

Louisiana Medicaid Annual Report



State Fiscal Year
2011/12

Louisiana Department of Health and Hospitals

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State of Louisiana

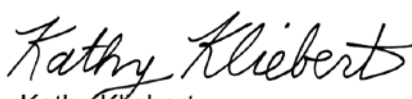
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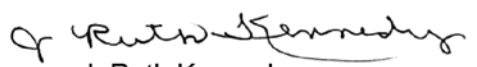
It is our pleasure to present the State Fiscal Year 2011/12 Medicaid Annual Report, which provides insight into Louisiana's Medicaid Program and its multiple activities and numerous accomplishments throughout the year.

The Louisiana Medicaid Program continues to be one of the largest state programs with total expenditures of about \$6.6 billion during State Fiscal Year 2011/12. Of the \$6.6 billion, \$6.0 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 \$664.6 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."

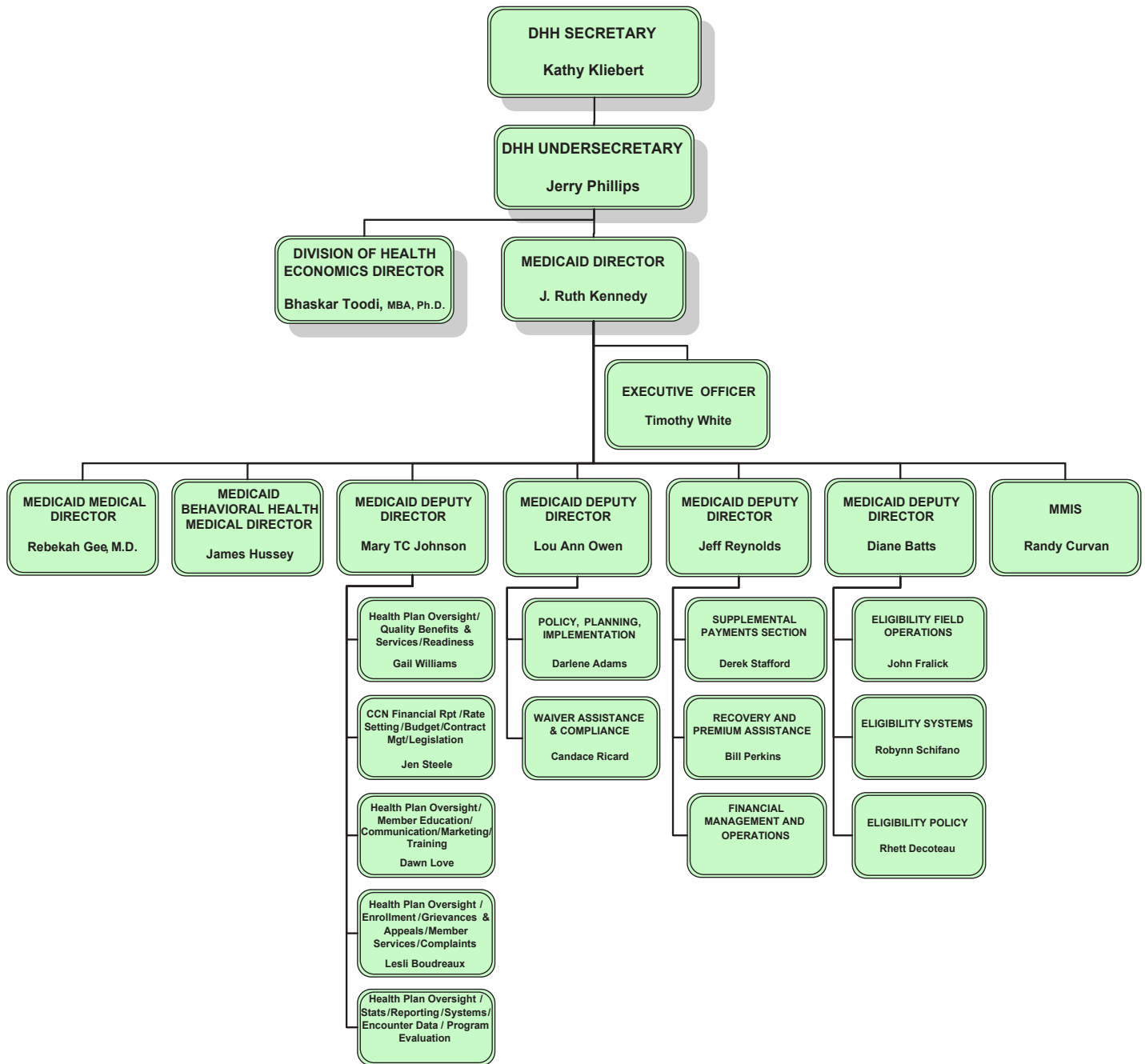
During the State Fiscal Year 2011/12 the Louisiana Medicaid Program directed much of its efforts to maximize new initiatives towards sustainable accessible and quality health care for its enrollees. Some of the notable initiatives include the Bayou Health Program, Louisiana Behavioral Health Partnership, Community Choices Waiver and Supplemental Payments programs. We have already seen improvements in access to care and we look forward to seeing the continued improvements these initiatives will have on our recipients' health outcomes in coming years.


Kathy Kliebert
Secretary, DHH


Jerry Phillips
Undersecretary, DHH


J. Ruth Kennedy
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 that reports to the Undersecretary and is responsible for administering the Medicaid program, including, eligibility, program operations, financial management and policy issues. (See organizational chart on page 2.)

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

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

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

Mission Statement

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

Goals

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

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

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The Division of Health Economics of the
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Division of Health Economics

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

Among the most important products 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.

Highlights of State Fiscal Year 2011/12

During this State Fiscal Year (SFY) 2011/12, the Louisiana Medicaid Program strengthened its efforts in maximizing new initiatives that improve quality and sustainable access to health care for its enrollees. Notably during this SFY, Medicaid implemented new initiatives such as Bayou Health, Louisiana Behavioral Health Partnership including CSoC Waiver, Community Choices Waiver and the Supplemental payment program. The development of these initiatives allowed Medicaid to contain the growth of expenditures while maintaining the eligibility criteria of the program and efficiency in providing quality services.

Bayou Health Implementation

February 1, 2012 began a year of transformation as the state transitioned from its 45-year-old legacy fee-for-service program to a managed health care delivery system for nearly 900,000 recipients. The Bayou Health program was implemented in an effort to improve health outcomes for the 30% of Louisiana's population that receives health care through Medicaid, while at the same time creating budget sustainability for DHH.

Under Bayou Health, DHH contracted with five different Health Plans that formed networks of health care providers and care managers, and are responsible for coordinating health care for their members. The five Health Plans include Amerigroup, LaCare, Louisiana Healthcare Connections (Pre-Paid Plans), Community Health Solutions, and UnitedHealthCare Community Plan (Shared Plans). While all core benefits and services are maintained in all plans, each plan offers a different package of enhanced benefits that includes benefits such as disease management tools and incentives for keeping all preventive well-child visits.

For implementation of the Bayou Health Program, the state was divided into three distinct Geographic Service Areas (GSAs) with a phased-in enrollment of Medicaid enrollees over a five-month period, from February through June 2012. To support implementation and promote enrollee engagement and choice, DHH launched an extensive education and outreach campaign aimed at enrollees and the community organizations that provide services to them. This included three mail outs (two postcards and an enrollment packet explaining the benefits offered by each of the five Health Plans) to every Medicaid eligible household, more than 500 face-to-face enrollment opportunities throughout the state, and a complementary multimedia ad campaigns.

DHH responded to provider issues during implementation with daily conference calls, a "rapid

response" hotline with extended hours during the first two weeks following "go live" in each GSA, one-on-one meetings and the assignment of Bayou Health staff liaisons who worked directly with high volume providers. Frequently asked questions were addressed through a series of informational bulletins published on the Making Medicaid Better website, www.MakingMedicaidBetter.com, for easy access and quick dissemination.

At the close of SFY 2011/12, Bayou Health had transitioned 898,559 Medicaid recipients to Bayou Health coverage with 54.3% enrolled in Pre-Paid Plans and 45.7% in Shared Savings Plans.

Louisiana Behavioral Health Partnership

To address the behavioral health needs of Louisiana citizens, Medicaid implemented the Louisiana Behavioral Health Partnership (LBHP) in March 2012. LBHP is a new approach to delivering and financing behavioral health services to Louisiana's children and adults. It represents an integrated public behavioral health service system drawing on the strengths of the private, public and non-profit sectors. LBHP oversees a statewide management contract for most behavioral health services, and delivers direct care through both hospitalization and community-based treatment programs. Services are provided for Medicaid and non-Medicaid eligible populations.

LBHP is a managed care program involving multiple agencies that have historically shared in the delivery of behavioral health services to the citizens of Louisiana. LBHP is operated by contract through Magellan Health Services, Inc., the selected Statewide Management Organization (SMO). LBHP includes a comprehensive array of rehabilitative behavioral health services and a full continuum of care intended to meet the needs of both adults and children. Through better coordination of services, LBHP is designed to increase access to community-based services, improve quality of care and health outcomes, and reduce utilization of more restrictive and crisis driven services such as emergency departments, hospitalizations, out-of-home placements and institutionalizations.

LBHP is designed to serve the needs of individuals who comprise one of the following target populations: (1) Medicaid-eligible children with extensive behavioral health needs either in or at-risk of out-of-home placement; (2) Medicaid-eligible children with medically necessary behavioral health needs who need coordinated care; (3) Medicaid-eligible adults with severe mental illness and/or addictive disorders; and

(4) non-Medicaid children and adults who have severe mental illness and/or addictive disorders.

During its first year of implementation, LBHP has achieved groundbreaking success. Louisiana is the only state in the United States to implement managed care for behavioral health services on a statewide basis. LBHP resumed Medicaid reimbursements for substance abuse treatment services, which had not been reimbursable through Louisiana Medicaid for the past several years. Since implementing LBHP, all state-operated and state-contracted outpatient clinics, residential facilities and psychiatric hospitals have successfully enrolled with Magellan Health Services as providers. Furthermore, in expanding treatment capacity in the community under LBHP, the number of available treatment settings has expanded from 83 publicly operated facilities to more than 900 credentialed and certified community-based providers.

Office of Behavioral Health (OBH) further supervised the independent review and validation study of approximately 40,000 individuals statewide to determine eligibility for 1915(i) Medicaid state plan amendment. In addition, 85% of all clients receiving services through OBH clinics at the time of implementing LBHP in March 2012 had successfully completed and submitted Medicaid applications. Due to the availability of Medicaid community based services, 206 people were discharged from three state intermediate psychiatric hospitals into less restrictive environments, including permanent supportive housing, group homes or supervised independent living settings.

Coordinated System of Care - 1915(c) SED Children's Waiver

Concurrently with the 1915(i) State Plan Amendment and 1915(b) Waiver, to authorize the procurement of a SMO, Louisiana Medicaid created the 1915(c) Home and Community Based Services (HCBS) Waiver for at-risk children and youth with significant behavioral health challenges or co-occurring disorders in or at imminent risk of out-of-home placement called the Coordinated System of Care (CSoC). As a component of LBHP, CSoC was designed to enhance collaboration and partnership, including funding streams between DHH through OBH and Medicaid, Department of Children and Family Services (DSFS), Department of Education (DOE) and Office of Juvenile Justice (OJJ). This collaborative approach was taken to create a more integrated service delivery system, offer an enhanced array of evidence-based services and improve overall health outcomes for Louisiana's children, youth and their caregivers.

In March 2012, CSoC began enrollment in five of the Louisiana's regions (1, 2, 7, 8 and 9) and currently has the capacity to serve 1,200 children, youth and

their caregivers, with potential to increase up to 2,400 at full implementation. The creation of the 1915(c) waiver allowed for a new array of services and supports with the primary goals of assisting children and youth to remain in or return to their home, reduce the number of youth in residential/detention settings, decrease the state's cost of providing services by leveraging Medicaid and other funding sources, and improve the overall outcomes for these children, youth and their caregivers. Through the implementation of the 1915(c) and 1915(b)(3) waivers that support CSoC, Wraparound Agencies (WAAs) were established to serve as the focus for individualized care planning and offer wraparound facilitation, a specific process to develop an individualized plan of care. Family Support Organizations (FSOs) also have been formed to provide both parent and youth support and training. In addition to the supports of the WAAs and FSOs, youth enrolled in CSoC also have access to three additional specialized services – independent living/skills building, respite care and crisis stabilization, as well as the services available through the Medicaid State Plan.

Community Choices Waiver

The Office of Aging and Adult Services (OAAS) began implementation of the Community Choices Waiver (CCW) on October 1, 2011, as a means to expand and develop additional community-based services as an alternative to institutional care. The CCW afforded OAAS the opportunity to provide participants with a diverse and flexible array of cost-effective services to achieve quality outcomes and serve as many individuals as possible within available budgetary resources.

The previous Elderly and Disabled Adult (EDA) waiver provided a limited number of services, thus encouraging heavy reliance on one-on-one personal care delivered by a paid worker who goes to the participant's home. It proved to be a costly way to deliver care and may have also resulted in unnecessary service dependency as opposed to promoting, improving and maintaining independent functioning. The CCW provides a much broader array of services, including home delivered meals, in-home sensor monitoring, assistive devices/ technology and nursing and skilled maintenance therapies that can substitute for one-on-one care and can improve independence in the home. The CCW allows OAAS to deliver a fundamentally different approach to community-based services, and will also change the way that support coordination services are delivered and quality monitored in the waiver program.

Transformation of Waiver Quality Assurance System

In conjunction with implementation of the Community Choices Waiver, OAAS implemented a new

waiver Quality Assurance System. This is the first implementation of the new system, which was developed jointly by OAAS, Office of Citizens with Developmental Disabilities (OCDD) and Medicaid under a CMS Systems Transformation Grant. The system moves from a reliance on a one hundred percent review process in which OAAS waiver staff function as eligibility reviewers and approvers of care plans to a system that relies on valid sampling, a support coordination monitoring process, and a training and certification process for support coordination. It transforms the regional waiver staff role to that of monitors and trainers and provides objective data with which to evaluate waiver and provider outcomes. A key part of the system is the electronic Support Coordination Monitoring (SCM) Database (LASCA). It will provide regional staff with a tool to enter and store data from their monitoring of support coordination agencies through an agency review tool, a coordinator interview tool and a participant representative sample of record reviews and participant interviews. LASCA automatically calculates scores for each support coordination agency, which identifies unacceptable performance by agencies in plan of care development and participant monitoring. This data is reported on an individual participant level and on an aggregate level in order to facilitate remediation activities at both levels as required by Center for Medicaid and Medicare Services (CMS).

Fluoride Applied in Physicians' Offices

Beginning December 2011, Louisiana Medicaid Program started reimbursing physicians up to two

times a year for applying fluoride varnish to the teeth of Medicaid recipients between six months and five years of age. This policy change allows physicians, nurse practitioners, physician assistants, registered nurses and licensed practical nurses to apply fluoride varnish, which before could only be performed by a dental provider. Fluoride varnish is a gel coating proven to assist in preventing and potentially reversing tooth decay in at-risk children. The American Dental Association and the Centers for Disease Control and Prevention both recommend fluoride varnish be applied at least twice a year. Allowing additional provider types to administer fluoride improves the overall health of children who otherwise may not receive an oral exam through a dental provider, while potentially decreasing future cost of untreated dental diseases in this population.

Supplemental Payments

During SFY 2011/12, Louisiana Medicaid Program paid \$249.6 million in supplemental payments to private providers. Supplemental payments are generated by qualifying-providers sending local dollars to the state, which are currently unmatched, as match to draw down federal funds. Supplemental payments allow DHH to leverage additional funds which are then paid back to the qualifying providers to ensure continued access to care.

Out of the \$249,595,504 million supplemental payments paid in SFY 2011/12, \$148,244,235 was for Low Income and Needy Care Collaboration Agreement (LINCCA), \$29,310,250 was for physicians and \$72,041,019 was for rural hospitals.



Future of Louisiana Medicaid

Louisiana Medicaid Program faces numerous challenges when it comes to improving the health outcomes and quality of their enrollees, while managing costs. Over the past year, Medicaid has implemented a series of initiatives that are now expected to transform Medicaid into a more efficient and effective program that results in improved outcomes for Medicaid enrollees as well as for all stakeholders. Some of Medicaid's key initiatives that started in SFY 2011/12 such as Bayou Health Program and Louisiana Behavioral Health Partnership (LBHP) will continue to have an impact on Medicaid's future.

Bayou Health

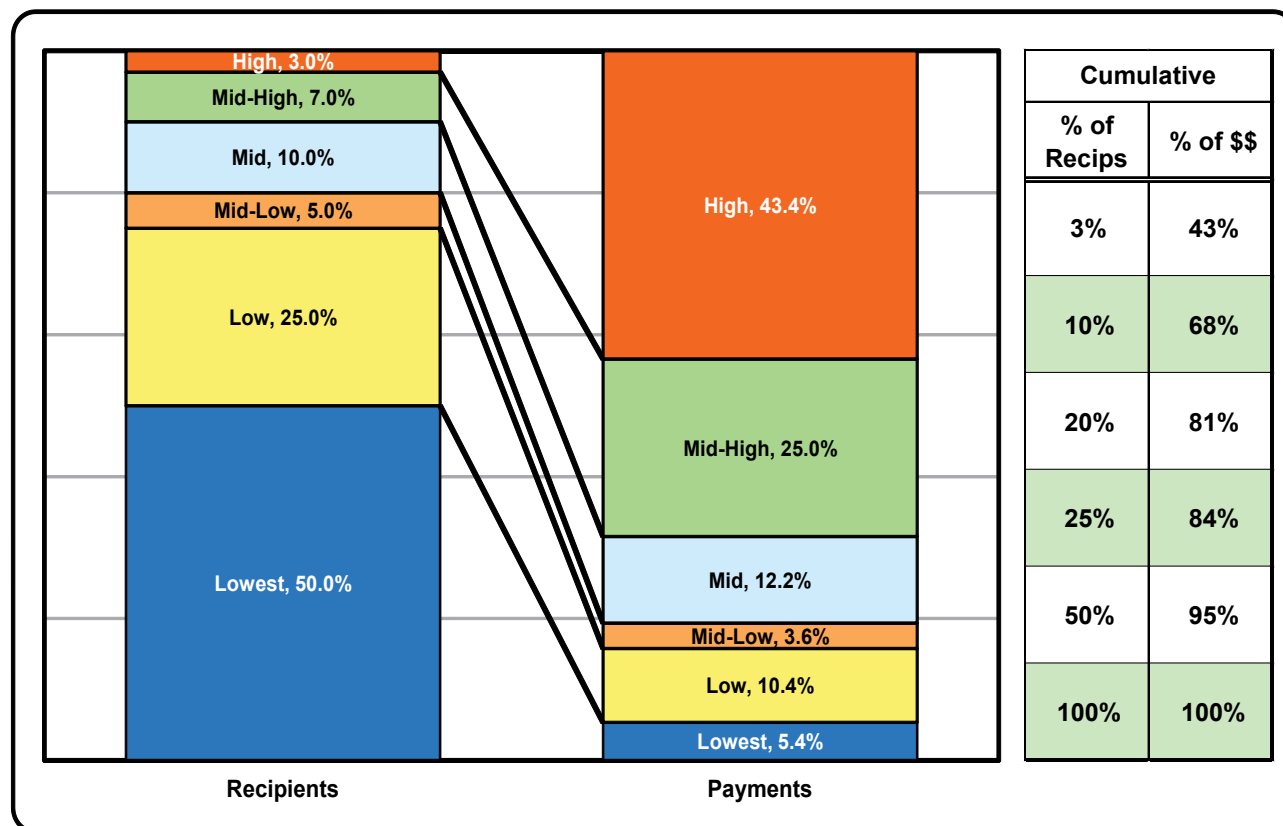
Medicaid was developed to provide health care coverage to elderly, disabled and low income families, which consist of high cost populations. Since Medicaid is an entitlement program, Louisiana cannot limit the number of enrollees in Medicaid nor can they be selective in who is allowed to get services if the individuals meet Medicaid eligibility requirements. Figure 1 shows the percentage of recipients ranked by payments. During SFY 2011/12, of all Medicaid recipients, only 3% of recipients accounted for about 43% of payments. These highly expensive recipients make up almost half of

total Medicaid payments for SFY 2011/12. The top 50% of recipients accounted for about 95% of total payments, while the least expensive recipients, the other 50%, only made up 5% of total payments.

DHH completed the statewide implementation of Bayou Health and the transition of nearly 900,000 Medicaid enrollees to a managed care environment at the end of SFY 2011/12, but the transformation to Bayou Health's features, such as including additional services and additional enrollment groups, continues through SFY 2012/13.

Beginning in October 2012, expectant mothers were enrolled into a Bayou Health plan during their first month of Medicaid eligibility. This expedited access to Bayou Health benefits ensures that the mother will have full advantage of the coordinated care the Health Plan offers for the maximum number of months during her eligibility. Also, members in the three Pre-Paid Health Plans (Amerigroup, LaCare and Louisiana Healthcare Connections) began receiving pharmacy benefits as part of their coordinated services. The Health Plans offer recipients more flexible coverage options and enhancements, such as more prescriptions for adult

Figure 1: Percentage of Recipients Ranked by Payments



LaCHIP Affordable Plan (LAP) as well as Greater New Orleans Community Health Connection (GNOCHC) data are not included in this data because they are stand-alone programs. See technical note on page 13 for a detailed explanation.

patients or coverage of over-the-counter medications. In the coming year, DHH expects that Medicaid will start to see results from the Health Plans managing some of these most expensive recipients.

In January 2013, LaCHIP Affordable Plan enrollees became Bayou Health eligible. These children, whose family income exceeds the regular LaCHIP eligibility requirements but is below 250% of the Federal Poverty Guidelines (FPG), can now benefit from Bayou Health's coordination of care and robust provider network.

As Bayou Health moves forward into its second year of operation, its focus shifts to management and monitoring results. Reporting on more than 37 performance measures and a minimum of two state-approved formal Performance Improvement Projects will keep the focus on quality outcomes and illustrate Bayou Health's successes and challenges. Evaluation by an independent external quality review organization will also grant an unbiased perspective.

Louisiana Behavioral Health Partnership

The growing development in behavioral health services is expected to continue with Louisiana Medicaid as the Louisiana Behavioral Health Partnership (LBHP) implementation advances. Medicaid waivers and state plan amendments implemented under LBHP will continue to allow for improved access to an enhanced array of evidenced-based specialized behavioral health services and improved individual outcomes. The provision of Medicaid funding to specialized

behavioral health services will continue to be influential in shaping Louisiana's behavioral health system into a progressive service delivery system. All four regions under the authority of OBH are actively pursuing Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation with plans to be accredited within the next year in order to ensure compliance with Medicaid policies and standards. An analysis of current business practices is being conducted to ensure that state-operated facilities become more effective Medicaid providers and to assist in the transition to managed care. The goal is for OBH to assist providers in Medicaid billing practices and the expectations of the statewide managed care organization, which in-turn will enable providers to become more viable and cost effective service providers. The LBHP is an excellent opportunity for persons needing specialized behavioral health services to utilize mainstream resources to access recovery through the efficient use of evidence informed care and transition to community based services.

