICF-DD public community homes, closing six others by transferring recipients to private providers and converting three additional homes into shared living arrangements through the New Opportunities Waiver Program. In addition, the state closed two other Supports and Services Centers. OCDD worked with providers to focus on maximizing options and choice for community living for former residents through careful assessment and person-center planning.

In SFY 2010/11, a total of 14 public ICF-DD ceased operation along with two Support and Services Centers with 302 Medicaid recipients transitioning from publically operated ICF-DD to privately operated community settings (number also includes transfers from remaining Supports and Services Centers).

## GNOCHC

Beginning in October 2010, Louisiana Medicaid implemented the Greater New Orleans Community Health Connection (GNOCHC) Waiver which is an 1115 Waiver Program that aims to provide primary care and behavioral health services to a population ineligible for existing Medicaid programs. The service area encompasses the Greater New Orleans area, which is still in the process of rebuilding its medical care capabilities in the wake of Hurricanes Katrina and Rita. In addition to extending medical services to area residents, GNOCHC helps to ensure that access to medical care is readily available by working with its provider base while ensuring that they have the funds needed to continue and expand their business practices. Finally, by sustaining a means to obtain primary care, GNOCHC hopes to reduce the amount of unnecessary ER visits. A total \$8,467,043 was paid on behalf of GNOCHC recipients during SFY 2010/11 with a total of 18 participating providers.

## Electronic Health Records

Louisiana is one of the first four states to offer incentive payments to Medicaid providers and hospitals through the Electronic Health Records (EHR) Program, which is federally funded through the Health Information Technology for Economic and Clinical Health (HITECH) Act. Medicaid providers and hospitals can receive EHR payments for adopting, implementing or upgrading certified EHR technology during their first year of participation, and can earn payments for up to five subsequent years for demonstrating meaningful use of EHR. Implementation of EHR allows providers

to reduce their paperwork, enhance care coordination and patient safety, improve efficiency and establish faster, more effective lines of communication across providers, payers and state lines. During SFY 2010/11, \$31,735,712 was paid to hospitals and other providers under this program.

#### **LINCCA – Low Income and Needy Care Collaboration Agreement**

During SFY 2010/11, Louisiana Medicaid implemented the Low-Income and Needy Care Collaboration Agreement (LINCCA) program. LINCCA agreements between private hospitals, and public state and local hospitals, and hospital districts allow private hospitals to take on services for low-income and needy patients with federal funds, which frees up local and state funding. The money can then be used to maximize available federal matching funds through the Upper Payment Limit (UPL) program in Medicaid or to help fund the Medicaid program. During SFY 2010/11, Medicaid paid \$127,563,476 to 28 private providers.

#### **CommunityCARE 2.0**

In January 2011, Louisiana Medicaid's Communiti-CARE program was transitioned into CommunityCARE 2.0, which is an enhanced version of the program and serves as a bridge for transitioning Medicaid to BAYOU HEALTH. CommunityCARE 2.0 Program is also designed to increase access to Primary Care Physicians (PCPs) and create actual quality health care results. Under the CommunityCARE 2.0 program, PCPs are paid a reduced per member per month, while offering mechanisms for physicians to earn bonus payments if they meet certain performance measures such as participating in the Louisiana Immunization Network for Kids Statewide (LINKS) electronic immunization database program, performing EPSDT screenings in the office, having low rates of non-urgent emergency room visits among their patients, and offering extended hours to treat patients beyond 8 a.m. to 5 p.m. on weekdays. During SFY 2010/11, \$20,868,690 was paid to 706 CommunityCARE participating providers.

#### **Medical Eligibility Determination Team System**

The Eligibility Policy Section implemented a Medical Eligibility Determination Team (MEDT) system that executes best practices in medical determinations in order to determine programmatic eligibility. Prior to the new streamlined system, medical determinations were sent via mail. The online process eliminated email submissions and responses, paper forms, handwritten decisions, and manual scanning into the electronic case records. Efficiencies included automating the interaction between the Medicaid Analysts and State Office staff; creating a single access point to all requests for tracking disability determination activity performed; improved communication between Medicaid Analysts,

Eligibility Policy staff and contract physicians; and expanded reporting capability needed to monitor and track activity on the determinations.

#### **Our Lady of the Lake Supplemental Payments**

During SFY 2010/11, Our Lady of the Lake (OLOL) Hospital assumed additional financial risk by entering into a public/private collaborative with Louisiana State University. A component of this public/private partnership will be the eventual closure of inpatient services at Earl K. Long (EKL) Hospital. Due to the high cost populations that EKL serves, Medicaid started making supplemental payments to OLOL to help with the financial burden. For SFY 2010/11, Medicaid rates only reimbursed at 76.69% of OLOL's Medicaid inpatient costs and without these supplemental payments, OLOL would have been forced to evaluate current services offered to Medicaid recipients and discontinue services that were the least cost effective. With the addition of these Medicaid supplemental payments, OLOL was able to absorb the EKL patients while remaining financial viable. During SFY 2010/11, Medicaid paid supplemental payments to OLOL in the amount of \$128,999,977 for inpatient and outpatient services.

#### **NICU/PICU Reimbursement Methodology**

In order to maintain access to Neonatal Intensive Care Unit (NICU) and Pediatric Intensive Care Unit (PICU) services and to encourage continued participation of hospitals, in SFY 2010/11 Medicaid increased the reimbursement rates paid for these services. Medicaid coincidentally decreased the amount of outliers paid for these services and only maintains a catastrophic outlier pool limited to \$10 million annually. This change creates a more stable source of funding for hospitals to ensure access for these most critically ill infants and children.

#### **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 (CommunityCARE 2.0, etc.). These rate adjustments and efficiencies were implemented while maintaining the eligibility conditions/criteria as well as services.

# Louisiana Medicaid Outcomes

The Louisiana Medicaid program has undertaken the task to promote preventive health care, condition-specific care and improve utilization of services to enhance quality of health care delivery in the state. Pursuant to these goals, Medicaid, in conjunction with University of Louisiana at Monroe, calculates quarterly quality measures that assess the efficiency of provider services similarly based on the Healthcare Effectiveness Data and Information Set (HEDIS) criteria set by the National Committee for Quality Assurance (NCQA). The HEDIS criteria are standardized performance and report measures on important health issues. These measures are normally expressed as a proportion of the compliant Medicaid population to the eligible Medicaid enrolled population based on date of service.

The HEDIS measures provide useful information on children and adults who are and those who are not taking advantage of beneficial and potentially cost-saving preventive medical services. Knowing these measures offers an opportunity for the department to help educate enrollees of the importance of taking advantage of these preventive services. This could eventually help improve the enrollee's health and longevity of life, as well as reduce costs to tax payers in the long run. Louisiana Medicaid expects that implementation of BAYOU HEALTH will help with coordination of care for many of these preventive services in turn reducing future expenditures.

Some of the HEDIS measures are defined and explained below; the source of all these measures along with further details can be found at <http://new.dhh.louisiana.gov/index.cfm/page/244>.

## Childhood Immunization Status

This measure examines the percentage of continuously enrolled Louisiana Medicaid children who reached the age of two within the measurement year and received Combination 2 or Combination 3 immunizations before their second birthday. Combination 2 is comprised of: four doses of DTP or DTaP (diphtheria, tetanus and acellular pertussis); three doses of IPV (polio); one dose of MMR (measles-mumps-rubella); three doses of Hib (haemophilus influenza type b); three doses hepatitis B; and one dose of VZV (chicken pox). Combination 3 consists of: Combination 2 and four doses of PCV (pneumococcal conjugate). These vaccinations help prevent and protect children from potentially serious

childhood diseases. For the Medicaid population, 25.1%, 31.0% and 28.7% of children were immunized for Combination 2 for the years 2007, 2008 and 2009 respectively, while those immunized for Combination 3 accounted for 20.5%, 27.1% and 25.3% for the corresponding years. The 2009 national Medicaid average for children immunized for Combination 2 was 74.3%<sup>1</sup>.

## Well-Child Visits in the First 15 Months of Life

This measure reports the number of continuously enrolled Louisiana Medicaid children between one and 15 months old that had from zero to six or more well-child visits with a Primary Care Physician (PCP) through their first 15 months of life. These visits help the PCP to monitor and detect physical, developmental, social and emotional changes, as well as offer counseling on immunizations. The American Academy of Pediatrics (AAP) recommends six well-child visits in the first year of life<sup>2</sup>. Louisiana Medicaid had 50.3% of infants receiving 6+ well-child visits in 2007 while in 2009, the state had 53.7%.

## Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

This measure looks at the percentage of continuously enrolled Louisiana Medicaid children between 3 to 6 years of age who received at least one well-child visit within the measurement year. These visits help the PCP to detect vision, speech and language problems, if any, and provide or recommend the needed therapy or intervention program<sup>2</sup>. Louisiana had 61.9%, 61.1% and 65.4% of Medicaid children between 3 to 6 years of age visiting a PCP in 2007, 2008 and 2009, respectively. Louisiana ranks fairly close to the 2009 national Medicaid average of 71.6%<sup>1</sup>.

## Adolescent Well-Care Visits

This measure assesses the percentage of continuously enrolled Louisiana Medicaid adolescents 12 to 21 years of age who had a minimum of one comprehensive well-care visit within the measurement year. Adolescent well-care visits help physicians to offer needed/required treatment and counseling<sup>2</sup>. In Louisiana, well-care visits increased by 5.3 percentage points, from 34.8% in 2008 to 40.1% in 2009. Compared to previous years, this is an improvement because well-care visits only increased by 0.2 percentage points from 2007 to 2008. Also, Louisiana's average rate is slowly approaching the national Medicaid average of 47.7% in 2009<sup>1</sup>.

<sup>1</sup> National Committee for Quality Assurance. Continuous Improvement and the Expansion of Quality Measurement. The State of Health Care Quality 2011. HMO Medicaid. Retrieved from <http://www.ncqa.org/LinkClick.aspx?fileticket=FpMqgpADPo8%3d&tabid=836>

<sup>2</sup> National Quality Measures Clearinghouse. National Committee for Quality Assurance. HEDIS® 2011: Healthcare Effectiveness Data and Information. Retrieved from <http://www.qualitymeasures.ahrq.gov/index.aspx>



### Children and Adolescents' Access to PCPs

This measure looks at the number of continuously enrolled Medicaid children aged 12 through 24 months, or 25 months through six years who within the measurement year had a minimum of one ambulatory or preventive care visit with a PCP. Accessibility and utilization of PCPs by children and adolescents help reduce preventable and incidence of illnesses such as asthma and influenza. There is a high utilization rate of PCP services by Louisiana Medicaid children. In 2007, 2008 and 2009 respectively, 88.8%, 88.5% and 89.8% of enrolled children had at least one ambulatory or preventative care visit with a PCP. For infants, the percentages for those respective years were 96.6%, 96.3% and 96.8%.

### Lead Screening for Children

This measure reports the percentage of continuously enrolled Louisiana Medicaid children aged 0 to two years who before their second birthday received at least one capillary or venous lead blood test for lead poisoning. Elevated lead levels in children could cause learning disabilities, behavioral problems, and mental retardation. Screening and detection of lead enables education of parents on reducing and preventing future lead contamination and medical treatment of children<sup>1</sup>. For the years 2007, 2008 and 2009, the percentage of children who had a lead screening was respectively 73.4%, 73.3% and 74.9%.

### Breast Cancer Screening

This measure evaluates the number of enrolled women during the measurement year and the prior year in Louisiana Medicaid between the ages of 40 - 69, and who had at least one mammogram during the measurement year or the year prior. Periodic breast cancer screening ensures early detection, treatment and better prognosis for many women who are potentially at risk<sup>2</sup>. In Louisiana, mammogram screenings increased by 2.9 percentage points from 39.5% in 2008 to 42.4% in 2009, which is still low in comparison to the 2009 national Medicaid average of 52.4%<sup>3</sup>. This increased usage of mammogram services in Louisiana Medicaid might partially be attributed to providers now being reimbursed for digital mammography services, effective July 1, 2008.

### Cervical Cancer Screening

This measure looks at the percentage of continuously enrolled Louisiana Medicaid women aged between 24 to 64 years who had at least one pap tests for cervical cancer within the measurement year. Pap test helps detect cell changes in the cervix caused by human papillomavirus (HPV) that might become cancerous in which early detection enables

treatment<sup>2</sup>. In Louisiana, pap tests have increased steadily. Respectively, 54.9%, 56.5% and 59.0% of the Medicaid eligible population received pap tests in 2007, 2008 and 2009 respectively. The 2009 national Medicaid average was 77.93%<sup>3</sup>.

### Use of Appropriate Medications for People with Asthma

This measure calculates the percentage of continuously enrolled Louisiana Medicaid enrollees between the ages of five and 50 who have persistent asthma and were appropriately prescribed medications for long-term asthma control during the measurement year. Correct medication has long term benefits for quality of lung function, and helps reduce asthma exacerbation which could become life threatening<sup>2</sup>. In 2009, 91.7% of Louisiana Medicaid enrollees with persistent asthma health problems received long-term asthma control medications, which is above the 2009 national Medicaid average of 88.6%<sup>3</sup>.

### Comprehensive Diabetes Care

This measure examines the percentage of continuously enrolled Louisiana Medicaid population between the ages of 18 and 75 with either Type 1 or Type 2 diabetes, and had at least one of the respective tests or met other measurement criteria during the measurement year. The long-term complications from diabetes such as blindness, kidney disease, stroke and heart disease are preventable or potentially reduced with timely screening and careful treatment<sup>2</sup>. Encouraging Louisiana Medicaid adults to take the necessary screenings is important in possibly reducing future costs associated with diabetes complications in addition to increasing the quality of life. The number of adults screened in 2007, 2008 and 2009 for diabetes were respectively 66.7%, 66.2% and 66.1%.

### Cholesterol Management for Patients with Cardiovascular Conditions

This measure assesses the number of continuously enrolled Louisiana Medicaid enrollees with cardiovascular conditions during the measurement year or the prior year, between the ages of 18 and 75 who had a screening performed during the measurement year. High blood cholesterol levels increases the chances of having a heart attack, so screenings are helpful with detection, prevention and medication<sup>2</sup>. From 2007 to 2008, the number of individuals having cardiovascular screenings increased from 70.7% to 72.8%. However, in 2009 it decreased to 71.6%, a decrease of 1.2 percentage points from 2008. The corresponding national Medicaid average was 80.7% in 2009<sup>3</sup>.

<sup>1</sup> National Center for Environmental Health. Centers for Disease Control and Prevention. (2009). Facts on...Lead. Retrieved from <http://www.cdc.gov/nceh/lead/publications/1997/factlead.htm>

<sup>2</sup> National Quality Measures Clearinghouse. National Committee for Quality Assurance. (2011). HEDIS® 2011: Healthcare Effectiveness Data and Information. Retrieved from <http://www.qualitymeasures.ahrq.gov/index.aspx>

<sup>3</sup> National Committee for Quality Assurance. Continuous Improvement and the Expansion of Quality Measurement. The State of Health Care Quality 2011. HMO Medicaid. Retrieved from <http://www.ncqa.org/LinkClick.aspx?fileticket=FpMqgpADPo8%3d&tabid=836>

## Technical Notes

### 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/Clawback 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. Reports 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 in the report. Data reported in this SFY report may differ from previous reports, though not significantly.

LaCHIP Affordable Plan (LAP) and Greater New Orleans Community Health Connection (GNOCHC) are both considered "stand-alone" programs. Being stand-alone programs, their data/information is not captured in the regular Medicaid claims processing system, therefore LAP and GNOCHC data is presented independently and not included in any tables/figures in this Annual Report.

### Long Term Care Extra Check-write

In addition to the regular monthly payment cycle for Long Term Care (LTC), Hospice and Adult Day Health Care (ADHC), one additional extra check-write was issued to private providers in June 2011. The payment cycle adjustment occurred when June services, which are normally paid in July, were paid in June 2011. This modification to the payment cycle created an extra check-write for these providers during the SFY, meaning they were paid one month extra during SFY 2010/11, making about 13 monthly payments for these services. This adjustment may make the payments and expenditures for LTC, Hospice and ADHC private providers appear higher than the normal historical SFY trends.

## Year in Review

### Enrollees and Recipients

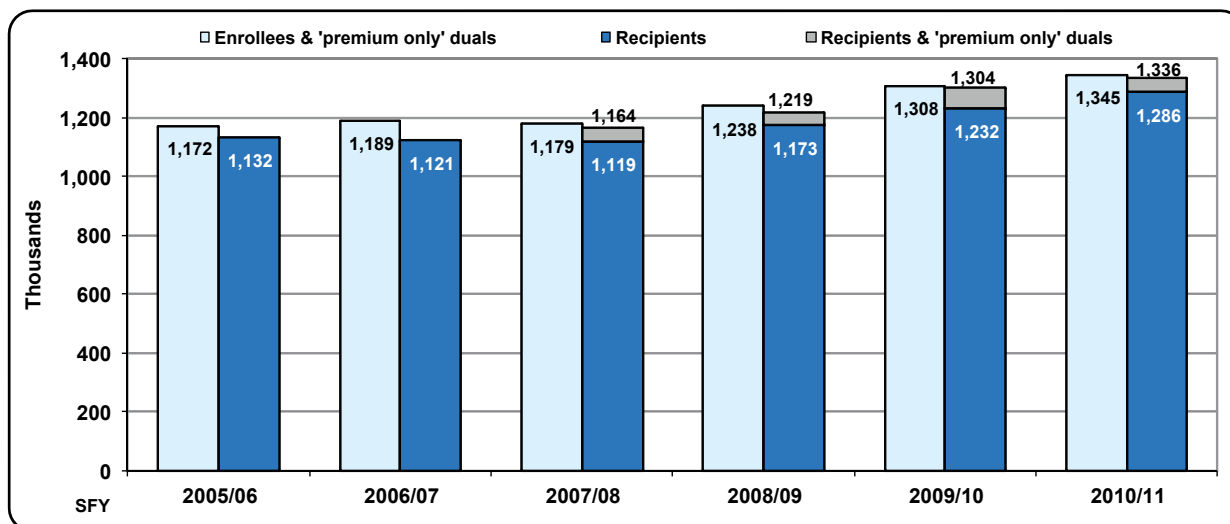
During SFY 2010/11, 1,344,980 people, about 30% of Louisiana's population<sup>1</sup> of 4,544,228, were enrolled and payments were made on behalf of 1,335,866 recipients in the Medicaid program (Figure 3). From a historical perspective, this was about 2.8% increase in enrollees and about 2.4% increase in recipients compared to the previous SFY.

### Payments

During SFY 2010/11, over \$5.8 billion (excluding uncompensated care payments) was paid on behalf of about 1.3 million Medicaid recipients, averaging

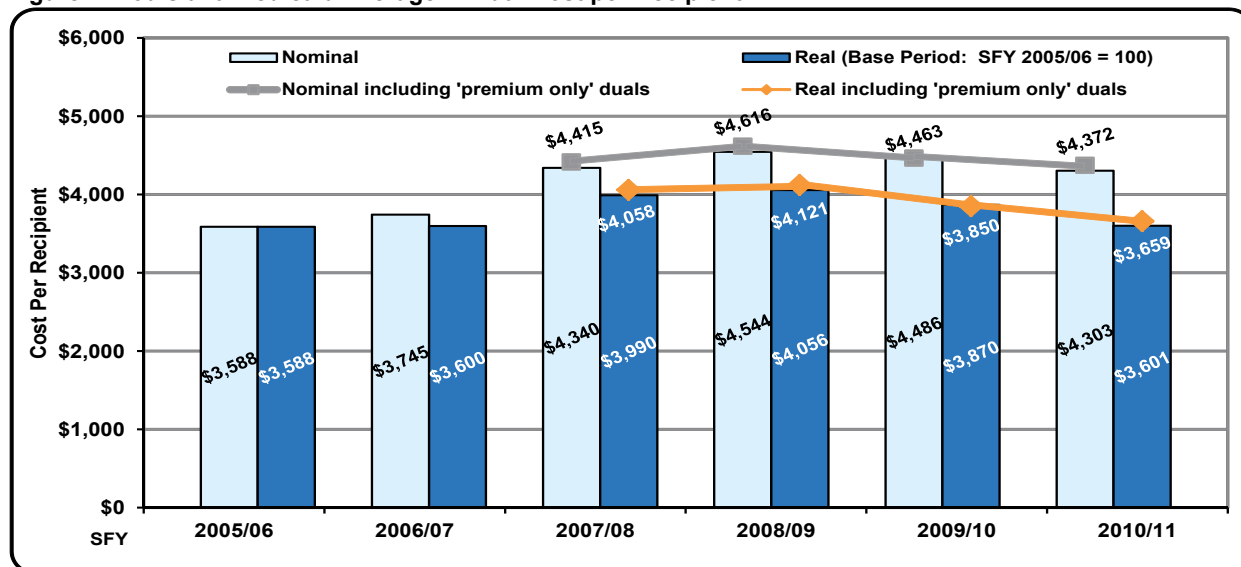
about \$4,372 per recipient<sup>2</sup>, which was about 2.0% less than the previous SFY (Figure 4). From a comparative perspective, nominal average payment per recipient without 'premium only' duals was \$4,303, which was about a 19.9% increase compared to SFY 2005/06. Real average overall annual payment per recipient (adjusted for inflation with SFY 2005/06 as base period) was about \$3,659 during SFY 2010/11, which is 5.0% less than SFY 2009/10. To consider real average annual payment without 'premium only' duals, it was \$3,601, which was an increase of about 0.4% for Medicaid recipients compared to SFY 2005/06.

Figure 3: Louisiana Medicaid Enrollees and Recipients



Enrollee counts include 'premium only' duals for all SFYs, whereas recipient counts do not include 'premium only' duals except from SFY 2007/08 onwards. Being stand-alone programs, LaCHIP Affordable Plan (LAP) as well as Greater New Orleans Community Health Connection (GNOCHC) data are not included in these counts. See technical note on page 13 for a detailed explanation.

Figure 4: 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. (2011). Consumer Price Index – All Urban Consumers – U.S. Medical Care, Series ID: CUUR0000SAM. Retrieved from <http://data.bls.gov/cgi-bin/survey/most?cu>

<sup>1</sup> U.S. Census Bureau, Population Division. (September 2011). Intercensal Estimates of the Resident Population for Counties of Louisiana for July 1, 2010. Retrieved from <http://www.census.gov/popest/data/intercensal/county/CO-EST00INT-01.html>

<sup>2</sup> 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). During SFY 2010/11, Louisiana's FMAP was 64.61% for regular Medicaid and 75.23% for LaCHIP. However, under the American Recovery and Reinvestment Act (ARRA) of 2009, the effective FMAP for the first two quarters (July 2010 to December 2010) of SFY 2010/11 was 81.48%, while the third quarter was 78.65% and the fourth quarter was 76.77%.

## 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 2009-2010 average, 17.95% of the Louisiana population was considered living under 100% of the FPG, while 38.95% were living below 200% of the FPG (Table 2). These percentages compare to 14.70% and 33.45% respectively, for the U.S. population, which categorizes Louisiana as a low income state. In comparison to the 2008-2009 poverty average, Louisiana's percentages increased from 16.25% and 37.65% respectively. About 30% of Louisiana's population was enrolled in Medicaid during SFY 2010/11.

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 5 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 2010/11, Louisiana's average unemployment rate was 7.8%, which was less than the national average unemployment rate of 9.3%. Overall in SFY 2010/11, Louisiana's average unemployment rate increased compared to the previous SFY, most likely because of the impact of the economic downturn.

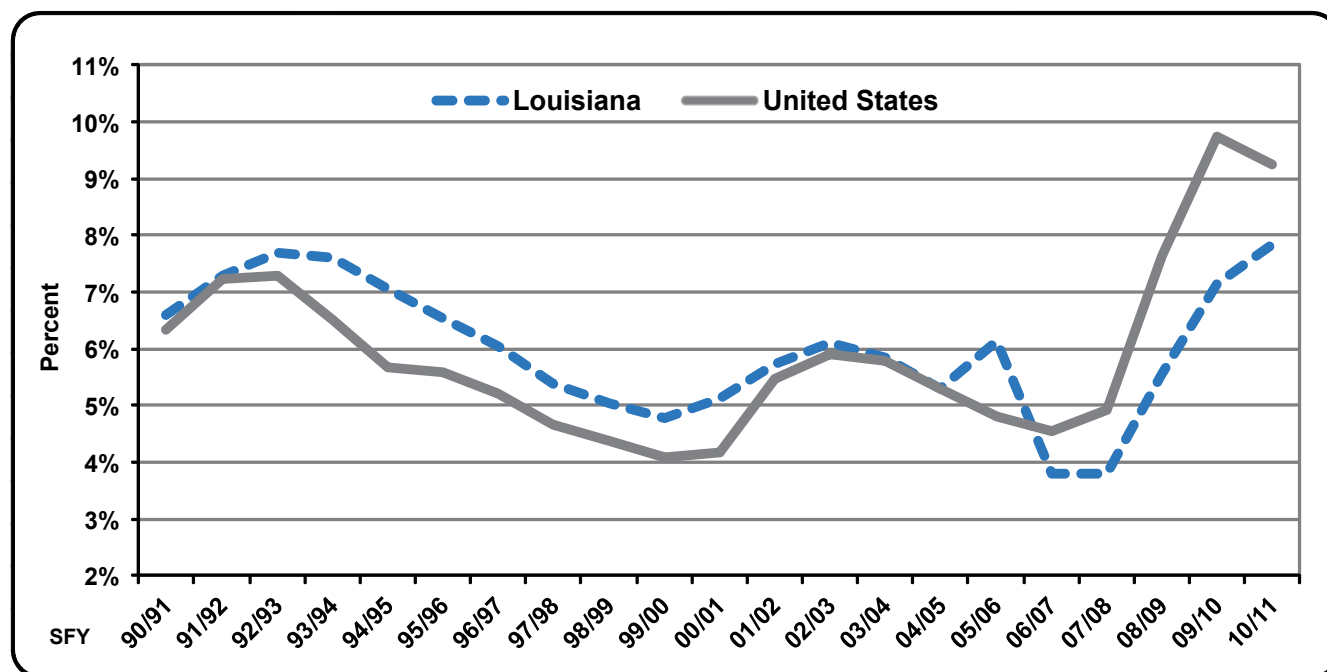
**Table 2: Population Poverty Status for All Income Levels, Average of Calendar Years 2009 and 2010**

Poverty Level	United States	Louisiana
≤ 100% of Poverty	14.70%	17.95%
101% to 125% of Poverty	4.55%	6.05%
126% to 135% of Poverty	1.90%	2.25%
136% to 150% of Poverty	2.95%	2.70%
151% to 185% of Poverty	6.75%	6.95%
186% to 200% of Poverty	2.60%	3.05%
Remainder of Population	66.55%	61.05%

U.S. Census Bureau. (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](http://www.census.gov/hhes/www/cpstables/032010/pov/new46_001.htm) and (2011) Current Population Survey: 2011 Annual Social and Economic Supplement, POV46 – Poverty Status by State: 2010. Retrieved from [http://www.census.gov/hhes/www/cpstables/032011/pov/new46\\_001.htm](http://www.census.gov/hhes/www/cpstables/032011/pov/new46_001.htm).



**Figure 5: Average Unemployment Rate in Louisiana and the United States by State Fiscal Year**



U.S. Department of Labor, Bureau of Labor Statistics. (2011). Not Seasonally Adjusted Unemployment Rate. Series ID: LNU04000000 retrieved from <http://data.bls.gov/timeseries/LNU04000000> for United States and LAUST22000003 retrieved from <http://data.bls.gov/timeseries/LAUST22000003> for Louisiana.

Louisiana State University (LSU) through the Louisiana Population Data Center projected Louisiana's population every five years, from 2005 to 2030<sup>1</sup>. 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 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 2011 Louisiana's Uninsured Population Report conducted by the LSU Public Policy Research Lab<sup>2</sup> for the Department of Health and Hospitals showed that 3.5% of Louisiana children (under the age of 19) and 22.7% of nonelderly (age 19 to 64) adults were uninsured in 2011. For children under the age of 19, this rate represented a decrease from the 5.0% rate in the 2009 report<sup>3</sup> and was an increase in coverage for more than 16,000 children. For the adults age 19 to 64, the uninsured rate represented an increase from the 2009 report rate of 20.1%, which was decrease in

coverage for more than 93,000 adults.

## 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 \$6.8 billion total MVP expenditures, the effective state match rate came to be about 23.58% while the effective federal match rate came to be about 76.42% for SFY 2010/11.

SFY 2010/11 Medicaid MVP expenditures by state appropriation are presented in Table 4. Private providers account for about 72.39% of total Medicaid MVP expenditures and about 85.43% of claims payments (excluding Uncompensated Care Costs (UCC) and Buy-ins). Public providers represent

<sup>1</sup> Louisiana State University. Louisiana Population Projections to 2030. Retrieved from [http://www.louisiana.gov/Explore/Population\\_Projections/](http://www.louisiana.gov/Explore/Population_Projections/)

<sup>2</sup> Barnes, Stephen, Kirby Goidel, and Dek Terrell. (2012). Louisiana's Uninsured Population: A Report from the 2011 Louisiana Health Insurance Survey (January 2012). Retrieved from <http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/1586>

<sup>3</sup> 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://new.dhh.louisiana.gov/index.cfm/newsroom/detail/1586>



12.35%, UCC accounts for 10.14% and Medicare Buy-in premiums and Part-D expenditures for dual eligibles represent 5.12% of MVP expenditures.

Table 5 presents the MVA expenditures. During SFY 2010/11, total Medicaid MVP expenditures were

about \$6.8 billion for health care services delivery. To administer this \$6.8 billion MVP, about \$222 million was spent on MVA. This means that about 97 cents of every Medicaid dollar, went directly to the delivery of health care services.

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

Financing Category	2008/09		2009/10		2010/11	
	Expenditures (\$)	Percent	Expenditures (\$)	Percent	Expenditures (\$)	Percent
State General Fund	\$1,158,230,748	18.24%	\$722,361,378	10.88%	\$583,143,501	8.56%
Other Finance	262,403,609	4.13%	418,046,416	6.30%	1,023,666,276	15.02%
Total State Match	1,420,634,357	22.37%	1,140,407,794	17.18%	1,606,809,777	23.58%
Federal Funds	4,929,734,740	77.63%	5,498,240,267	82.82%	5,208,595,522	76.42%
Total	\$6,350,369,097	100.00%	\$6,638,648,061	100.00%	\$6,815,405,299	100.00%

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

Program	2008/09		2009/10		2010/11	
	Expenditures (\$)	Percent	Expenditures (\$)	Percent	Expenditures (\$)	Percent
Private Providers	\$4,416,559,857	69.55%	\$4,648,658,915	70.02%	\$4,933,938,113	72.39%
Public Providers	793,426,654	12.49%	866,811,093	13.06%	841,689,084	12.35%
Buy-Ins	295,097,932	4.65%	297,049,741	4.47%	348,842,276	5.12%
Uncompensated Care	845,284,654	13.31%	826,128,312	12.44%	690,935,826	10.14%
Total	\$6,350,369,097	100.00%	\$6,638,648,061	100.00%	\$6,815,405,299	100.00%

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

Financing Category	2008/09		2009/10		2010/11	
	Expenditures (\$)	Percent	Expenditures (\$)	Percent	Expenditures (\$)	Percent
State General Fund	\$72,283,726	38.80%	\$75,572,985	38.06%	\$74,968,762	33.76%
Other Finance	3,641,123	1.95%	5,761,529	2.90%	6,051,736	2.73%
Total State Match	75,924,849	40.76%	81,334,514	40.96%	81,020,498	36.49%
Federal Funds	110,350,974	59.24%	117,233,799	59.04%	141,034,250	63.51%
Total	\$186,275,823	100.00%	\$198,568,313	100.00%	\$222,054,748	100.00%

## Major Budget Categories

The Appropriations Act allocates Medicaid MVP funds into four broad budget groupings:

### A. Private Providers

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

### B. Public Providers

Payments to state owned providers and facilities, including certain local government entities and school boards.

### C. Medicare Buy-Ins & Supplements

Medicare premium payments (Part A and B) and other charges for Medicaid recipients having Medicare as their primary payer, Medicare Part-D state payments paid for Medicare prescription drug coverage recipients to the

federal government, LaCHIP V Buy-in payments paid to the Office of Group Benefits for claims paid on behalf of LaCHIP Affordable Plan (LAP) recipients, and federal Electronic Health Record (EHR) incentive payments paid to providers that participate in the EHR technology program.

### D. Uncompensated Care Costs (UCC)

Payments toward compensation for care given in qualifying hospitals to uninsured individuals and those eligible for Medicaid with Medicaid reimbursements lower than the cost of service, and payments for GNOCHC waiver recipients who are otherwise ineligible for Medicaid.

Each of these broad budget groupings is 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**

A. Private Providers		Expenditures (\$)
A1	Adult Dentures	\$4,239,506
A2	Ambulatory Surgical Clinics	4,073,952
A3	Case Management Services	19,393,816
A4	Durable Medical Equipment	25,444,845
A5	EPSDT (Screening and Early Diagnosis)	240,718,941
A6	Early Steps	8,766,566
A7	Family Planning	21,670,892
A8	Federally Qualified Health Centers	38,475,183
A9	Hemodialysis Services	27,790,584
A10	Home Health Services	38,927,844
A11	Hospice Services	62,580,148
A12	Hospital - Inpatient Services	916,059,728
A13	Hospital - Outpatient Services	364,053,517
A14	ICF-DD Community Homes	226,393,586
A15	Laboratory and X-Ray Services	91,364,345
A16	LT - PCS	190,187,275
A17	Mental Health - Inpatient Services	15,281,558
A18	Mental Health Rehabilitation	64,901,738
A19	Nursing Homes	849,705,179
A20	PACE	9,175,905
A21	Pharmaceutical Products and Services	478,450,729
A22	Physician Services	447,659,734
A23	Rural Health Clinics	48,868,840
A24	Transportation: Emergency-Ambu.	41,351,186
A25	Transportation: Non-Emergency-Ambu.	13,319,451
A26	Transportation: Non-Emergency-Non-Ambu	9,733,855
A27	Waiver: Adult Day Health Care	7,813,180
A28	Waiver: Adult Residential Care	0
A29	Waiver: Children's Choice	10,889,204
A30	Waiver: Elderly & Disabled Adults	107,116,756
A31	Waiver: Family Planning	14,324,725
A32	Waiver: NOW DD-Community Services	385,631,546
A33	Waiver: Residential Options	371,026
A34	Waiver: Supports	13,397,238
A35	Other Private Providers	8,242,061
A36	Hospital Low Income Needy UPL	127,563,476
<b>Total Private Providers</b>		<b>\$4,933,938,113</b>

B. Public Providers		Expenditures (\$)
B1	LSU - HCSD	\$256,570,536
B2	LSU - EA Conway	124,745,873
B3	LSU - Huey P. Long	14,598,005
B4	LSUMC - Shreveport	146,318,914
B5	DHH - State DD Facilities	202,431,472
B6	DHH - State Nursing Homes	21,719,899
B7	DHH - Office of Public Health	17,182,305
B8	DHH - Community Mental Health	9,027,002
B9	DHH - Psychiatric Free Standing Units	3,127,121
B10	DHH - Local Governance Entities	8,830,458
B11	State - Education	16,928,990
B12	Local Education Agencies for SBH Services	20,208,509
<b>Total Public Providers</b>		<b>\$841,689,084</b>
C. Medicare Buy-ins and Supplements		
C1	Medicare Premiums & Supplements	\$269,378,034
C2	Part-D Clawback	42,975,839
C3	LaCHIP V Buy-In	4,752,691
C4	HIT - Electronic Health Records	31,735,712
<b>Total Buy-Ins and Supplements</b>		<b>\$348,842,276</b>
D. Uncompensated Care Costs		
D1	LSU - HCSD	\$389,698,356
D2	LSU - EA Conway	0
D3	LSU - Huey P. Long	22,308,636
D4	LSUMC - Shreveport	135,772,794
D5	DHH - Psychiatric Free Standing Units	66,329,143
D6	DHH - Villa Feliciana	96,853
D7	Private Hospitals	68,263,002
D8	GNOCHC - 1115 Waiver	8,467,043
<b>Total Uncompensated Care Costs</b>		<b>\$690,935,826</b>
<b>Grand Total Medical Vendor Program</b>		<b>\$6,815,405,298</b>

## Private Providers

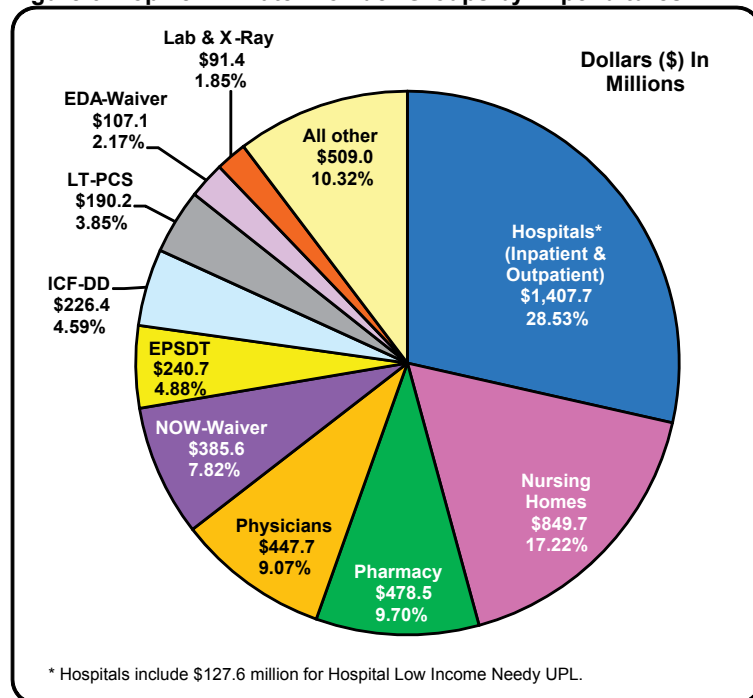
Figure 6 presents the top ten private provider groups by Medicaid expenditures. The top four, hospital services (Inpatient, Outpatient and Low Income Needy UPL), nursing homes, pharmacy products and services, and physician services, together account for about 64.52% of the private provider expenditures. The top ten private provider groups account for about 89.68% of private spending. An overview of each private BCOS is provided below.

- A1. 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.
- A2. Ambulatory Surgical Clinics:** Provides surgical services not requiring hospitalization where expected stay of recipient does not exceed 24 hours.
- A3. Case Management Services:** Assists the recipient in prioritizing and defining desired personal outcomes, defining appropriate supports and services, and accessing these supports and services.
- A4. Durable Medical Equipment (DME):** Medically necessary equipment, appliances and supplies. DME providers must obtain prior authorization.
- A5. 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.

- A6. 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.
- A7. Family Planning:** Services to female Medicaid recipients for routine family planning services including doctor's visit, counseling, contraceptives and certain lab services.
- A8. 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.
- A9. 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.

**Figure 6: Top Ten Private Provider Groups by Expenditures**



**A10. 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.

**A11. Hospice:** Palliative care for the terminally ill patient and support for the family.

**A12. Hospital Inpatient Services:** Inpatient hospital care and services. Inpatient services must be pre-certified in most instances if provided by an in-state hospital.

**A13. Hospital Outpatient Services:** Outpatient hospital care and services. Some outpatient services must be prior authorized.

**A14. Intermediate Care Facilities for the Developmentally Disabled (ICF-DD) Community Homes:** Homes for the long-term care of developmentally disabled recipients.

- A15. Laboratory and X-Ray Services:** Diagnostic testing performed by an independent laboratory or physician's office.
- A16. 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).
- A17. Mental Health – Inpatient Services:** Mental health evaluation, treatment, and counseling services provided in an inpatient clinic.
- A18. 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.
- A19. Nursing Homes:** Facilities that provide professional nursing and rehabilitation services on a 24-hours-a-day basis.
- A20. PACE – Program for All Inclusive Care for the Elderly:** A service model that provides all Medicare and Medicaid services, as well as in-home supports to individuals who are 55 years of age or older, meet certain qualifications and choose to participate.
- A21. Pharmaceutical Products and Services:** Prescription services for prescriptions issued by a licensed physician, podiatrist, certified nurse practitioner or dentist.
- A22. 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.
- A23. 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.
- A24. 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.
- A25. 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.

- A26. Transportation Non-Emergency – Non-Ambulance:** Transportation to and from routine medical appointments.
- A27. Waiver<sup>1</sup> – Adult Day Health Care (ADHC):** Direct care in a licensed day care facility, during a portion of the 24-hour day, for individuals who are physically and/or mentally impaired.
- A28. 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.
- A29. 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.
- A30. 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.
- A31. 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.
- A32. 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.
- A33. Waiver – Residential Options (ROW):** Provides an on-going opportunity for individuals with developmental disabilities to transition from ICF-DD, and provides residential and other comprehensive supports for people with complex needs.
- A34. 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.

<sup>1</sup> For more information and statistics concerning waivers, please see the HCBS Waivers Section on page 51.

**A35. 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.

**A36. Hospital Low Income Needy Upper Payment Limit (UPL):** Payments that the federal government allows states to reimburse hospitals for certain uncompensated care provided under Medicaid at an amount equal to what Medicare would have paid for the same service.

## Public Providers

Payments to the public provider program include:

**B1. LSU – HCSD:** Health Care Services Division is comprised of seven hospitals: Earl K. Long Medical Center (Baton Rouge), Lallie Kemp Medical Center (Independence), Leonard J. Chabert Medical Center (Houma), LSU HSC-HCSD (New Orleans), University Medical Center (Lafayette), Washington-St. Tammany Medical Center (Bogalusa) and Walter O. Moss Medical Center (Lake Charles).

**B2. LSU – EA Conway Medical Center (Monroe)**

**B3. LSU – Huey P. Long Medical Center (Pineville)**

**B4. LSU Medical Center (Shreveport)**

**B5. DHH – State Developmentally Disabled (DD) Facilities:** State DD facilities, includes Special School District #1.

**B6. DHH – State Nursing Homes:** Villa Feliciana Medical Complex and John J. Hainkel, Jr. Home and Rehabilitation Center.

**B7. DHH – Office of Public Health**

**B8. DHH – Community Mental Health Clinics**

**B9. DHH – Psychiatric Free Standing Units**

**B10. DHH – Local Governance Entities (Districts)**

**B11. State Education:** Louisiana Special Education Center, Special School District #1 and Louisiana School for the Deaf.

**B12. Local Education Agencies for School Based Health Services:** School Boards reimbursements.

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

**C1. 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 Medicare program, which is financed and managed by the federal government agency CMS. Matched federal money is available through the Medicaid program to assist the state with the premium payments for certain buy-in enrollees.

**C2. 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).

**C3. 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.

**C4. Health Information Technology (HIT) – Electronic Health Records:** Incentive payments paid to eligible medical professionals and hospitals for adopting, implementing or upgrading certified EHR technology.

## Uncompensated Care Costs

The following hospitals receive UCC payments:

**D1. LSU – HCSD:** Health Care Services Division (For included hospitals see number B1 under 'public providers').

**D2. LSU – EA Conway Medical Center (Monroe)**

**D3. LSU – Huey P. Long Medical Center (Pineville)**

**D4. LSU Medical Center (Shreveport)**

**D5. DHH – Psychiatric Free Standing Units**

**D6. DHH – Villa Feliciana Medical Complex**

**D7. Qualifying Private Hospitals**

**D8. Greater New Orleans Community Health Connection (GNOCHC):** An 1115 Waiver established to provide primary and behavioral health services to those that live in the Greater New Orleans Area who are otherwise ineligible for Medicaid.



# 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.dhh.louisiana.gov](http://www.medicaid.dhh.louisiana.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 Economic Stability Office (ESO) through 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:
  - Pregnant, **or**
  - A parent or caregiver of a child under age 19, **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 is expected to 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 pages 24 and 25 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). Federal Poverty Guidelines are legislated by the federal government regarding what is considered the poverty level standard of living. Table 7 shows 2011 Federal Poverty Guidelines, with annual and monthly incomes according to family size. For example, a four-person family was considered living at 100% of FPG if the household income was \$22,350 annually (\$1,863 per month) and at 200% of FPG if the household income was \$44,700 annually (\$3,725 per month).

Figure 7 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 in which the individual falls. While most eligibility categories allow access to the full array of Medicaid services, an 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.