In addition to the advances listed above, DHH hopes that any cost savings realized as a product of managed care efficiencies will be able to be reinvested in the system of care to provide new and unique behavioral health services that otherwise would not have been available to the citizens who need behavioral health care. LBHP also allows for a more rapid response to the changing demands of the behavioral health care market so that new treatment technologies can be implemented when they achieve evidence-based status.



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 of 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. The use of preventive services 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 the implementation of Bayou Health will help with coordination of care for many of these preventive services and will help reduce 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 of 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 Louisiana Medicaid population, 31.0%, 28.7% and 26.5% of children were immunized for Combination 2 for the years 2008, 2009 and 2010 respectively, while those immunized for Combination 3 accounted for 27.1%, 25.3% and 24.4% for the corresponding years. The 2010 national Medicaid average for children immunized for Combination 2 was 74.1%, while for Combination 3 it was 69.9%¹.

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 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 life². Louisiana Medicaid had 53.7% of infants receiving 6+ well-child visits within the first 15 months of life in 2009, while in 2010 the state had 57.0%, which is a significant increase.

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 three to six 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 program². Louisiana had 61.1%, 65.4% and 65.9% of Medicaid children between three to six years of age visiting a PCP in 2008, 2009 and 2010, respectively. Louisiana ranks fairly close to the 2010 national Medicaid average of 71.9%¹.

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 counseling². In Louisiana Medicaid, well-care visits decreased by .9 percentage points, from 40.1% in 2009 to 39.2% in 2010. Compared to previous years, this is still an improvement from 34.6% in 2007 and 34.8% in 2008. Also, Louisiana's average rate is slowly approaching the national Medicaid average of 48.1% in 2010¹.

¹ 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=FpMqppADPo8%3d&tabid=836>

² 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 2008, 2009 and 2010 respectively, 88.5%, 89.8% and 88.4% of enrolled two to six year old Louisiana Medicaid children had at least one ambulatory or preventative care visit with a PCP. For infants, the percentages for those respective years were 96.3%, 96.8% and 96.8%.

Lead Screening for Children

This measure reports the percentage of continuously enrolled Louisiana Medicaid children aged zero to two years during the measurement year 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 disabilities. Screening and detection of lead enables education of parents on reducing and preventing future lead contamination and medical treatment of children¹. For the years 2008, 2009 and 2010, the percentage of Louisiana Medicaid children who had a lead screening were respectively 73.3%, 74.9% and 76.6%.

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 40 and 69, who had at least one mammogram during the measurement year or the prior year. Periodic breast cancer screening ensures early detection, treatment and better prognosis for many women who are potentially at risk². In Louisiana Medicaid, mammogram screenings increased by .7 percentage points from 42.4% in 2009 to 43.1% in 2010, which is closer in comparison to the 2010 national Medicaid average of 51.3%³.

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 test for cervical cancer within the measurement year. Pap tests help detect cell changes in the cervix caused by human papillomavirus (HPV) that might become cancerous in which early detection enables treatment². In Louisiana Medicaid, pap tests have

increased steadily. Respectively, 56.5%, 59.0% and 60.0% of the Medicaid eligible population received pap tests in 2008, 2009 and 2010. The 2010 national Medicaid average was 67.2%³.

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 threatening². In 2010, 91.5% of Louisiana Medicaid enrollees with persistent asthma health problems received long-term asthma control medications, which is above the 2010 national Medicaid average of 88.4%³.

Comprehensive Diabetes Care

This measure examines the percentage of continuously enrolled Louisiana Medicaid population between the ages 18 and 75 years with either Type 1 or Type 2 diabetes, that had at least one of the respective tests or met other 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 treatment². 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 Louisiana Medicaid enrolled adults screened in 2008, 2009 and 2010 for diabetes were respectively 66.2%, 66.1% and 68.8%.

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 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 medication². From 2008 to 2010, the number of Louisiana Medicaid enrollees having cardiovascular screenings has slightly decreased. In 2010, it decreased to 70.1% which is a decrease of 1.5 percentage points from 71.6% in 2009. The corresponding national Medicaid average was 82.0% in 2010³.

¹ 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>

² 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>

³ 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=FpMqqpADPo8%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 statewide 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 Centers for Medicare and Medicaid Services (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 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, who 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 also 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.

Payment Adjustments

SFY 2011/12 had two major payment adjustments that caused some private providers to appear lower than the normal historical SFY trends. The first payment adjustment involved Long Term Care (LTC) payments. LTC providers had an extra check-write paid in June 2011 which would have normally been paid in July 2011. This change caused payments to appear lower in SFY 2011/12 and greater in SFY 2010/11.

The second payment adjustment occurred due to the Medicaid claims processing cycle moving from a 7-day cycle to a 14-day cycle. Due to this change, about one week of payments that would have normally been paid in June 2012 was paid in July 2012, causing SFY 2011/12 payments to be lower for most private providers.

Year in Review

Enrollees and Recipients

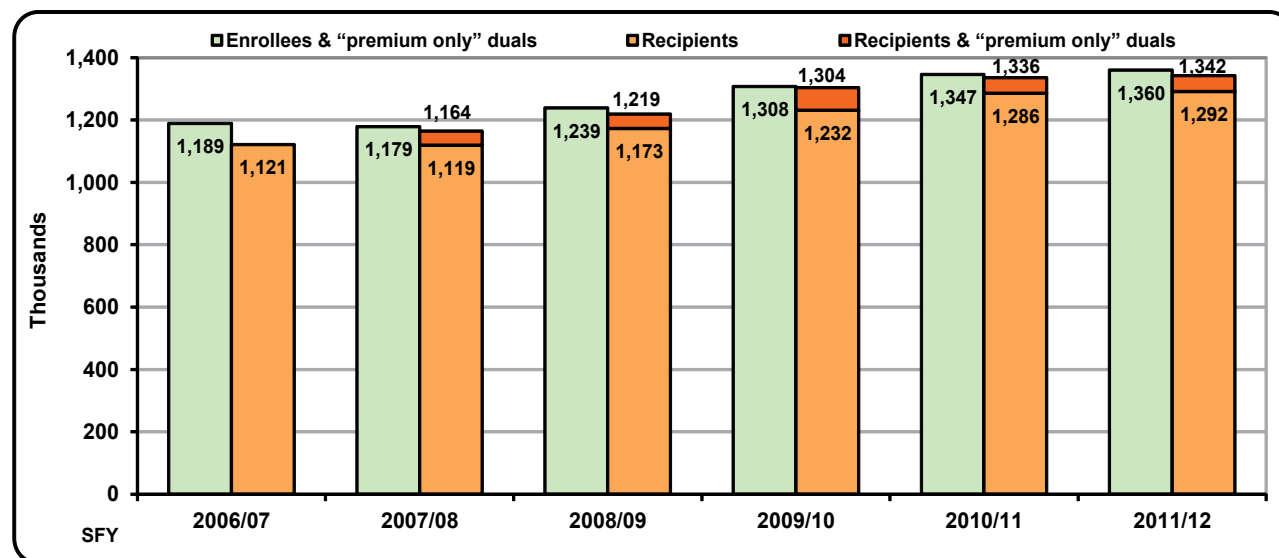
During SFY 2011/12, 1,360,026 people, about 30% of Louisiana's population¹ of 4,574,836, were enrolled and payments were made on behalf of 1,342,123 recipients in the Medicaid program (Figure 2). From a historical perspective, this was about 1.0% increase in enrollees and about 0.5% increase in recipients compared to the previous SFY.

Payments

During SFY 2011/12, over \$5.9 billion (excluding uncompensated care payments) was paid on behalf of about 1.3 million Medicaid recipients,

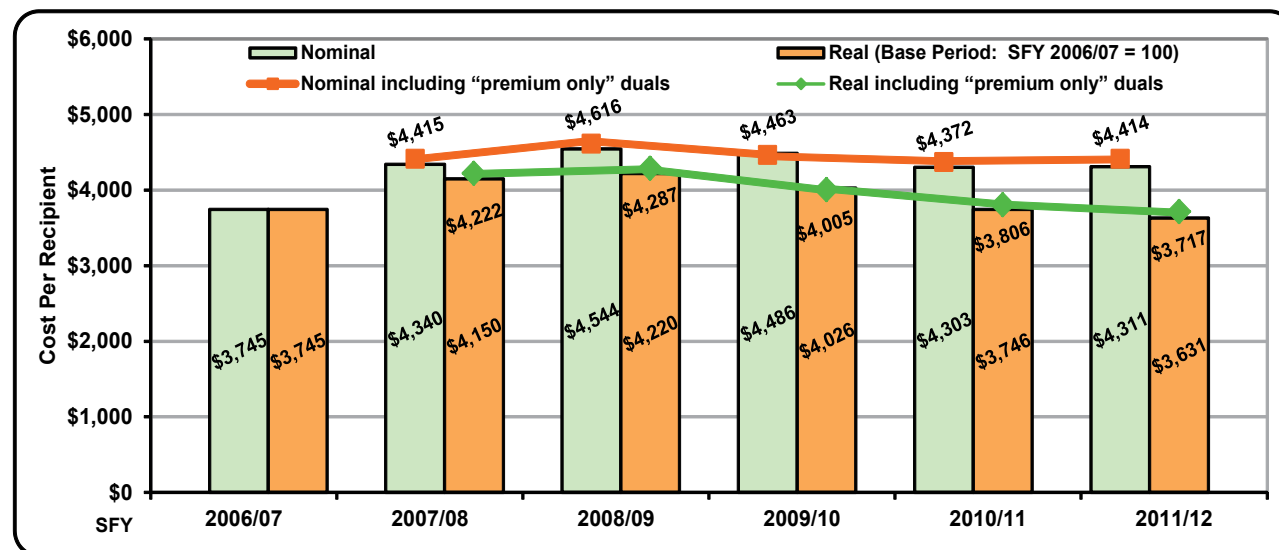
averaging about \$4,414 per recipient², which was about 1.0% greater than the previous SFY (Figure 3). From a comparative perspective, nominal average payment per recipient without "premium only" duals was \$4,311, which was about a 15.1% increase compared to SFY 2006/07. Real average overall annual payment per recipient (adjusted for inflation with SFY 2006/07 as base period) was about \$3,717 during SFY 2011/12, which is 2.3% less than SFY 2010/11. To consider real average annual payment without "premium only" duals, it was \$3,631, which was a decrease of about 3.0% for Medicaid recipients compared to SFY 2006/07.

Figure 2: 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 3: 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. (2012). Consumer Price Index – All Urban Consumers – U.S. Medical Care, Series ID: CUUR0000SAM. Retrieved from <http://data.bls.gov/cgi-bin/survey/most?cu>

¹ U.S. Census Bureau, Population Division. (April 2012). Annual Estimates of the Resident Population for Counties of Louisiana: April 1, 2010 to July 1, 2011. Retrieved from <http://www.census.gov/popest/data/counties/totals/2011/index.html>

² Simple average, not a weighted average.

Medicaid Finances

Means of Finance

Medicaid is a means-tested, open-ended entitlement public assistance program established in 1965 by Title XIX of the Social Security Act, often referred to as “Title XIX”. Being an entitlement program means that the federal government and states do not limit the number of eligible people who can enroll in Medicaid’s various established categories of eligibility. The Medicaid program pays for services covered by the program for those who meet the criteria and are enrolled.

The Medicaid program is funded through federal and state funds. The federal share is based on Federal Medical Assistance Percentages (FMAP), which are updated each Federal Fiscal Year (FFY). State FMAPs normally range from 50% to 83% of program cost based on their latest available three year average per capita personal income in relation to the national average per capita personal income. During SFY 2011/12, Louisiana’s regular blended FMAP was 61.72%. However, due to hurricanes/disasters, the effective enhanced disaster FMAP for July 2011 to September 2011 was 68.04%, while October 2011 to June 2012 was 69.78%. The federal government also offers an enhanced FMAP for recipients in the State Children’s Health Insurance Program (SCHIP). Louisiana’s SCHIP program, known as LaCHIP, had a blended FMAP of 73.20% during SFY 2011/12.

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 2010-2011 average, 21.35% of the Louisiana population was considered living under 100% of the FPG, while 41.70% were living below 200% of the FPG (Table 1). These percentages compare to 15.05% and 34.15% respectively, for the U.S. population, which categorizes Louisiana as a low income state. In comparison to the 2009-2010 poverty average, Louisiana’s percentages increased from 17.95% and 38.95% respectively. About 30% of Louisiana’s population was enrolled in Medicaid during SFY 2011/12.

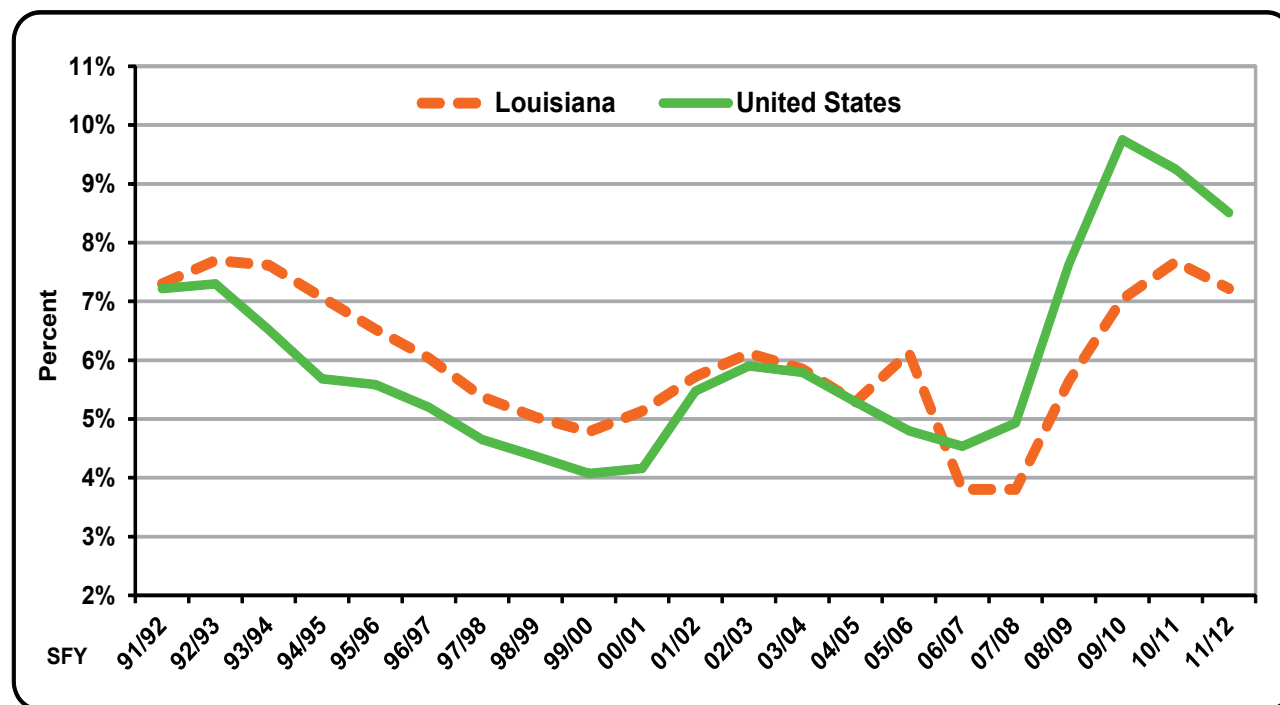
In addition to poverty rates, unemployment rates are also a major factor in state reliance on Medicaid programs. Since Medicaid serves mostly low-income individuals, an increase in unemployment could result in more people being eligible for Medicaid. Figure 4 shows average unemployment rates in Louisiana 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 2011/12, Louisiana’s average unemployment rate was 7.2%, which was less than the national average unemployment rate of 8.5%. Overall, in SFY 2011/12 Louisiana’s average unemployment rate decreased compared to the previous SFY most likely due to some improvement in the economy.

Table 1: Population Poverty Status for All Income Levels, Average of Calendar Years 2010 and 2011

Poverty Level	United States	Louisiana
≤ 100% of Poverty	15.05%	21.35%
101% to 125% of Poverty	4.75%	5.95%
126% to 135% of Poverty	1.95%	2.60%
136% to 150% of Poverty	2.95%	3.20%
151% to 185% of Poverty	6.70%	5.75%
186% to 200% of Poverty	2.75%	2.85%
Remainder of Population	65.85%	58.30%

U.S. Census Bureau. (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 and (2012) Current Population Survey: 2012 Annual Social and Economic Supplement, POV46 – Poverty Status by State: 2011. Retrieved from http://www.census.gov/hhes/www/cpstables/032012/pov/POV46_001.htm.

Figure 4: Average Unemployment Rate in Louisiana and the United States by State Fiscal Year



U.S. Department of Labor, Bureau of Labor Statistics. (2012). 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 for every five years, from 2010 to 2030¹. LSU projected that Louisiana's population will increase on average about 3% every five years. In addition to the increase in population, the population age mix is predicted to change greatly. The percentage growth of the 65+ age group is projected to increase while the other age groups' are projected to decrease. As the 65+ age group 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 Lab² for the Department of Health and Hospitals showed that 3.5% of Louisiana children (under the age of 19) and 22.7% of non-elderly (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 report³ 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 a decrease in coverage for more than 93,000 adults.

Medicaid Expenditures

As explained earlier, Medicaid is jointly funded by federal and state funds with applicable FMAs. 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 2. For this report, unless otherwise stated, Medicaid numbers include Medicaid Title XIX and LaCHIP Title XXI. Out of \$6.6 billion total MVP expenditures, the effective overall state match rate came to be about 29.10% while the effective federal match rate came to be about 70.90% for SFY 2011/12.

SFY 2011/12 Medicaid MVP expenditures by state appropriation are presented in Table 3. Private provider program accounts for about 67.61% of total Medicaid MVP expenditures and about 86.05% of claims payments (excluding Uncompensated Care Costs (UCC) and buy-ins). Public provider program represents 10.96%, UCC accounts for 10.02%, and buy-ins and supplement program represents 11.42% of MVP expenditures.

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

² Barnes, Stephen, Kirby Goidel, and Dek Terrell. (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>

³ 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>

Table 4 presents the MVA expenditures. During SFY 2011/12, total Medicaid MVP expenditures were about \$6.6 billion for health care services delivery. To administer this \$6.6 billion MVP, about \$246 million

was spent on MVA. This means that about 96 cents of every Medicaid dollar, considering MVP and MVA, went directly to the delivery of health care services.

Table 2: Medical Vendor Program Expenditures Means of Finance by State Fiscal Year

Financing Category	2009/10		2010/11		2011/12	
	Expenditures (\$)	Percent	Expenditures (\$)	Percent	Expenditures (\$)	Percent
State General Fund	\$722,361,378	10.88%	\$583,143,501	8.56%	\$1,335,319,929	20.13%
Other Finance	418,046,416	6.30%	1,023,666,276	15.02%	595,362,800	8.97%
Total State Match	1,140,407,794	17.18%	1,606,809,777	23.58%	1,930,682,729	29.10%
Federal Funds	5,498,240,267	82.82%	5,208,595,522	76.42%	4,703,030,529	70.90%
Total	\$6,638,648,061	100.00%	\$6,815,405,299	100.00%	\$6,633,713,258	100.00%

Table 3: Medical Vendor Program Expenditures for Budget Programs by State Fiscal Year

Program	2009/10		2010/11		2011/12	
	Expenditures (\$)	Percent	Expenditures (\$)	Percent	Expenditures (\$)	Percent
Private Providers	\$4,648,658,915	70.02%	\$4,933,938,113	72.39%	\$4,484,850,415	67.61%
Public Providers	866,811,093	13.06%	841,689,084	12.35%	726,790,470	10.96%
Buy-Ins/Supplements	297,049,741	4.47%	348,842,276	5.12%	757,510,816	11.42%
Uncompensated Care	826,128,312	12.44%	690,935,826	10.14%	664,561,556	10.02%
Total	\$6,638,648,061	100.00%	\$6,815,405,299	100.00%	\$6,633,713,258	100.00%

Table 4: Medical Vendor Administration Expenditures Means of Finance by State Fiscal Year

Financing Category	2009/10		2010/11		2011/12	
	Expenditures (\$)	Percent	Expenditures (\$)	Percent	Expenditures (\$)	Percent
State General Fund	\$75,572,985	38.06%	\$74,968,762	33.76%	\$77,063,236	31.36%
Other Finance	5,761,529	2.90%	6,051,736	2.73%	11,023,397	4.49%
Total State Match	81,334,514	40.96%	81,020,498	36.49%	88,086,633	35.84%
Federal Funds	117,233,799	59.04%	141,034,250	63.51%	157,660,521	64.16%
Total	\$198,568,313	100.00%	\$222,054,748	100.00%	\$245,747,154	100.00%

Major Budget Categories

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

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

Payments to CMS on behalf of dual eligibles for Part A, Part B and Clawback, and other agencies/entities for Medicaid enrollee's health care coverage and/or coordination,

and reimbursement for claims paid by another entity on behalf of Medicaid recipients. It also includes 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 programs are classified into separate Budget Categories of Service (BCOS) and are presented in Table 5 along with their respective expenditures.

Table 5: Expenditures by Budget Category of Service

A: Private Providers		Expenditures (\$)	B: Public Providers		Expenditures (\$)
A_01	Adult Dentures	\$3,875,290	B_01	LSU - HCSD	\$190,989,514
A_02	Ambulatory Surgical Clinics	3,172,303	B_02	LSU - EA Conway	108,642,181
A_03	Case Management Services	21,577,552	B_03	LSU - Huey P. Long	9,576,337
A_04	Durable Medical Equipment	23,899,241	B_04	LSUMC - Shreveport	109,843,483
A_05	EPSDT (Screening and Early Diagnosis)	230,233,010	B_05	DHH - State DD Facilities	209,569,368
A_06	Early Steps	9,302,301	B_06	DHH - State Nursing Homes	18,620,665
A_07	Family Planning	21,504,679	B_07	DHH - Office of Public Health	12,820,139
A_08	Federally Qualified Health Centers	41,194,765	B_08	DHH - Community Mental Health	3,097,267
A_09	Hemodialysis Services	24,941,002	B_09	DHH - Psychiatric Free Standing Units	2,731,556
A_10	Home Health Services	35,876,444	B_10	DHH - Local Governance Entities	6,294,341
A_11	Hospice Services	59,316,107	B_11	State - Education	20,441,601
A_12	Hospital - Inpatient Services	688,510,401	B_12	Local Education Agencies for SBH Services	34,164,019
A_13	Hospital - Outpatient Services	272,850,078	Total Public Providers		\$726,790,470
A_14	ICF-DD Community Homes	231,788,306			
A_15	Laboratory and X-Ray Services	79,562,094	C: Buy-ins and Supplements		
A_16	LT - PCS	185,443,183	C_01	Medicare Premiums & Supplements	\$269,275,277
A_17	Mental Health - Inpatient Services	15,605,384	C_02	Part-D Clawback	91,459,174
A_18	Mental Health Rehabilitation	52,546,932	C_03	LaCHIP V Buy-In	4,769,877
A_19	Nursing Homes	770,850,604	C_04	HIT - Electronic Health Records	89,808,666
A_20	PACE	10,733,089	C_05	Bayou Health	233,296,450
A_21	Pharmaceutical Products and Services	387,278,130	C_06	Louisiana Behavioral Health Partnership	68,901,373
A_22	Physician Services	401,427,610	Total Buy-Ins and Supplements		\$757,510,816
A_23	Rural Health Clinics	46,269,771			
A_24	Transportation: Emergency-Ambu.	37,040,590	D: Uncompensated Care Costs		
A_25	Transportation: Non-Emergency-Ambu.	11,686,665	D_01	LSU - HCSD	\$368,617,565
A_26	Transportation: Non-Emergency-Non-Ambu	9,200,202	D_02	LSU - EA Conway	0
A_27	Waiver: Adult Day Health Care	9,116,320	D_03	LSU - Huey P. Long	24,700,132
A_28	Waiver: Adult Residential Care	0	D_04	LSUMC - Shreveport	127,050,526
A_29	Waiver: Children's Choice	13,288,681	D_05	DHH - Psychiatric Free Standing Units	64,595,027
A_30	Waiver: Community Choices/EDA	110,550,956	D_06	DHH - Villa Feliciana	0
A_31	Waiver: Family Planning	14,784,900	D_07	Private Hospitals	54,160,042
A_32	Waiver: NOW DD-Community Services	389,261,055	D_08	GNOCHC - 1115 Waiver	25,438,264
A_33	Waiver: Residential Options	757,657	Total Uncompensated Care Costs		\$664,561,556
A_34	Waiver: Supports	13,380,579			
A_35	Other Private Providers	8,429,030	Grand Total Medical Vendor Program		\$6,633,713,258
A_36	Supplemental Payments	249,595,504			
Total Private Providers		\$4,484,850,415			

Private Providers

Figure 5 presents the top ten private provider programs by Medicaid expenditures. The top four, hospital services (inpatient and outpatient), nursing homes, physician services and New Opportunities Waiver, together account for about 56.26% of the private provider expenditures. The top ten private provider programs account for about 83.57% of private spending. An overview of each private BCOS is provided below.

A_01. 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.

A_02. Ambulatory Surgical Clinics: Provides surgical services not requiring hospitalization where expected stay of recipient does not exceed 24 hours.

A_03. Case Management Services: Assists the recipient in prioritizing and defining desired personal outcomes, defining appropriate supports and services, and accessing these supports and services.

A_04. Durable Medical Equipment (DME): Medically necessary equipment, appliances and supplies. DME providers must obtain prior authorization.

A_05. 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.

A_06. 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.

A_07. Family Planning: Services to female Medicaid recipients for routine family planning services including doctor's visit, counseling, contraceptives and certain lab services.

A_08. 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.

A_09. 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.

A_10. Home Health Services: Intermittent or part-time skilled nursing services, personal care services, and physical, occupational and speech therapy services provided by a licensed home health agency in accordance with the plan of treatment ordered by a physician. Certain services may require prior authorization.

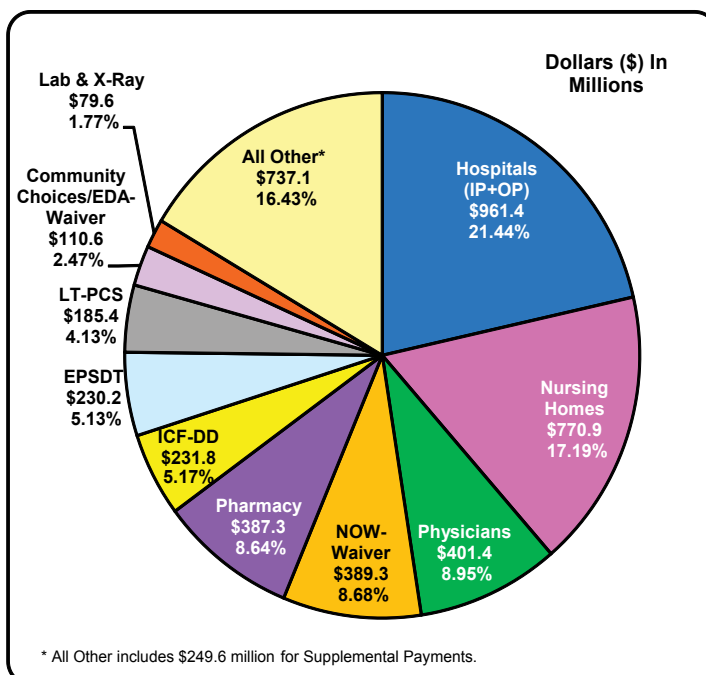
A_11. Hospice: Palliative care for the terminally ill patient and support for the family.

A_12. Hospital Inpatient Services: Inpatient hospital care and services. Inpatient services must be pre-certified in most instances if provided by an in-state hospital.

A_13. Hospital Outpatient Services: Outpatient hospital care and services. Some outpatient services must be prior authorized.

A_14. Intermediate Care Facilities for the Developmentally Disabled (ICF-DD)

Figure 5: Top Ten Private Provider Groups by Expenditures



Community Homes: Homes for the long-term care of developmentally disabled recipients.

- A_15. Laboratory and X-Ray Services:** Diagnostic testing performed by an independent laboratory or physician's office.
- A_16. Long Term Personal Care Services (LT-PCS):** Optional services for elderly or disabled recipients over age 21 who qualify for nursing facility level of care. Personal care services are defined as services that provide assistance with the Activities of Daily Living (ADL) and the Instrumental Activities of Daily Living (IADL).
- A_17. Mental Health – Inpatient Services:** Mental health evaluation, treatment, and counseling services provided in an inpatient clinic.
- A_18. Mental Health Rehabilitation (MHR) Services:** Rehabilitation management for recipients with severe and persistent mental illnesses. Services are furnished in community and outpatient settings by, or under the direction of a physician in a facility which is not part of a hospital but which is organized and operated to provide medical care to outpatients. Recipients must be approved for services and all services must be prior authorized.
- A_19. Nursing Homes:** Facilities that provide professional nursing and rehabilitation services on a 24-hours-a-day basis.
- A_20. 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.
- A_21. Pharmaceutical Products and Services:** Prescription services for prescriptions issued by a licensed physician, podiatrist, certified nurse practitioner or dentist.
- A_22. Physician Services:** Physician and other professional services, including those of the following professionals: physicians (including specialists), certified registered nurse anesthetists, nurse midwives, nurse practitioners, optometrists and podiatrists.
- A_23. Rural Health Clinics:** Provides physician or professional service and designated services and supplies incident to the physician or other professional services. Rural health clinics must meet federal requirements of the U.S. DHHS prior to Medicaid enrollment.
- A_24. Transportation Emergency – Ambulance:** Transportation provided by an ambulance for an unforeseen combination of circumstances which demands immediate attention at a medical facility to prevent serious impairment or loss of life. All

services are subject to review for medical necessity of ambulance transportation.

- A_25. Transportation Non-Emergency – Ambulance:** Transportation provided by an ambulance in which no other means of transportation is available and/or the recipient is unable to ride in any other type of vehicle. All services are subject to review for medical necessity of ambulance transportation.
- A_26. Transportation Non-Emergency – Non-Ambulance:** Transportation to and from routine medical appointments.
- A_27. Waiver¹ – Adult Day Health Care (ADHC):** Direct care in a licensed day care facility, during a portion of the 24-hour day, for individuals who are physically and/or mentally impaired.
- A_28. Waiver – Adult Residential Care (ARC):** Provides services to elderly and disabled adults in a congregate setting of the providers' own private apartments as an alternative to nursing home placement. Includes care coordination, adult residential care, community transition services and intensive care coordination.
- A_29. Waiver – Children's Choice (CC):** 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.
- A_30. Waiver – Community Choices:** Provides services to elderly and disabled adults in their homes as an alternative to nursing home placement. Includes support coordination, personal assistance services, environmental modifications, adult day health care, home delivered meals and household supports.
- A_31. Waiver – Family Planning:** Provides females with family planning services to reduce unplanned pregnancies, thus improving quality of life and promoting better health practices for women.
- A_32. Waiver – New Opportunities (NOW) Developmentally Disabled – Community Services:** Provides home and community-based care services as an alternative to institutional care for persons with developmental disabilities.
- A_33. Waiver – Residential Options (ROW):** Allows recipients to utilize the principles of self-determination and supplements the family and/or the community supports that are available to maintain the individual in the community rather than an ICF-DD.
- A_34. Waiver – Supports (SW):** Provides focused, individualized vocational services to individuals

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

age 18 and older who would otherwise require the level of care of an ICF-DD.

A_35. Other Private Provider Services: Audiology, chiropractic, expanded dental program for pregnant women, personal care attendant, physical and occupational therapy, prenatal clinics, psychology, social work and other services.

A_36. Supplemental Payments: Payments that the federal government allows states to reimburse set provider types (hospitals, physicians and ambulance) 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:

B_01. 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).

B_02. LSU – EA Conway Medical Center (Monroe)

B_03. LSU – Huey P. Long Medical Center (Pineville)

B_04. LSU Medical Center (Shreveport)

B_05. DHH – State Developmentally Disabled (DD) Facilities: State DD facilities, includes Special School District #1.

B_06. DHH – State Nursing Homes: Villa Feliciana Medical Complex and John J. Hainkel, Jr. Home and Rehabilitation Center.

B_07. DHH – Office of Public Health

B_08. DHH – Community Mental Health Clinics

B_09. DHH – Psychiatric Free Standing Units

B_10. DHH – Local Governance Entities (Districts)

B_11. State Education: Louisiana Special Education Center, Special School District #1 and Louisiana School for the Deaf.

B_12. Local Education Agencies for School Based Health Services: School Boards reimbursements.

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

C_01. 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.

C_02. Part-D Clawback: 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).

C_03. 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.

C_04. Health Information Technology (HIT) – Electronic Health Records: Incentive payments paid to eligible medical professionals and hospitals for adopting, implementing or upgrading certified EHR technology.

C_05. Bayou Health: Payments to Bayou Health Plan networks for per member per month payments (full-risk capitated plans) and coordination of services fees (non-risk shared plans).

C_06. Louisiana Behavioral Health Partnership (LBHP): Payments to Magellan Health Services for children behavioral health services rendered and adult capitated per member per month payments for behavioral health services.

Uncompensated Care Costs

The following hospitals receive UCC payments:

D_01. LSU – HCSD: Health Care Services Division (For included hospitals see number B_01 under 'public providers').

D_02. LSU – EA Conway Medical Center (Monroe)

D_03. LSU – Huey P. Long Medical Center (Pineville)

D_04. LSU Medical Center (Shreveport)

D_05. DHH – Psychiatric Free Standing Units

D_06. DHH – Villa Feliciana Medical Complex

D_07. Qualifying Private Hospitals

D_08. 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. 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 no better than 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 7 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 6 shows 2012 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 \$23,050 annually (\$1,921 per month) and at 200% of FPG if the household income was \$46,100 annually (\$3,842 per month).

Figure 6 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, the individual's economic and medical circumstances may assign an enrollee to a more limited set of benefits. Table 7 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 6: 2012 Federal Poverty Guidelines for All States (Except Alaska and Hawaii)

Family Size	Annual and Monthly Income in Dollars ¹										
		75%	100%	120%	133%	135%	150%	185%	200%	250%	300%
1	Annual	\$8,378	\$11,170	\$13,404	\$14,856	\$15,080	\$16,755	\$20,665	\$22,340	\$27,925	\$33,510
	Monthly	\$698	\$931	\$1,117	\$1,238	\$1,257	\$1,396	\$1,722	\$1,862	\$2,327	\$2,793
2	Annual	11,348	15,130	18,156	20,123	20,426	22,695	27,991	30,260	37,825	45,390
	Monthly	946	1,261	1,513	1,677	1,702	1,891	2,333	2,522	3,152	3,783
3	Annual	14,318	19,090	22,908	25,390	25,772	28,635	35,317	38,180	47,725	57,270
	Monthly	1,193	1,591	1,909	2,116	2,148	2,386	2,943	3,182	3,977	4,773
4	Annual	17,288	23,050	27,660	30,657	31,118	34,575	42,643	46,100	57,625	69,150
	Monthly	1,441	1,921	2,305	2,555	2,593	2,881	3,554	3,842	4,802	5,763
5	Annual	20,258	27,010	32,412	35,923	36,464	40,515	49,969	54,020	67,525	81,030
	Monthly	1,688	2,251	2,701	2,994	3,039	3,376	4,164	4,502	5,627	6,753
6	Annual	23,228	30,970	37,164	41,190	41,810	46,455	57,295	61,940	77,425	92,910
	Monthly	1,936	2,581	3,097	3,433	3,484	3,871	4,775	5,162	6,452	7,743
7	Annual	26,198	34,930	41,916	46,457	47,156	52,395	64,621	69,860	87,325	104,790
	Monthly	2,183	2,911	3,493	3,871	3,930	4,366	5,385	5,822	7,277	8,733
8 ²	Annual	29,168	38,890	46,668	51,724	52,502	58,335	71,947	77,780	97,225	116,670
	Monthly	2,431	3,241	3,889	4,310	4,375	4,861	5,996	6,482	8,102	9,723

¹ U.S. Department of Health and Human Services. (2012). 2012 Poverty Guidelines. Federal Register, Vol. 77, No. 17, January 26, 2012, pp. 4034-4035. Retrieved from <http://aspe.hhs.gov/poverty/figures-fed-reg.shtml>

² For family units more than eight members, add \$3,960 annually and \$330 monthly for each additional member.

Figure 6: Louisiana Medicaid Coverage Groups and Income Eligibility Requirements

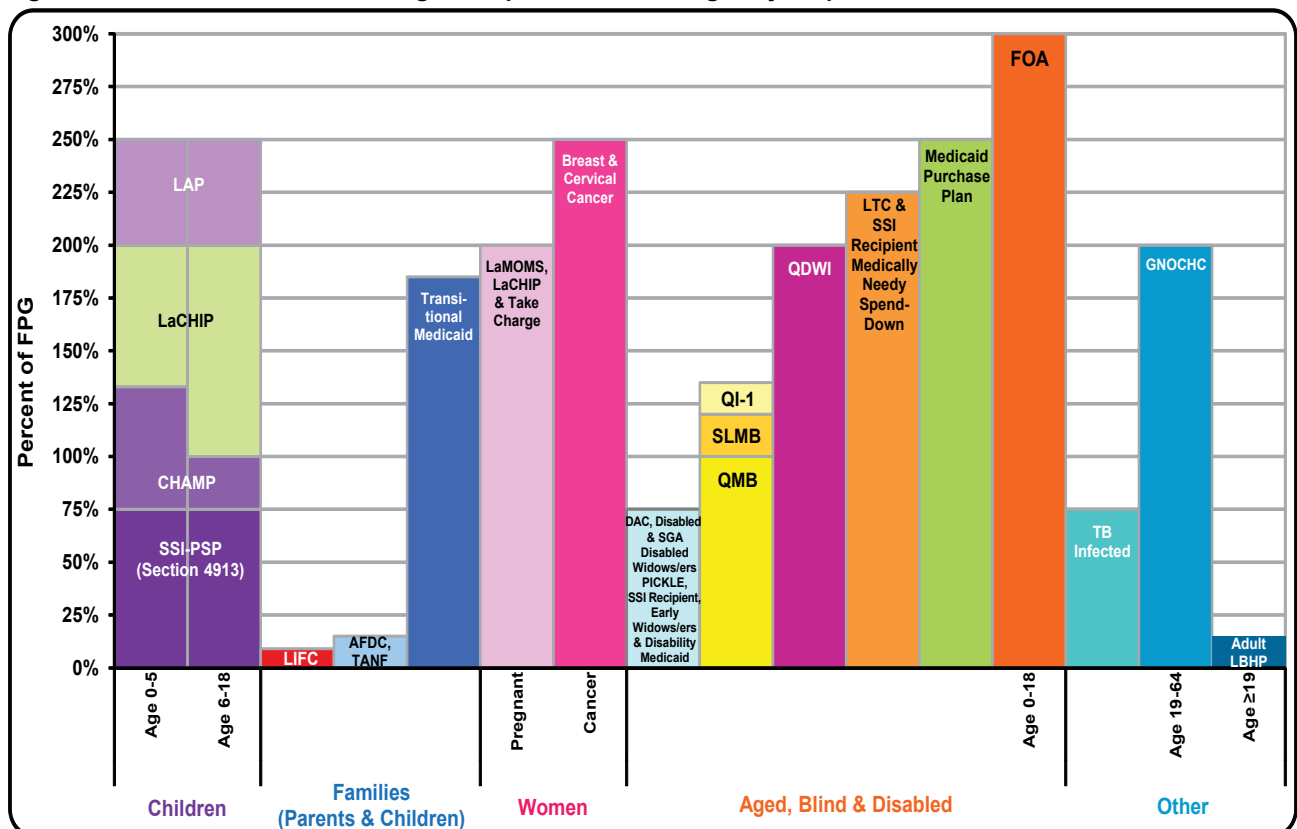


Table 7: Louisiana Medicaid Coverage Groups and Income Eligibility Requirements by Program

Program		Description	Income Limit
A. Children	A1. SSI-PSP (Section 4913)	Individuals under age 18 denied SSI cash because of a change in the definition of childhood disability	75% of poverty (+\$20); Assets limit: \$2,000 for individual
	A2. CHAMP – Low Income Children	Ages 0 to 5	133% of poverty; No assets test
		Ages 6 to 18 (through 19 th birthday)	100% of poverty; No assets test
	A3. LaCHIP (Title XXI)	Ages 0 to 5	> 133% and up to 200% of poverty; No assets test
		Ages 6 to 18 (through 19 th birthday)	> 100% and up to 200% of poverty; No assets test
	A4. LaCHIP Affordable Plan (LAP)	Ages 0 to 18 (through 19 th birthday)	> 200% and up to 250% of poverty; Some cost sharing involved; No assets test
	A5. Deemed Eligible Child	Age 0 (through first birthday)	Infants born to Medicaid eligible pregnant women
B. Families - Parents and Children	A6. CWO Children	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
	B1. LIFC – Section 1931	Children and families that meet the eligibility requirements of AFDC State Plan in effect 7/16/96	Monthly Income levels of \$66, \$123, \$174, \$217 and \$259 (7.1%, 9.8%, 10.9%, 11.3% and 11.5% of poverty) for family sizes of 1, 2, 3, 4 and 5 respectively; No assets test
	B2. LIFC – Section 1931 “PAP”	Children and families that would not meet the eligibility requirements of AFDC State Plan in effect 7/16/96 except for AFDC provisions prohibited by Medicaid	Monthly Income levels of \$66, \$123, \$174, \$217 and \$259 (7.1%, 9.8%, 10.9%, 11.3% and 11.5% of poverty) for family sizes of 1, 2, 3, 4 and 5 respectively with income of siblings, step-parents and grandparents of minor child disregarded (anyone not legally responsible for child); No assets test
	B3. AFDC – Related Medically Needy	Children and families who have more income than allowed for LIFC	15% of poverty (individuals and couples); No assets test
	B4. AFDC – Related Spend down Medically Needy	Children and families who have more income than allowed but qualify once the amount spent on medical expenses is considered	No Limit. All income over 15% of poverty considered available to meet medical expenses for quarter
	B5. TANF Recipients	Recipients of cash assistance as determined by the Department of Children & Family Services	15% of poverty; Assets limit: \$2,000
	B6. Transitional Medicaid	Continues coverage for families who lost LIFC or TANF eligibility because of an increase in earnings	No limit for first six months and 185% of poverty for coverage in seventh through twelfth month of transitional eligibility period; No assets test
C. Women	C1. CHAMP/LaMOMS – Pregnant Woman	Covers each month of a verified pregnancy and 2-month postpartum period	200% of poverty; No assets test
	C2. LaCHIP IV (Title XXI)	Covers conception to birth for low-income, pregnant, non-Medicaid eligible mothers	200% of poverty; No assets test
	C3. Take Charge – Family Planning Program	Women between ages 19 and 44 for family planning related services only	200% of poverty; No assets test
	C4. Breast and Cervical Cancer	Women under 65 diagnosed with breast or cervical cancer, in a precancerous condition or early stage cancer	250% of poverty; No assets test
	D1. Disabled Adult Child (DAC)	Individuals over age 18 who become blind or disabled before age 22, and lost SSI eligibility on or after 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
	D2. Disabled Widows/Widowers	Individuals who lost SSI because of the 1984 Social Security Widow's/er's re-computation	Social Security 1984 Widow's/er's adjustment is disregarded in determining countable income with limit 75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D3. SSI Recipients	Aged and disabled recipients of federal SSI cash payments as determined by SSA	75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple

Table 7: Louisiana Medicaid Coverage Groups and Income Eligibility Requirements by Program

Program		Description	Income Limit
D. Aged, Blind and Disabled	D4. SGA Disabled Widows/Widowers / Surviving Divorced Spouse	Individuals who are not entitled to Part A and lost SSI because of receipt of Social Security Disabled Widows/ers 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
	D5. PICKLE	Former SSI Recipients of two different groups of aged, blind and disabled who lost SSI eligibility due to 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
	D6. Disability Medicaid	Aged and disabled individuals who meet SSI criteria without first having a SSI determination made by SSA	75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D7. Early Widows/Widowers	Individuals who lost SSI because of receipt of Social Security early widow's/ widower's benefits	Social Security Early Widow's/er's benefits are disregarded in determining countable income with limit 75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D8. QMB – Qualified Medicare Beneficiary	Pays Medicare Part A and B premiums, deductibles and co-insurance	100% of poverty; Asset limit: \$6,940 individual and \$10,410 couple
	D9. SLMB – Specified Low-Income Medicare Beneficiary	Pays Medicare Part-B premium only	> 100% and up to 120% of poverty; Assets limit: \$6,940 individual and \$10,410 couple
	D10. QI-1 – Qualified Individual Category 1	Pays Medicare Part-B premium only	> 120% and up to 135% of poverty; Assets limit: \$6,940 individual and \$10,410 couple
	D11. QDWI – Qualified Disabled Working Individual	Pays Medicare Part-A 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
	D12. Long Term Care (Home and Community Based Services and Institutions)	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	225% 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 \$113,640
	D13. SSI Recipient – Medically Needy Spend-Down	Qualified individuals and families who may have "too much" income to qualify for regular Medicaid	All income over 15% of poverty is considered available to meet medical expenses for quarter – For Long Term Care (institutions only) all income over 225% of poverty; Assets limit: \$2,000 individual and \$3,000 couple
	D14. Medicaid Purchase Plan (MPP)	Working individuals that are age 16 to 64 with disabilities that matches SSA standards that 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
	D15. Family Opportunity Act (FOA)	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	E1. TB infected	Persons who have been diagnosed as, or are suspected of being infected with tuberculosis	75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	E2. Greater New Orleans Community Health Connection (GNOCHC)	Individuals age 19 to 64 who are residents of Greater New Orleans Area and have been uninsured for at least 6 months; eligible for a limited set of services	200% of poverty; No assets test
	E3. Emergency Services for Illegal/Ineligible Aliens	Coverage of illegal/undocumented aliens and documented aliens under the Medicaid 5-year bar for life-threatening emergency situations and labor/delivery of newborns	Must meet all requirements of another Medicaid program except for U.S. citizenship
	E4. Youth Aging Out of Foster Care	Individuals age 18 to 21 released from the Foster Care program due to turning age 18	No income or assets test
	E5. Louisiana Behavioral Health Partnership Adults	Individuals age 19 and older meeting categorical requirement and a behavioral health level of need but not otherwise eligible for Medicaid; coverage limited to certain behavioral health services	15% of poverty (individual) or when incurred medical expenses exceed any income over 15% of poverty; No 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 2011/12 (July 1, 2011 to June 30, 2012), 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 2010/11 but a claim was paid on his or her behalf in SFY 2011/12. Thus, when a claim is paid in SFY 2011/12 for a person who received a service in SFY 2010/11, she or he will be counted as a recipient in SFY 2011/12 although this person is no longer eligible for Medicaid in SFY 2011/12. 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 2011/12 to be for a service rendered in SFY 2009/10. 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 8). During SFY 2011/12, 30% of Louisianans were enrolled in Medicaid.