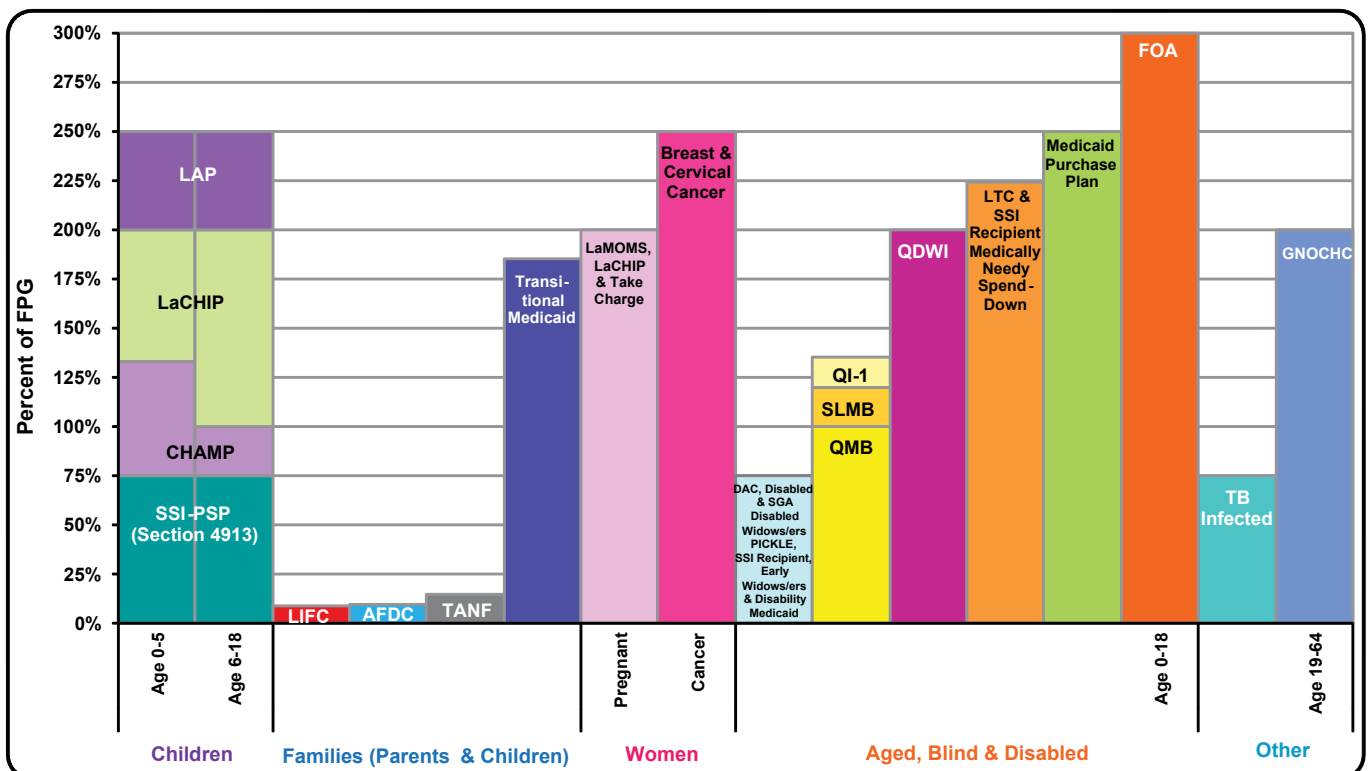
**Table 7: 2011 Federal Poverty Guidelines for All States (Except Alaska and Hawaii)**

Family Size	Annual and Monthly Income in Dollars <sup>1</sup>										
		75%	100%	120%	133%	135%	150%	185%	200%	250%	300%
1	Annual	\$8,168	\$10,890	\$13,068	\$14,484	\$14,702	\$16,335	\$20,147	\$21,780	\$27,225	\$32,670
	Monthly	\$681	\$908	\$1,089	\$1,207	\$1,225	\$1,361	\$1,679	\$1,815	\$2,269	\$2,723
2	Annual	11,033	14,710	17,652	19,564	19,859	22,065	27,214	29,420	36,775	44,130
	Monthly	919	1,226	1,471	1,630	1,655	1,839	2,268	2,452	3,065	3,678
3	Annual	13,898	18,530	22,236	24,645	25,016	27,795	34,281	37,060	46,325	55,590
	Monthly	1,158	1,544	1,853	2,054	2,085	2,316	2,857	3,088	3,860	4,633
4	Annual	16,763	22,350	26,820	29,726	30,173	33,525	41,348	44,700	55,875	67,050
	Monthly	1,397	1,863	2,235	2,477	2,514	2,794	3,446	3,725	4,656	5,588
5	Annual	19,628	26,170	31,404	34,806	35,330	39,255	48,415	52,340	65,425	78,510
	Monthly	1,636	2,181	2,617	2,901	2,944	3,271	4,035	4,362	5,452	6,543
6	Annual	22,493	29,990	35,988	39,887	40,487	44,985	55,482	59,980	74,975	89,970
	Monthly	1,874	2,499	2,999	3,324	3,374	3,749	4,623	4,998	6,248	7,498
7	Annual	25,358	33,810	40,572	44,967	45,644	50,715	62,549	67,620	84,525	101,430
	Monthly	2,113	2,818	3,381	3,747	3,804	4,226	5,212	5,635	7,044	8,453
8 <sup>2</sup>	Annual	28,223	37,630	45,156	50,048	50,801	56,445	69,616	75,260	94,075	112,890
	Monthly	2,352	3,136	3,763	4,171	4,233	4,704	5,801	6,272	7,840	9,408

<sup>1</sup> U.S. Department of Health and Human Services. (2011). 2011 Poverty Guidelines. Federal Register, Vol. 76, No. 13, January 20, 2011, pp. 3637-3638. Retrieved from <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Eligibility/Eligibility.html>

<sup>2</sup> For family units more than eight members, add \$3,820 annually and \$318.33 monthly for each additional member.

**Figure 7: 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	<b>A1. SSI-PSP (Section 4913)</b>	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
	<b>A2. CHAMP – Low Income Children</b>	Ages 0 to 5	133% of poverty; No assets test
		Ages 6 to 18 (through 19 <sup>th</sup> birthday)	100% of poverty; No assets test
	<b>A3. LaCHIP (Title XXI)</b>	Ages 0 to 5	> 133% and up to 200% of poverty; No assets test
		Ages 6 to 18 (through 19 <sup>th</sup> birthday)	> 100% and up to 200% of poverty; No assets test
	<b>A4. LaCHIP Affordable Plan (LAP)</b>	Ages 0 to 18 (through 19th birthday)	> 200% and up to 250% of poverty; Some cost sharing involved; No assets test
	<b>A5. Deemed Eligible Child</b>	Age 0 (through first birthday)	Children whose mothers were enrolled in Medicaid at the time of birth
B. Families – Parents and Children	<b>A6. CWO Children</b>	Children under age 18 in Foster Care programs through the Department of Children & Family Services' Child Welfare Office (CWO)	Eligibility determined by the Child Welfare Office
	<b>B1. LIFC – Section 1931</b>	Children and Families	Monthly Income levels of \$66, \$123, \$174, \$217 and \$259 (7.3%, 10.0%, 11.3%, 11.7% and 11.9% of poverty) for family sizes of 1, 2, 3, 4 and 5 respectively; No assets test
	<b>B2. LIFC – Section 1931 "PAP"</b>	Children and Families	Monthly Income levels of \$66, \$123, \$174, \$217 and \$259 (7.3%, 10.0%, 11.3%, 11.7% and 11.9% 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
	<b>B3. AFDC – Related Medically Needy</b>	Children and Families	10% of poverty (individuals and couples); No assets test
	<b>B4. AFDC – Related Spend down Medically Needy</b>	Children and Families	All income over 10% of poverty considered available to meet medical expenses for quarter
	<b>B5. TANF Recipients</b>	Recipients of cash assistance as determined by the Department of Children & Family Services' Economic Stability Office	15% of poverty; Assets limit: \$2,000
C. Women	<b>B6. Transitional Medicaid</b>	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
	<b>C1. CHAMP/LaMOMS – Pregnant Woman</b>	Verified pregnancy, 2-month postpartum period	200% of poverty; No assets test
	<b>C2. LaCHIP (Title XXI)</b>	Conception to birth for low-income, pregnant, non-Medicaid eligible mothers	200% of poverty; No assets test
	<b>C3. Take Charge – Family Planning Program</b>	Women between ages 19 and 44 for family planning related services only	200% of poverty; No assets test
	<b>C4. Breast and Cervical Cancer</b>	Women under 65 diagnosed with breast or cervical cancer, in a precancerous condition, or early stage cancer	250% of poverty; No assets test
	<b>D1. Disabled Adult Child (DAC)</b>	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
	<b>D2. Disabled Widows/Widowers</b>	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

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

Program		Description	Income Limit
D. Aged, Blind and Disabled	<b>D3. SGA Disabled Widows/Widowers / Surviving Divorced Spouse</b>	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 determining countable income with 75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	<b>D4. PICKLE</b>	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 determining countable income with limit 75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	<b>D5. Disability Medicaid</b>	Aged and disabled individuals who meet SSI criteria	75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	<b>D6. SSI Recipients</b>	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
	<b>D7. Early Widows/ Widowers</b>	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
	<b>D8. QMB – Qualified Medicare Beneficiary</b>	Pays Medicare Part A and B premiums, deductibles and co-insurance	100% of poverty; Asset limit: \$6,680 individual and \$10,020 couple
	<b>D9. SLMB – Specified Low-Income Medicare Beneficiary</b>	Pays Medicare Part-B premium only	> 100% and up to 120% of poverty; Assets limit: \$6,680 individual and \$10,020 couple
	<b>D10. QI-1 – Qualified Individual Category 1</b>	Pays Medicare Part-B premium only	> 120% and up to 135% of poverty; Assets limit: \$6,680 individual and \$10,020 couple
	<b>D11. QDWI – Qualified Disabled Working Individual</b>	Provides Medicare Part-A Buy-in for non-aged individuals who lost SSI disability benefits and premium free Part-A coverage	200% of poverty; Assets limit: \$4,000 individual and \$6,000 couple
	<b>D12. Long Term Care (Home and Institutions)</b>	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	223% 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
	<b>D13. SSI Recipient – Medically Needy Spend-Down</b>	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 223% of poverty; Assets limit: \$2,000 individual and \$3,000 couple
	<b>D14. Medicaid Purchase Plan (MPP)</b>	Individuals that are at least 16 but not yet 65 with disabilities that matches SSA standards and who are working can buy health coverage offered by Louisiana Medicaid	250% of poverty; Individual pays a premium when net income is above 150% of poverty; Assets limit: \$25,000 individual
	<b>D15. Family Opportunity Act (FOA)</b>	Offers Medicaid Buy-in to families for children under age 19 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	<b>E1. TB infected</b>	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
	<b>E2. Greater New Orleans Community Health Connection (GNOCHC)</b>	Individuals age 19 to 64 who are residents of Greater New Orleans Area (Orleans, St. Bernard, Plaquemines, and Jefferson) and have been uninsured for at least 6 months; eligible for a limited set of services	200% of poverty; No assets test
	<b>E3. Emergency Services for Illegal/Ineligible Aliens</b>	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
	<b>E4. Youth Aging Out of Foster Care</b>	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 2010/11 (July 1, 2010 to June 30, 2011), 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 2009/10 but a claim was paid on his or her behalf in SFY 2010/11. Thus, when a claim is paid in SFY 2010/11 for a person who received a service in SFY 2009/10, she or he will be counted as a recipient in SFY 2010/11 although this person is no longer eligible for Medicaid in SFY 2010/11. 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 2010/11 to be for a service rendered in SFY 2008/09. 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 2010/11, 30% of Louisianans were enrolled in Medicaid.

Table 10 presents total population, enrollees, percentage of the population enrolled in Medicaid, recipients, payments and payments per recipient by parish during SFY 2010/11. 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 parishes of Avoyelles, Bienville, Evangeline, Red River and St. Landry Parish, as shown in the map (Figure 8). Cameron Parish had the smallest percentage of Medicaid enrolled with only 10% of the parish's population enrolled in Medicaid during SFY 2010/11.

East Baton Rouge Parish had the highest payments paid on behalf of their recipients at about \$500 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 <sup>1</sup>	Population Estimate <sup>2</sup>	Percent of Population Enrolled
2005/06	1,172,107	4,576,628	26%
2006/07	1,188,599	4,302,665	28%
2007/08	1,178,759	4,375,581	27%
2008/09	1,238,371	4,435,586	28%
2009/10	1,307,936	4,491,648	29%
2010/11	1,344,980	4,544,228	30%

<sup>1</sup> Enrollment data was obtained in December, 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.

<sup>2</sup> Population estimates are based on the beginning of the SFY. U.S. Census Bureau, Population Division. (September 2011). Intercensal Estimates of the Resident Population for Counties of Louisiana. Retrieved from <http://www.census.gov/popest/data/intercensal/county/CO-EST00INT-01.html>



Table 10: Population, Enrollees, Recipients and Payments by Parish

	Parish	2010 Population <sup>1</sup>	Medicaid Enrollees <sup>2</sup>	Enrollees/Population		Medicaid Recipients <sup>2</sup>	Payments <sup>3</sup> (\$)	\$ per Recipient
				Ratio	Rank			
1	Acadia	61,844	22,440	36%	22	23,133	\$101,707,792	\$4,397
2	Allen	25,732	8,345	32%	37	8,712	36,064,032	4,140
3	Ascension	107,891	25,354	23%	59	25,623	83,372,875	3,254
4	Assumption	23,374	6,888	29%	46	7,066	28,600,124	4,048
5	Avoyelles	42,103	17,453	41%	10	17,743	88,720,855	5,000
6	Beauregard	35,831	11,054	31%	41	11,310	40,229,859	3,557
7	Bienville	14,330	5,785	40%	11	5,978	26,885,393	4,497
8	Bossier	117,522	27,529	23%	60	27,778	122,385,303	4,406
9	Caddo	255,543	84,487	33%	33	84,342	333,678,069	3,956
10	Calcasieu	193,230	56,337	29%	48	56,726	222,404,054	3,921
11	Caldwell	10,119	3,959	39%	14	4,110	21,952,167	5,341
12	Cameron	6,799	699	10%	64	768	1,917,620	2,497
13	Catahoula	10,381	4,051	39%	15	4,190	19,139,615	4,568
14	Claiborne	17,141	5,250	31%	43	5,396	26,039,486	4,826
15	Concordia	20,806	8,004	38%	17	8,135	29,934,740	3,680
16	De Soto	26,734	8,718	33%	35	8,858	32,505,279	3,670
17	East Baton Rouge	440,909	126,808	29%	49	127,186	500,078,097	3,932
18	East Carroll	7,731	4,118	53%	1	4,200	23,966,240	5,706
19	East Feliciana	20,190	6,697	33%	32	6,846	45,955,497	6,713
20	Evangeline	33,990	14,648	43%	6	15,034	65,917,545	4,385
21	Franklin	20,773	8,851	43%	8	9,081	45,578,163	5,019
22	Grant	22,341	6,955	31%	39	7,136	26,652,538	3,735
23	Iberia	73,236	27,818	38%	19	28,331	108,816,391	3,841
24	Iberville	33,364	11,631	35%	27	11,938	49,348,226	4,134
25	Jackson	16,297	4,533	28%	52	4,779	24,831,391	5,196
26	Jefferson	432,449	126,527	29%	47	126,370	448,943,317	3,553
27	Jefferson Davis	31,605	10,675	34%	31	10,990	47,775,106	4,347
28	Lafayette	222,051	54,921	25%	57	55,965	213,164,395	3,809
29	Lafourche	96,328	25,515	26%	54	26,111	100,755,913	3,859
30	La Salle	14,928	4,186	28%	50	4,393	23,816,449	5,421
31	Lincoln	46,801	13,030	28%	51	13,156	55,194,571	4,195
32	Livingston	128,549	33,736	26%	55	34,748	107,341,347	3,089
33	Madison	12,102	5,453	45%	3	5,530	21,972,344	3,973
34	Morehouse	27,925	12,532	45%	4	12,822	61,891,515	4,827
35	Natchitoches	39,605	14,081	36%	23	14,185	52,914,451	3,730
36	Orleans	347,858	122,071	35%	24	119,203	439,799,359	3,689
37	Ouachita	153,910	53,430	35%	28	53,351	217,090,716	4,069
38	Plaquemines	23,106	6,044	26%	56	6,009	23,271,378	3,873
39	Pointe Coupee	22,771	7,064	31%	40	7,275	33,813,201	4,648
40	Rapides	131,779	45,946	35%	26	46,789	355,070,674	7,589
41	Red River	9,079	3,634	40%	12	3,776	14,532,158	3,849
42	Richland	20,736	8,868	43%	7	9,046	50,938,523	5,631
43	Sabine	24,229	7,470	31%	42	7,811	33,554,154	4,296
44	St. Bernard	36,762	14,130	38%	18	13,731	42,172,960	3,071
45	St. Charles	52,771	12,919	24%	58	13,178	42,455,603	3,222
46	St. Helena	11,205	3,102	28%	53	3,230	13,504,051	4,181
47	St. James	22,026	6,906	31%	38	7,038	22,728,059	3,229
48	St. John	45,813	16,761	37%	20	16,899	48,864,716	2,892
49	St. Landry	83,454	37,759	45%	2	38,607	170,557,822	4,418
50	St. Martin	52,214	17,099	33%	34	17,498	64,998,365	3,715
51	St. Mary	54,579	19,953	37%	21	20,332	71,513,387	3,517
52	St. Tammany	234,568	50,070	21%	62	50,501	190,359,262	3,769
53	Tangipahoa	121,425	46,844	39%	16	47,435	238,972,799	5,038
54	Tensas	5,231	2,304	44%	5	2,334	9,324,731	3,995
55	Terrebonne	111,861	36,317	32%	36	37,223	133,681,307	3,591
56	Union	22,754	7,728	34%	30	7,822	30,302,827	3,874
57	Vermilion	58,070	17,463	30%	44	17,848	71,034,934	3,980
58	Vernon	52,769	12,338	23%	61	12,404	46,883,152	3,780
59	Washington	47,093	18,555	39%	13	18,923	84,190,149	4,449
60	Webster	41,215	14,265	35%	29	14,602	62,046,166	4,249
61	West Baton Rouge	23,917	7,186	30%	45	7,416	25,714,142	3,467
62	West Carroll	11,582	4,849	42%	9	5,199	22,006,821	4,233
63	West Feliciana	15,610	2,632	17%	63	2,772	16,302,528	5,881
64	Winn	15,287	5,348	35%	25	5,535	23,758,983	4,292
<b>State Total</b>		<b>4,544,228</b>	<b>1,344,980</b>	<b>30%</b>		<b>1,335,866</b>	<b>\$5,839,893,684</b>	<b>\$4,372</b>

<sup>1</sup> Population estimates are based on the beginning of the SFY. U.S. Census Bureau, Population Division. (September 2011). Intercensal Estimates of the Resident Population for Counties of Louisiana for July 1, 2010. Retrieved from <http://www.census.gov/popest/data/intercensal/county/CO-EST00INT-01.html>

<sup>2</sup> 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.

<sup>3</sup> Payments are based on recipient parish payments.

**Figure 8: Parish Percentage of Population Enrolled in Medicaid**

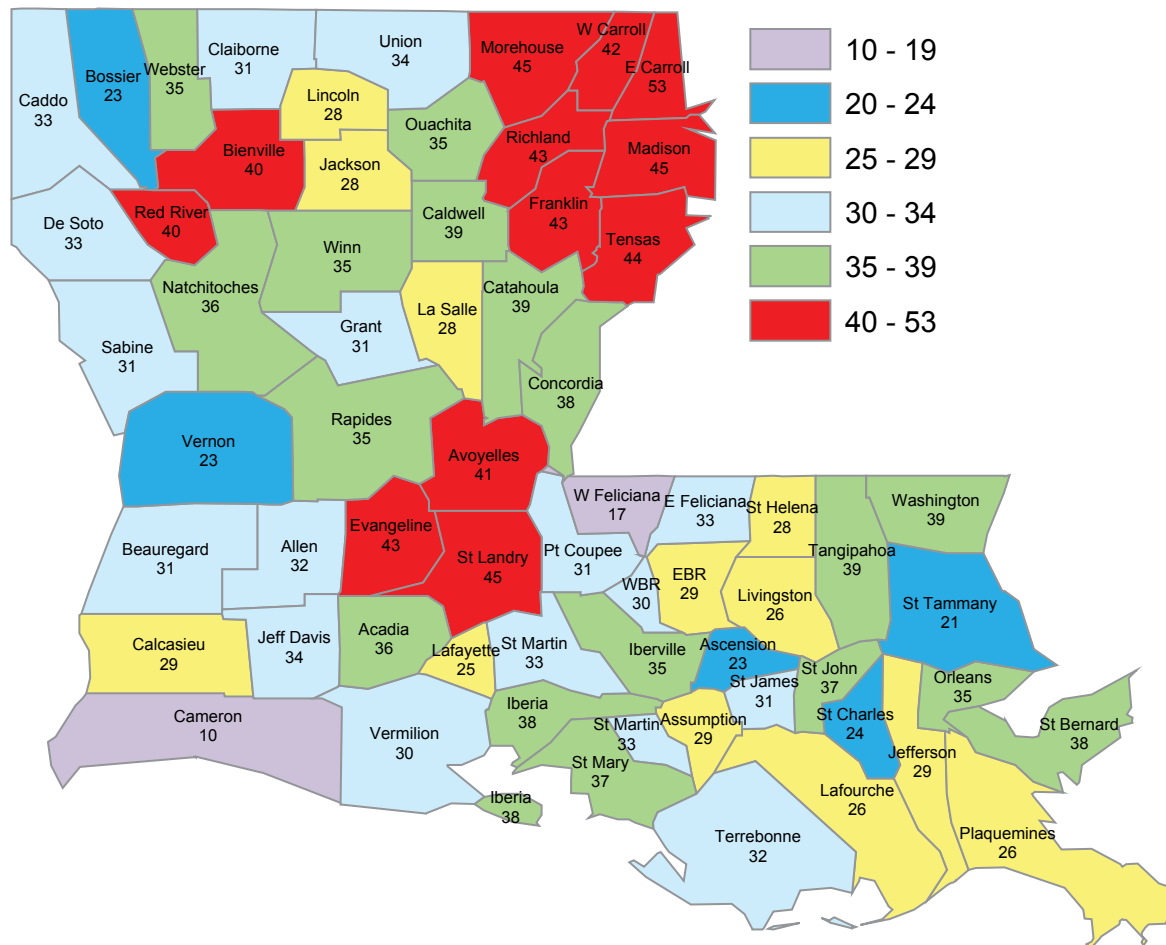


Table 11 presents total population, enrollees, percentage of population enrolled, recipients, payments and payments per recipient by region during SFY 2010/11. Northeast Louisiana had the largest percentage of population enrolled in Medicaid at 35% followed by Central Louisiana at 33%. Both Northshore Area and Capital Area had

the smallest percentages of population enrolled in Medicaid at 28%.

Greater New Orleans Area had the highest payments paid on behalf of their recipients at about \$954 million, while Southwest Louisiana had the least amount paid on behalf of their recipients, at about \$348 million.