Table 9 presents total population, enrollees, percentage of the population enrolled in Medicaid, recipients, payments and payments per recipient by parish during SFY 2011/12. 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 7). Cameron Parish had the smallest percentage of Medicaid enrolled with only 11% of the parish's population enrolled in Medicaid during SFY 2011/12.

East Baton Rouge Parish had the highest payments paid on behalf of their recipients at about \$508 million, while Cameron Parish had the least amount paid on behalf of their recipients at about \$2 million.

Table 8: Enrollment, Population and Percentage of Population Enrolled by State Fiscal Year

SFY	Medicaid Enrollment ¹	Population Estimate ²	Percent of Population Enrolled
2006/07	1,188,859	4,302,665	28%
2007/08	1,179,046	4,375,581	27%
2008/09	1,238,586	4,435,586	28%
2009/10	1,308,171	4,491,648	29%
2010/11	1,346,563	4,545,343	30%
2011/12	1,360,026	4,574,836	30%

¹ Enrollment data was obtained in October, 2012 from MARS Data Warehouse and includes all "premium only" duals. Enrollment will vary depending on the date extracted due to processing. Enrollment counts are **unduplicated** for each SFY.

² Population estimates are 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: April 1, 2000 to July 1, 2010. Retrieved from <http://www.census.gov/popest/data/intercensal/county/CO-EST00INT-01.html>, and (April 2012). Annual Estimates of the Resident Population for Counties of Louisiana. Retrieved from <http://www.census.gov/popest/data/counties/totals/2011/index.html>.

Table 9: Population, Enrollees, Recipients and Payments by Parish

	Parish	2011 Population ¹	Medicaid Enrollees ²	Enrollees/Population		Medicaid Recipients ²	Payments ³ (\$)	\$ per Recipient
				Ratio	Rank			
1	Acadia	61,982	22,743	37%	21	22,969	\$94,897,577	\$4,132
2	Allen	25,757	8,226	32%	39	8,344	33,563,668	4,022
3	Ascension	109,985	25,680	23%	61	25,766	82,818,840	3,214
4	Assumption	23,153	6,738	29%	48	6,888	28,582,755	4,150
5	Avoyelles	41,895	17,423	42%	9	17,591	87,927,430	4,998
6	Beauregard	36,129	11,253	31%	40	11,410	39,371,160	3,451
7	Bienville	14,335	5,863	41%	11	6,007	26,159,913	4,355
8	Bossier	119,732	28,263	24%	60	28,219	123,210,244	4,366
9	Caddo	257,051	85,152	33%	33	84,737	337,185,429	3,979
10	Calcasieu	194,092	57,381	30%	46	57,008	223,678,483	3,924
11	Caldwell	10,057	3,900	39%	16	3,974	19,806,825	4,984
12	Cameron	6,730	710	11%	64	719	1,895,646	2,637
13	Catahoula	10,325	3,917	38%	18	4,063	18,905,639	4,653
14	Claiborne	16,914	5,183	31%	42	5,263	25,734,946	4,890
15	Concordia	20,876	8,103	39%	15	8,150	30,555,301	3,749
16	De Soto	26,812	8,875	33%	34	8,894	33,201,252	3,733
17	East Baton Rouge	441,438	126,151	29%	49	125,364	508,327,311	4,055
18	East Carroll	7,630	4,057	53%	1	4,072	24,242,823	5,954
19	East Feliciana	20,117	6,744	34%	31	6,833	48,672,161	7,123
20	Evangeline	33,896	14,541	43%	6	14,702	68,470,197	4,657
21	Franklin	20,785	8,797	42%	8	8,917	46,023,136	5,161
22	Grant	22,131	7,127	32%	36	7,176	26,765,077	3,730
23	Iberia	73,400	27,782	38%	19	27,817	108,841,871	3,913
24	Iberville	33,230	11,637	35%	26	11,707	50,627,486	4,325
25	Jackson	16,323	4,501	28%	52	4,728	23,323,358	4,933
26	Jefferson	432,640	129,256	30%	45	127,497	455,000,568	3,569
27	Jefferson Davis	31,694	10,621	34%	32	10,830	46,908,172	4,331
28	Lafayette	224,390	55,875	25%	57	55,765	217,827,024	3,906
29	Lafourche	96,666	25,376	26%	56	25,665	101,145,589	3,941
30	La Salle	14,985	4,114	27%	53	4,271	23,773,949	5,566
31	Lincoln	46,856	12,982	28%	51	12,879	52,422,465	4,070
32	Livingston	130,251	34,634	27%	54	34,685	111,331,629	3,210
33	Madison	12,004	5,408	45%	3	5,419	22,238,791	4,104
34	Morehouse	27,608	12,363	45%	4	12,495	60,124,000	4,812
35	Natchitoches	39,442	14,061	36%	23	14,090	51,728,993	3,671
36	Orleans	360,740	127,472	35%	25	123,601	465,106,424	3,763
37	Ouachita	154,919	54,122	35%	27	53,425	219,539,014	4,109
38	Plaquemines	23,628	6,217	26%	55	6,148	21,609,743	3,515
39	Pointe Coupee	22,703	7,281	32%	38	7,313	33,444,836	4,573
40	Rapides	132,374	46,865	35%	24	46,855	376,220,665	8,029
41	Red River	8,890	3,669	41%	10	3,779	15,394,394	4,074
42	Richland	20,938	8,898	42%	7	8,982	51,841,186	5,772
43	Sabine	24,526	7,456	30%	43	7,502	33,069,866	4,408
44	St. Bernard	39,558	15,467	39%	13	14,834	45,243,122	3,050
45	St. Charles	52,517	12,768	24%	58	12,957	40,558,377	3,130
46	St. Helena	10,949	3,100	28%	50	3,149	13,773,987	4,374
47	St. James	21,784	6,733	31%	41	6,792	24,351,643	3,585
48	St. John	45,221	16,384	36%	22	16,552	51,537,297	3,114
49	St. Landry	83,552	38,015	45%	2	38,445	171,697,385	4,466
50	St. Martin	52,917	16,989	32%	37	17,186	66,217,355	3,853
51	St. Mary	54,210	19,986	37%	20	20,114	72,543,241	3,607
52	St. Tammany	236,785	51,278	22%	62	51,320	195,365,366	3,807
53	Tangipahoa	122,571	47,294	39%	17	47,326	248,434,697	5,249
54	Tensas	5,066	2,263	45%	5	2,277	8,756,589	3,846
55	Terrebonne	111,917	36,732	33%	35	37,042	130,956,773	3,535
56	Union	22,732	7,833	34%	30	7,906	29,749,894	3,763
57	Vermilion	58,276	17,699	30%	44	17,958	72,934,785	4,061
58	Vernon	52,107	12,352	24%	59	12,365	49,483,298	4,002
59	Washington	47,139	18,426	39%	14	18,654	82,465,100	4,421
60	Webster	41,288	14,417	35%	28	14,510	61,479,186	4,237
61	West Baton Rouge	24,109	7,123	30%	47	7,200	25,689,338	3,568
62	West Carroll	11,569	4,694	41%	12	4,768	22,021,136	4,619
63	West Feliciana	15,460	2,670	17%	63	2,711	14,702,641	5,423
64	Winn	15,080	5,259	35%	29	5,326	24,876,360	4,671
State Total		4,574,836	1,360,026	30%		1,342,123	\$5,924,353,404	\$4,414

¹ Population estimates are based on the beginning of the SFY. U.S. Census Bureau, Population Division. (April 2012). Annual Estimates of the Resident Population for Counties of Louisiana: July 1, 2011. Retrieved from <http://www.census.gov/popest/data/counties/totals/2011/index.html>

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

³ Payments are based on recipient parish payments.

Figure 7: Parish Percentage of Population Enrolled in Medicaid

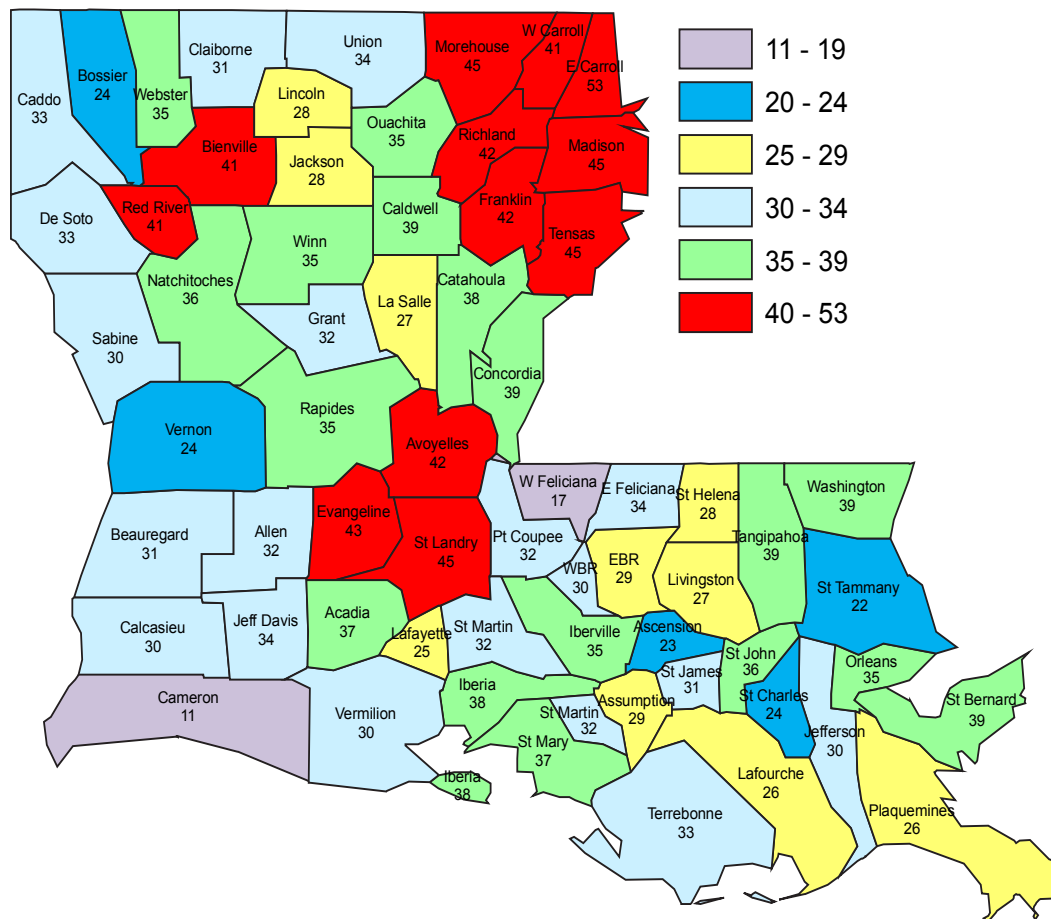


Table 10 presents total population, enrollees, percentage of population enrolled, recipients, payments and payments per recipient by region during SFY 2011/12. Northeast Louisiana had the largest percentage of population enrolled in Medicaid at 35% followed by Central Louisiana at 33%. The Capital Area had the smallest percentage of population enrolled in Medicaid at 27%.

Greater New Orleans Area had the highest payments paid on behalf of their recipients at about \$986 million, while Southwest Louisiana had the least amount paid on behalf of their recipients at about \$345 million.

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

Region	2011 Population ¹	Medicaid Enrollees ²	Enrollees/Population		Medicaid Recipients ²	Payments ³ (\$)	\$ per Recipient
			Ratio	Rank			
1 - Greater New Orleans Area	856,566	268,823	31%	4	260,836	\$986,959,857	\$3,784
2 - Capital Area	667,042	183,222	27%	9	181,953	764,282,612	4,200
3 - South Central Louisiana	405,468	121,747	30%	6	122,328	449,675,674	3,676
4 - Acadiana	588,413	185,537	32%	3	185,056	800,886,194	4,328
5 - Southwest Louisiana	294,402	86,374	29%	7	86,171	345,417,130	4,009
6 - Central Louisiana	309,773	102,935	33%	2	103,087	638,507,721	6,194
7 - Northwest Louisiana	548,990	166,311	30%	5	165,265	707,164,223	4,279
8 - Northeast Louisiana	356,487	125,290	35%	1	124,344	580,089,215	4,665
9 - Northshore Area	547,695	151,639	28%	8	151,283	651,370,778	4,306
State Total	4,574,836	1,360,026	30%		1,342,123	\$5,924,353,404	\$4,414

¹ Population estimates are based on the beginning of the SFY. U.S. Census Bureau, Population Division. (April 2012). Annual Estimates of the Resident Population for Counties of Louisiana: July 1, 2011. Retrieved from <http://www.census.gov/popest/data/counties/totals/2011/index.html>

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

³ Payments are based on recipient region payments.

Enrollment by Age and Gender

The breakdown of enrollees by age (Table 11 and Figure 8) shows that majority enrolled are children, with those aged 20 and under making up 61.3% of the total. Those between the age 21 and 64 comprised 30.2% 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 9). 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 longer life expectancy of females.

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

Age ¹	Enrollees			Recipients			Payments (\$)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Under 1	34,274	32,680	66,954	31,891	30,459	62,350	\$179,156,381	\$152,872,832	\$332,029,213
1-5	120,053	115,971	236,024	121,064	116,788	237,852	232,175,736	193,259,582	425,435,318
6-14	179,391	171,838	351,229	179,687	172,056	351,743	374,535,154	280,174,004	654,709,157
15-18	67,527	69,187	136,714	67,302	69,014	136,316	149,806,201	173,541,452	323,347,652
19-20	11,326	31,477	42,803	13,465	29,592	43,057	42,153,573	84,251,071	126,404,644
21-44	43,789	231,994	275,783	43,838	205,060	248,898	486,785,952	848,300,651	1,335,086,604
45-64	58,865	75,778	134,643	59,574	76,644	136,218	728,871,660	860,799,739	1,589,671,399
65-84	30,950	64,364	95,314	33,047	67,613	100,660	266,422,199	532,444,962	798,867,161
85+	3,902	16,660	20,562	4,888	20,141	25,029	55,195,069	283,607,187	338,802,256
Total	550,077	809,949	1,360,026	554,756	787,367	1,342,123	\$2,515,101,925	\$3,409,251,480	\$5,924,353,404

¹ Age as of January 1, 2012.

Figure 8: Enrollment by Age Groups

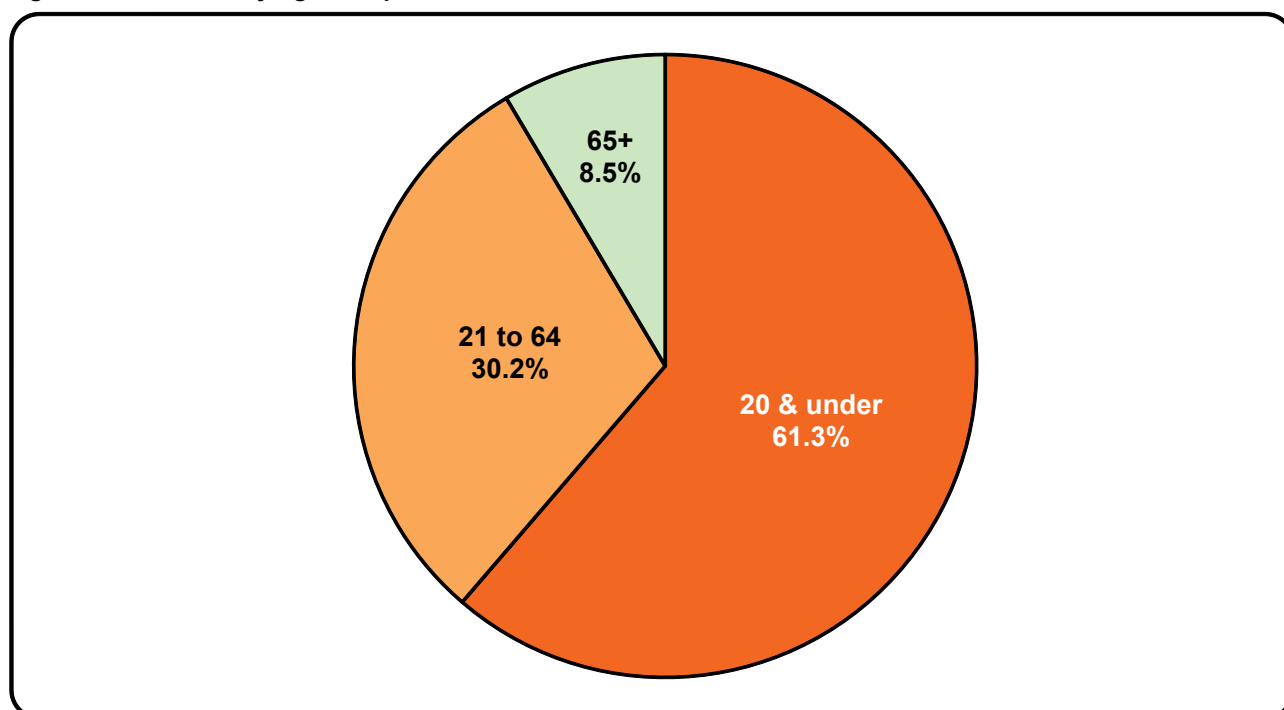
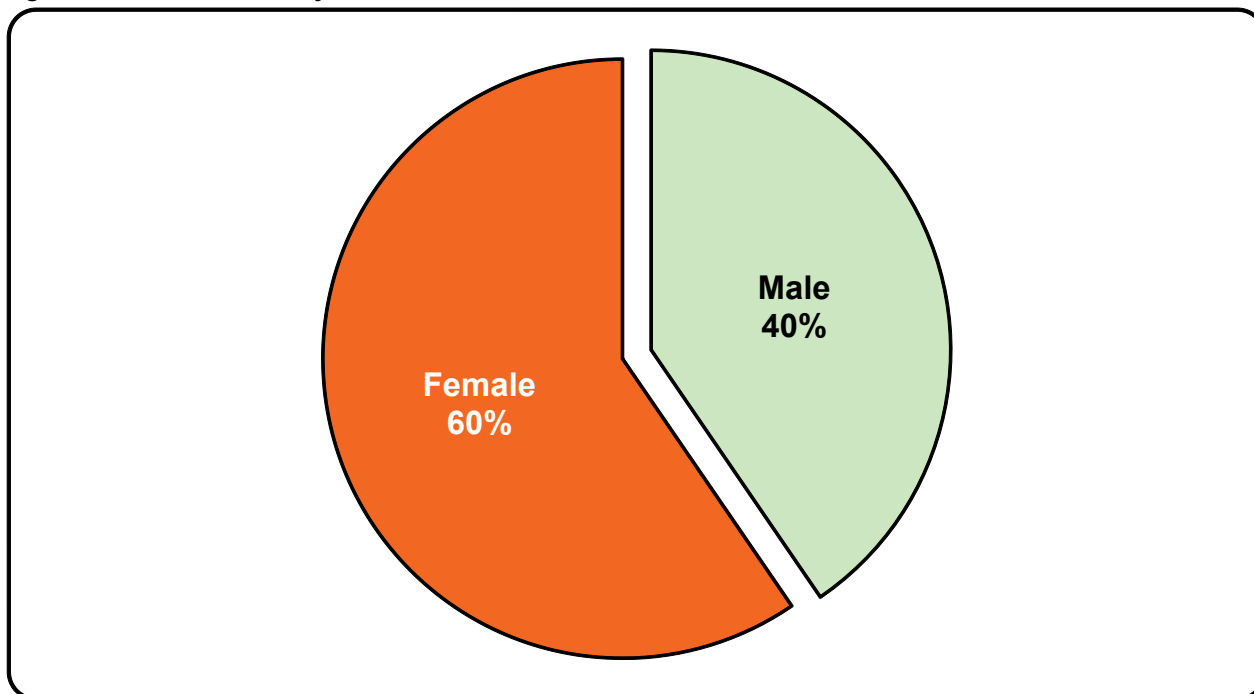


Figure 9: Total Enrollment by Gender

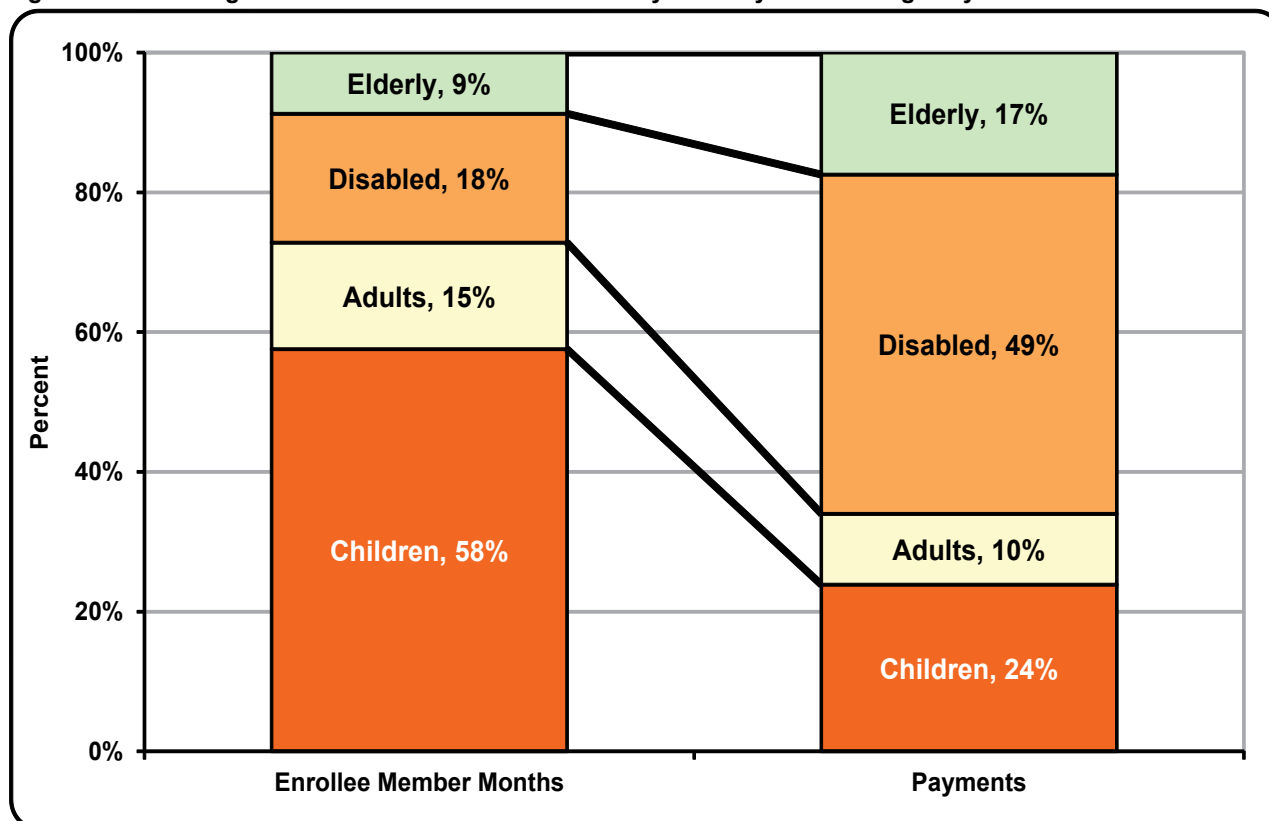


Enrollment by Basis of Eligibility

During SFY 2011/12, total unduplicated Medicaid enrollment was 1,360,026. Based on total enrollee member months by basis of eligibility category (Figure 10), about 58% were children, about 15% were adults, about 18% were disabled and about 9%

were elderly. Though children and adults together made up about 73% of total enrollee member months, only about 34% 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 66% of payments.

Figure 10: 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 12. Monthly and SFY total enrollment numbers are unduplicated for their respective periods of time. For SFY 2011/12,

overall enrollment grew by 1% from the previous year. All individual categories, with the exception of the children category, grew by 2% from the previous SFY.

Table 12: Monthly Enrollment by Basis of Eligibility for SFY 2010/11 and SFY 2011/12

SFY 2010/11					
Month	Elderly	Disabled	Children	Adults	Total ¹
July '10	102,638	211,071	696,113	176,517	1,182,701
August	102,985	212,129	698,744	177,707	1,188,009
September	103,305	212,970	699,486	178,426	1,190,628
October	103,539	213,731	699,484	178,330	1,191,548
November	103,727	214,248	699,312	178,212	1,192,071
December	103,946	215,227	694,024	178,115	1,187,953
January '11	104,043	216,483	694,253	179,210	1,190,590
February	104,138	217,223	693,626	178,949	1,190,634
March	104,142	218,150	692,615	178,819	1,190,336
April	104,260	218,482	690,828	177,942	1,188,136
May	104,312	218,977	691,050	178,043	1,189,014
June	104,367	219,701	691,676	178,374	1,190,784
Total SFY 2010/11 ²	116,191	243,993	774,137	239,289	1,346,563
SFY 2011/12					
Month	Elderly	Disabled	Children	Adults	Total ¹
July '11	104,430	220,374	691,936	178,384	1,191,927
August	104,637	221,200	693,772	179,576	1,196,003
September	104,953	221,339	693,958	180,408	1,197,648
October	105,227	221,707	694,190	181,012	1,199,289
November	105,522	221,781	694,792	181,404	1,200,798
December	105,768	221,949	694,916	182,502	1,202,504
January '12	106,009	222,822	695,562	184,639	1,206,542
February	106,128	222,888	695,917	186,003	1,208,623
March	106,242	223,236	695,745	187,155	1,210,109
April	106,355	223,346	694,496	187,884	1,209,975
May	106,415	222,964	694,841	189,217	1,211,370
June	106,332	222,389	694,611	189,977	1,211,543
Total SFY 2011/12 ²	118,110	248,562	773,367	244,468	1,360,026
SFY Total Percent Change	2%	2%	0%	2%	1%

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

² SFY enrollee counts may not equal the sum of monthly counts due to duplication across months. SFY enrollee total is pure **unduplicated** enrollees.

Medicaid Programs

Medicaid Data

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

- “**Date of Payment**” (**DOP**): Reported data, such as payments, services, recipients, etc., reflects claims that are paid during the period (July 2011 to June 2012) 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, 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 2011/12, a total of \$102,854 was collected in premiums charged to these families for their children's coverage and a total of 1,048 children received services at total payments of \$4,349,841.

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 2011/12, a total of 54,744 women received services under Take Charge with total payments of \$16,583,633.

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. Total expenditures amounting to \$25,438,264 was paid on behalf of GNOCHC recipients during SFY 2011/12. GNOCHC data was not included in any tables or figures in this SFY 2011/12 Medicaid Annual Report.

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 70,096 recipients in SFY 2011/12 with total payments of \$208,078,631.

Louisiana Children's Health Insurance Program

Louisiana Children's Health Insurance Program (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 13 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 14. For SFY 2011/12, LaCHIP provided services to 163,195 recipients with total payments of \$217,051,513.

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 2011/12, there were 6,464 enrolled in LAP. A total of \$1,274,608 (OGB Reporting) was collected in premiums charged to these families for their children's coverage while total expenditures reached \$4,769,877 in SFY 2011/12. Since it is a stand-alone program, LAP data was not included in any tables or figures in this SFY 2011/12 Medicaid Annual Report.

Table 13: Regular Medicaid Children and LaCHIP Enrollees, Recipients and Payments by Age Group

Age ¹	LaCHIP (XXI)			Regular Medicaid Children (XIX)			Total (XXI & XIX Children)		
	Enrollees ²	Recipients ²	Payments (\$)	Enrollees ²	Recipients ²	Payments (\$)	Enrollees ²	Recipients ²	Payments (\$)
Under 1	1,564	1,471	\$1,420,619	66,611	62,067	\$330,608,593	66,954	62,350	\$332,029,213
1 to 5	27,038	28,098	32,118,862	220,598	223,563	393,316,455	236,024	237,852	425,435,318
6 to 14	82,045	84,508	107,780,089	290,242	292,131	546,929,069	351,229	351,743	654,709,157
15 to 18	37,169	38,291	57,029,809	107,251	106,874	266,317,844	136,714	136,316	323,347,652
Under 19	147,816	152,368	198,349,379	684,702	684,635	1,537,171,961	790,921	788,261	1,735,521,340
19 to 20 ³	8,526	10,827	18,702,134	39,362	38,220	122,347,284	46,580	47,321	141,049,418
Total	156,342	163,195	217,051,513	724,064	722,855	1,659,519,245	837,501	835,582	1,876,570,758

¹ Age as of January 1, 2012.

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

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

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

	Parish	LaCHIP (XXI) ¹			Regular Medicaid Children (XIX)			Total (XXI & XIX Children)		
		Enrollees ²	Recipients ²	Payments (\$)	Enrollees ²	Recipients ²	Payments (\$)	Enrollees ²	Recipients ²	Payments (\$)
1	Acadia	2,694	2,790	\$3,933,068	11,732	11,833	\$25,405,293	13,764	13,875	\$29,338,361
2	Allen	930	962	1,293,036	4,343	4,382	9,484,999	5,010	5,046	10,778,035
3	Ascension	3,637	3,816	4,800,447	14,469	14,546	27,280,007	17,198	17,302	32,080,454
4	Assumption	699	754	1,242,037	3,284	3,370	8,375,239	3,801	3,891	9,617,276
5	Avoyelles	1,668	1,751	2,821,077	8,538	8,563	23,626,941	9,684	9,713	26,448,018
6	Beauregard	1,374	1,448	1,742,463	6,197	6,311	14,069,924	7,283	7,387	15,812,387
7	Bienville	509	516	827,416	3,003	3,037	5,804,700	3,370	3,386	6,632,115
8	Bossier	3,231	3,399	4,006,955	16,100	16,002	28,201,577	18,562	18,503	32,208,532
9	Caddo	8,489	8,794	10,065,423	47,649	47,390	97,343,285	53,814	53,536	107,408,708
10	Calcasieu	6,974	7,311	9,796,922	32,508	32,435	68,581,814	37,525	37,487	78,378,735
11	Caldwell	445	465	834,091	1,980	2,024	5,232,464	2,305	2,350	6,066,555
12	Cameron	89	95	107,950	372	385	746,608	443	456	854,558
13	Catahoula	404	422	713,902	1,947	1,990	4,420,372	2,250	2,288	5,134,274
14	Claiborne	456	480	550,065	2,621	2,620	7,496,319	2,950	2,965	8,046,384
15	Concordia	712	737	1,013,999	4,530	4,505	8,598,367	5,074	5,055	9,612,366
16	De Soto	1,027	1,048	1,252,248	4,812	4,812	9,818,475	5,594	5,582	11,070,723
17	East Baton Rouge	14,460	15,050	13,616,374	69,542	69,553	127,223,988	80,431	80,395	140,840,362
18	East Carroll	304	317	527,144	2,234	2,221	6,694,058	2,448	2,446	7,221,202
19	East Feliciana	815	866	1,211,919	3,154	3,191	7,759,565	3,760	3,794	8,971,484
20	Evangeline	1,347	1,399	2,199,436	7,214	7,263	15,546,840	8,202	8,257	17,746,275
21	Franklin	752	781	1,222,546	4,642	4,683	11,373,274	5,193	5,235	12,595,821
22	Grant	721	772	1,112,336	3,809	3,828	8,374,613	4,370	4,391	9,486,949
23	Iberia	2,884	3,025	3,812,371	15,233	15,335	29,329,131	17,254	17,335	33,141,502
24	Iberville	1,105	1,159	1,789,720	6,261	6,283	15,639,369	7,147	7,175	17,429,089
25	Jackson	470	482	699,714	2,271	2,330	5,427,746	2,610	2,658	6,127,460
26	Jefferson	17,866	18,907	25,697,951	66,224	66,921	136,171,992	79,397	80,007	161,869,943
27	Jefferson Davis	1,329	1,405	2,046,643	5,556	5,661	13,995,508	6,480	6,585	16,042,151
28	Lafayette	7,046	7,224	8,978,939	30,799	30,827	64,048,650	35,950	35,975	73,027,589
29	Lafourche	2,816	2,970	4,308,162	13,321	13,478	28,248,912	15,326	15,507	32,557,074
30	La Salle	470	497	903,337	2,052	2,118	5,924,135	2,421	2,475	6,827,471
31	Lincoln	1,277	1,325	1,515,323	7,020	7,028	12,697,715	7,946	7,953	14,213,039
32	Livingston	4,936	5,124	6,928,252	19,310	19,421	40,294,524	22,896	23,003	47,222,776
33	Madison	410	425	520,299	3,176	3,167	6,716,925	3,460	3,452	7,237,224
34	Morehouse	1,079	1,139	1,842,243	6,595	6,601	17,212,156	7,373	7,384	19,054,399
35	Natchitoches	1,193	1,266	1,623,016	7,976	7,981	16,684,824	8,857	8,848	18,307,840
36	Orleans	10,586	11,070	12,100,473	64,323	63,879	129,151,943	71,988	71,551	141,252,416
37	Ouachita	5,507	5,715	7,066,050	30,758	30,569	70,575,192	34,751	34,582	77,641,241
38	Plaquemines	795	819	949,919	3,288	3,266	6,275,536	3,838	3,811	7,225,455
39	Pointe Coupee	799	820	1,279,630	3,714	3,690	8,027,268	4,368	4,333	9,306,898
40	Rapides	5,207	5,421	7,388,873	24,543	24,530	81,258,272	28,484	28,430	88,647,145
41	Red River	314	331	422,753	2,127	2,157	4,641,904	2,357	2,396	5,064,657
42	Richland	917	945	1,403,305	4,672	4,677	12,374,840	5,334	5,342	13,778,145
43	Sabine	705	729	1,075,309	3,966	3,967	8,713,332	4,508	4,510	9,788,641
44	St. Bernard	1,630	1,687	2,237,787	8,437	8,266	17,443,369	9,617	9,458	19,681,156
45	St. Charles	1,830	1,925	2,399,630	7,102	7,202	14,951,761	8,417	8,563	17,351,391
46	St. Helena	290	304	378,975	1,550	1,573	3,611,643	1,759	1,787	3,990,618
47	St. James	802	833	918,438	3,633	3,667	8,068,085	4,188	4,229	8,986,522
48	St. John	2,052	2,161	2,415,484	9,040	9,131	19,156,279	10,555	10,680	21,571,764
49	St. Landry	4,218	4,375	5,734,034	19,746	19,869	44,660,925	22,910	23,028	50,394,960
50	St. Martin	2,096	2,193	2,873,109	9,108	9,230	17,775,308	10,604	10,759	20,648,417
51	St. Mary	2,349	2,443	3,392,545	10,880	10,973	23,255,989	12,625	12,712	26,648,533
52	St. Tammany	7,338	7,607	11,320,400	27,678	27,685	61,120,536	32,905	32,918	72,440,937
53	Tangipahoa	4,931	5,156	6,880,160	25,032	25,115	58,199,341	28,679	28,792	65,079,500
54	Tensas	198	204	295,907	1,183	1,177	2,664,382	1,316	1,313	2,960,289
55	Terrebonne	3,934	4,259	5,717,993	19,990	20,261	42,279,455	22,764	23,045	47,997,448
56	Union	871	910	1,235,770	4,161	4,179	10,248,313	4,803	4,822	11,484,083
57	Vermillion	2,066	2,122	2,921,720	9,405	9,542	20,138,773	10,884	11,016	23,060,494
58	Vernon	1,404	1,479	2,645,967	6,832	6,806	19,335,596	7,928	7,879	21,981,563
59	Washington	1,884	1,959	3,383,945	9,323	9,357	22,140,936	10,766	10,800	25,524,881
60	Webster	1,370	1,424	1,653,328	7,670	7,647	15,435,996	8,644	8,642	17,089,324
61	West Baton Rouge	795	846	963,242	3,883	3,897	8,177,255	4,493	4,537	9,140,497
62	West Carroll	518	529	970,616	2,451	2,477	7,004,353	2,851	2,868	7,974,969
63	West Feliciana	346	368	569,017	1,371	1,383	3,072,068	1,619	1,643	3,641,085
64	Winn	587	611	900,312	2,698	2,696	5,910,290	3,111	3,118	6,810,602
Grand Total		156,342	163,195	\$217,051,513	724,064	722,855	\$1,659,519,245	837,501	835,582	\$1,876,570,758

¹ LaCHIP includes the pregnant women who qualify for LaCHIP prenatal care services above the age 18 and those over the age 18 with continuous twelve month coverage.² Individual parish enrollee and recipient counts may not sum to the total state count due to movement between parishes during the SFY; the state figures are **unduplicated** for the entire state, while numbers are **unduplicated** within the parish. Also, LaCHIP and Regular Medicaid enrollee and recipient counts may not sum to the total Medicaid children count due to movement between the two types of Medicaid during the SFY.

Medicaid Purchase Plan

The Medicaid Purchase Plan (MPP), implemented in January 2004, allows working individuals with disabilities to “buy in” to Louisiana Medicaid health coverage. This optional Medicaid program was authorized by the 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 15). This plan provides full medical coverage including prescription drugs, hospital care, doctor visits, medical equipment and supplies, medical transportation and other services. During SFY 2011/12, there were 3,536 recipients receiving services in the program with total payments of \$23,598,373 (Table 16).

Table 15: Medicaid Purchase Plan Requirements and Monthly Premiums

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

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

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

SFY	Enrollees	Recipients	Payments (\$)	Premiums Collected ¹	
				Enrollees Paying Premium	Amount Collected
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
2011/12	3,347	3,536	\$23,598,373	384	\$206,290

¹ 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 2011 and 2012 are presented in Table 17. 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 18 presents the income eligibility requirements for each buy-in program. During SFY 2011/12, Louisiana Medicaid paid premiums for 8,571 individuals for Part-A and 188,606 individuals for Part-B, and Part-D expenditures (all state funds) for 114,118 individuals (Table 19).

Table 17: Medicare Premiums and Deductibles¹

Calendar Year	Part-A Monthly Premiums ²		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					
2011	\$450	\$248	\$1,132	\$115.40	\$162	\$32.34	\$310
2012	\$451	\$248	\$1,156	\$99.90	\$140	\$31.08	\$320

¹ 2012 Annual Report of the Board of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds. (2012). Retrieved from <http://www.cms.hhs.gov/ReportsTrustFunds/downloads/tr2012.pdf>

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

Table 18: Medicare Buy-In Program Requirements and Coverage

Eligible Group	Coverage	Income Requirement	Asset Limit
Qualified Medicare Beneficiary (QMB)	Medicaid payment of Medicare Part-A ¹ 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 \$6,940 for individual and \$10,410 for couple
Specified Low Income Beneficiary (SLMB)	Medicaid payment of Medicare Part-B premium and Medicare Prescription Drug Plan monthly premium	100% to 120% of poverty	
Qualified Individual (QI-1)	Medicaid payment of Medicare Part-B premium and Medicare Prescription Drug Plan monthly premium	120% to 135% of poverty	

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

Table 19: Medicare Buy-In Program Recipients and Expenditures by Type

SFY	Part-A		Part-B		Part-D ¹	
	Recipients ²	Expenditures (\$)	Recipients ²	Expenditures (\$)	Recipients ²	Expenditures (\$)
2009/10³	7,470	\$34,954,045	170,710	\$196,731,969	109,012	\$58,727,782
2010/11³	7,926	\$36,188,037	180,253	\$228,533,426	111,275	\$42,975,839
2011/12	8,571	\$38,675,959	188,606	\$224,949,346	114,118	\$91,459,174

¹ Part-D expenditures are all state funds.

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

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

Women Diagnosed with Breast or Cervical Cancer

The Breast and Cervical Cancer Program provides full Medicaid benefits to uninsured women who are identified through the Centers for Disease Control (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP). These women have

been diagnosed with breast or cervical cancer, or a pre-cancerous condition and are in need of treatment. The Medicaid program does not have income or resource limits, but the CDC requires that the income be less than 250% of the federal poverty guidelines. During SFY 2011/12, a total of 1,973 recipients received services with total payments of \$30,259,045.

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 operated 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 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 2.0 program's PCCM fee payments of \$10,811,606 were paid to 681 providers on behalf of approximately 856,222 enrollees during SFY 2011/12 (Table 20).

The Medicaid CommunityCARE 2.0 program was eliminated on June 1, 2012. Services provided through this program become available through

the Bayou Health Plans. Medicaid recipients experienced no coverage changes due to this move.

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 341,389 recipients in SFY 2011/12 with total payments of \$28,387,146 (Table 20). There were 570 providers that offered services to KIDMED recipients during SFY 2011/12.

The Medicaid KIDMED program was eliminated on June 1, 2012. Services provided through this program become available through the Bayou Health Plans. Medicaid recipients experienced no coverage changes due to this move.

Table 20: CommunityCARE – PCCM and KIDMED Recipients, Providers and Payments

SFY	CommunityCARE/CommunityCARE 2.0 - PCCM		
	Recipients	Providers	Payments
2009/10	866,364	721	\$25,869,153
2010/11 ¹	878,687	706	\$20,868,690
2011/12 ²	856,222	681	\$10,811,606
SFY	KIDMED		
	Recipients	Providers	Payments
2009/10	399,779	573	\$33,901,680
2010/11	392,165	560	\$36,574,777
2011/12 ²	341,389	570	\$28,387,146

¹ CommunityCARE 2.0 began in January 2011.

² Medicaid coverage terminated June 2012; coverage moved to Bayou Health.

Medicaid Providers

During SFY 2011/12, over 26,500 providers participated and offered services to Louisiana Medicaid enrollees.

Figure 11 represents total payments to public and private providers (excluding managed care). The hospital category includes inpatient and outpatient services. Hospital payments rank at the top with 19.4%, pharmacy payments are second with 17.2%, followed closely by nursing facility payments in third place with 14.0% of total payments.

Top ten provider types of total Medicaid payments grouped by in-state and out-of-state (OOS) are

presented in Table 21 in addition to managed care payments. About \$5.2 billion (92.1%) of the total \$5.6 billion payments (excluding managed care payments) were paid to providers within Louisiana, while about \$444 million (7.9%) of payments were made to OOS providers. The “all others” OOS category includes payments to CMS for Medicare Buy-in and Part-D premiums. Managed care payments accounted for \$275 million for SFY 2011/12 which is about 4.6% of the total \$5.9 billion payments. Other than Table 21, all provider tables exclude managed care payments.