**Table 11: Population, Enrollees, Recipients and Payments by Region**

Region	2010 Population <sup>1</sup>	Medicaid Enrollees <sup>2</sup>	Enrollees/Population		Medicaid Recipients <sup>2</sup>	Payments <sup>3</sup> (\$)	\$ per Recipient
			Ratio	Rank			
1 - Greater New Orleans Area	840,175	259,423	31%	4	253,736	\$954,187,014	\$3,761
2 - Capital Area	664,652	183,130	28%	8	183,403	754,584,565	4,114
3 - South Central Louisiana	406,752	122,335	30%	6	123,907	448,599,109	3,620
4 - Acadiana	584,859	184,609	32%	3	186,100	796,197,243	4,278
5 - Southwest Louisiana	293,197	85,497	29%	7	86,312	348,390,671	4,036
6 - Central Louisiana	310,394	102,141	33%	2	103,442	613,977,006	5,935
7 - Northwest Louisiana	545,398	165,057	30%	5	164,620	704,540,458	4,280
8 - Northeast Louisiana	355,961	125,390	35%	1	125,618	585,050,009	4,657
9 - Northshore Area	542,840	149,373	28%	9	150,747	634,367,608	4,208
<b>State Total</b>	<b>4,544,228</b>	<b>1,344,980</b>	<b>30%</b>		<b>1,335,866</b>	<b>\$5,839,893,684</b>	<b>\$4,372</b>

<sup>1</sup> Population estimates are based on the beginning of the SFY. U.S. Census Bureau, Population Division. (September 2011). Intercensal Estimates of the Resident Population for Counties of Louisiana for July 1, 2010. Retrieved from <http://www.census.gov/popest/data/intercensal/county/CO-EST00INT-01.html>

<sup>2</sup> 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.

<sup>3</sup> Payments are based on recipient region payments.

## Enrollment by Age and Gender

The breakdown of enrollees by age (Table 12 and Figure 9) shows that majority enrolled are children, with those aged 20 and under making up 62.0% of the total. Those between the age 21 and 64 comprised 29.5% 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 absorb more costs 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.

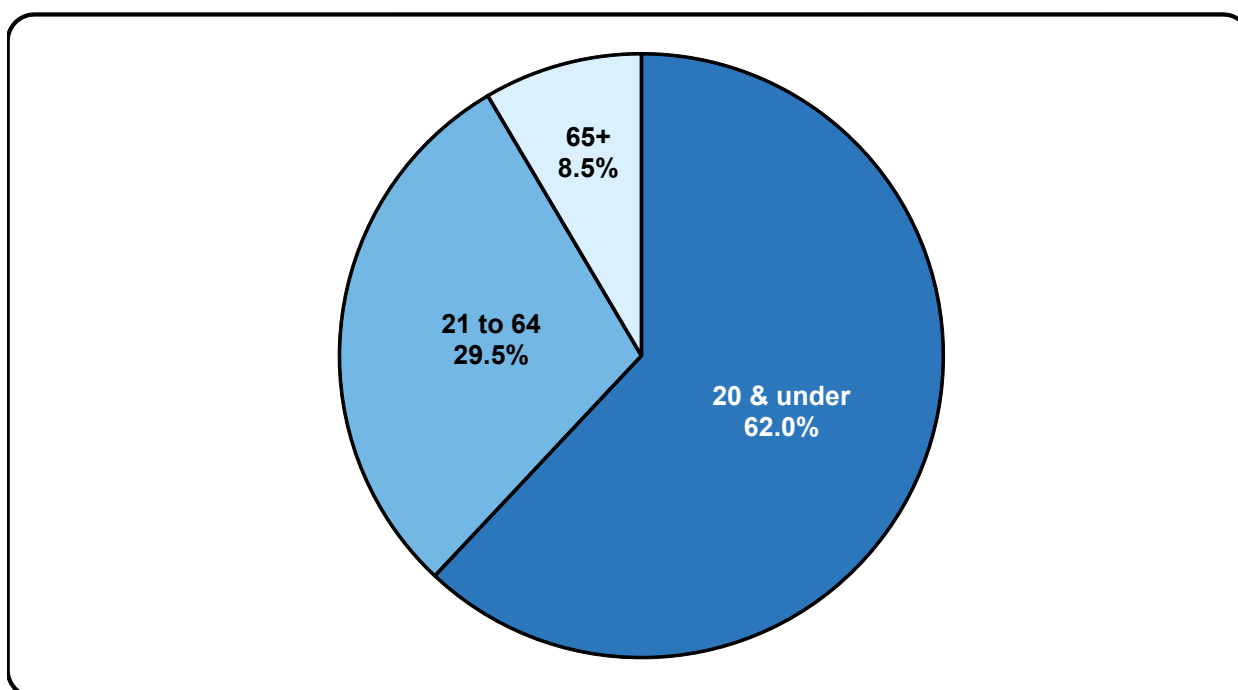
In general, for all ages there are more females than males enrolled in Medicaid (Figure 10). Though children age 18 and under are almost evenly split between female and male, for enrollees of ages 19 and above, women comprised about 74% of enrollment. This can probably be explained by the pregnant women program, disproportionate number of female parents in very low income households, and the longer life expectancy of females.

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

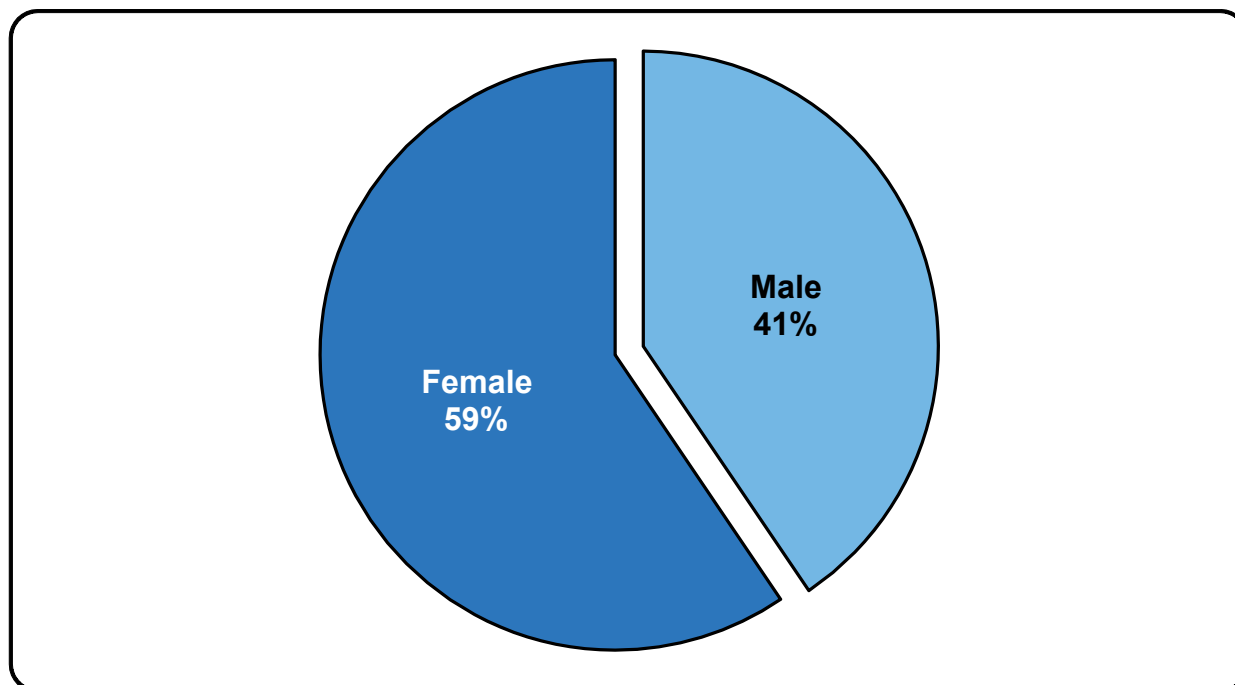
Age <sup>1</sup>	Enrollees			Recipients			Payments (\$)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<b>Under 1</b>	34,506	33,247	67,753	28,584	36,103	64,687	\$180,096,405	\$146,084,330	\$326,180,735
<b>1-5</b>	120,436	116,166	236,602	98,496	138,580	237,076	236,777,097	188,654,779	425,431,877
<b>6-14</b>	176,650	169,581	346,231	147,047	195,169	342,216	359,974,179	256,324,646	616,298,824
<b>15-18</b>	68,662	70,224	138,886	59,181	77,327	136,508	147,476,487	172,757,598	320,234,085
<b>19-20</b>	11,601	32,383	43,984	15,645	39,411	55,056	39,890,528	101,054,444	140,944,972
<b>21-44</b>	42,937	225,453	268,390	36,169	212,337	248,506	486,477,586	806,920,025	1,293,397,611
<b>45-64</b>	56,149	72,767	128,916	46,675	84,591	131,266	716,014,197	818,296,019	1,534,310,216
<b>65-84</b>	30,230	63,335	93,565	30,688	66,155	96,843	274,136,554	547,019,659	821,156,213
<b>85+</b>	3,820	16,833	20,653	4,393	19,315	23,708	58,415,131	303,524,021	361,939,152
<b>Total</b>	<b>544,991</b>	<b>799,989</b>	<b>1,344,980</b>	<b>466,878</b>	<b>868,988</b>	<b>1,335,866</b>	<b>\$2,499,258,163</b>	<b>\$3,340,635,522</b>	<b>\$5,839,893,684</b>

<sup>1</sup> Age as of January 1, 2011.

**Figure 9: Enrollment by Age Groups**



**Figure 10: Total Enrollment by Gender**

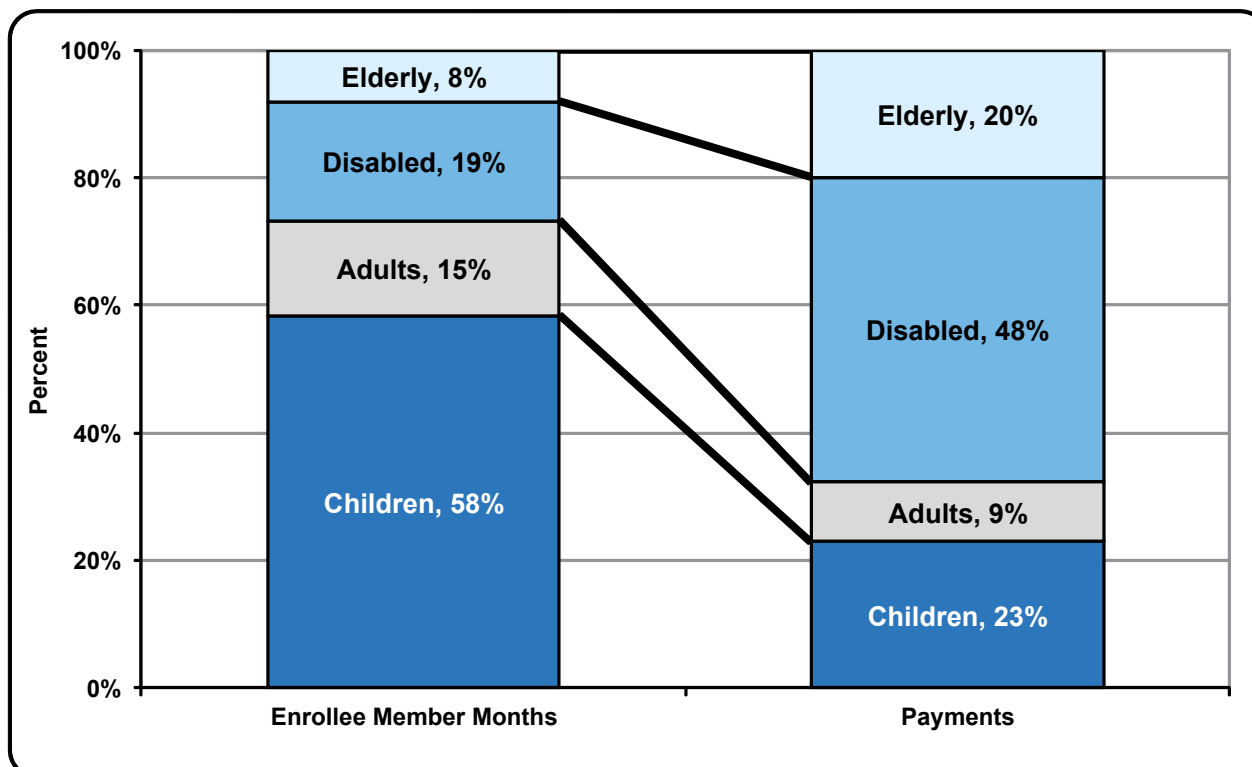


### Enrollment by Basis of Eligibility

During SFY 2010/11, total unduplicated Medicaid enrollment was 1,344,980. Based on total enrollee member months by basis of eligibility category (Figure 11), 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 32% 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 68% of payments.

**Figure 11: Percentage of Enrollee Member Months and Payments by Basis of Eligibility**



Enrollment data for the last two state fiscal years by basis of eligibility are presented in Table 13. Monthly and SFY total enrollment numbers are unduplicated for their respective periods of time. For SFY 2010/11,

overall enrollment grew by 3% from the previous year. The disabled category and the adult category each had higher growth than overall enrollment at 5% and 4%, respectively, from the previous SFY.

**Table 13: Monthly Enrollment by Basis of Eligibility for SFY 2009/10 and SFY 2010/11**

SFY 2009/10					
Month	Elderly	Disabled	Children	Adults	Total <sup>1</sup>
July '09	93,914	205,846	656,513	164,171	1,115,466
August	94,157	207,363	659,971	165,784	1,122,669
September	94,269	208,525	663,125	167,717	1,129,157
October	94,449	209,623	664,723	168,403	1,133,475
November	94,481	210,363	666,137	168,774	1,136,129
December	94,575	210,956	682,865	169,719	1,154,497
January '10	94,688	211,796	684,880	170,999	1,158,867
February	94,718	212,678	685,693	171,586	1,161,239
March	94,903	214,001	690,699	173,352	1,169,404
April	94,931	214,911	692,192	173,948	1,172,285
May	95,015	215,932	692,999	174,751	1,175,176
June	95,174	217,214	694,528	175,851	1,179,302
<b>Total SFY 2009/10<sup>2</sup></b>	<b>106,140</b>	<b>239,126</b>	<b>761,569</b>	<b>229,450</b>	<b>1,307,936</b>
SFY 2010/11					
Month	Elderly	Disabled	Children	Adults	Total <sup>1</sup>
July '10	95,251	218,210	696,116	176,502	1,182,711
August	95,496	219,290	698,745	177,693	1,187,966
September	95,715	220,152	699,485	178,412	1,190,542
October	95,823	220,920	699,485	178,314	1,191,379
November	95,878	221,465	699,312	178,192	1,191,822
December	95,996	222,435	694,023	178,088	1,187,627
January '11	95,991	223,639	694,248	179,176	1,190,145
February	95,929	224,414	693,621	178,910	1,190,097
March	95,830	225,266	692,616	178,776	1,189,678
April	95,809	225,564	690,827	177,884	1,187,336
May	95,750	225,917	691,050	177,974	1,188,033
June	95,709	226,388	691,682	178,290	1,189,514
<b>Total SFY 2010/11<sup>2</sup></b>	<b>107,305</b>	<b>250,434</b>	<b>774,130</b>	<b>239,252</b>	<b>1,344,980</b>
<b>SFY Total Percent Change</b>	<b>1%</b>	<b>5%</b>	<b>2%</b>	<b>4%</b>	<b>3%</b>

<sup>1</sup> Monthly totals may not equal the sum of monthly basis of eligibility categories due to movement across categories. Both are pure **unduplicated** enrollee counts.

<sup>2</sup> 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**,” 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 2010 to June 2011) 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 unless otherwise stated.

## 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.dhh.louisiana.gov](http://www.medicaid.dhh.louisiana.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 2010/11, a total of \$88,201 was collected in premiums charged to these families for their children's coverage and a total of 967 children received services at total payments of \$4,011,152.

### 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 at an enhanced rate of 90% as compared to the 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 2010/11, a total of 54,425 women received services under Take Charge with total payments of \$17,112,405.

### 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 82,052 recipients in SFY 2010/11 with total payments of \$209,807,857.

## 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 covers children in households with income at or below 200% FPG through the combination of a Medicaid expansion model and a separate SCHIP model for LaCHIP IV. 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 (LaCHIP IV) 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 44% 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 2010/11, LaCHIP provided services to 170,167 recipients with total payments of \$221,916,823.

### 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 2010/11, there were 6,634 enrolled in LAP. A total of \$1,184,825 was collected in premiums charged to these families for their children's coverage and a total of 4,201 (OGB Reporting) children received services at total expenditures of \$4,752,691 in SFY 2010/11. Since it is a stand-alone program, LAP data was not included in any tables or figures in this SFY 2010/11 Medicaid Annual Report.

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

Age <sup>1</sup>	LaCHIP (XXI)			Regular Medicaid Children (XIX)			Total (XXI & XIX Children)		
	Enrollees <sup>2</sup>	Recipients <sup>2</sup>	Payments (\$)	Enrollees <sup>2</sup>	Recipients <sup>2</sup>	Payments (\$)	Enrollees <sup>2</sup>	Recipients <sup>2</sup>	Payments (\$)
Under 1	1,737	1,534	\$1,800,779	67,360	64,418	\$324,379,956	67,753	64,687	\$326,180,735
1 to 5	27,593	29,009	34,360,612	220,928	225,590	391,071,265	236,602	237,076	425,431,877
6 to 14	81,904	85,018	108,231,374	284,832	291,784	508,067,451	346,231	342,216	616,298,824
15 to 18	37,711	39,948	59,440,714	108,826	111,519	260,793,371	138,886	136,508	320,234,085
<b>Total Under 19</b>	<b>148,945</b>	<b>155,509</b>	<b>203,833,479</b>	<b>681,946</b>	<b>693,311</b>	<b>1,484,312,042</b>	<b>789,472</b>	<b>780,487</b>	<b>1,688,145,521</b>
19 to 20 <sup>3</sup>	8,613	14,658	18,083,344	40,577	43,944	122,861,628	47,859	55,057	140,944,972
<b>Total</b>	<b>157,558</b>	<b>170,167</b>	<b>\$221,916,823</b>	<b>722,523</b>	<b>737,255</b>	<b>\$1,607,173,669</b>	<b>837,331</b>	<b>835,544</b>	<b>\$1,829,090,493</b>

<sup>1</sup> Age as of January 1, 2011.

<sup>2</sup> 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.

<sup>3</sup> 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) <sup>1</sup>			Regular Medicaid Children (XIX)			Total (XXI & XIX Children)		
		Enrollees <sup>2</sup>	Recipients <sup>2</sup>	Payments (\$)	Enrollees <sup>2</sup>	Recipients <sup>2</sup>	Payments (\$)	Enrollees <sup>2</sup>	Recipients <sup>2</sup>	Payments (\$)
1	Acadia	2,692	2,870	\$3,887,008	11,776	12,361	\$25,680,608	13,757	14,101	\$29,567,617
2	Allen	959	1,042	1,394,807	4,370	4,662	9,056,537	5,098	5,289	10,451,344
3	Ascension	3,550	3,850	4,691,447	14,238	14,823	27,726,389	16,960	17,185	32,417,836
4	Assumption	732	794	1,234,891	3,380	3,543	7,752,051	3,942	4,029	8,986,942
5	Avoyelles	1,730	1,852	2,534,511	8,516	8,873	22,700,383	9,764	9,953	25,234,893
6	Beauregard	1,394	1,476	2,283,551	6,171	6,457	14,057,143	7,213	7,354	16,340,694
7	Bienville	483	525	682,744	2,964	3,121	5,231,500	3,320	3,430	5,914,244
8	Bossier	3,248	3,445	4,371,439	15,671	16,059	26,030,295	18,204	18,310	30,401,734
9	Caddo	8,498	9,046	10,069,090	47,457	48,091	94,232,154	53,751	53,530	104,301,244
10	Calcasieu	6,999	7,489	9,762,910	32,171	33,089	66,255,403	37,315	37,479	76,018,313
11	Caldwell	438	485	941,431	2,063	2,148	5,530,613	2,382	2,449	6,472,044
12	Cameron	86	101	130,024	386	448	722,569	456	507	852,594
13	Catahoula	407	446	634,409	2,035	2,117	4,551,608	2,328	2,396	5,186,016
14	Claiborne	462	500	599,549	2,708	2,775	6,851,844	3,048	3,083	7,451,393
15	Concordia	743	804	1,066,883	4,471	4,523	7,594,358	5,020	5,032	8,661,241
16	De Soto	954	1,014	1,261,749	4,787	4,923	9,132,121	5,528	5,589	10,393,870
17	East Baton Rouge	14,798	15,997	17,315,790	70,543	72,828	138,829,251	81,420	82,242	156,145,041
18	East Carroll	300	332	512,823	2,288	2,396	5,831,009	2,505	2,583	6,343,832
19	East Feliciana	852	937	1,265,332	3,184	3,347	6,527,614	3,825	3,930	7,792,946
20	Evangeline	1,421	1,563	2,212,326	7,274	7,569	14,873,770	8,305	8,497	17,086,096
21	Franklin	748	823	1,153,416	4,689	4,930	11,195,214	5,227	5,361	12,348,630
22	Grant	748	802	1,105,565	3,801	3,978	7,860,814	4,348	4,459	8,966,378
23	Iberia	2,927	3,191	4,120,500	15,337	16,083	29,294,037	17,472	17,892	33,414,536
24	Iberville	1,176	1,303	1,630,959	6,360	6,643	15,569,107	7,244	7,391	17,200,066
25	Jackson	457	491	774,250	2,307	2,501	5,531,075	2,664	2,805	6,305,324
26	Jefferson	18,108	19,713	25,898,319	65,609	67,850	132,548,563	78,904	79,898	158,446,882
27	Jefferson Davis	1,301	1,416	1,969,055	5,619	5,859	13,742,969	6,568	6,700	15,712,024
28	Lafayette	6,716	7,243	8,703,004	30,656	31,953	61,092,013	35,676	36,353	69,795,017
29	Lafourche	2,939	3,220	4,624,077	13,423	14,101	28,059,300	15,534	15,935	32,683,377
30	La Salle	493	531	832,877	2,163	2,288	5,876,179	2,507	2,604	6,709,056
31	Lincoln	1,302	1,395	1,556,409	7,039	7,248	12,937,818	7,969	8,116	14,494,227
32	Livingston	4,633	5,136	6,516,992	19,061	20,120	38,662,880	22,492	23,107	45,179,872
33	Madison	399	434	598,178	3,216	3,315	7,346,468	3,509	3,583	7,944,646
34	Morehouse	1,114	1,211	1,766,247	6,691	6,947	17,309,003	7,520	7,651	19,075,249
35	Natchitoches	1,239	1,338	1,667,201	8,101	8,217	16,295,340	8,996	9,020	17,962,540
36	Orleans	10,631	11,344	12,824,871	63,052	63,041	115,205,537	70,782	70,052	128,030,408
37	Ouachita	5,537	5,887	6,927,374	30,457	31,431	68,486,903	34,566	34,851	75,414,278
38	Plaquemines	805	839	908,721	3,188	3,270	6,916,603	3,737	3,745	7,825,324
39	Pointe Coupee	837	894	1,210,249	3,593	3,818	8,873,476	4,228	4,347	10,083,725
40	Rapides	5,297	5,677	7,275,559	24,228	25,184	73,666,385	28,164	28,511	80,941,944
41	Red River	334	364	403,771	2,103	2,204	3,682,897	2,345	2,422	4,086,668
42	Richland	894	959	1,289,738	4,621	4,843	11,702,049	5,286	5,410	12,991,786
43	Sabine	731	862	1,265,890	4,040	4,357	8,516,139	4,573	4,829	9,782,029
44	St. Bernard	1,569	1,640	2,086,770	7,811	7,816	16,022,063	8,897	8,784	18,108,834
45	St. Charles	1,836	1,981	2,444,091	7,167	7,501	14,773,926	8,543	8,742	17,218,017
46	St. Helena	301	333	369,768	1,560	1,656	3,124,623	1,774	1,865	3,494,392
47	St. James	800	863	1,125,597	3,676	3,833	7,801,412	4,276	4,388	8,927,009
48	St. John	2,143	2,348	2,590,094	9,204	9,515	16,580,305	10,836	10,954	19,170,399
49	St. Landry	4,274	4,622	5,611,124	19,748	20,447	42,698,850	22,949	23,289	48,309,974
50	St. Martin	2,156	2,310	2,966,826	9,268	9,713	17,473,797	10,771	11,062	20,440,623
51	St. Mary	2,381	2,566	3,212,691	10,902	11,263	23,332,221	12,671	12,863	26,544,912
52	St. Tammany	7,058	7,601	10,369,039	27,242	28,451	56,924,331	32,330	32,648	67,293,370
53	Tangipahoa	5,014	5,452	6,918,830	24,993	25,824	56,080,817	28,633	29,002	62,999,647
54	Tensas	198	209	321,929	1,213	1,244	3,242,634	1,353	1,377	3,564,563
55	Terrebonne	3,978	4,444	6,023,005	20,000	20,857	42,669,887	22,903	23,340	48,692,892
56	Union	842	912	1,181,862	4,156	4,298	10,524,341	4,774	4,862	11,706,203
57	Vermilion	1,993	2,129	3,146,695	9,343	9,782	19,416,548	10,796	11,022	22,563,243
58	Vernon	1,454	1,566	2,413,080	6,968	7,106	15,759,953	8,026	7,965	18,173,033
59	Washington	1,960	2,108	3,505,908	9,499	9,855	22,546,299	10,951	11,077	26,052,207
60	Webster	1,395	1,485	1,710,096	7,624	7,892	15,536,251	8,657	8,762	17,246,348
61	West Baton Rouge	805	864	998,762	3,915	4,136	7,777,335	4,557	4,683	8,776,097
62	West Carroll	552	680	1,271,067	2,529	2,834	6,703,339	2,947	3,179	7,974,406
63	West Feliciana	396	434	721,169	1,322	1,443	3,373,293	1,623	1,706	4,094,461
64	Winn	622	659	1,052,487	2,741	2,857	5,273,455	3,199	3,266	6,325,942
Grand Total		157,558	170,167	\$221,916,823	722,523	737,255	\$1,607,173,669	837,331	835,544	\$1,829,090,493

<sup>1</sup> 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.

<sup>2</sup> 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 Ticket to Work Act and Work Incentives Improvement Act of 1999. 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 2010/11, there were 3,257 recipients receiving services in the program with total payments of \$23,227,185 (Table 17).

**Table 16: Medicaid Purchase Plan Requirements and Monthly Premiums**

Income Requirement <sup>1</sup>	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		

<sup>1</sup>This 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 <sup>1</sup>	
				Enrollees Paying Premium	Amount Collected
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	2,680	2,561	\$20,373,597	318	\$149,255
2010/11	3,165	3,257	\$23,227,185	356	\$165,176

<sup>1</sup> Data comes from the Office of Group Benefits' Medicaid Purchase Plan Premium Files.

## Medicare Buy-in and Medicare Savings Program

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 certain low income “full” dual eligibles. Medicare Part-A premiums are also paid for those Medicaid enrollees receiving Supplemental Security Income (SSI) payments who become entitled to Medicare at age 65. Medicaid sends a monthly Clawback payment to CMS for individuals receiving Part-D who are dual eligible.

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).

Medicare premiums for calendar years 2010 and 2011 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 2010/11, Louisiana Medicaid paid premiums for 7,926 individuals for Part-A and 180,253 individuals for Part-B, and Part-D expenditures (all state funds) for 111,275 individuals (Table 20).



**Table 18: Medicare Premiums and Deductibles<sup>1</sup>**

Calendar Year	Part-A Monthly Premiums <sup>2</sup>		Part-A Deductible	Part-B Monthly Premium	Part-B Deductible	Part-D Base Monthly Premium	Part-D Deductible
	Eligible Work History						
	< 7½ Years	7½ to 10 years					
2010	\$461	\$254	\$1,100	\$110.50	\$155	\$31.94	\$310
2011	\$450	\$248	\$1,132	\$115.40	\$162	\$32.34	\$310

<sup>1</sup> 2011 Annual Report of the Board of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds. (2011).

Retrieved from <https://www.cms.gov/ReportsTrustFunds/downloads/tr2011.pdf>

<sup>2</sup> Part A is free to those who have worked for more than 10 years of Medicare-covered employment.

**Table 19: Medicare Buy-In Program Requirements and Coverage**

Eligible Group	Coverage	Income Requirement	Asset Limit
<b>Qualified Medicare Beneficiary (QMB)</b>	Medicaid payment of Medicare Part-A <sup>1</sup> and Part-B premiums; deductible and co-insurance for Medicaid covered services; and Medicare Prescription Drug Plan monthly premium	Up to 100% of poverty	Less than \$6,680 for individual and \$10,020 for couple
<b>Specified Low Income Beneficiary (SLMB)</b>	Medicaid payment of Medicare Part-B premium and Medicare Prescription Drug Plan monthly premium	100% to 120% of poverty	
<b>Qualified Individual (QI-1)</b>	Medicaid payment of Medicare Part-B premium and Medicare Prescription Drug Plan monthly premium	120% to 135% of poverty	

<sup>1</sup> Part A is paid for only those who have not worked for more than 10 years of Medicare-covered employment.

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

SFY	Part-A		Part-B		Part-D <sup>1</sup>	
	Recipients <sup>2</sup>	Expenditures (\$)	Recipients <sup>2</sup>	Expenditures (\$)	Recipients <sup>2</sup>	Expenditures (\$)
<b>2008/09</b>	7,739	\$32,890,618	166,603	\$179,299,930	108,210	\$78,314,306
<b>2009/10<sup>3</sup></b>	7,470	\$34,954,045	170,710	\$196,731,969	109,012	\$58,727,782
<b>2010/11<sup>3</sup></b>	7,926	\$36,188,037	180,253	\$228,533,426	111,275	\$42,975,839

<sup>1</sup> Part-D expenditures are all state funds.

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

<sup>3</sup> 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 2010/11, a total of 1,993 recipients received services with total payments of \$28,382,479.



## 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 Medicaid managed care health delivery system with fee-for-service reimbursement that links Medicaid recipients to a contracted provider who is paid a nominal per member per month (PMPM) management fee for managing and coordinating health care services of assigned/linked enrollees.

Effective January 1, 2011, Medicaid transitioned from CommunityCARE to CommunityCARE 2.0, an enhanced program model. The enhanced version replaced the previous program for both adults and children, reduced the PMPM base management fee from \$3 to \$1.50, and afforded Primary Care Providers (PCPs) the opportunity to earn additional incentive payments for meeting Pay for Performance (P4P) measures. P4P measures include: the rate of low level emergency room utilization; extended office hours; National Committee for Quality Assurance (NCQA) or Joint Commission on the Accreditation of Healthcare Organization (JCAHO) accreditation and EPSDT screenings performed in the office. The P4P payments are calculated monthly and paid quarterly.

CommunityCARE 2.0 PCPs must attest to their intent to meet additional program requirements to qualify for the base management fee. Those requirements include: participating in Louisiana Immunization Network for Kids Statewide (LINKS); providing direct medical care in the office at least 20 hours per week; offering internet access (including an e-mail address) and conducting administrative functions with DHH electronically. Also, PCP practices with 5,000 or more linkages must have extended hours for scheduling routine, non-urgent care and urgent care appointments of at least six hours per week. Practices with less than 5,000 linkages are encouraged, but not mandated, to offer extended hours, thereby providing additional access to care.

The primary goal of CommunityCARE 2.0 is to provide a “medical home” for primary care to all enrollees to improve access to quality medical services. In addition it ensures reasonable time periods and geographic distance from the residences of the enrollees in the program, as well as continuity of care. The CommunityCARE program's PCCM fee payments of \$20,868,690 were paid to 706 providers on behalf of approximately 878,687 enrollees during SFY 2010/11 (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 392,165 recipients in SFY 2010/11 with total payments of \$36,574,777 (Table 21). There were 560 providers that offered services to KIDMED recipients during SFY 2010/11.

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

SFY	CommunityCARE/CommunityCARE 2.0 - PCCM		
	Recipients	Providers	Payments
2008/09	825,764	703	\$24,618,770
2009/10	866,364	721	\$25,869,153
2010/11 <sup>1</sup>	878,687	706	\$20,868,690
SFY	KIDMED		
	Recipients	Providers	Payments
2008/09	374,767	603	\$31,386,812
2009/10	399,779	573	\$33,901,680
2010/11	392,165	560	\$36,574,777

<sup>1</sup> CommunityCARE 2.0 began in January 2011.

## Medicaid Providers

During SFY 2010/11, over 26,000 providers participated and offered services to Louisiana Medicaid enrollees.

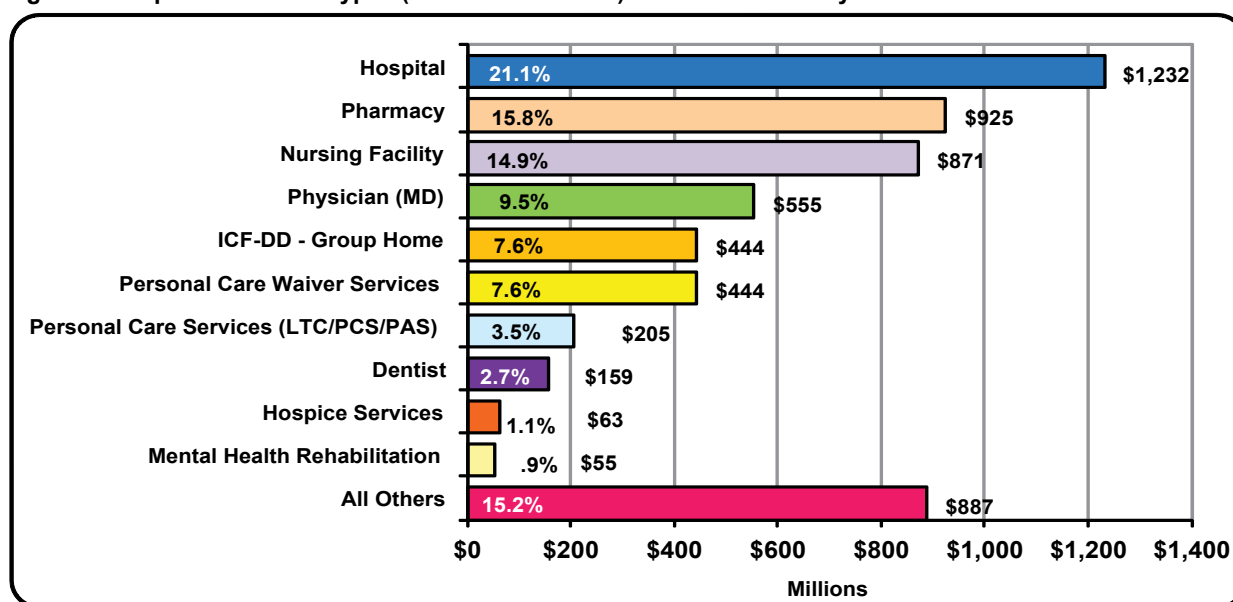
Figure 12 represents total payments to public and private providers. The hospital category includes inpatient and outpatient services. Hospital payments rank at the top with 21.1%, pharmacy payments are second with 15.8%, followed closely by nursing facility payments in third place with 14.9% of total payments.

Table 22 shows the top ten provider types of total Medicaid payments grouped by in-state and out-of-state. About \$5.5 billion (93.5%) of the total \$5.8 billion payments were paid to providers within

Louisiana, while about \$382 million (6.5%) 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 shows 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 12,085 (46.4%) of the 26,045 total participating providers. With respect to in-state and out-of-state provider distribution, about 10.2% of participating providers are from out-of-state. The out-of-state category “all others” (602) includes CMS along with 601 other providers.

**Figure 12: 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	\$1,211,577,962	\$20,125,585	\$1,231,703,547	22.2%	5.3%	21.1%	98%	2%
Pharmacy	904,181,541	20,909,091	925,090,632	16.6%	5.5%	15.8%	98%	2%
Nursing Facility	871,361,804	-	871,361,804	16.0%	0.0%	14.9%	100%	0%
Physician (MD)	550,624,972	4,186,280	554,811,252	10.1%	1.1%	9.5%	99%	1%
ICF-DD - Group Home	444,169,371	-	444,169,371	8.1%	0.0%	7.6%	100%	0%
Personal Care Waiver Services	444,043,585	-	444,043,585	8.1%	0.0%	7.6%	100%	0%
Personal Care Services (LTC/PCS/PAS)	205,014,367	-	205,014,367	3.8%	0.0%	3.5%	100%	0%
Dentist	158,638,230	26,091	158,664,322	2.9%	0.0%	2.7%	100%	0%
Hospice Services	62,521,261	-	62,521,261	1.1%	0.0%	1.1%	100%	0%
Mental Health Rehabilitation	55,078,300	-	55,078,300	1.0%	0.0%	0.9%	100%	0%
All Others	550,897,774	336,537,471	887,435,245	10.1%	88.1%	15.2%	62%	38%
<b>Total</b>	<b>\$5,458,109,166</b>	<b>\$381,784,518</b>	<b>\$5,839,893,684</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>93.5%</b>	<b>6.5%</b>

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

**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	191	557	748	0.8%	20.9%	2.9%	26%	74%
Pharmacy	1,285	71	1,356	5.5%	2.7%	5.2%	95%	5%
Nursing Facility	266	-	266	1.1%	0.0%	1.0%	100%	0%
Physician(MD)	10,651	1,434	12,085	45.6%	53.7%	46.4%	88%	12%
ICF-DD – Group Home	552	-	552	2.4%	0.0%	2.1%	100%	0%
Personal Care Waiver Services	637	-	637	2.7%	0.0%	2.4%	100%	0%
Personal Care Services (LTC/PCS/PAS)	628	-	628	2.7%	0.0%	2.4%	100%	0%
Dentist	933	5	938	4.0%	0.2%	3.6%	99%	1%
Hospice Services	122	-	122	0.5%	0.0%	0.5%	100%	0%
Mental Health Rehabilitation	93	-	93	0.4%	0.0%	0.4%	100%	0%
All Others	8,018	602	8,620	34.3%	22.6%	33.1%	93%	7%
<b>Total</b>	<b>23,376</b>	<b>2,669</b>	<b>26,045</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>89.8%</b>	<b>10.2%</b>

Figure 13 shows a map of the ratios of provider parish payments to recipient parish payments from Table 24 for SFY 2010/11. This relationship gives

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

**Figure 13: Provider Participation Ratios**

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

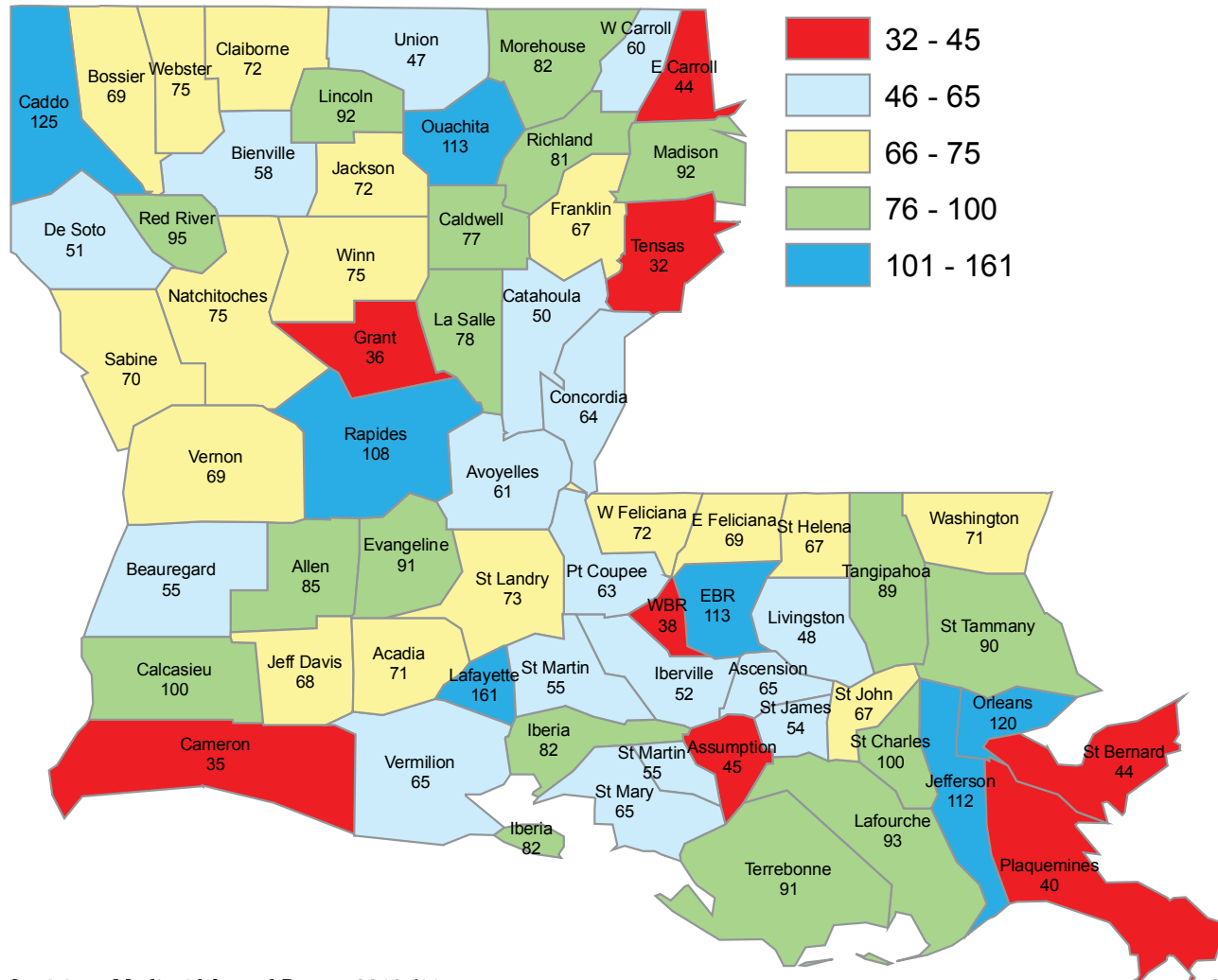


Table 24: Provider Payments and Participation Ratios

	Parish	A. Provider Parish Payments (\$)¹	B. Recipient Parish Payments (\$)	C. Ratio $C=(A/B)*100$
1	Acadia	\$72,270,825	\$101,707,792	71.1
2	Allen	30,815,601	36,064,032	85.4
3	Ascension	53,897,197	83,372,875	64.6
4	Assumption	12,737,214	28,600,124	44.5
5	Avoyelles	53,716,457	88,720,855	60.5
6	Beauregard	22,085,394	40,229,859	54.9
7	Bienville	15,702,286	26,885,393	58.4
8	Bossier	84,503,430	122,385,303	69.0
9	Caddo	415,678,622	333,678,069	124.6
10	Calcasieu	222,738,248	222,404,054	100.2
11	Caldwell	16,979,903	21,952,167	77.3
12	Cameron	677,481	1,917,620	35.3
13	Catahoula	9,484,576	19,139,615	49.6
14	Claiborne	18,755,331	26,039,486	72.0
15	Concordia	19,111,833	29,934,740	63.8
16	De Soto	16,446,047	32,505,279	50.6
17	East Baton Rouge	566,545,739	500,078,097	113.3
18	East Carroll	10,464,389	23,966,240	43.7
19	East Feliciana	31,540,051	45,955,497	68.6
20	Evangeline	59,916,995	65,917,545	90.9
21	Franklin	30,355,648	45,578,163	66.6
22	Grant	9,514,680	26,652,538	35.7
23	Iberia	88,898,442	108,816,391	81.7
24	Iberville	25,812,173	49,348,226	52.3
25	Jackson	17,947,372	24,831,391	72.3
26	Jefferson	503,436,077	448,943,317	112.1
27	Jefferson Davis	32,302,812	47,775,106	67.6
28	Lafayette	342,273,395	213,164,395	160.6
29	Lafourche	93,387,239	100,755,913	92.7
30	La Salle	18,690,096	23,816,449	78.5
31	Lincoln	50,658,200	55,194,571	91.8
32	Livingston	51,956,094	107,341,347	48.4
33	Madison	20,213,874	21,972,344	92.0
34	Morehouse	50,476,542	61,891,515	81.6
35	Natchitoches	39,602,678	52,914,451	74.8
36	Orleans	529,387,810	439,799,359	120.4
37	Ouachita	245,534,520	217,090,716	113.1
38	Plaquemines	9,407,743	23,271,378	40.4
39	Pointe Coupee	21,367,095	33,813,201	63.2
40	Rapides	382,222,743	355,070,674	107.6
41	Red River	13,862,095	14,532,158	95.4
42	Richland	41,080,433	50,938,523	80.6
43	Sabine	23,562,506	33,554,154	70.2
44	St. Bernard	18,453,234	42,172,960	43.8
45	St. Charles	42,469,904	42,455,603	100.0
46	St. Helena	9,072,158	13,504,051	67.2
47	St. James	12,354,815	22,728,059	54.4
48	St. John	32,735,244	48,864,716	67.0
49	St. Landry	124,093,631	170,557,822	72.8
50	St. Martin	36,038,215	64,998,365	55.4
51	St. Mary	46,284,096	71,513,387	64.7
52	St. Tammany	172,264,865	190,359,262	90.5
53	Tangipahoa	211,901,628	238,972,799	88.7
54	Tensas	2,956,477	9,324,731	31.7
55	Terrebonne	121,386,977	133,681,307	90.8
56	Union	14,339,260	30,302,827	47.3
57	Vermilion	46,309,462	71,034,934	65.2
58	Vernon	32,248,642	46,883,152	68.8
59	Washington	59,792,255	84,190,149	71.0
60	Webster	46,749,719	62,046,166	75.3
61	West Baton Rouge	9,751,432	25,714,142	37.9
62	West Carroll	13,280,303	22,006,821	60.3
63	West Feliciana	11,761,216	16,302,528	72.1
64	Winn	17,847,746	23,758,983	75.1
In-State Total		\$5,458,109,166	\$5,839,893,684	93.5
Out-of-State Total		\$381,784,518		
Total		\$5,839,893,684	\$5,839,893,684	100.0

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

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.