Figure 11: Top Ten Provider Types (Public and Private) Based on Total Payments

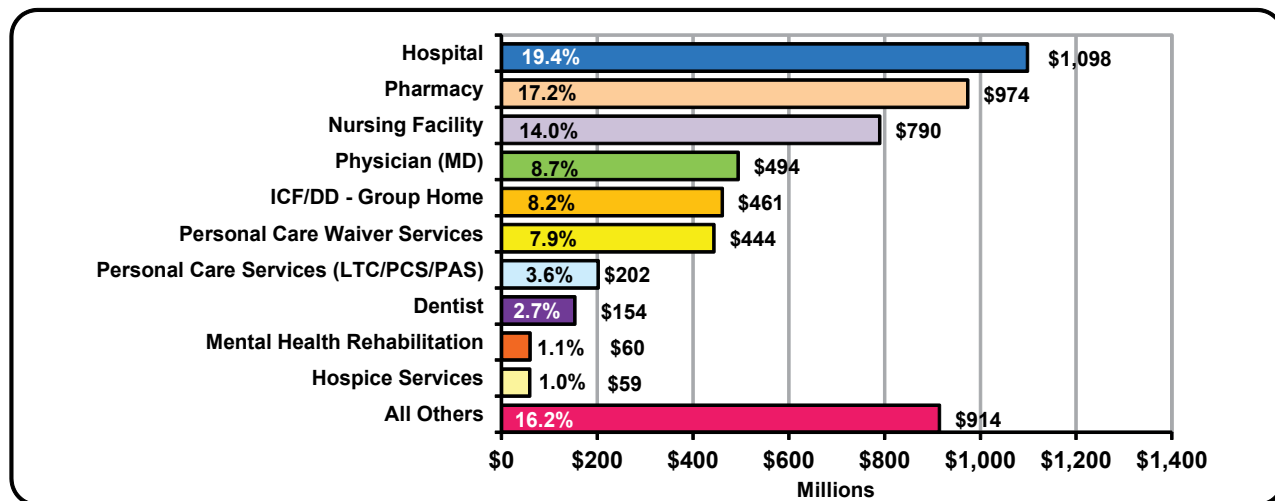


Table 21: Payments by In-State and Out-of-State for the Top Ten Provider Types Based on Total Payments and Managed Care

Provider Type	Payments (\$)			Ratio of each Program			Ratio Between In-State & OOS	
	In-State	Out-of-State	Total	In-State	OOS	Total	In-State	OOS
Payments (Excluding Managed Care)								
Hospital	\$1,079,915,526	\$18,465,992	\$1,098,381,518	20.7%	4.2%	19.4%	98%	2%
Pharmacy	939,444,729	34,497,071	973,941,800	18.0%	7.8%	17.2%	96%	4%
Nursing Facility	789,904,848	-	789,904,848	15.2%	0.0%	14.0%	100%	0%
Physician (MD)	489,771,818	4,321,185	494,093,003	9.4%	1.0%	8.7%	99%	1%
ICF/DD – Group Home	461,013,123	-	461,013,123	8.9%	0.0%	8.2%	100%	0%
Personal Care Waiver Services	443,927,201	-	443,927,201	8.5%	0.0%	7.9%	100%	0%
Personal Care Services (LTC/PCS/PAS)	201,849,647	-	201,849,647	3.9%	0.0%	3.6%	100%	0%
Dentist	153,488,397	41,324	153,529,721	2.9%	0.0%	2.7%	100%	0%
Mental Health Rehabilitation	59,062,044	531,020	59,593,064	1.1%	0.1%	1.1%	99%	1%
Hospice Services	59,271,182	-	59,271,182	1.1%	0.0%	1.0%	100%	0%
All Others	527,830,894	386,439,125	914,270,019	10.1%	87.0%	16.2%	58%	42%
Total	\$5,205,479,408	\$444,295,717	\$5,649,775,125	100%	100%	100%	92.1%	7.9%
Managed Care Payments								
Bayou Health – Pre-Paid	\$216,606,135	\$0	\$216,606,135	92.8%	0.0%	78.9%	100%	0%
Bayou Health – Shared	16,690,315	-	16,690,315	7.2%	0.0%	6.1%	100%	0%
LBHP – Pre-Paid	-	41,281,830	41,281,830	0.0%	100.0%	15.0%	0%	100%
Total	\$233,296,450	\$41,281,830	\$274,578,280	100%	100%	100%	85.0%	15.0%
Grand Total	\$5,438,775,858	\$485,577,546	\$5,924,353,404	100%	100%	100%	91.8%	8.2%

Table 22 presents the number of participating in-state and OOS providers grouped by top ten provider types based on total payments. Physician provider type accounted for 12,105 (45.6%) of the 26,560 total participating providers. With respect to in-state and OOS provider distribution, about 9.7% of participating providers are from OOS. The OOS category "all others" (546) includes CMS along with 545 other providers.

Figure 12 shows a map of the ratios of provider parish payments to recipient parish payments from Table 23 for SFY 2011/12. This relationship gives a perspective on how well a parish is meeting the medical needs of their Medicaid recipients.

Table 22: 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 ¹			Ratio of each Program			Ratio Between In-State & OOS	
	In-State	Out-of-State	Total	In State	OOS	Total	In State	OOS
Hospital	194	610	804	0.8%	23.6%	3.0%	24%	76%
Pharmacy	1,235	61	1,296	5.1%	2.4%	4.9%	95%	5%
Nursing Facility	266	-	266	1.1%	0.0%	1.0%	100%	0%
Physician(MD)	10,752	1,358	12,105	44.8%	52.6%	45.6%	89%	11%
ICF-DD – Group Home	531	-	531	2.2%	0.0%	2.0%	100%	0%
Personal Care Waiver Services	614	-	614	2.6%	0.0%	2.3%	100%	0%
Personal Care Services (LTC/PCS/PAS)	601	-	601	2.5%	0.0%	2.3%	100%	0%
Dentist	973	5	978	4.1%	0.2%	3.7%	99%	1%
Mental Health Rehabilitation	109	3	112	0.5%	0.1%	0.4%	97%	3%
Hospice Services	124	-	124	0.5%	0.0%	0.5%	100%	0%
All Others	8,590	546	9,132	35.8%	21.1%	34.4%	94%	6%
Total	23,987	2,583	26,560	100%	100%	100%	90.3%	9.7%

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

Figure 12: Provider Participation Ratios

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

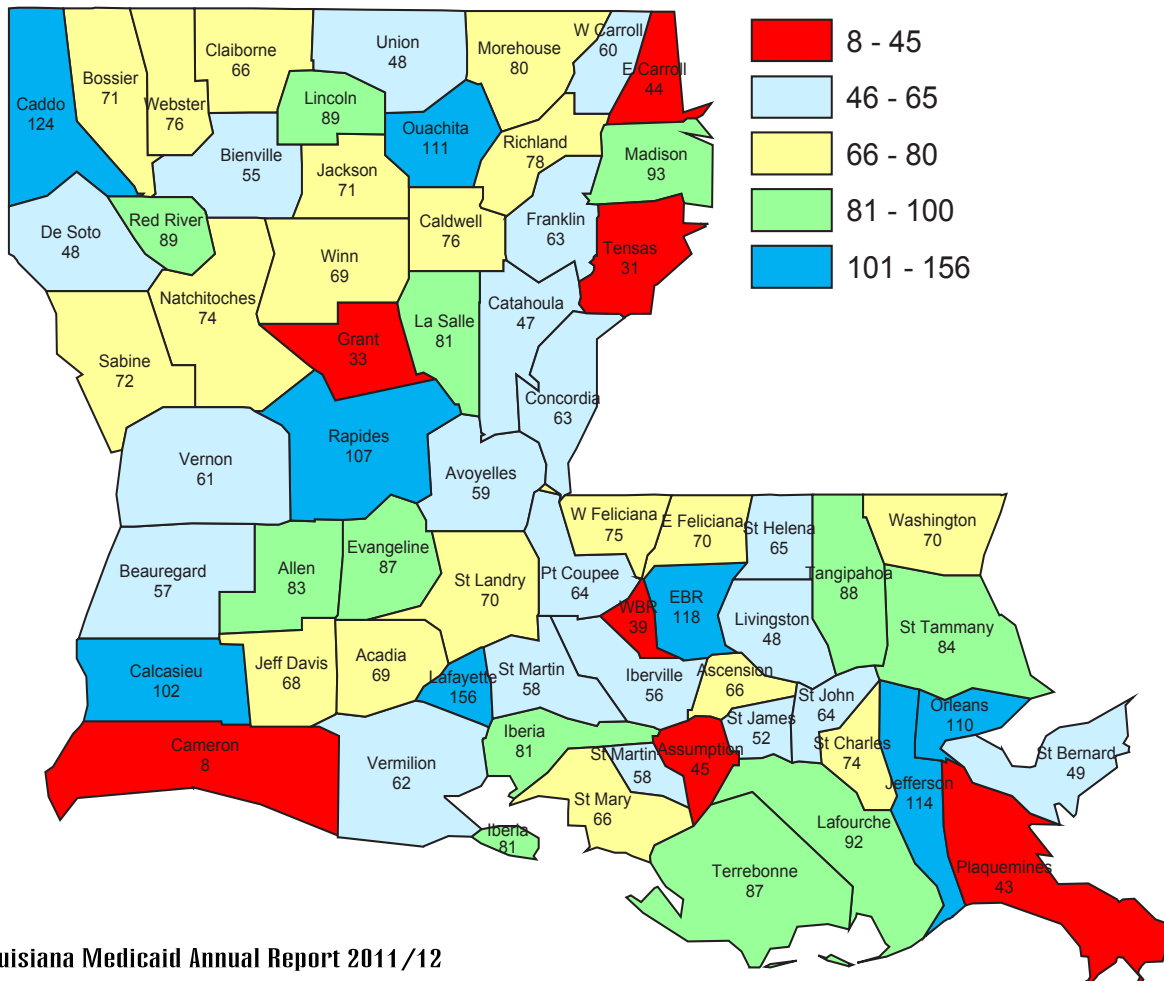


Table 23: Provider Payments and Participation Ratios

	Parish	A. Provider Parish Payments (\$)¹	B. Recipient Parish Payments (\$)	C. Ratio C=(A/B)*100
1	Acadia	\$62,695,822	\$91,053,187	68.9
2	Allen	27,314,709	33,107,761	82.5
3	Ascension	52,819,731	79,573,817	66.4
4	Assumption	12,370,014	27,361,493	45.2
5	Avoyelles	51,288,571	86,839,982	59.1
6	Beauregard	22,249,830	38,750,445	57.4
7	Bienville	14,033,447	25,677,047	54.7
8	Bossier	86,269,040	121,849,191	70.8
9	Caddo	411,231,735	331,725,768	124.0
10	Calcasieu	225,492,045	221,486,742	101.8
11	Caldwell	14,892,558	19,584,774	76.0
12	Cameron	157,902	1,912,739	8.3
13	Catahoula	8,637,116	18,547,167	46.6
14	Claiborne	16,760,465	25,304,714	66.2
15	Concordia	18,702,263	29,817,678	62.7
16	De Soto	15,574,619	32,506,524	47.9
17	East Baton Rouge	529,694,492	447,036,831	118.5
18	East Carroll	10,622,021	24,034,021	44.2
19	East Feliciana	33,103,016	47,304,705	70.0
20	Evangeline	57,486,534	65,947,056	87.2
21	Franklin	28,877,660	45,582,917	63.4
22	Grant	8,802,088	26,331,560	33.4
23	Iberia	84,380,349	104,581,472	80.7
24	Iberville	27,219,119	48,897,647	55.7
25	Jackson	16,358,618	23,055,300	71.0
26	Jefferson	479,656,657	421,644,805	113.8
27	Jefferson Davis	31,331,464	46,355,761	67.6
28	Lafayette	326,902,538	209,083,714	156.4
29	Lafourche	89,140,623	96,875,370	92.0
30	La Salle	19,021,782	23,507,686	80.9
31	Lincoln	45,892,046	51,754,085	88.7
32	Livingston	50,118,621	103,408,871	48.5
33	Madison	20,420,798	21,852,505	93.4
34	Morehouse	47,813,144	59,413,376	80.5
35	Natchitoches	37,709,303	50,795,417	74.2
36	Orleans	466,679,747	423,721,701	110.1
37	Ouachita	240,063,915	216,297,526	111.0
38	Plaquemines	8,590,418	20,159,235	42.6
39	Pointe Coupee	20,533,507	32,089,583	64.0
40	Rapides	400,266,722	373,391,011	107.2
41	Red River	13,449,535	15,150,946	88.8
42	Richland	40,059,272	51,294,059	78.1
43	Sabine	23,326,443	32,509,754	71.8
44	St. Bernard	20,225,989	41,337,994	48.9
45	St. Charles	28,589,027	38,602,907	74.1
46	St. Helena	8,273,826	12,726,976	65.0
47	St. James	12,107,241	23,229,778	52.1
48	St. John	31,197,538	48,857,039	63.9
49	St. Landry	115,560,068	164,640,111	70.2
50	St. Martin	36,643,890	63,391,818	57.8
51	St. Mary	44,832,197	68,308,997	65.6
52	St. Tammany	152,466,665	182,201,375	83.7
53	Tangipahoa	207,740,091	235,490,483	88.2
54	Tensas	2,670,894	8,583,385	31.1
55	Terrebonne	109,567,580	125,406,977	87.4
56	Union	14,089,005	29,273,310	48.1
57	Vermilion	43,475,047	70,202,325	61.9
58	Vernon	29,915,531	48,695,976	61.4
59	Washington	53,223,251	75,732,689	70.3
60	Webster	46,342,909	60,747,865	76.3
61	West Baton Rouge	9,633,556	24,504,876	39.3
62	West Carroll	13,232,885	21,901,612	60.4
63	West Feliciana	10,656,995	14,216,761	75.0
64	Winn	17,024,926	24,545,927	69.4
In-State Total		\$5,205,479,408	\$5,649,775,125	92.1
Out-of-State Total		\$444,295,717	\$0	
Total		\$5,649,775,125	\$5,649,775,125	100.0

Table 23 presents (A) Provider Parish payments which represent payments made to providers located in a parish regardless of the recipients' residing parish; (B) Recipient Parish payments which represent payments made on behalf of recipients residing in that parish regardless of where they received services; and (C) The ratio of provider parish payments to recipient parish payments times 100.

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

A ratio of less than 100 means that some of the payments made on behalf of the recipients of that parish went to providers outside of their respective parish. For example, a ratio of 95 indicates that about 5% of payments made on behalf of recipients of the parish are going out of that parish.

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

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

Table 24 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 \$975.2 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 25 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 \$529.7 million in payments going into the parish, while Cameron Parish ranked last with \$157,902 in payments going into the parish.

Table 26 presents the number of service providers by parish, Table 27 presents the number of recipients by parish and Table 28 presents payments per recipient by parish for the top ten provider types based on total payments during this SFY.

Table 24: Payments by Region for the Top Ten Provider Types Based on Total Payments (1-6)

Region	1	2	3	4	5	6
	Hospital	Pharmacy	Nursing Facility	Physician (MD)	ICF/DD - Group Home	Personal Care Waiver Services
1 - Greater New Orleans Area	\$317,484,899	\$180,633,545	\$97,648,867	\$105,860,581	\$31,342,898	\$69,540,025
2 - Capital Area	144,195,456	117,695,550	115,442,350	71,835,870	29,071,894	66,213,064
3 - South Central Louisiana	55,992,365	71,856,762	52,256,302	34,770,212	9,800,069	34,124,907
4 - Acadiana	118,647,684	140,641,465	119,432,295	74,638,315	22,446,829	69,013,410
5 - Southwest Louisiana	50,769,071	73,501,339	51,558,477	31,760,079	20,489,623	23,975,018
6 - Central Louisiana	80,712,893	68,785,457	74,920,510	33,359,212	187,036,213	40,954,719
7 - Northwest Louisiana	161,702,104	96,953,733	132,684,562	59,284,917	55,430,526	42,243,746
8 - Northeast Louisiana	92,267,588	82,254,455	86,250,353	38,469,519	29,252,713	50,003,554
9 - Northshore Area	58,143,468	107,122,423	59,711,132	39,793,112	76,142,358	47,858,759
Total In-State	\$1,079,915,526	\$939,444,729	\$789,904,848	\$489,771,818	\$461,013,123	\$443,927,201
Total Out-of-State	\$18,465,992	\$34,497,071	\$0	\$4,321,185	\$0	\$0
Grand Total	\$1,098,381,518	\$973,941,800	\$789,904,848	\$494,093,003	\$461,013,123	\$443,927,201

Table 24: Continued (7-10)

Region	7	8	9	10			
	Personal Care Services (LTC/PCS/PAS)	Dentist	Mental Health Rehabilitation	Hospice Services	All Others	Grand Total	Overall Rank
1 - Greater New Orleans Area	\$31,257,845	\$29,497,600	\$15,895,461	\$5,569,979	\$90,421,111	\$975,152,811	1
2 - Capital Area	28,677,549	21,737,026	7,204,882	9,183,743	72,403,033	683,660,416	3
3 - South Central Louisiana	9,163,162	9,932,092	4,132,461	3,778,572	41,997,316	327,804,218	8
4 - Acadiana	48,344,832	21,452,026	3,848,230	7,245,409	101,433,754	727,144,249	2
5 - Southwest Louisiana	6,441,043	9,143,137	3,166,978	4,749,791	30,991,394	306,545,951	9
6 - Central Louisiana	13,893,965	11,584,627	2,680,487	7,122,504	32,608,412	553,658,998	5
7 - Northwest Louisiana	22,388,628	16,417,093	9,517,301	8,642,221	59,432,665	664,697,496	4
8 - Northeast Louisiana	27,567,150	14,167,465	8,296,096	7,399,550	59,064,371	494,992,813	6
9 - Northshore Area	14,115,472	19,557,331	4,320,149	5,579,412	39,478,839	471,822,454	7
Total In-State	\$201,849,647	\$153,488,397	\$59,062,044	\$59,271,182	\$527,830,894	\$5,205,479,408	
Total Out-of-State	\$0	\$41,324	\$531,020	\$0	\$386,439,125	\$444,295,717	
Grand Total	\$201,849,647	\$153,529,721	\$59,593,064	\$59,271,182	\$914,270,019	\$5,649,775,125	

Table 25: 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	\$5,030,163	\$20,757,599	\$15,796,896	\$4,354,111	\$6,391,145	\$635,281
2	Allen	3,318,037	5,536,965	7,068,189	1,514,812	719,729	930,802
3	Assension	4,384,567	16,696,218	8,552,578	5,016,193	2,094,373	5,170,262
4	Assumption	681,491	2,638,768	3,306,474	228,592	792,277	2,465,691
5	Avoyelles	5,640,914	12,513,106	17,663,522	2,884,434	333,602	2,848,803
6	Beauregard	4,912,995	4,969,972	5,946,945	2,668,253	725,213	575,600
7	Bienville	2,095,725	2,153,862	7,131,166	706,327	354,189	231,381
8	Bossier	4,969,412	11,374,364	15,969,665	4,130,825	33,085,075	6,920,848
9	Caddo	128,633,940	54,184,634	71,040,686	43,346,625	14,500,117	25,077,732
10	Calcasieu	37,005,525	53,903,808	30,891,597	24,820,176	17,727,007	20,573,766
11	Caldwell	3,397,049	3,041,950	1,932,411	869,302	377,344	2,581,601
12	Cameron	15,168	13,647	-	7,261	-	-
13	Catahoula	-	2,221,890	2,334,064	101,746	-	1,823,828
14	Claiborne	4,704,008	2,459,452	4,451,088	649,329	-	2,297,507
15	Concordia	3,223,104	4,220,025	4,593,869	1,005,020	-	1,568,755
16	De Soto	2,119,106	3,408,376	4,162,288	454,266	662,931	531,292
17	East Baton Rouge	136,219,075	78,273,381	64,463,121	61,170,829	21,889,311	54,766,840
18	East Carroll	2,038,669	2,123,369	3,192,393	405,115	319,552	247,467
19	East Feliciana	267,592	3,106,406	21,203,971	448,659	3,056,190	1,198,691
20	Evangeline	8,774,149	13,079,462	9,945,680	4,303,390	2,020,199	3,315,360
21	Franklin	3,892,649	4,729,756	10,463,919	950,111	1,941,125	796,175
22	Grant	-	2,078,364	4,988,466	239,700	1,093,955	-
23	Iberia	8,401,014	16,937,028	13,787,731	10,171,050	3,666,163	11,684,329
24	Iberville	51,722	10,549,712	6,549,137	2,741,749	342,677	1,476,161
25	Jackson	2,832,617	2,502,912	7,033,878	473,551	816,926	1,010,645
26	Jefferson	112,220,677	116,247,335	45,197,626	56,657,413	21,120,588	44,055,298
27	Jefferson Davis	5,517,346	9,076,947	7,651,747	2,749,578	1,317,674	1,894,851
28	Lafayette	78,723,400	40,621,185	30,333,469	36,340,681	6,412,117	38,237,942
29	Lafourche	11,364,126	16,709,434	13,859,613	6,247,113	6,074,886	12,810,026
30	La Salle	6,202,736	3,194,590	5,468,847	1,354,198	371,697	166,999
31	Lincoln	6,716,548	9,856,187	8,929,485	5,486,822	4,120,912	4,096,789
32	Livingston	698,466	23,134,669	9,203,365	1,780,759	1,991,818	3,258,421
33	Madison	2,629,865	2,468,335	3,642,939	960,552	2,870,280	2,210,756
34	Morehouse	6,256,533	7,084,303	10,750,622	4,517,849	722,273	3,622,639
35	Natchitoches	5,909,033	8,387,517	7,386,380	4,595,510	812,680	3,258,369
36	Orleans	205,264,222	53,478,006	48,856,199	47,947,388	7,316,970	22,434,907
37	Ouachita	55,193,380	36,954,456	25,566,794	20,376,900	8,973,318	29,118,965
38	Plaquemines	-	1,532,339	3,595,042	245,862	1,860,510	781,996
39	Pointe Coupee	1,917,521	3,813,987	7,524,794	1,457,623	505,356	1,505,043
40	Rapides	56,042,047	36,768,712	29,691,709	22,014,908	178,720,957	32,110,965
41	Red River	3,251,051	2,390,050	2,782,415	603,698	595,918	938,237
42	Richland	4,404,534	6,151,921	5,758,032	2,678,300	8,426,561	5,689,000
43	Sabine	2,623,782	5,956,256	7,868,460	1,521,206	2,073,182	761,102
44	St. Bernard	-	9,375,864	-	1,009,918	1,044,829	2,267,825
45	St. Charles	2,726,290	7,093,598	4,953,881	1,314,754	-	1,960,556
46	St. Helena	935,885	1,424,497	1,657,998	657,963	526,598	1,107,910
47	St. James	3,017,066	2,447,128	2,142,844	1,456,398	-	916,668
48	St. John	2,273,926	6,415,584	3,504,061	2,863,382	672,558	6,117,144
49	St. Landry	11,044,416	29,094,448	25,865,604	14,156,945	1,966,753	7,960,549
50	St. Martin	1,873,966	9,272,235	6,970,888	1,774,750	1,357,943	6,655,258
51	St. Mary	6,989,618	13,635,623	9,261,923	4,870,731	482,017	2,802,003
52	St. Tammany	22,727,265	39,588,454	23,442,005	21,416,284	2,785,072	6,512,243
53	Tangipahoa	24,369,095	28,738,808	16,075,864	12,547,756	69,845,831	29,259,256
54	Tensas	-	896,711	-	-	-	-
55	Terrebonne	28,939,847	22,916,627	15,227,505	17,789,242	1,778,330	7,052,818
56	Union	2,000,907	3,535,709	5,370,534	1,011,409	349,338	-
57	Vermillion	4,800,576	10,879,509	16,732,029	3,537,388	632,510	524,692
58	Vernon	7,036,812	5,000,657	5,549,144	5,092,504	5,042,850	457,528
59	Washington	9,412,757	14,235,994	9,331,900	3,390,349	993,038	7,720,929
60	Webster	7,396,048	6,639,223	11,892,413	3,277,132	3,346,435	2,227,279
61	West Baton Rouge	-	3,683,557	2,753,155	389,790	813,778	575,856
62	West Carroll	2,904,836	2,908,844	3,609,347	739,609	335,083	629,516
63	West Feliciana	1,354,979	1,572,289	4,395,595	611,027	370,208	1,520,210
64	Winn	2,567,279	2,788,113	4,630,890	666,703	1,473,152	1,977,839
Total In-State		\$1,079,915,526	\$939,444,729	\$789,904,848	\$489,771,818	\$461,013,123	\$443,927,201
Total Out-of-State		\$18,465,992	\$34,497,071	\$0	\$4,321,185	\$0	\$0
Grand Total		\$1,098,381,518	\$973,941,800	\$789,904,848	\$494,093,003	\$461,013,123	\$443,927,201