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 Greater New Orleans Area ranked number one, with about \$1,060.7 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 \$566.5 million in payments going into the parish, while Cameron Parish ranked last with \$677,481 in payments going into the parish.

Table 27 presents the number of service providers by parish, Table 28 presents the number of recipients by parish and Table 29 presents payments per recipient 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. Personal Care Waiver Services
1 - Greater New Orleans Area	\$378,649,130	\$167,299,720	\$108,815,237	\$130,421,586	\$31,568,348	\$69,881,615
2 - Capital Area	165,395,322	114,903,291	124,784,779	79,100,191	29,940,008	64,140,034
3 - South Central Louisiana	67,026,986	79,702,236	56,859,459	39,788,285	10,742,242	34,315,420
4 - Acadiana	128,932,364	138,403,844	134,048,571	84,535,562	28,169,865	68,164,810
5 - Southwest Louisiana	51,343,097	64,848,358	57,008,083	31,257,329	20,747,255	24,692,773
6 - Central Louisiana	80,979,797	64,632,892	83,051,901	34,526,054	171,191,434	40,608,306
7 - Northwest Louisiana	169,410,658	86,289,849	143,758,837	63,290,720	51,283,442	41,981,257
8 - Northeast Louisiana	93,640,253	77,278,794	95,204,503	40,386,747	33,367,089	52,145,462
9 - Northshore Area	76,200,355	110,822,557	67,830,434	47,318,498	67,159,688	48,113,908
Total In-State	\$1,211,577,962	\$904,181,541	\$871,361,804	\$550,624,972	\$444,169,371	\$444,043,585
Total Out-of-State	\$20,125,585	\$20,909,091	\$0	\$4,186,280	\$0	\$0
Grand Total	\$1,231,703,547	\$925,090,632	\$871,361,804	\$554,811,252	\$444,169,371	\$444,043,585

**Table 25: Continued (7-10)**

Region	7. Personal Care Services (LTC/PCS/PAS)	8. Dentist	9. Hospice Services	10. Mental Health Rehabilitation	All Others	Grand Total	Overall Rank
1 - Greater New Orleans Area	\$28,135,484	\$25,573,653	\$6,256,144	\$12,619,865	\$101,464,082	\$1,060,684,864	1
2 - Capital Area	31,160,527	24,553,907	7,818,817	7,474,430	71,403,598	720,674,904	3
3 - South Central Louisiana	9,347,667	11,630,987	3,564,402	5,217,217	43,160,589	361,355,489	8
4 - Acadiana	48,273,774	22,029,630	7,448,018	4,014,260	105,780,270	769,800,966	2
5 - Southwest Louisiana	6,503,167	10,358,087	5,302,906	2,845,635	33,712,847	308,619,536	9
6 - Central Louisiana	14,917,401	11,949,718	6,876,791	2,210,664	31,891,813	542,836,772	5
7 - Northwest Louisiana	22,496,608	15,587,353	10,631,912	8,904,175	61,227,904	674,862,715	4
8 - Northeast Louisiana	30,126,849	15,062,349	8,800,647	8,162,777	60,111,449	514,286,920	6
9 - Northshore Area	14,052,890	21,892,545	5,821,626	3,629,276	42,145,222	504,987,000	7
Total In-State	\$205,014,367	\$158,638,230	\$62,521,261	\$55,078,300	\$550,897,774	\$5,458,109,166	
Total Out-of-State	\$0	\$26,091	\$0	\$0	\$336,537,471	\$381,784,518	
Grand Total	\$205,014,367	\$158,664,322	\$62,521,261	\$55,078,300	\$887,435,245	\$5,839,893,684	



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	Personal Care Waiver Services
1	Acadia	\$6,717,866	\$20,405,844	\$18,755,093	\$5,100,757	\$11,880,005	\$356,103
2	Allen	4,136,174	5,083,406	8,178,481	2,089,127	765,748	1,261,730
3	Ascension	4,735,858	16,237,102	8,903,163	5,165,369	1,923,448	5,562,520
4	Assumption	826,586	2,605,991	3,533,774	227,650	739,748	2,366,007
5	Avoyelles	5,993,130	12,037,141	19,949,661	2,911,336	317,099	2,270,666
6	Beauregard	5,139,107	4,637,857	6,179,114	2,474,194	700,947	615,058
7	Bienville	2,475,645	1,994,598	8,629,193	645,009	566,341	161,257
8	Bossier	5,162,255	10,677,475	17,605,736	4,082,431	29,525,075	7,413,600
9	Caddo	133,852,993	46,172,774	75,363,427	45,857,806	13,852,389	24,892,286
10	Calcasieu	36,163,957	46,105,637	33,747,009	24,059,011	17,952,105	20,497,191
11	Caldwell	3,910,301	3,094,537	2,652,685	926,049	381,952	2,850,609
12	Cameron	358,854	-	-	23,306	-	-
13	Catahoula	-	2,147,875	2,623,254	134,921	-	2,156,949
14	Claiborne	5,509,710	2,548,034	5,181,844	700,126	-	2,377,139
15	Concordia	3,341,745	3,786,421	5,472,940	1,059,632	-	1,093,924
16	De Soto	2,384,789	3,276,785	4,714,498	463,276	671,784	437,217
17	East Baton Rouge	156,018,492	78,273,606	72,602,791	67,324,009	22,496,101	52,716,787
18	East Carroll	1,509,533	2,196,126	3,637,060	526,581	273,379	124,354
19	East Feliciana	325,283	3,000,106	19,633,786	451,988	3,564,893	1,208,675
20	Evangeline	10,027,545	12,779,658	10,277,459	5,030,225	1,641,449	3,002,220
21	Franklin	3,266,116	4,761,266	10,423,938	1,115,341	1,933,344	1,407,426
22	Grant	-	1,792,319	5,849,222	277,063	1,097,938	-
23	Iberia	9,823,509	17,396,987	14,779,977	13,280,528	3,863,690	10,630,900
24	Iberville	106,552	8,921,810	7,382,027	3,091,842	344,288	1,356,861
25	Jackson	3,068,495	2,432,266	8,253,419	459,119	758,027	753,196
26	Jefferson	122,113,690	107,961,622	51,913,870	71,704,936	21,423,723	43,362,889
27	Jefferson Davis	5,545,005	9,021,458	8,903,478	2,611,691	1,328,455	2,318,794
28	Lafayette	81,896,284	40,127,812	34,422,421	39,563,119	6,500,521	39,482,115
29	Lafourche	11,621,563	15,614,173	14,589,781	7,278,016	6,868,432	14,499,736
30	La Salle	6,636,461	2,941,183	5,493,886	1,580,082	264,023	-
31	Lincoln	7,134,236	8,993,168	8,745,769	5,457,811	8,186,874	5,158,416
32	Livingston	2,268,819	21,726,875	9,867,247	2,127,505	1,813,373	3,129,358
33	Madison	3,439,951	2,193,646	3,425,384	905,672	2,869,215	1,901,517
34	Morehouse	6,393,168	6,825,803	12,539,839	5,019,762	806,284	3,265,345
35	Natchitoches	6,005,314	7,990,683	8,620,580	5,289,643	1,010,166	3,160,648
36	Orleans	256,535,441	49,459,588	53,012,751	57,173,072	7,019,230	23,073,938
37	Ouachita	56,431,060	33,447,145	28,995,556	21,226,520	8,922,965	29,871,658
38	Plaquemines	-	1,356,295	3,888,616	163,029	1,894,654	1,258,013
39	Pointe Coupee	2,295,549	3,429,273	8,284,398	1,658,520	491,166	1,359,153
40	Rapides	53,909,481	33,472,883	33,003,133	23,246,353	162,212,217	32,645,420
41	Red River	3,586,019	2,397,930	3,202,135	619,469	574,821	670,734
42	Richland	3,618,636	6,116,638	6,869,875	2,877,472	8,564,281	5,917,371
43	Sabine	2,549,684	5,110,000	8,725,672	2,123,505	2,104,222	757,711
44	St. Bernard	-	8,522,215	-	1,380,549	1,230,741	2,186,775
45	St. Charles	3,733,904	17,995,004	5,948,142	1,894,089	-	1,953,341
46	St. Helena	1,351,424	1,148,557	1,971,824	937,781	546,995	877,689
47	St. James	3,086,340	2,229,314	2,433,995	1,695,924	-	690,160
48	St. John	3,404,934	6,014,910	3,429,398	3,531,061	723,420	5,962,282
49	St. Landry	13,168,720	28,865,448	29,624,565	16,464,725	2,055,349	7,227,172
50	St. Martin	1,624,517	8,830,893	7,364,381	1,568,288	1,493,440	7,026,759
51	St. Mary	7,498,099	13,085,841	9,721,479	5,641,950	570,309	2,305,478
52	St. Tammany	28,743,945	46,238,363	25,441,702	25,669,724	2,939,702	7,043,323
53	Tangipahoa	31,903,571	27,862,029	18,208,369	14,793,753	60,840,131	29,556,224
54	Tensas	-	945,990	-	-	-	134,608
55	Terrebonne	36,855,560	22,157,003	17,202,890	19,519,595	1,840,333	6,538,416
56	Union	2,216,747	3,484,602	5,978,620	961,374	360,213	-
57	Vermillion	5,673,924	9,997,202	18,824,675	3,527,919	735,410	439,540
58	Vernon	7,826,664	5,746,706	5,833,515	4,773,637	5,937,218	370,781
59	Washington	11,932,596	13,846,734	12,341,293	3,789,735	1,019,488	7,507,315
60	Webster	7,884,250	6,121,569	11,715,753	3,509,455	2,978,643	2,110,664
61	West Baton Rouge	-	3,652,541	3,157,816	493,798	747,408	502,285
62	West Carroll	2,652,011	2,787,609	3,682,357	911,046	310,555	760,961
63	West Feliciana	1,913,588	1,388,854	4,820,798	914,666	372,703	1,433,753
64	Winn	3,272,316	2,708,363	4,826,291	543,029	1,362,939	2,070,566
Total In-State		\$1,211,577,962	\$904,181,541	\$871,361,804	\$550,624,972	\$444,169,371	\$444,043,585
Total Out-of-State		\$20,125,585	\$20,909,091	\$0	\$4,186,280	\$0	\$0
Grand Total		\$1,231,703,547	\$925,090,632	\$871,361,804	\$554,811,252	\$444,169,371	\$444,043,585

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

Personal Care Services (LTC/PCS/PAS)	Dentist	Hospice Services	Mental Health Rehabilitation	All Others	Grand Total	Rank	Parish
\$1,337,324	\$1,741,773	\$0	\$78	\$5,975,982	\$72,270,825	16	Acadia
686,677	470,816	2,535,602	-	5,607,839	30,815,601	35	Allen
3,496,215	1,169,220	-	-	6,704,300	53,897,197	19	Assension
1,182,960	-	441	-	1,254,057	12,737,214	54	Assumption
4,472,419	913,130	585,724	353,679	3,912,472	53,716,457	20	Avoyelles
188,562	834,264	-	-	1,316,292	22,085,394	39	Beauregard
447,273	6,563	-	-	776,407	15,702,286	50	Bienville
1,859,026	808,638	472,920	832,420	6,063,855	84,503,430	15	Bossier
12,883,673	12,428,443	7,294,026	6,649,619	36,431,186	415,678,622	4	Caddo
5,497,617	8,833,613	2,352,796	2,845,635	24,683,677	222,738,248	8	Calcasieu
598,516	404,103	-	-	2,161,151	16,979,903	48	Caldwell
-	-	-	-	295,322	677,481	64	Cameron
1,187,337	202,569	-	-	1,031,671	9,484,576	60	Catahoula
925,473	497,920	-	-	1,015,085	18,755,331	43	Claiborne
1,125,514	1,568,366	121,006	123,051	1,419,233	19,111,833	42	Concordia
798,379	775,209	980,531	519,297	1,424,281	16,446,047	49	De Soto
24,111,286	21,162,007	7,310,249	7,240,224	57,290,189	566,545,739	1	East Baton Rouge
615,039	646,147	-	-	936,170	10,464,389	57	East Carroll
1,338,246	318,210	-	-	1,698,864	31,540,051	34	East Feliciana
5,865,249	1,163,283	995,153	997,348	8,137,406	59,916,995	17	Evangeline
1,774,129	515,601	1,195,278	-	3,963,207	30,355,648	36	Franklin
-	24,749	-	-	473,388	9,514,680	59	Grant
6,390,487	2,587,738	134,628	-	10,009,999	88,898,442	14	Iberia
736,493	641,564	142,137	234,207	2,854,393	25,812,173	37	Iberville
341,806	10,962	875,721	-	994,363	17,947,372	46	Jackson
12,722,630	13,119,586	5,327,309	1,976,134	51,809,689	503,436,077	3	Jefferson
130,310	219,395	414,508	-	1,809,717	32,302,812	32	Jefferson Davis
14,135,515	12,491,914	5,517,098	2,685,281	65,451,313	342,273,395	6	Lafayette
1,867,703	2,305,188	167,376	4,164,594	14,410,676	93,387,239	13	Lafourche
-	360,943	148	-	1,413,370	18,690,096	44	La Salle
1,602,164	1,397,652	424,753	-	3,557,357	50,658,200	22	Lincoln
837,048	3,125,860	1,724,010	1,612,986	3,723,014	51,956,094	21	Livingston
2,394,345	244,056	329,696	491,774	2,018,618	20,213,874	41	Madison
6,371,551	1,021,931	1,211,145	630,323	6,391,392	50,476,542	23	Morehouse
3,154,537	858,168	472,781	274,809	2,765,350	39,602,678	29	Natchitoches
14,024,755	11,521,290	928,835	8,183,592	48,455,319	529,387,810	2	Orleans
13,221,086	9,448,047	4,290,093	6,584,082	33,096,308	245,534,520	7	Ouachita
46,637	339,313	-	-	461,185	9,407,743	61	Plaquemines
894,031	802,241	366,432	-	1,786,332	21,367,095	40	Pointe Coupee
6,016,471	8,601,500	6,037,802	1,733,934	21,343,548	382,222,743	5	Rapides
827,381	55,393	-	-	1,928,213	13,862,095	52	Red River
2,722,597	699,403	473,962	-	3,220,198	41,080,433	28	Richland
65,998	25,460	-	-	2,100,255	23,562,506	38	Sabine
1,341,463	593,464	-	2,460,139	737,888	18,453,234	45	St. Bernard
296,966	943,668	-	-	9,704,791	42,469,904	27	St. Charles
1,015,565	254,221	-	-	968,104	9,072,158	62	St. Helena
432,361	706,825	-	-	1,079,896	12,354,815	55	St. James
1,926,763	1,773,171	2,617,404	1,052,623	2,299,278	32,735,244	31	St. John
14,312,647	2,883,226	801,138	331,552	8,359,089	124,093,631	11	St. Landry
5,525,516	312,583	-	-	2,291,838	36,038,215	30	St. Martin
2,158,527	558,070	-	-	4,744,344	46,284,096	26	St. Mary
1,043,140	12,659,799	3,495,563	1,348,335	17,641,271	172,264,865	10	St. Tammany
8,327,956	4,521,122	602,054	667,955	14,618,464	211,901,628	9	Tangipahoa
119,902	12,585	-	456,598	1,286,794	2,956,477	63	Tensas
1,482,386	5,344,066	779,181	-	9,667,547	121,386,977	12	Terrebonne
-	361,010	-	-	976,695	14,339,260	51	Union
707,037	849,112	-	-	5,554,643	46,309,462	25	Vermillion
190,260	178,195	129,702	-	1,261,964	32,248,642	33	Vernon
2,829,182	1,331,543	-	-	5,194,369	59,792,255	18	Washington
1,534,869	131,560	1,411,653	628,030	8,723,272	46,749,719	24	Webster
151,244	248,856	-	-	797,484	9,751,432	58	West Baton Rouge
365,714	300,853	-	-	1,509,196	13,280,303	53	West Carroll
433,012	211,808	-	-	272,036	11,761,216	56	West Feliciana
1,925,400	100,267	2,409	-	1,036,167	17,847,746	47	Winn
\$205,014,367	\$158,638,230	\$62,521,261	\$55,078,300	\$550,897,774	\$5,458,109,166		Total In-State
\$0	\$26,091	\$0	\$0	\$336,537,471	\$381,784,518		Total Out-of-State
\$205,014,367	\$158,664,322	\$62,521,261	\$55,078,300	\$887,435,245	\$5,839,893,684		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	Personal Care Waiver Services
1	Acadia	3	23	6	78	6	3
2	Allen	2	9	3	38	2	2
3	Ascension	4	25	3	99	5	10
4	Assumption	1	4	1	12	2	5
5	Avoyelles	2	19	8	50	1	3
6	Beauregard	1	4	3	39	2	2
7	Bienville	1	5	3	13	2	1
8	Bossier	3	23	6	131	20	6
9	Caddo	8	63	21	1,155	27	27
10	Calcasieu	9	59	9	472	29	23
11	Caldwell	2	2	1	13	3	2
12	Cameron	1	-	-	4	-	-
13	Catahoula	-	6	1	5	-	1
14	Claiborne	1	6	3	17	-	2
15	Concordia	2	7	2	26	-	3
16	De Soto	1	5	2	13	2	2
17	East Baton Rouge	15	114	21	1,353	60	111
18	East Carroll	1	3	1	14	1	1
19	East Feliciana	2	3	2	11	5	3
20	Evangeline	2	20	4	82	5	7
21	Franklin	1	6	4	27	5	3
22	Grant	-	3	2	3	3	-
23	Iberia	3	25	5	138	9	12
24	Iberville	2	13	2	27	1	4
25	Jackson	1	3	4	15	2	2
26	Jefferson	11	127	13	1,728	58	61
27	Jefferson Davis	2	15	3	41	4	2
28	Lafayette	15	76	11	857	17	38
29	Lafourche	3	24	5	191	20	10
30	La Salle	2	8	2	26	1	-
31	Lincoln	3	12	3	110	12	7
32	Livingston	1	24	2	32	5	8
33	Madison	1	4	1	8	6	4
34	Morehouse	3	11	5	65	2	8
35	Natchitoches	2	11	3	52	3	6
36	Orleans	8	71	15	1,180	20	50
37	Ouachita	9	60	9	399	22	46
38	Plaquemines	-	5	1	9	2	2
39	Pointe Coupee	1	8	2	20	1	4
40	Rapides	7	39	9	417	68	22
41	Red River	2	2	1	17	2	3
42	Richland	2	10	3	51	20	8
43	Sabine	1	9	3	33	6	1
44	St. Bernard	-	6	-	21	3	7
45	St. Charles	2	12	2	28	-	3
46	St. Helena	1	1	1	17	1	4
47	St. James	1	7	1	24	-	3
48	St. John	1	9	1	66	2	11
49	St. Landry	4	33	7	223	5	15
50	St. Martin	1	16	2	42	4	10
51	St. Mary	2	20	3	78	2	6
52	St. Tammany	11	56	8	706	8	11
53	Tangipahoa	8	37	6	248	30	22
54	Tensas	-	2	-	-	-	1
55	Terrebonne	4	31	4	297	6	10
56	Union	2	6	3	27	1	-
57	Vermillion	2	23	6	62	2	1
58	Vernon	4	8	2	62	9	1
59	Washington	2	24	4	104	3	9
60	Webster	2	11	2	66	9	5
61	West Baton Rouge	-	6	1	8	2	3
62	West Carroll	1	4	2	11	1	1
63	West Feliciana	1	3	1	9	1	2
64	Winn	2	6	2	17	3	1
Total In-State <sup>1</sup>		191	1,285	266	10,651	552	637
Total Out-of-State		557	71	-	1,434	-	-
Grand Total		748	1,356	266	12,085	552	637

<sup>1</sup> 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	Mental Health Rehabilitation	All Others	Grand Total	Rank	Parish
3	13	0	1	103	239	19	Acadia
1	3	2	-	45	107	36	Allen
10	6	-	-	95	257	17	Ascension
4	-	1	-	19	49	54	Assumption
4	12	1	1	78	179	24	Avoyelles
2	9	-	-	52	114	35	Beauregard
1	1	-	-	18	45	57	Bienville
6	9	2	2	104	312	15	Bossier
26	63	10	9	503	1,911	4	Caddo
20	42	5	5	365	1,037	7	Calcasieu
2	1	-	-	29	55	50	Caldwell
-	-	-	-	13	18	64	Cameron
1	4	-	-	31	49	54	Catahoula
2	2	-	-	26	59	47	Claiborne
3	6	1	1	36	87	39	Concordia
2	3	1	1	27	59	47	De Soto
120	104	15	11	1,015	2,939	2	East Baton Rouge
1	1	-	-	15	38	59	East Carroll
3	5	-	-	37	71	43	East Feliciana
8	11	1	1	62	203	22	Evangeline
3	4	2	-	50	105	37	Franklin
-	1	-	-	11	23	63	Grant
14	13	2	-	127	348	14	Iberia
4	5	1	1	55	115	33	Iberville
2	1	1	-	24	55	50	Jackson
53	88	11	6	1,001	3,156	1	Jefferson
1	6	1	-	40	115	33	Jefferson Davis
36	69	9	5	503	1,635	5	Lafayette
7	15	1	2	139	417	13	Lafourche
-	3	1	-	27	70	44	La Salle
6	5	2	-	82	242	18	Lincoln
6	22	2	1	103	206	21	Livingston
4	3	1	1	29	62	46	Madison
7	5	1	2	60	169	28	Morehouse
6	4	2	3	77	169	28	Natchitoches
51	94	4	20	558	2,071	3	Orleans
46	44	7	10	382	1,033	8	Ouachita
1	2	-	-	12	34	60	Plaquemines
3	4	1	-	38	82	40	Pointe Coupee
22	37	8	2	348	979	9	Rapides
3	3	-	-	22	55	50	Red River
7	5	2	-	67	174	26	Richland
1	3	-	-	39	96	38	Sabine
7	5	-	1	32	82	40	St. Bernard
3	8	-	-	65	123	32	St. Charles
4	2	-	-	19	50	53	St. Helena
4	3	-	-	27	70	44	St. James
16	9	1	1	58	175	25	St. John
15	21	2	1	159	484	12	St. Landry
11	4	-	-	46	136	30	St. Martin
5	7	-	-	88	211	20	St. Mary
12	77	11	2	379	1,280	6	St. Tammany
20	43	3	1	287	705	10	Tangipahoa
1	1	-	1	23	29	62	Tensas
10	29	4	-	196	591	11	Terrebonne
-	4	-	-	31	74	42	Union
1	11	-	-	62	170	27	Vermillion
1	5	1	-	39	132	31	Vernon
8	15	-	-	111	280	16	Washington
6	1	1	1	87	190	23	Webster
1	3	-	-	18	42	58	West Baton Rouge
1	1	-	-	25	47	56	West Carroll
2	3	-	-	11	33	61	West Feliciana
1	1	1	-	25	59	47	Winn
628	933	122	93	8,018	23,376		Total In-State <sup>1</sup>
-	5	-	-	602	2,669		Total Out-of-State
628	938	122	93	8,620	26,045		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	Personal Care Waiver Services
1	Acadia	9,716	19,507	618	30,285	109	27
2	Allen	5,434	7,319	300	21,356	13	50
3	Ascension	11,933	21,902	350	26,569	30	203
4	Assumption	2,092	2,937	115	2,932	15	79
5	Avoyelles	8,350	12,987	686	17,503	6	107
6	Beauregard	5,365	6,840	227	10,765	16	31
7	Bienville	1,324	3,430	324	4,758	12	14
8	Bossier	10,419	20,327	659	21,192	300	185
9	Caddo	69,662	58,324	2,684	143,649	266	696
10	Calcasieu	31,606	42,178	1,255	91,517	346	600
11	Caldwell	2,753	3,236	108	4,538	9	70
12	Cameron	259	-	-	544	-	-
13	Catahoula	-	2,983	94	1,411	-	100
14	Claiborne	2,319	3,406	214	5,083	-	62
15	Concordia	3,171	5,586	227	8,040	-	51
16	De Soto	3,449	4,596	177	4,484	12	21
17	East Baton Rouge	101,050	89,281	2,638	218,608	411	1,451
18	East Carroll	1,989	2,703	95	2,861	6	6
19	East Feliciana	72	3,428	292	3,389	30	42
20	Evangeline	14,499	11,234	387	27,241	38	148
21	Franklin	3,989	6,443	377	9,612	35	55
22	Grant	-	2,066	198	4,719	19	-
23	Iberia	16,189	22,424	558	49,832	76	296
24	Iberville	210	10,416	223	17,380	7	48
25	Jackson	2,722	3,543	305	3,269	14	23
26	Jefferson	74,507	104,006	1,872	246,064	392	1,147
27	Jefferson Davis	5,348	9,120	340	20,356	26	36
28	Lafayette	51,257	44,093	1,178	156,046	131	1,115
29	Lafourche	17,203	20,753	523	40,787	94	443
30	La Salle	5,075	3,668	192	9,673	6	-
31	Lincoln	9,079	10,836	355	30,923	135	168
32	Livingston	169	25,806	366	14,527	40	111
33	Madison	2,535	3,673	118	5,611	58	82
34	Morehouse	6,927	9,022	456	37,281	13	101
35	Natchitoches	6,435	10,181	293	18,905	21	121
36	Orleans	100,917	70,729	1,825	192,331	132	648
37	Ouachita	39,438	40,157	1,111	81,050	158	817
38	Plaquemines	-	2,298	141	1,689	33	21
39	Pointe Coupee	4,007	5,012	253	6,958	9	62
40	Rapides	37,379	38,603	1,160	81,470	1,359	917
41	Red River	3,011	3,584	113	5,916	12	26
42	Richland	5,471	8,001	265	24,713	174	202
43	Sabine	3,878	9,771	287	16,481	41	20
44	St. Bernard	-	10,307	-	11,110	22	64
45	St. Charles	3,810	14,640	232	10,410	-	66
46	St. Helena	1,692	2,071	78	6,817	6	44
47	St. James	3,652	4,650	81	9,402	-	35
48	St. John	6,512	11,518	154	20,472	13	173
49	St. Landry	18,216	29,858	957	76,698	34	340
50	St. Martin	4,106	11,335	245	15,965	26	255
51	St. Mary	10,448	15,001	386	26,714	14	97
52	St. Tammany	27,634	38,943	947	99,830	55	275
53	Tangipahoa	28,913	34,547	704	64,092	488	873
54	Tensas	-	1,386	-	-	-	15
55	Terrebonne	27,457	26,952	586	68,978	39	240
56	Union	3,541	4,869	264	7,360	6	-
57	Vermilion	7,146	12,747	648	28,370	14	19
58	Vernon	5,807	8,450	238	18,861	75	13
59	Washington	11,115	14,548	484	22,815	18	240
60	Webster	10,192	9,497	393	22,357	60	70
61	West Baton Rouge	-	5,493	93	3,519	16	29
62	West Carroll	2,620	3,569	163	3,199	6	36
63	West Feliciana	2,224	1,868	155	3,931	6	50
64	Winn	3,080	3,609	197	6,064	29	93
Total In-State <sup>1</sup>		707,992	891,990	29,838	1,181,972	5,245	12,715
Total Out-of-State		9,400	15,062	-	29,688	-	-
Grand Total <sup>1</sup>		712,177	896,942	29,838	1,184,494	5,245	12,715

<sup>1</sup> Individual parish recipient counts as well as total in-state and out-of-state counts may not sum to the total state counts due to recipients receiving services in more than one parish/state 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	Mental Health Rehabilitation	All Others	Grand Total¹	Rank	Parish
145	4,723	-	1	13,289	41,945	17	Acadia
68	1,072	182	-	9,530	29,017	28	Allen
319	3,879	-	-	16,935	41,055	19	Ascension
109	-	1	-	3,692	7,867	55	Assumption
389	3,996	45	75	14,679	26,759	31	Avoyelles
35	2,630	-	-	6,585	15,556	39	Beauregard
46	8	-	-	3,115	8,779	50	Bienville
224	1,879	39	213	17,760	43,832	15	Bossier
1,360	33,872	582	1,601	84,983	182,051	5	Caddo
673	23,084	239	688	52,998	111,816	7	Calcasieu
80	860	-	-	4,996	8,360	51	Caldwell
-	-	-	-	939	1,474	64	Cameron
171	705	-	-	3,506	5,776	60	Catahoula
94	834	-	-	3,295	7,034	58	Claiborne
124	3,198	13	21	5,418	12,899	42	Concordia
77	2,362	52	114	4,642	9,117	49	De Soto
2,315	56,878	750	1,476	108,747	267,260	3	East Baton Rouge
39	1,645	-	-	4,851	7,224	57	East Carroll
127	1,319	-	-	4,043	8,234	52	East Feliciana
556	4,163	70	341	11,979	39,087	22	Evangeline
163	2,043	86	-	10,176	16,412	38	Franklin
-	40	-	-	4,925	9,948	46	Grant
585	7,107	26	-	20,327	59,217	13	Iberia
70	2,884	18	68	12,380	28,404	30	Iberville
34	14	79	-	4,506	7,725	56	Jackson
1,404	39,688	528	451	238,533	410,825	1	Jefferson
16	1,217	34	-	7,149	24,792	34	Jefferson Davis
1,421	32,524	565	626	114,150	228,922	4	Lafayette
235	6,715	38	935	27,044	57,667	14	Lafourche
-	1,823	1	-	5,154	15,344	40	La Salle
188	4,045	65	-	13,274	39,592	21	Lincoln
135	7,435	134	364	17,198	41,173	18	Livingston
246	837	27	137	4,023	8,105	54	Madison
538	2,420	110	124	13,507	43,556	16	Morehouse
330	3,435	67	100	9,386	25,142	33	Natchitoches
1,363	37,880	76	2,090	235,944	387,967	2	Orleans
1,353	22,435	353	1,507	60,750	104,397	9	Ouachita
8	826	-	-	1,807	4,719	62	Plaquemines
101	1,873	52	-	6,280	11,341	43	Pointe Coupee
793	23,712	506	485	53,391	110,806	8	Rapides
66	340	-	-	3,439	8,171	53	Red River
307	2,632	39	-	13,894	32,204	25	Richland
7	34	-	-	6,307	24,266	35	Sabine
143	1,531	-	629	5,657	19,243	37	St. Bernard
40	3,281	-	-	11,410	28,736	29	St. Charles
114	1,270	-	-	5,188	11,319	44	St. Helena
51	1,427	-	-	4,626	13,832	41	St. James
307	5,544	307	224	8,239	31,339	27	St. John
1,280	8,843	70	105	27,069	87,824	10	St. Landry
543	906	-	-	8,304	26,504	32	St. Martin
215	1,872	-	-	23,064	40,853	20	St. Mary
166	40,622	335	319	45,024	144,369	6	St. Tammany
1,024	12,243	80	118	41,194	80,589	11	Tangipahoa
33	48	-	112	4,188	4,437	63	Tensas
192	12,855	130	-	29,055	80,101	12	Terrebonne
-	1,075	-	-	3,808	10,565	45	Union
69	3,418	-	-	12,126	38,049	23	Vermilion
25	1,082	14	-	6,277	21,958	36	Vernon
364	4,218	-	-	12,906	33,392	24	Washington
185	427	86	100	19,022	31,858	26	Webster
32	701	-	-	2,926	9,192	48	West Baton Rouge
52	1,324	-	-	3,890	6,044	59	West Carroll
54	652	-	-	1,772	5,416	61	West Feliciana
188	375	1	-	3,955	9,632	47	Winn
20,567	390,432	5,741	12,788	922,091	1,282,790		Total In-State¹
-	108	-	-	425,828	449,547		Total Out-of-State
20,567	390,514	5,741	12,788	1,019,381	1,335,866		Grand Total¹

Table 29: Payments per Recipient by Parish for the Top Ten Provider Types Based on Total Payments

	Parish	Hospital	Pharmacy	Nursing Facility	Physician (MD)	ICF-DD - Group Home	Personal Care Waiver Services
1	Acadia	\$691	\$1,046	\$30,348	\$168	\$108,991	\$13,189
2	Allen	761	695	27,262	98	58,904	25,235
3	Ascension	397	741	25,438	194	64,115	27,402
4	Assumption	395	887	30,728	78	49,317	29,949
5	Avoyelles	718	927	29,081	166	52,850	21,221
6	Beauregard	958	678	27,221	230	43,809	19,841
7	Bienville	1,870	582	26,633	136	47,195	11,518
8	Bossier	495	525	26,716	193	98,417	40,074
9	Caddo	1,921	792	28,079	319	52,077	35,765
10	Calcasieu	1,144	1,093	26,890	263	51,885	34,162
11	Caldwell	1,420	956	24,562	204	42,439	40,723
12	Cameron	1,386	-	-	43	-	-
13	Catahoula	-	720	27,907	96	-	21,569
14	Claiborne	2,376	748	24,214	138	-	38,341
15	Concordia	1,054	678	24,110	132	-	21,449
16	De Soto	691	713	26,636	103	55,982	20,820
17	East Baton Rouge	1,544	877	27,522	308	54,735	36,331
18	East Carroll	759	812	38,285	184	45,563	20,726
19	East Feliciana	4,518	875	67,239	133	118,830	28,778
20	Evangeline	692	1,138	26,557	185	43,196	20,285
21	Franklin	819	739	27,650	116	55,238	25,590
22	Grant	-	868	29,542	59	57,786	-
23	Iberia	607	776	26,487	267	50,838	35,915
24	Iberville	507	857	33,103	178	49,184	28,268
25	Jackson	1,127	686	27,060	140	54,145	32,748
26	Jefferson	1,639	1,038	27,732	291	54,652	37,805
27	Jefferson Davis	1,037	989	26,187	128	51,094	64,411
28	Lafayette	1,598	910	29,221	254	49,622	35,410
29	Lafourche	676	752	27,896	178	73,068	32,731
30	La Salle	1,308	802	28,614	163	44,004	-
31	Lincoln	786	830	24,636	176	60,644	30,705
32	Livingston	13,425	842	26,960	146	45,334	28,192
33	Madison	1,357	597	29,029	161	49,469	23,189
34	Morehouse	923	757	27,500	135	62,022	32,330
35	Natchitoches	933	785	29,422	280	48,103	26,121
36	Orleans	2,542	699	29,048	297	53,176	35,608
37	Ouachita	1,431	833	26,099	262	56,474	36,563
38	Plaquemines	-	590	27,579	97	57,414	59,905
39	Pointe Coupee	573	684	32,745	238	54,574	21,922
40	Rapides	1,442	867	28,451	285	119,361	35,600
41	Red River	1,191	669	28,337	105	47,902	25,797
42	Richland	661	764	25,924	116	49,220	29,294
43	Sabine	657	523	30,403	129	51,322	37,886
44	St. Bernard	-	827	-	124	55,943	34,168
45	St. Charles	980	1,229	25,639	182	-	29,596
46	St. Helena	799	555	25,280	138	91,166	19,947
47	St. James	845	479	30,049	180	-	19,719
48	St. John	523	522	22,269	172	55,648	34,464
49	St. Landry	723	967	30,956	215	60,451	21,256
50	St. Martin	396	779	30,059	98	57,440	27,556
51	St. Mary	718	872	25,185	211	40,736	23,768
52	St. Tammany	1,040	1,187	26,866	257	53,449	25,612
53	Tangipahoa	1,103	806	25,864	231	124,672	33,856
54	Tensas	-	683	-	-	-	8,974
55	Terrebonne	1,342	822	29,356	283	47,188	27,243
56	Union	626	716	22,646	131	60,035	-
57	Vermilion	794	784	29,050	124	52,529	23,134
58	Vernon	1,348	680	24,511	253	79,163	28,522
59	Washington	1,074	952	25,499	166	56,638	31,280
60	Webster	774	645	29,811	157	49,644	30,152
61	West Baton Rouge	-	665	33,955	140	46,713	17,320
62	West Carroll	1,012	781	22,591	285	51,759	21,138
63	West Feliciana	860	743	31,102	233	62,117	28,675
64	Winn	1,062	750	24,499	90	46,998	22,264
Total In-State		\$1,711	\$1,014	\$29,203	\$466	\$84,684	\$34,923
Total Out-of-State		\$2,141	\$1,388	\$0	\$141	\$0	\$0
Grand Total		\$1,729	\$1,031	\$29,203	\$468	\$84,684	\$34,923

Table 29: Payments per Recipient by Parish for the Top Ten Provider Types Based on Total Payments

Personal Care Services (LTC/PCS/PAS)	Dentist	Hospice Services	Mental Health Rehabilitation	All Others	Grand Total	Rank	Parish
\$9,223	\$369	\$0	\$78	\$450	\$1,723	23	Acadia
10,098	439	13,932	0	588	1,062	54	Allen
10,960	301	0	0	396	1,313	43	Ascension
10,853	-	441	-	340	1,619	27	Assumption
11,497	229	13,016	4,716	267	2,007	13	Avoyelles
5,387	317	-	-	200	1,420	38	Beauregard
9,723	820	-	-	249	1,789	22	Bienville
8,299	430	12,126	3,908	341	1,928	16	Bossier
9,473	367	12,533	4,153	429	2,283	8	Caddo
8,169	383	9,844	4,136	466	1,992	15	Calcasieu
7,481	470	-	-	433	2,031	12	Caldwell
-	-	-	-	315	460	64	Cameron
6,943	287	-	-	294	1,642	25	Catahoula
9,845	597	-	-	308	2,666	3	Claiborne
9,077	490	9,308	5,860	262	1,482	33	Concordia
10,369	328	18,856	4,555	307	1,804	20	De Soto
10,415	372	9,747	4,905	527	2,120	11	East Baton Rouge
15,770	393	-	-	193	1,449	37	East Carroll
10,537	241	-	-	420	3,830	1	East Feliciana
10,549	279	14,216	2,925	679	1,533	29	Evangeline
10,884	252	13,899	-	389	1,850	19	Franklin
-	619	-	-	96	956	59	Grant
10,924	364	5,178	-	492	1,501	31	Iberia
10,521	222	7,896	3,444	231	909	60	Iberville
10,053	783	11,085	-	221	2,323	7	Jackson
9,062	331	10,090	4,382	217	1,225	48	Jefferson
8,144	180	12,191	-	253	1,303	44	Jefferson Davis
9,948	384	9,765	4,290	573	1,495	32	Lafayette
7,948	343	4,405	4,454	533	1,619	26	Lafourche
-	198	148	-	274	1,218	49	La Salle
8,522	346	6,535	-	268	1,280	45	Lincoln
6,200	420	12,866	4,431	216	1,262	47	Livingston
9,733	292	12,211	3,590	502	2,494	5	Madison
11,843	422	11,010	5,083	473	1,159	52	Morehouse
9,559	250	7,056	2,748	295	1,575	28	Natchitoches
10,290	304	12,222	3,916	205	1,365	40	Orleans
9,772	421	12,153	4,369	545	2,352	6	Ouachita
5,830	411	-	-	255	1,994	14	Plaquemines
8,852	428	7,047	-	284	1,884	17	Pointe Coupee
7,587	363	11,932	3,575	400	3,449	2	Rapides
12,536	163	-	-	561	1,696	24	Red River
8,868	266	12,153	-	232	1,276	46	Richland
9,428	749	-	-	333	971	57	Sabine
9,381	388	-	3,911	130	959	58	St. Bernard
7,424	288	0	-	851	1,478	34	St. Charles
8,908	200	-	-	187	801	62	St. Helena
8,478	495	-	-	233	893	61	St. James
6,276	320	8,526	4,699	279	1,045	56	St. John
11,182	326	11,445	3,158	309	1,413	39	St. Landry
10,176	345	-	-	276	1,360	41	St. Martin
10,040	298	-	-	206	1,133	53	St. Mary
6,284	312	10,435	4,227	392	1,193	51	St. Tammany
8,133	369	7,526	5,661	355	2,629	4	Tangipahoa
3,633	262	-	4,077	307	666	63	Tensas
7,721	416	5,994	-	333	1,515	30	Terrebonne
-	336	-	-	256	1,357	42	Union
10,247	248	-	-	458	1,217	50	Vermilion
7,610	165	9,264	-	201	1,469	35	Vernon
7,772	316	-	-	402	1,791	21	Washington
8,297	308	16,415	6,280	459	1,467	36	Webster
4,726	355	-	-	273	1,061	55	West Baton Rouge
7,033	227	-	-	388	2,197	9	West Carroll
8,019	325	-	-	154	2,172	10	West Feliciana
10,241	267	2,409	-	262	1,853	18	Winn
\$9,968	\$406	\$10,890	\$4,307	\$597	\$4,255		Total In-State
\$0	\$242	\$0	\$0	\$790	\$849		Total Out-of-State
\$9,968	\$406	\$10,890	\$4,307	\$871	\$4,372		Grand Total

Table 30 presents out-of-state's payments, number of providers and recipients by state. In regards to payments, Washington, D.C. outranked all other states, with \$307.7 million (80.6%) due to CMS payments for Medicare Buy-in and Part-D. If CMS payments were excluded, Louisiana's neighboring states would have the highest payments, Texas with

about \$29.4 million (7.7%) and Mississippi with about \$10.8 million (2.8%). Provider participation was represented by all of the states in the United States except for in Delaware. Next to Washington, D.C., Texas had the highest number of Louisiana recipients due to them being a neighboring state.

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

State	Payments	Providers	Recipients
1 AK	\$209	1	1
2 AL	6,860,474	41	62,704
3 AR	985,049	175	3,555
4 AZ	3,394,910	33	308
5 CA	1,614,568	48	13,151
6 CO	805,006	64	40,283
7 CT	4,040	5	132
8 DC	307,746,060	25	194,816
9 DE	-	-	-
10 FL	2,285,884	88	14,083
11 GA	69,431	34	337
12 HI	5,935	2	107
13 IA	6,379	4	11
14 ID	354	3	3
15 IL	39,890	23	171
16 IN	357,499	4	587
17 KS	1,084,009	12	646
18 KY	38,579	12	24
19 MA	316,697	13	1,055
20 MD	100,595	9	408
21 ME	10,022	3	83
22 MI	91,027	23	1,106
23 MN	688,506	33	14,972
24 MO	457,002	22	243
25 MS	10,784,057	761	19,746
26 MT	8,911	2	4
27 NC	2,013,409	47	12,625
28 ND	1,879	8	3
29 NE	1,293,534	82	89
30 NH	93	1	5
31 NJ	2,258,852	7	11,744
32 NM	53,575	14	543
33 NV	188,921	18	63
34 NY	59,133	9	559
35 OH	459,434	31	151
36 OK	21,016	9	100
37 OR	24,587	5	9
38 PA	5,661,224	22	1,997
39 RI	1,533	2	4
40 SC	4,591	10	26
41 SD	592	1	1
42 TN	2,117,621	276	5,638
43 TX	29,448,825	625	130,250
44 UT	17,037	8	746
45 VA	157,081	30	1,646
46 VT	(218)	1	4
47 WA	229,522	20	485
48 WI	3,445	4	9
49 WV	3,330	3	4
50 WY	10,408	2	4
<b>Total</b>	<b>\$381,784,518</b>	<b>2,669</b>	<b>449,547</b>

<sup>1</sup> 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. Also, individual state recipient counts may not sum to the total out-of-state count due to recipient receiving services in more than one state during the SFY. Total out-of-state figures are unduplicated for the entire out-of-state count, while other numbers are unduplicated for each state.



# 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 compared 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 and 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, Residential Options Waiver and 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 2010/11 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 daily responsibilities. Transportation is provided to and from the facility. In SFY 2010/11, a total of 760 slots were filled with total payments of about \$17.6 million.

## Elderly and Disabled Adult (EDA) Waiver

The EDA Waiver provides support coordination, transition intensive support coordination, companion service, environmental accessibility adaptations, 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 4,403 slots in SFY 2010/11 with total payments of almost \$132.6 million.

## Children’s Choice Waiver (CCW)

The Children’s Choice Waiver, which is capped at \$16,600 for direct waiver payments per year for each waiver slot, provides family support, support coordination, family training, crisis support, environmental accessibility adaptations and center based respite to disabled children from birth through age 18. During SFY 2010/11, a total of 973 slots were filled with total payments of about \$27.9 million.

## New Opportunities Waiver (NOW)

The New Opportunities Waiver provides individual and family support services, center-based respite, accessibilities adaptations 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 2010/11, a total of 7,628 slots were filled with total payments of about \$443.5 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 1,727 slots in SFY 2010/11 with total payments of about \$21.2 million.

## Residential Options Waiver (ROW)

The Residential Options Waiver provides an opportunity for individuals with developmental disabilities to transition from ICF-DD and provides residential and other comprehensive supports for people with complex needs. Some of the services provided by the waiver are support coordination, community living supports, prevocational services, respite, day habilitation, and supported employment. ROW also focuses to prevent institutionalization through “crisis diversion” services and to rebalance the system by converting private ICF-DD beds into ROW shared living waiver homes. During SFY 2010/11, a total of 24 slots were filled with total payments of about \$462,751.

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 31 shows the types of HCBS Waivers, with the eligible population description and income limit of each waiver available during SFY 2010/11 in Louisiana. Table 32 shows the number of allocated

and filled slots along with the payments for the last five state fiscal years (Figures 14, 15 and 16). During SFY 2010/11, 15,515 slots were filled under the HCBS waiver programs, continuing the increasing trend of delivering services outside an institutional facility. In comparison to the previous SFY, the number of filled waiver slots increased by 7.0%.