Table 25: Payments by Parish for the Top Ten Provider Types Based on Total Payments

Personal Care Services (LTC/PCS/PAS)	Dentist	Mental Health Rehabilitation	Hospice Services	All Others	Grand Total	Rank	Parish
\$2,556,219	\$1,877,731	\$0	\$0	\$5,296,678	\$62,695,822	16	Acadia
549,998	438,399	-	2,142,140	5,095,638	27,314,709	36	Allen
2,648,640	1,101,178	-	-	7,155,723	52,819,731	19	Ascension
1,135,444	13,834	-	5,640	1,101,801	12,370,014	54	Assumption
4,344,131	821,985	339,395	431,002	3,467,678	51,288,571	20	Avoyelles
220,715	718,828	-	-	1,511,310	22,249,830	39	Beauregard
465,253	3,403	-	-	892,142	14,033,447	51	Bienville
1,807,553	908,972	796,717	485,413	5,820,197	86,269,040	14	Bossier
13,040,546	13,594,019	6,855,065	6,182,681	34,775,690	411,231,735	4	Caddo
5,474,491	7,749,594	3,166,978	2,175,492	22,003,611	225,492,045	8	Calcasieu
472,811	387,880	-	-	1,832,209	14,892,558	49	Caldwell
-	-	-	-	121,826	157,902	64	Cameron
1,031,299	226,876	-	-	897,413	8,637,116	60	Catahoula
838,371	410,578	-	-	950,132	16,760,465	46	Claiborne
1,221,567	1,329,965	84,574	163,751	1,291,634	18,702,263	44	Concordia
620,453	863,864	592,080	613,637	1,546,328	15,574,619	48	De Soto
22,275,145	18,198,823	7,067,641	8,598,106	56,772,220	529,694,492	1	East Baton Rouge
627,215	609,333	-	-	1,058,908	10,622,021	57	East Carroll
1,330,069	325,274	-	-	2,166,165	33,103,016	30	East Feliciana
6,143,050	1,003,127	822,621	556,482	7,523,014	57,486,534	17	Evangeline
1,000,346	407,676	-	939,783	3,756,120	28,877,660	34	Franklin
-	20,286	-	-	381,317	8,802,088	59	Grant
6,738,448	2,883,101	96,539	124,896	9,890,051	84,380,349	15	Iberia
705,635	1,000,114	112,848	162,519	3,526,846	27,219,119	37	Iberville
315,083	7,344	-	530,344	835,317	16,358,618	47	Jackson
14,459,033	16,047,890	2,780,541	4,894,878	45,975,377	479,656,658	2	Jefferson
195,839	236,315	-	432,158	2,259,010	31,331,464	31	Jefferson Davis
13,506,148	11,722,551	2,551,992	5,662,993	62,790,060	326,902,538	6	Lafayette
1,433,247	1,768,267	3,306,793	306,441	15,260,678	89,140,623	13	Lafourche
96,192	351,134	-	49,115	1,766,275	19,021,782	43	La Salle
1,471,044	1,328,211	-	351,322	3,534,725	45,892,046	24	Lincoln
1,060,261	2,960,217	1,497,030	853,178	3,680,437	50,118,621	21	Livingston
2,883,695	199,081	401,550	102,200	2,051,545	20,420,798	41	Madison
5,893,087	1,227,765	558,068	1,183,701	5,996,304	47,813,144	22	Morehouse
3,054,854	464,282	794,765	368,714	2,677,200	37,709,303	28	Natchitoches
15,170,115	12,435,805	9,782,581	675,101	43,318,453	466,679,747	3	Orleans
12,101,435	8,435,590	6,785,914	3,681,841	32,875,322	240,063,915	7	Ouachita
-	217,326	-	-	357,344	8,590,418	61	Plaquemines
911,137	692,548	24,393	423,119	1,757,985	20,533,507	40	Pointe Coupee
5,684,664	8,482,213	2,256,518	6,355,737	22,138,292	400,266,722	5	Rapides
591,868	67,899	-	-	2,228,400	13,449,535	52	Red River
2,426,633	693,059	-	610,359	3,220,873	40,059,272	27	Richland
63,447	13,055	-	-	2,445,954	23,326,443	38	Sabine
1,628,697	796,579	3,332,339	-	769,937	20,225,989	42	St. Bernard
289,383	759,769	-	-	9,490,796	28,589,027	35	St. Charles
992,853	246,114	-	-	724,007	8,273,826	62	St. Helena
531,234	616,088	-	-	979,813	12,107,241	55	St. James
2,336,705	1,666,818	825,668	2,436,689	2,085,004	31,197,538	32	St. John
12,676,653	2,998,550	377,077	901,039	8,518,035	115,560,068	11	St. Landry
5,878,877	277,025	-	-	2,582,950	36,643,890	29	St. Martin
2,036,907	666,349	-	-	4,087,026	44,832,197	25	St. Mary
795,140	10,816,333	1,999,103	4,348,216	18,036,551	152,466,665	10	St. Tammany
8,203,840	4,308,586	776,473	378,019	13,236,562	207,740,091	9	Tangipahoa
-	31,838	550,564	-	1,191,780	2,670,894	63	Tensas
1,400,243	4,440,967	-	1,029,802	8,992,198	109,567,580	12	Terrebonne
-	578,057	-	-	1,243,051	14,089,005	50	Union
845,436	689,942	-	-	4,832,965	43,475,047	26	Vermillion
158,825	190,995	-	122,900	1,263,315	29,915,531	33	Vernon
3,063,378	1,226,081	47,543	-	3,801,281	53,223,251	18	Washington
1,906,284	91,021	478,675	991,777	8,096,622	46,342,909	23	Webster
364,682	281,195	-	-	771,544	9,633,556	58	West Baton Rouge
375,800	261,631	-	-	1,468,218	13,232,885	53	West Carroll
442,241	137,895	-	-	252,551	10,656,995	56	West Feliciana
1,357,288	161,173	-	-	1,402,488	17,024,926	45	Winn
\$201,849,647	\$153,488,397	\$59,062,044	\$59,271,182	\$527,830,894	\$5,205,479,408		Total In-State
\$0	\$41,324	\$531,020	\$0	\$386,439,125	\$444,295,717		Total Out-of-State
\$201,849,647	\$153,529,721	\$59,593,064	\$59,271,182	\$914,270,019	\$5,649,775,125		Grand Total

Table 26: 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	21	6	76	7	4
2	Allen	2	8	3	38	2	2
3	Ascension	3	26	3	98	5	10
4	Assumption	1	3	1	14	2	5
5	Avoyelles	2	19	8	48	1	3
6	Beauregard	1	5	3	42	2	2
7	Bienville	1	5	3	16	1	1
8	Bossier	3	23	6	129	19	7
9	Caddo	9	60	21	1,141	26	26
10	Calcasieu	9	57	9	457	29	22
11	Caldwell	2	2	1	12	1	2
12	Cameron	2	1	-	2	-	-
13	Catahoula	-	5	1	4	-	1
14	Claiborne	1	7	3	16	-	2
15	Concordia	2	6	2	25	-	3
16	De Soto	1	6	2	15	2	2
17	East Baton Rouge	17	110	22	1,361	59	105
18	East Carroll	1	3	1	10	1	1
19	East Feliciana	2	3	2	12	5	3
20	Evangeline	2	22	4	76	5	7
21	Franklin	1	6	4	23	5	3
22	Grant	-	3	2	2	3	-
23	Iberia	3	22	5	134	9	12
24	Iberville	2	12	2	24	1	4
25	Jackson	1	3	3	12	2	2
26	Jefferson	10	123	13	1,718	57	61
27	Jefferson Davis	2	13	3	41	4	2
28	Lafayette	15	71	11	848	17	34
29	Lafourche	3	23	5	188	14	7
30	La Salle	2	7	2	28	1	1
31	Lincoln	3	12	3	101	9	6
32	Livingston	1	24	2	39	5	9
33	Madison	1	4	1	19	6	4
34	Morehouse	3	11	5	61	2	8
35	Natchitoches	2	10	3	54	3	7
36	Orleans	7	69	15	1,250	18	49
37	Ouachita	9	58	9	395	21	41
38	Plaquemines	-	3	1	12	2	1
39	Pointe Coupee	1	8	2	21	1	4
40	Rapides	7	38	9	403	68	21
41	Red River	2	2	1	13	2	3
42	Richland	2	10	3	45	20	8
43	Sabine	1	9	3	33	6	1
44	St. Bernard	-	6	-	19	3	8
45	St. Charles	2	11	2	25	-	3
46	St. Helena	1	1	1	18	1	3
47	St. James	2	7	1	17	-	3
48	St. John	1	8	1	62	2	11
49	St. Landry	4	33	7	212	5	15
50	St. Martin	1	14	2	44	4	9
51	St. Mary	2	20	3	73	2	6
52	St. Tammany	11	56	8	700	8	11
53	Tangipahoa	8	35	6	248	29	21
54	Tensas	-	2	-	-	-	-
55	Terrebonne	4	27	4	272	6	9
56	Union	2	6	3	24	1	-
57	Vermilion	2	19	6	60	2	1
58	Vernon	4	8	2	60	8	1
59	Washington	2	21	4	106	3	8
60	Webster	2	10	3	67	9	5
61	West Baton Rouge	-	6	1	8	2	3
62	West Carroll	1	4	2	12	1	1
63	West Feliciana	1	2	1	11	1	2
64	Winn	2	6	2	18	3	1
Total In-State ¹		194	1,235	266	10,752	531	614
Total Out-of-State		610	61	-	1,358	-	-
Grand Total ¹		804	1,296	266	12,105	531	614

¹ Individual parish provider counts as well as total in-state and out-of-state may not sum to the total state count due to providers offering 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.

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

Personal Care Services (LTC/PCS/PAS)	Dentist	Mental Health Rehabilitation	Hospice Services	All Others	Grand Total	Rank	Parish
4	16	0	0	104	241	18	Acadia
1	3	-	2	49	110	35	Allen
10	8	-	-	105	268	17	Ascension
4	1	-	1	22	54	52	Assumption
4	11	1	1	73	171	26	Avoyelles
2	9	-	-	50	116	34	Beauregard
1	1	-	-	20	49	56	Bienville
6	10	2	2	111	318	15	Bossier
25	64	12	10	563	1,957	4	Caddo
19	45	5	5	385	1,042	8	Calcasieu
2	1	-	-	35	58	50	Caldwell
-	-	-	-	11	16	64	Cameron
1	4	-	-	32	48	57	Catahoula
2	2	-	-	26	59	49	Claiborne
3	5	1	1	36	84	40	Concordia
2	3	1	1	25	60	48	De Soto
113	107	13	15	1,080	3,002	2	East Baton Rouge
1	1	-	-	14	33	61	East Carroll
3	5	-	-	33	68	46	East Feliciana
8	11	1	1	62	199	23	Evangeline
3	4	-	2	51	102	37	Franklin
-	1	-	-	13	24	63	Grant
14	15	1	1	147	363	14	Iberia
3	5	1	1	53	108	36	Iberville
2	1	-	1	27	54	52	Jackson
51	98	8	11	1,071	3,221	1	Jefferson
1	6	-	1	49	122	32	Jefferson Davis
35	66	5	9	529	1,640	5	Lafayette
7	13	3	1	167	431	13	Lafourche
1	3	-	1	31	77	42	La Salle
5	4	-	1	85	229	19	Lincoln
8	21	1	2	111	223	20	Livingston
4	3	1	1	30	74	43	Madison
7	6	2	1	68	174	25	Morehouse
7	3	3	2	77	171	26	Natchitoches
48	100	22	5	588	2,170	3	Orleans
41	44	13	8	406	1,045	7	Ouachita
-	3	-	-	16	38	59	Plaquemines
3	4	1	1	37	83	41	Pointe Coupee
22	40	2	9	372	991	9	Rapides
3	1	-	-	24	51	55	Red River
7	5	-	2	69	171	26	Richland
1	3	-	-	41	98	38	Sabine
8	5	1	-	36	86	39	St. Bernard
4	9	-	-	63	119	33	St. Charles
4	2	-	-	27	58	50	St. Helena
4	2	-	-	33	69	45	St. James
10	9	1	1	73	179	24	St. John
15	22	1	2	165	481	12	St. Landry
11	3	-	-	57	145	30	St. Martin
5	6	-	-	87	204	21	St. Mary
12	72	3	12	414	1,307	6	St. Tammany
19	45	1	3	302	717	10	Tangipahoa
-	2	1	-	24	29	62	Tensas
9	29	-	5	201	566	11	Terrebonne
-	3	-	-	34	73	44	Union
1	10	-	-	62	163	29	Vermillion
1	3	-	1	42	130	31	Vernon
8	16	1	-	104	273	16	Washington
5	1	1	1	99	203	22	Webster
1	4	-	-	19	44	58	West Baton Rouge
1	1	-	-	30	53	54	West Carroll
2	3	-	-	12	35	60	West Feliciana
1	2	-	-	29	64	47	Winn
601	973	109	124	8,590	23,987		Total In-State ¹
-	5	3	-	546	2,583		Total Out-of-State
601	978	112	124	9,132	26,560		Grand Total ¹

Table 27: 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	8,581	18,816	641	24,473	103	39
2	Allen	4,886	7,202	306	13,705	14	48
3	Ascension	10,935	21,483	386	29,246	30	210
4	Assumption	1,819	2,837	119	2,380	14	91
5	Avoyelles	8,221	12,786	708	13,935	6	125
6	Beauregard	5,257	6,653	275	9,961	15	29
7	Bienville	1,291	3,418	365	5,478	6	16
8	Bossier	10,765	19,904	685	20,220	277	199
9	Caddo	69,414	56,702	2,802	135,021	260	741
10	Calcasieu	31,728	42,271	1,260	95,464	344	663
11	Caldwell	2,916	3,036	110	3,056	6	78
12	Cameron	201	32	-	96	-	-
13	Catahoula	-	2,912	120	955	-	84
14	Claiborne	2,346	3,261	214	4,045	-	68
15	Concordia	2,879	5,677	210	6,210	-	76
16	De Soto	3,260	4,432	208	4,433	12	26
17	East Baton Rouge	90,848	85,945	2,719	198,530	407	1,540
18	East Carroll	1,973	2,585	118	1,683	6	8
19	East Feliciana	59	3,291	325	3,279	37	51
20	Evangeline	13,640	10,833	414	21,196	40	154
21	Franklin	4,130	6,273	406	8,222	36	57
22	Grant	-	2,123	222	2,719	18	-
23	Iberia	14,972	21,487	591	47,027	71	323
24	Iberville	228	10,000	269	14,882	6	43
25	Jackson	2,512	3,417	295	2,869	15	27
26	Jefferson	71,363	101,698	2,047	223,330	386	1,264
27	Jefferson Davis	5,089	8,787	341	19,679	24	33
28	Lafayette	48,510	43,298	1,197	131,771	124	1,199
29	Lafourche	16,613	20,635	592	30,294	85	421
30	La Salle	4,646	3,514	233	6,699	6	12
31	Lincoln	8,867	10,764	377	24,486	76	157
32	Livingston	150	25,630	374	11,556	36	124
33	Madison	2,382	3,582	145	6,948	60	98
34	Morehouse	6,681	8,746	493	30,474	14	119
35	Natchitoches	6,238	9,989	334	17,426	21	127
36	Orleans	90,273	70,340	1,848	178,938	132	669
37	Ouachita	38,985	39,728	1,167	72,772	147	845
38	Plaquemines	-	2,288	144	2,229	30	11
39	Pointe Coupee	3,850	5,085	287	6,420	12	68
40	Rapides	36,903	38,160	1,213	70,144	1,300	871
41	Red River	2,887	3,468	124	4,693	11	30
42	Richland	5,790	7,787	246	21,300	163	197
43	Sabine	3,618	10,073	323	11,462	39	23
44	St. Bernard	-	10,664	-	8,072	21	74
45	St. Charles	3,234	8,945	227	9,016	-	76
46	St. Helena	1,415	2,016	71	5,572	8	58
47	St. James	3,310	4,384	83	7,308	-	42
48	St. John	5,747	10,957	171	14,544	13	192
49	St. Landry	17,023	28,934	1,036	66,828	35	365
50	St. Martin	3,579	10,865	257	13,825	27	237
51	St. Mary	9,831	14,807	377	20,373	15	117
52	St. Tammany	25,060	37,674	1,308	94,660	59	289
53	Tangipahoa	25,387	33,618	769	54,742	470	901
54	Tensas	-	1,343	-	-	-	-
55	Terrebonne	25,628	26,242	672	60,066	38	236
56	Union	3,034	4,600	300	5,477	6	-
57	Vermillion	6,646	12,271	669	24,509	14	21
58	Vernon	5,831	7,306	281	17,384	63	12
59	Washington	10,214	14,031	498	21,554	19	240
60	Webster	10,341	9,160	495	17,301	66	82
61	West Baton Rouge	-	5,196	96	2,963	16	38
62	West Carroll	2,564	3,357	173	2,401	6	29
63	West Feliciana	1,947	1,866	155	3,332	6	62
64	Winn	2,764	3,515	234	6,097	25	80
Total In-State ¹		672,333	876,587	31,756	1,140,951	5,108	13,300
Total Out-of-State		9,230	18,889	-	24,285	-	-
Grand Total ¹		676,512	881,752	31,756	1,143,732	5,108	13,300

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

Personal Care Services (LTC/PCS/PAS)	Dentist	Mental Health Rehabilitation	Hospice Services	All Others	Grand Total	Rank	Parish
259	4,708	-	-	11,335	36,128	18	Acadia
60	870	-	198	9,111	21,851	34	Allen
320	3,882	-	-	15,269	42,461	16	Ascension
131	65	-	3	4,020	7,038	53	Assumption
385	3,585	89	42	14,031	23,388	31	Avoyelles
34	2,555	-	-	7,995	15,632	38	Beauregard
63	4	-	-	4,148	9,502	47	Bienville
299	2,274	215	36	17,471	42,721	15	Bossier
1,416	35,434	2,263	545	81,695	174,215	5	Caddo
652	22,695	943	208	48,637	115,855	7	Calcasieu
61	885	-	-	4,660	6,784	54	Caldwell
-	-	-	-	746	995	64	Cameron
118	839	-	-	3,116	5,233	60	Catahoula
106	844	-	-	2,805	5,955	58	Claiborne
135	2,776	35	17	4,632	10,906	43	Concordia
73	2,469	152	63	4,673	9,317	48	De Soto
2,411	47,935	1,749	824	101,412	240,665	3	East Baton Rouge
46	1,409	-	-	4,906	6,119	57	East Carroll
150	1,287	-	-	4,236	8,425	51	East Feliciana
611	3,945	291	53	11,194	33,189	22	Evangeline
147	1,790	-	75	9,564	14,945	39	Franklin
-	29	-	-	3,089	6,548	55	Grant
640	8,340	37	11	21,532	59,445	13	Iberia
76	5,286	61	15	10,033	26,931	26	Iberville
38	12	-	47	3,276	6,280	56	Jackson
1,620	52,986	804	549	198,595	375,517	1	Jefferson
23	1,242	-	40	6,663	24,231	29	Jefferson Davis
1,640	35,086	701	608	105,998	207,246	4	Lafayette
171	5,226	962	32	26,288	47,278	14	Lafourche
12	1,700	-	7	4,966	11,800	40	La Salle
172	3,945	-	41	12,709	33,004	23	Lincoln
162	8,195	424	91	15,168	38,325	17	Livingston
328	739	145	18	4,584	9,759	46	Madison
575	3,226	144	97	9,611	35,624	19	Morehouse
374	1,605	284	54	9,864	22,733	33	Natchitoches
1,634	42,906	2,750	63	194,448	351,991	2	Orleans
1,325	23,506	1,920	299	53,946	97,218	9	Ouachita
-	712	-	-	1,597	5,218	61	Plaquemines
125	1,948	19	59	6,165	11,182	42	Pointe Coupee
628	26,348	555	491	50,627	104,253	8	Rapides
73	342	-	-	3,207	7,156	52	Red River
254	2,884	-	47	12,320	28,944	25	Richland
12	18	-	-	6,643	20,811	35	Sabine
199	1,943	994	-	5,850	17,629	37	St. Bernard
40	2,807	-	-	10,483	23,366	32	St. Charles
137	1,163	-	-	4,875	10,450	44	St. Helena
53	1,498	-	-	3,905	11,386	41	St. James
274	5,215	219	257	8,779	26,438	28	St. John
1,280	8,822	130	86	27,838	80,785	10	St. Landry
586	865	-	-	8,778	24,212	30	St. Martin
234	1,947	-	-	19,895	33,749	20	St. Mary
142	38,080	540	403	37,266	134,603	6	St. Tammany
922	13,247	138	41	36,816	73,651	11	Tangipahoa
-	185	135	-	3,707	3,945	63	Tensas
163	12,947	-	130	28,841	71,872	12	Terrebonne
-	1,520	-	-	4,285	9,302	49	Union
90	2,710	-	-	10,696	33,446	21	Vermillion
18	878	-	17	6,123	20,651	36	Vernon
359	4,177	43	-	10,510	31,165	24	Washington
241	348	136	74	16,142	26,476	27	Webster
45	1,164	-	-	2,340	9,009	50	West Baton Rouge
37	956	-	-	4,011	5,602	59	West Carroll
53	573	-	-	1,677	4,778	62	West Feliciana
151	708	-	-	4,285	9,829	45	Winn
20,762	400,974	16,521	5,565	867,213	1,265,281		Total In-State ¹
-	104	198	-	407,754	431,435		Total Out-of-State
20,762	401,032	16,679	5,565	919,402	1,268,687		Grand Total ¹