**Table 31: Home and Community-Based Service Waivers Eligible Populations and Income Limits**

Waiver	Eligible Population	Income Limit
<b>Adult Day Health Care Waiver (ADHC)</b>	Age 65 and older OR Age 22 or older with a disability that meets the SSA definition of disability; Meets nursing facility level of care	223% of poverty (3 times the SSI amount); Assets limit: \$2,000 for individual, \$3,000 for a couple who needs LTC, and \$109,560 for a community spouse (one not residing in an institution)
<b>Elderly and Disabled Adult Waiver (EDA)</b>	Age 65 and older OR Age 21 or older with a disability that meets the SSA definition of disability; Meets nursing facility level of care	223% of poverty (3 times the SSI amount); Assets limit: \$2,000 for individual, \$3,000 for a couple who needs LTC, and \$109,560 for a community spouse (one not residing in an institution)
<b>Children's Choice Waiver (CCW)</b>	From birth through age 18; Meets ICF-DD level of care for medical and/or psychological criteria, and meets the Louisiana definition for developmental disability.	223% of poverty (3 times the SSI amount); Assets limit: \$2,000 individual
<b>New Opportunities Waiver (NOW)</b>	Age 3 and older with a developmental disability which 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.	223% 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
<b>Supports Waiver (SW)</b>	Age 18 and older with a developmental disability which 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.	223% 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
<b>Residential Options Waiver (ROW)</b>	From birth and older with a developmental disability which 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	223% 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 32: Home and Community-Based Service Waiver Slots and Payments<sup>1</sup> by State Fiscal Year**

Waiver		2006/07	2007/08	2008/09	2009/10	2010/11
Adult Day Health Care Waiver (ADHC)	Allocated Slots	700	825	825	825	825
	Filled Slots	569	675	705	680	760
	Direct Waiver (\$)	\$6,756,288	\$7,481,491	\$7,652,210	\$7,907,572	\$7,996,342
	Non-Waiver (\$)	\$4,142,554	\$8,043,864	\$9,364,122	\$9,028,823	\$9,553,860
	Total Payments (\$)	\$10,898,842	\$15,525,354	\$17,016,332	\$16,936,395	\$17,550,202
Elderly and Disabled Adults Waiver (EDA)	Allocated Slots	2,903	4,403	4,603	4,603	4,603
	Filled Slots	2,703	3,403	3,934	4,071	4,403
	Direct Waiver (\$)	\$37,276,771	\$50,512,328	\$63,093,098	\$48,788,385	\$107,069,947
	Non-Waiver (\$)	\$56,948,878	\$78,094,896	\$103,237,616	\$88,973,196	\$25,563,128
	Total Payments (\$)	\$94,225,650	\$128,607,223	\$166,330,714	\$137,761,581	\$132,633,076
Children's Choice Waiver (CCW)	Allocated Slots	800	1,000	1,050	1,050	1,475
	Filled Slots	751	925	956	999	973
	Direct Waiver (\$)	\$7,222,138	\$9,138,230	\$9,991,258	\$11,355,892	\$10,756,228
	Non-Waiver (\$)	\$9,526,948	\$13,105,065	\$14,688,220	\$16,938,240	\$17,144,801
	Total Payments (\$)	\$16,749,086	\$22,243,295	\$24,679,478	\$28,294,133	\$27,901,029
New Opportunities Waiver (NOW)	Allocated Slots	5,042	6,542	8,682	8,682	8,832
	Filled Slots	4,799	5,762	6,372	7,046	7,628
	Direct Waiver (\$)	\$261,704,401	\$325,701,415	\$373,621,978	\$385,039,832	\$386,869,733
	Non-Waiver (\$)	\$29,905,858	\$39,707,343	\$49,434,436	\$49,896,331	\$56,621,467
	Total Payments (\$)	\$291,610,259	\$365,408,758	\$423,056,414	\$434,936,163	\$443,491,201
Supports Waiver (SW)	Allocated Slots	2,088	2,188	2,188	2,188	2,188
	Filled Slots	1,414	1,668	1,764	1,703	1,727
	Direct Waiver (\$)	\$9,903,610	\$14,318,256	\$15,474,757	\$14,307,206	\$13,389,198
	Non-Waiver (\$)	\$4,410,845	\$8,887,607	\$8,628,288	\$7,974,441	\$7,784,433
	Total Payments (\$)	\$14,314,455	\$23,205,863	\$24,103,045	\$22,281,648	\$21,173,631
Residential Options Waiver (ROW)	Allocated Slots				210	265
	Filled Slots				2	24
	Direct Waiver (\$)	N/A	N/A	N/A	\$0	\$372,964
	Non-Waiver (\$)				\$0	\$89,787
	Total Payments (\$)				\$0	\$462,751

<sup>1</sup> From SFY 2007/08 onwards, Non-waiver payments include Medicare Buy-in premiums and Part-D.

Figure 14: Historical Waiver Allocated Slots by State Fiscal Year

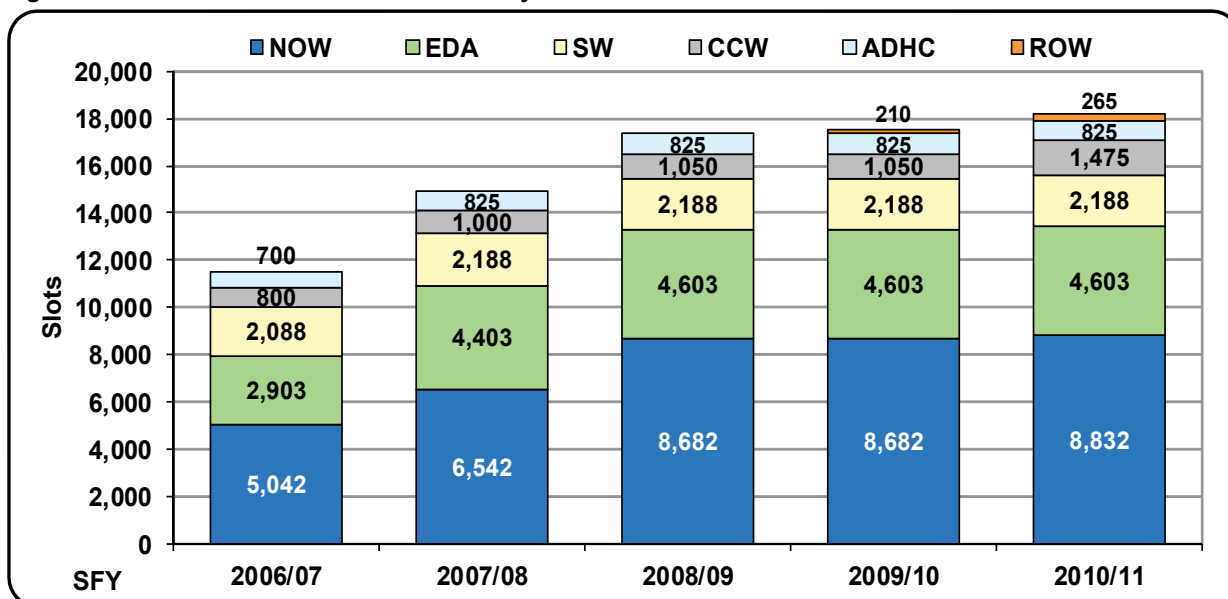


Figure 15: Historical Waiver Filled Slots by State Fiscal Year

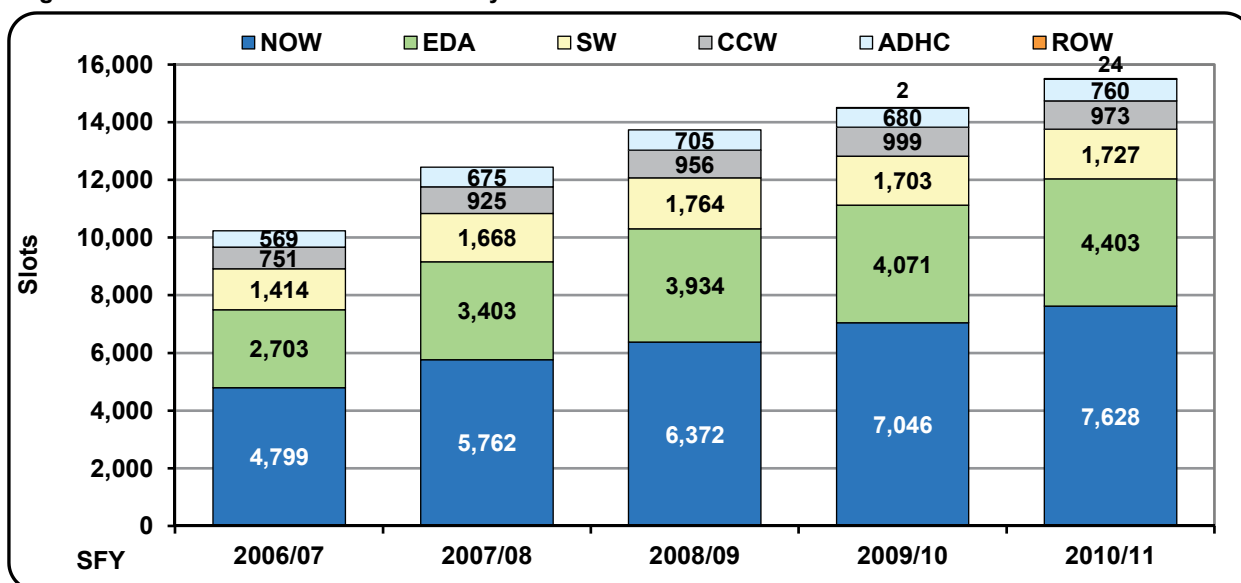
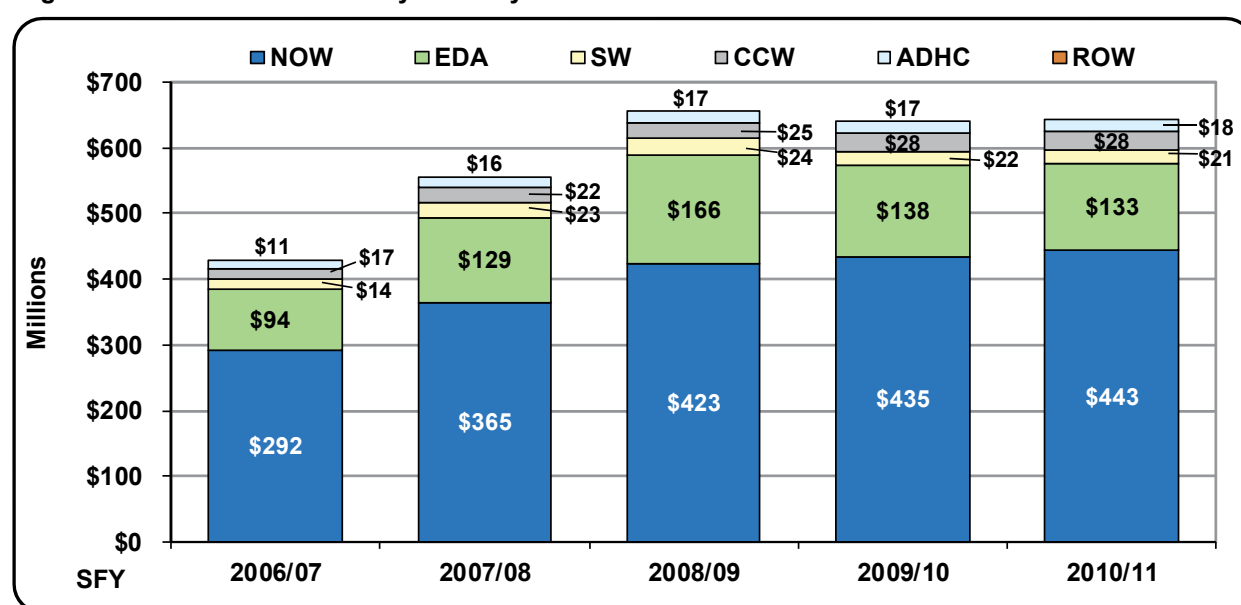


Figure 16: Historical Waiver Payments by State Fiscal Year<sup>1</sup>



<sup>1</sup>From SFY 2007/08 onwards, Non-waiver payments include Medicare Buy-in premiums and Part-D.

## Appendix A: Glossary

**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 13 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 Federal Financial Participation (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.

**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 and Needy Care Collaboration Agreement (LINCCA):** Are agreements between private hospitals, and public state and local hospitals, and hospital districts that allow private hospitals to take on services for low-income and needy patients which alleviates the financial strain upon the government entities that can then utilize those funds to supplement the Medicaid program and draw down federal financial participation. There is no legal obligation to contribute funding to the Medicaid supplemental payment program and is done at their sole discretion.

**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 13 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.

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

**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. Medicaid pays their Medicare Part-A premiums, if any, Medicare Part-B premiums, Part-D, 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 13 for a detailed explanation.

**Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays their 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 Payments:** Payments made to Our Lady of the Lake for their increase in volume of hospital services due to them taking over Earl K. Long hospital services.

**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.

**Upper Payment Limit (UPL):** Payments that the federal government allows states to reimburse hospitals for certain uncompensated care provided under Medicaid at an amount equal to what Medicare would have paid for the same service, which is typically at a higher amount. UPL is financed with both state and federal matched funds.

**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

<b>ADHC</b>	Adult Day Health Care	<b>LIS</b>	Low Income Subsidy
<b>ADL</b>	Activities of Daily Living	<b>LSU</b>	Louisiana State University
<b>AFDC</b>	Aid to Families with Dependent Children – now LIFC	<b>LSUMC</b>	Louisiana State University Medical Center
<b>ARC</b>	Adult Residential Care	<b>LTC</b>	Long Term Care
<b>ARRA</b>	American Recovery and Reinvestment Act	<b>LT-PCS</b>	Long Term – Personal Care Services
<b>BCOS</b>	Budget Category of Service	<b>MARS</b>	Management Administrative Reporting Subsystem
<b>BHSF</b>	Bureau of Health Services Financing – also Medicaid	<b>MD</b>	Medical Doctor
<b>CCN</b>	Community Care Networks	<b>MHR</b>	Mental Health Rehabilitation
<b>CCW</b>	Children's Choice Waiver	<b>MITA</b>	Medicaid Information Technology Architecture
<b>CDC</b>	Centers for Disease Control	<b>MMA</b>	Medicare Modernization Act of 2003
<b>CHAMP</b>	Child Health and Maternity Program	<b>MMIS</b>	Medicaid Management Information System
<b>CMS</b>	Center for Medicare and Medicaid Services	<b>MNP</b>	Medically Needy Program
<b>CPI</b>	Consumer Price Index	<b>MPP</b>	Medicaid Purchase Plan
<b>CRNA</b>	Certified Registered Nurse Anesthetists	<b>MSP</b>	Medicare Savings Program
<b>CSOC</b>	Coordinated System of Care	<b>MST</b>	Multi-Systematic Therapy
<b>CWO</b>	Child Welfare Office	<b>MVA</b>	Medical Vendor Administration
<b>DAC</b>	Disabled Adult Child	<b>MVP</b>	Medical Vendor Program
<b>DCFS</b>	Department of Children and Family Services	<b>NBCCEDP</b>	National Breast and Cervical Cancer Early Detection Program
<b>DD</b>	Developmentally Disabled	<b>NCQA</b>	National Committee for Quality Assurance
<b>DHE</b>	Division of Health Economics	<b>NICU</b>	Neonatal Intensive Care Unit
<b>DHH</b>	Department of Health and Hospitals	<b>NOW</b>	New Opportunities Waiver
<b>DHHS</b>	Department of Health and Human Services	<b>OAAS</b>	Office of Aging and Adult Services
<b>DME</b>	Durable Medical Equipment	<b>OBH</b>	Office of Behavioral Health
<b>DOP</b>	Date of Payment	<b>OCDD</b>	Office For Citizens with Developmental Disabilities
<b>DOS</b>	Date of Service	<b>OGB</b>	Office of Group Benefits
<b>DRA</b>	Deficit Reduction Act of 2005	<b>OLOL</b>	Our Lady of the Lake
<b>DSH</b>	Disproportionate Share	<b>OMF</b>	Office of Management and Finance
<b>EKL</b>	Earl K. Long Hospital	<b>OYD</b>	Office of Youth Development
<b>ESO</b>	Economic Stability Office	<b>PACE</b>	Program of All-Inclusive Care for the Elderly
<b>EDA</b>	Elderly and Disabled Adult	<b>PAP</b>	Prohibited AFDC Provisions
<b>EHR</b>	Electronic Health Records	<b>PAS</b>	Personal Assistance Services
<b>EPSDT</b>	Early and Periodic Screening, Diagnosis and Treatment	<b>PCCM</b>	Primary Care Case Management
<b>ESRD</b>	End Stage Renal Disease	<b>PCP</b>	Primary Care Physician/Provider
<b>FFP</b>	Federal Financial Participation – also FMAP	<b>PCS</b>	Personal Care Services
<b>FFY</b>	Federal Fiscal Year	<b>PICU</b>	Pediatric Intensive Care Unit
<b>FITAP</b>	Family Independence Temporary Assistance Program	<b>PIHP</b>	Prepaid Inpatient Health Plan
<b>FMAP</b>	Federal Medical Assistance Percentage	<b>PSP</b>	Prohibited SSI Provisions
<b>FOA</b>	Federal Opportunity Act	<b>QDWI</b>	Qualified Disabled Working Individual
<b>FPG</b>	Federal Poverty Guidelines	<b>QI</b>	Qualified Individuals
<b>FQHC</b>	Federally Qualified Health Center	<b>QMB</b>	Qualified Medicare Beneficiary
<b>GNOCHC</b>	Greater New Orleans Community Health Connection	<b>ROW</b>	Residential Options Waiver
<b>HCBS</b>	Home and Community-Based Services	<b>RSDI</b>	Retirement, Survivors and Disability Insurance
<b>HCSD</b>	Health Care Services Division	<b>RUM</b>	Radiology Utilization Management
<b>HEDIS</b>	Healthcare Effectiveness Data and Information Set	<b>SBH</b>	School Based Hospital
<b>HITECH</b>	Health Information Technology for Economic and Clinical Health Act	<b>SCHIP</b>	State Children's Health Insurance Program
<b>HSC</b>	Health Sciences Center	<b>SFY</b>	State Fiscal Year
<b>IADL</b>	Instrumental Activities of Daily Living	<b>SGA</b>	Substantial Gainful Activity
<b>ICF-DD</b>	Intermediate Care Facility – Developmentally Disabled	<b>SLMB</b>	Specified Low-Income Beneficiary
<b>ISIS</b>	Integrated State Information System	<b>SMO</b>	Statewide Management Organization
<b>JCAHO</b>	Joint Commission of the Accreditation of Healthcare Organization	<b>SSA</b>	Social Security Administration
<b>LaCHIP</b>	Louisiana Children's Health Insurance Program	<b>SSI</b>	Supplemental Security Income
<b>LAP</b>	LaCHIP Affordable Plan	<b>SW</b>	Supports Waiver
<b>LBHP</b>	Louisiana Behavioral Health Partnership	<b>TANF</b>	Temporary Aid for Needy Families
<b>LIFC</b>	Low Income Families with Children	<b>TB</b>	Tuberculosis
<b>LINCCA</b>	Low Income and Needy Care Collaboration Agreement	<b>UCC</b>	Uncompensated Care Costs
<b>LINKS</b>	Louisiana Immunization Network for Kids Statewide	<b>UPL</b>	Upper Payment Limit

# 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	70805	(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	71496	(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	1305 Fourth Street	Jonesville	71343	(318) 339-9969
16	DeSoto	430 Dixie Plaza	Natchitoches, LA	71457	(318) 357-7059
17	East Baton Rouge	2521 Wooddale Boulevard	Baton Rouge, LA	70805	(225) 925-6909
18	East Carroll	240 Holt Street	Bastrop, LA	71220	(225) 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	70805	(225) 925-6909
25	Jackson	1102 East Georgia, Suite B	Ruston, LA	71270	(318) 251-5056
26	Jefferson Davis	437 North Market Street	Jennings, LA	70546	(337) 824-0842
27	Jefferson, East Bank	Benson Tower, 1450 Poydras, 10th Floor	New Orleans, LA	70112	(504) 599-0528
28	Jefferson, West Bank	Harvey Building, 2150 West Bank Expressway, Suite 400	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	Benson Tower, 1450 Poydras, 10th 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, Suite 400	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	Benson Tower, 1450 Poydras, 10th 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	71496	(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	70805	(225) 925-6909
63	West Carroll	240 Holt Street	Bastrop, LA	71220	(318) 283-0864
64	West Feliciana	Feliciana Parishes Medicaid Office, 12486 Feliciana Dr.	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.

\* Regional office's contact information is located on the back cover of this report

## Medicare and Medicaid

	Medicare	Medicaid (XIX)
<b>Program</b>	Health Insurance or 65+/ Disabled (Title XVIII 1965)	Needs based Entitlement (Title XIX 1965)
<b>Eligibility</b>	Have contributed to system	Must meet categorical income/asset test
<b>Finance</b>	Trust Funds which those covered have paid into	Federal, state and local tax
<b>Cost to Patient</b>	Small premium, co-payments and deductibles	Federal, state and local tax
<b>Coverage</b>	Uniform across the states	Varies by state
<b>Administration</b>	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
<b>Medicare Part-A</b>	Provides coverage of inpatient hospital services, skilled nursing facilities, home health services and hospice care
<b>Medicare Part-B</b>	Helps pay for the cost of physician services, outpatient hospital services, medical equipment and supplies and other health services and supplies
<b>Medicare Part-C</b>	Provides managed care
<b>Medicare Part-D</b>	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 – Greater New Orleans Area

Benson Tower, 1450 Poydras St.,  
10th Floor, New Orleans, LA 70112

**Mail to:** P.O. Box 1521  
New Orleans, LA 70004-1521  
**PHONE:** (504) 599-0606  
**FAX:** 1-866-853-7278

### REGION 4 – Acadiana

117 Production Drive  
Lafayette, LA 70508  
**Mail to:** P.O. Box 81709  
Lafayette, LA 70598-1709  
**PHONE:** (337) 262-1231  
**FAX:** (337) 262-1232

### REGION 7 – Northwest Louisiana

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

### REGION 2 – Capital Area

2521 Wooddale Blvd.  
Baton Rouge, LA 70805  
**Mail to:** P.O. Box 91248  
Baton Rouge, LA 70821-9248  
**PHONE:** (225) 925-6505  
**FAX:** (225) 925-6525

### REGION 5 – Southwest Louisiana

One Lakeshore Drive, Suite 700  
Lake Charles, LA 70629  
**Mail to:** P.O. Box 3250  
Lake Charles, LA 70602-3250  
**PHONE:** (337) 491-2439  
**FAX:** (337) 491-2785

### REGION 8 – Northeast Louisiana

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

### REGION 3 – South Central Louisiana

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

### REGION 6 – Central Louisiana

3600 Jackson St., 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 – Northshore Area

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