Table 28: 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	\$586	\$1,103	\$24,644	\$178	\$62,050	\$16,289
2	Allen	679	769	23,099	111	51,409	19,392
3	Ascension	401	777	22,157	172	69,812	24,620
4	Assumption	375	930	27,785	96	56,591	27,096
5	Avoyelles	686	979	24,948	207	55,600	22,790
6	Beauregard	935	747	21,625	268	48,348	19,848
7	Bienville	1,623	630	19,537	129	59,031	14,461
8	Bossier	462	571	23,313	204	119,441	34,778
9	Caddo	1,853	956	25,354	321	55,770	33,843
10	Calcasieu	1,166	1,275	24,517	260	51,532	31,031
11	Caldwell	1,165	1,002	17,567	284	62,891	33,097
12	Cameron	75	426	-	76	-	-
13	Catahoula	-	763	19,451	107	-	21,712
14	Claiborne	2,005	754	20,799	161	-	33,787
15	Concordia	1,120	743	21,876	162	-	20,642
16	De Soto	650	769	20,011	102	55,244	20,434
17	East Baton Rouge	1,499	911	23,708	308	53,782	35,563
18	East Carroll	1,033	821	27,054	241	53,259	30,933
19	East Feliciana	4,535	944	65,243	137	82,600	23,504
20	Evangeline	643	1,207	24,023	203	50,505	21,528
21	Franklin	943	754	25,773	116	53,920	13,968
22	Grant	-	979	22,471	88	60,775	-
23	Iberia	561	788	23,329	216	51,636	36,174
24	Iberville	227	1,055	24,346	184	57,113	34,329
25	Jackson	1,128	732	23,844	165	54,462	37,431
26	Jefferson	1,573	1,143	22,080	254	54,717	34,854
27	Jefferson Davis	1,084	1,033	22,439	140	54,903	57,420
28	Lafayette	1,623	938	25,341	276	51,711	31,892
29	Lafourche	684	810	23,412	206	71,469	30,428
30	La Salle	1,335	909	23,471	202	61,949	13,917
31	Lincoln	757	916	23,686	224	54,223	26,094
32	Livingston	4,656	903	24,608	154	55,328	26,278
33	Madison	1,104	689	25,124	138	47,838	22,559
34	Morehouse	936	810	21,807	148	51,591	30,442
35	Natchitoches	947	840	22,115	264	38,699	25,656
36	Orleans	2,274	760	26,437	268	55,432	33,535
37	Ouachita	1,416	930	21,908	280	61,043	34,460
38	Plaquemines	-	670	24,966	110	62,017	71,091
39	Pointe Coupee	498	750	26,219	227	42,113	22,133
40	Rapides	1,519	964	24,478	314	137,478	36,867
41	Red River	1,126	689	22,439	129	54,174	31,275
42	Richland	761	790	23,407	126	51,697	28,878
43	Sabine	725	591	24,361	133	53,159	33,091
44	St. Bernard	-	879	-	125	49,754	30,646
45	St. Charles	843	793	21,823	146	-	25,797
46	St. Helena	661	707	23,352	118	65,825	19,102
47	St. James	912	558	25,817	199	-	21,825
48	St. John	396	586	20,492	197	51,735	31,860
49	St. Landry	649	1,006	24,967	212	56,193	21,810
50	St. Martin	524	853	27,124	128	50,294	28,081
51	St. Mary	711	921	24,567	239	32,134	23,949
52	St. Tammany	907	1,051	17,922	226	47,205	22,534
53	Tangipahoa	960	855	20,905	229	148,608	32,474
54	Tensas	-	668	-	-	-	-
55	Terrebonne	1,129	873	22,660	296	46,798	29,885
56	Union	659	769	17,902	185	58,223	-
57	Vermillion	722	887	25,011	144	45,179	24,985
58	Vernon	1,207	684	19,748	293	80,045	38,127
59	Washington	922	1,015	18,739	157	52,265	32,171
60	Webster	715	725	24,025	189	50,704	27,162
61	West Baton Rouge	-	709	28,679	132	50,861	15,154
62	West Carroll	1,133	867	20,863	308	55,847	21,707
63	West Feliciana	696	843	28,359	183	61,701	24,520
64	Winn	929	793	19,790	109	58,926	24,723
Total In-State		\$1,606	\$1,072	\$24,874	\$429	\$90,253	\$33,378
Total Out-of-State		\$2,001	\$1,826	\$0	\$178	\$0	\$0
Grand Total		\$1,624	\$1,105	\$24,874	\$432	\$90,253	\$33,378

Table 28: Payments per Recipient by Parish for the Top Ten Provider Types Based on Total Payments

Personal Care Services (LTC/PCS/PAS)	Dentist	Mental Health Rehabilitation	Hospice Services	All Others	Grand Total	Rank	Parish
\$9,870	\$399	\$0	\$0	\$467	\$1,735	23	Acadia
9,167	504	-	10,819	559	1,250	52	Allen
8,277	284	-	-	469	1,244	53	Ascension
8,668	213	-	1,880	274	1,758	20	Assumption
11,283	229	3,813	10,262	247	2,193	12	Avoyelles
6,492	281	-	-	189	1,423	40	Beauregard
7,385	851	-	-	215	1,477	37	Bienville
6,045	400	3,706	13,484	333	2,019	14	Bossier
9,209	384	3,029	11,344	426	2,360	8	Caddo
8,396	341	3,358	10,459	452	1,946	15	Calcasieu
7,751	438	-	-	393	2,195	11	Caldwell
-	-	-	-	163	159	64	Cameron
8,740	270	-	-	288	1,651	30	Catahoula
7,909	486	-	-	339	2,815	4	Claiborne
9,049	479	2,416	9,632	279	1,715	26	Concordia
8,499	350	3,895	9,740	331	1,672	28	De Soto
9,239	380	4,041	10,435	560	2,201	10	East Baton Rouge
13,635	432	-	-	216	1,736	22	East Carroll
8,867	253	-	-	511	3,929	1	East Feliciana
10,054	254	2,827	10,500	672	1,732	25	Evangeline
6,805	228	-	12,530	393	1,932	16	Franklin
-	700	-	-	123	1,344	44	Grant
10,529	346	2,609	11,354	459	1,419	41	Iberia
9,285	189	1,850	10,835	352	1,011	61	Iberville
8,292	612	-	11,284	255	2,605	5	Jackson
8,925	303	3,458	8,916	232	1,277	51	Jefferson
8,515	190	-	10,804	339	1,293	50	Jefferson Davis
8,235	334	3,641	9,314	592	1,577	33	Lafayette
8,382	338	3,437	9,576	581	1,885	17	Lafourche
8,016	207	-	7,016	356	1,612	32	La Salle
8,553	337	-	8,569	278	1,390	42	Lincoln
6,545	361	3,531	9,376	243	1,308	48	Livingston
8,792	269	2,769	5,678	448	2,093	13	Madison
10,249	381	3,875	12,203	624	1,342	45	Morehouse
8,168	289	2,798	6,828	271	1,659	29	Natchitoches
9,284	290	3,557	10,716	223	1,326	47	Orleans
9,133	359	3,534	12,314	609	2,469	6	Ouachita
-	305	-	-	224	1,646	31	Plaquemines
7,289	356	1,284	7,172	285	1,836	19	Pointe Coupee
9,052	322	4,066	12,944	437	3,839	2	Rapides
8,108	199	-	-	695	1,879	18	Red River
9,554	240	-	12,986	261	1,384	43	Richland
5,287	725	-	-	368	1,121	58	Sabine
8,184	410	3,352	-	132	1,147	56	St. Bernard
7,235	271	-	-	905	1,224	54	St. Charles
7,247	212	-	-	149	792	62	St. Helena
10,023	411	-	-	251	1,063	60	St. James
8,528	320	3,770	9,481	237	1,180	55	St. John
9,904	340	2,901	10,477	306	1,430	39	St. Landry
10,032	320	-	-	294	1,513	36	St. Martin
8,705	342	-	-	205	1,328	46	St. Mary
5,600	284	3,702	10,790	484	1,133	57	St. Tammany
8,898	325	5,627	9,220	360	2,821	3	Tangipahoa
-	172	4,078	-	321	677	63	Tensas
8,590	343	-	7,922	312	1,524	34	Terrebonne
-	380	-	-	290	1,515	35	Union
9,394	255	-	-	452	1,300	49	Vermilion
8,824	218	-	7,229	206	1,449	38	Vernon
8,533	294	1,106	-	362	1,708	27	Washington
7,910	262	3,520	13,402	502	1,750	21	Webster
8,104	242	-	-	330	1,069	59	West Baton Rouge
10,157	274	-	-	366	2,362	7	West Carroll
8,344	241	-	-	151	2,230	9	West Feliciana
8,989	228	-	-	327	1,732	24	Winn
\$9,722	\$383	\$3,575	\$10,651	\$609	\$4,114		Total In-State
\$0	\$397	\$2,682	\$0	\$948	\$1,030		Total Out-of-State
\$9,722	\$383	\$3,573	\$10,651	\$994	\$4,453		Grand Total

Table 29 presents out-of-state providers' payments, number of providers and recipients by state. In regards to payments, Washington, D.C. out ranked all other states with \$355.9 million (80.1%) due to CMS payments for Medicare Buy-in and Part-D. If CMS payments were excluded, our neighboring states would have the highest payments, Texas with

about \$31.2 million (7.0%) and Mississippi with about \$10.7 million (2.4%). Provider participation was represented by almost all of the states in the United States during SFY 2011/12. Next to Washington, D.C., Texas had the highest number of Louisiana recipients due to them being a neighboring state.

Table 29: 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	\$1,217	2	3
2	AL	7,544,041	56	58,832
3	AR	975,532	171	3,484
4	AZ	5,758,985	25	347
5	CA	2,476,881	59	13,952
6	CO	761,364	68	33,545
7	CT	3,579	5	28
8	DC	355,870,433	20	203,641
9	DE	-	-	-
10	FL	2,213,205	88	15,014
11	GA	215,354	42	695
12	HI	26,224	2	38
13	IA	19,069	7	11
14	ID	9,012	2	7
15	IL	28,980	22	151
16	IN	75,850	8	396
17	KS	1,084,269	13	592
18	KY	44,275	9	118
19	MA	500,184	18	1,405
20	MD	4,237	10	262
21	ME	6,829	2	110
22	MI	44,729	27	680
23	MN	598,162	45	10,895
24	MO	744,701	33	533
25	MS	10,708,227	713	16,251
26	MT	-	1	1
27	NC	1,075,744	38	10,899
28	ND	2,555	2	5
29	NE	236,984	60	68
30	NH	1,630	2	4
31	NJ	2,156,404	8	11,638
32	NM	73,671	4	679
33	NV	78,059	16	58
34	NY	23,105	13	366
35	OH	1,374,045	31	231
36	OK	40,907	8	107
37	OR	7,148	19	16
38	PA	15,975,983	19	3,261
39	RI	933	2	3
40	SC	6,389	10	18
41	SD	2,996	3	2
42	TN	1,750,017	252	5,663
43	TX	31,156,417	559	111,547
44	UT	65,537	11	598
45	VA	307,610	40	1,840
46	VT	410	1	3
47	WA	181,886	22	397
48	WI	4,041	7	11
49	WV	3,414	5	17
50	WY	54,494	3	9
Total ¹		\$444,295,717	2,583	431,435

¹ 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.

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 Community Choices 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 2011/12 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 2011/12, a total of 663 slots were filled with total payments of about \$18.6 million for direct waiver and non-waiver services.

Community Choices Waiver (CCW)/EDA

The Community Choices Waiver, which was transitioned from the Elderly and Disabled Adult (EDA) Waiver on October 1, 2011, provides a more diverse and flexible array of cost effective services such as home delivered meals, in-home sensor monitoring, assistive devices/technology and nursing and skilled maintenance therapies. CCW also provides the services that were offered under the EDA waiver which included support

coordination, transition intensive support coordination, companion services, environmental accessibility adaptations, personal emergency response system, adult day health care and transitional services. The program filled a total of 4,390 slots in SFY 2011/12 with total payments of almost \$137.6 million for direct waiver and non-waiver services.

Children’s Choice Waiver (CC)

The Children’s Choice Waiver is designed to help families who provide in-home care and support for their children with developmental disabilities. The waiver, which is capped at \$16,410 for direct waiver payments per year for each waiver slot, provides family support, support coordination, family training, environmental accessibility adaptations and center based respite to disabled children from birth through age 18. During SFY 2011/12, a total of 1,360 slots were filled with total payments of about \$36.1 million for direct waiver and non-waiver services.

New Opportunities Waiver (NOW)

The New Opportunities Waiver provides individual and family support services, center-based respite, accessibility 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 2011/12, a total of 8,425 slots were filled with total payments of about \$457.4 million for direct waiver and non-waiver services.

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 1,801 slots in SFY 2011/12 with total payments of about \$22.4 million for direct waiver and non-waiver services.

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 2011/12, a total of 27 slots were filled with total payments of about \$1.2 million for direct waiver and non-waiver services.

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 30 shows the types of HCBS Waivers, with the eligible population description and income limit of each waiver available during SFY 2011/12 in Louisiana. Table 31 shows the number of allocated and filled slots along with the payments for the last five state fiscal years (Figures 13, 14 and 15). During SFY 2011/12, 16,666 slots were filled under the HCBS waiver programs, continuing the increasing trend of delivering services outside an institutional facility. In comparison from the previous SFY, the number of overall filled waiver slots increased by 7.4%.

Table 30: Home and Community-Based Service Waivers Eligible Populations and Income Limits

Waiver	Eligible Population	Income Limit
Adult Day Health Care Waiver (ADHC)	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	225% of poverty (3 times the SSI amount); Assets limit: \$2,000 for individual, \$3,000 for a couple who needs LTC, and \$113,640 for a community spouse (one not residing in an institution)
Community Choice Waiver (CCW) /EDA	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	225% of poverty (3 times the SSI amount); Assets limit: \$2,000 for individual, \$3,000 for a couple who needs LTC, and \$113,640 for a community spouse (one not residing in an institution)
Children's Choice Waiver (CC)	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	225% of poverty (3 times the SSI amount); Assets limit: \$2,000 individual
New Opportunities Waiver (NOW)	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	225% 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
Supports Waiver (SW)	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	225% 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
Residential Options Waiver (ROW)	Age 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	225% 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 31: Home and Community-Based Service Waiver Slots and Payments¹ by State Fiscal Year

Waiver		2007/08	2008/09	2009/10	2010/11	2011/12
Adult Day Health Care Waiver (ADHC)	Allocated Slots	825	825	825	825	825
	Filled Slots	675	705	680	760	663
	Direct Waiver (\$)	\$7,481,491	\$7,652,210	\$7,907,572	\$7,996,342	\$9,136,942
	Non-Waiver (\$)	\$8,043,864	\$9,364,122	\$9,028,823	\$9,553,860	\$9,427,585
	Total Payments (\$)	\$15,525,354	\$17,016,332	\$16,936,395	\$17,550,202	\$18,564,526
Community Choices Waiver (CCW) /EDA	Allocated Slots	4,403	4,603	4,603	4,603	4,603
	Filled Slots	3,403	3,934	4,071	4,403	4,390
	Direct Waiver (\$)	\$50,512,328	\$63,093,098	\$48,788,385	\$107,069,947	\$110,488,632
	Non-Waiver (\$)	\$78,094,896	\$103,237,616	\$88,973,196	\$25,563,128	\$27,042,969
	Total Payments (\$)	\$128,607,223	\$166,330,714	\$137,761,581	\$132,633,076	\$137,531,601
Children's Choice Waiver (CC)	Allocated Slots	1,000	1,050	1,050	1,475	1,475
	Filled Slots	925	956	999	973	1,360
	Direct Waiver (\$)	\$9,138,230	\$9,991,258	\$11,355,892	\$10,756,228	\$13,210,754
	Non-Waiver (\$)	\$13,105,065	\$14,688,220	\$16,938,240	\$17,144,801	\$22,900,185
	Total Payments (\$)	\$22,243,295	\$24,679,478	\$28,294,133	\$27,901,029	\$36,110,939
New Opportunities Waiver (NOW)	Allocated Slots	6,542	8,682	8,682	8,832	8,832
	Filled Slots	5,762	6,372	7,046	7,628	8,425
	Direct Waiver (\$)	\$325,701,415	\$373,621,978	\$385,039,832	\$386,869,733	\$389,907,410
	Non-Waiver (\$)	\$39,707,343	\$49,434,436	\$49,896,331	\$56,621,467	\$67,500,875
	Total Payments (\$)	\$365,408,758	\$423,056,414	\$434,936,163	\$443,491,201	\$457,408,285
Supports Waiver (SW)	Allocated Slots	2,188	2,188	2,188	2,188	2,188
	Filled Slots	1,668	1,764	1,703	1,727	1,801
	Direct Waiver (\$)	\$14,318,256	\$15,474,757	\$14,307,206	\$13,389,198	\$13,302,475
	Non-Waiver (\$)	\$8,887,607	\$8,628,288	\$7,974,441	\$7,784,433	\$9,134,521
	Total Payments (\$)	\$23,205,863	\$24,103,045	\$22,281,648	\$21,173,631	\$22,436,996
Residential Options Waiver (ROW)	Allocated Slots			210	265	265
	Filled Slots			2	24	27
	Direct Waiver (\$)	N/A	N/A	\$0	\$372,964	\$757,611
	Non-Waiver (\$)			\$0	\$89,787	\$471,815
	Total Payments (\$)			\$0	\$462,751	\$1,229,427

¹ Non-waiver payments include Medicare Buy-in premiums and Part-D.

Figure 13: Historical Waiver Allocated Slots by State Fiscal Year

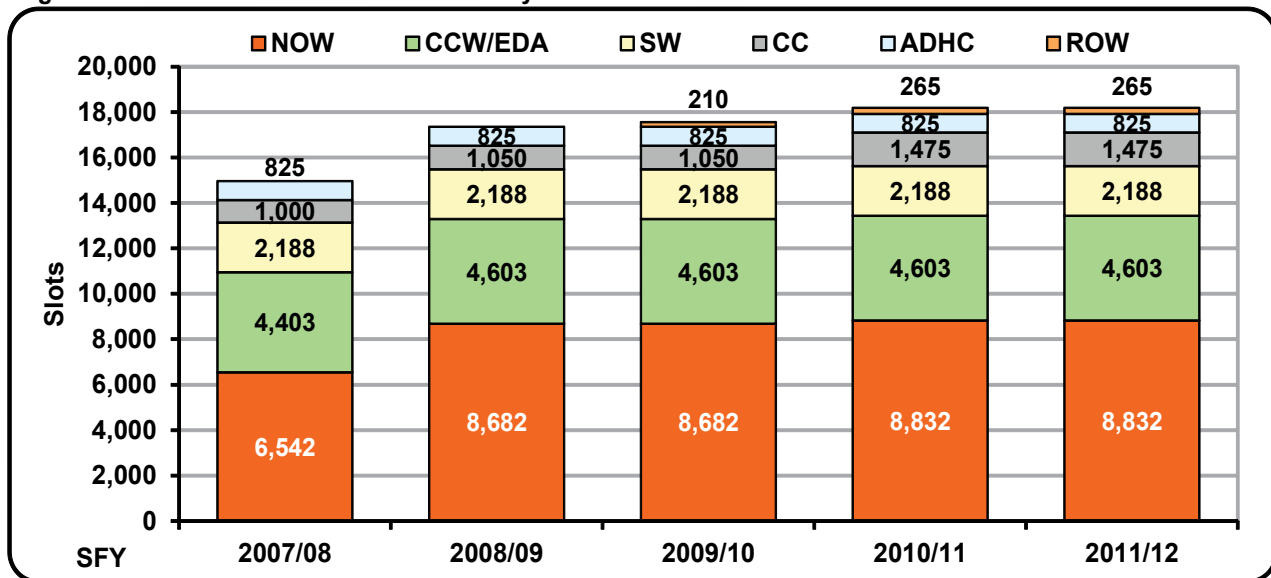


Figure 14: Historical Waiver Filled Slots by State Fiscal Year

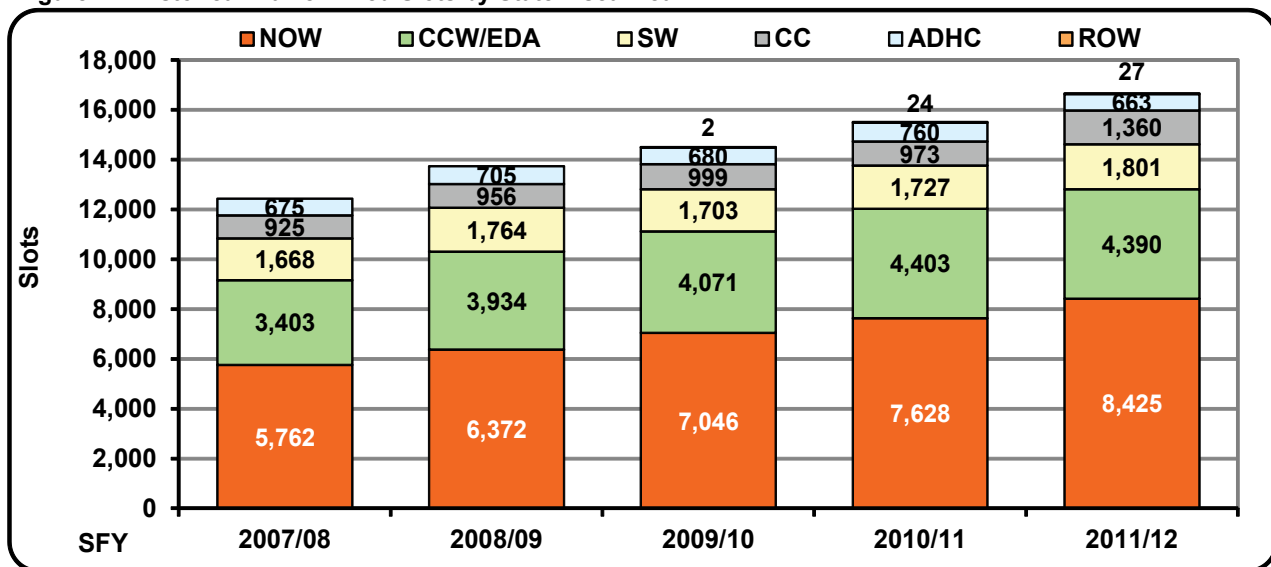
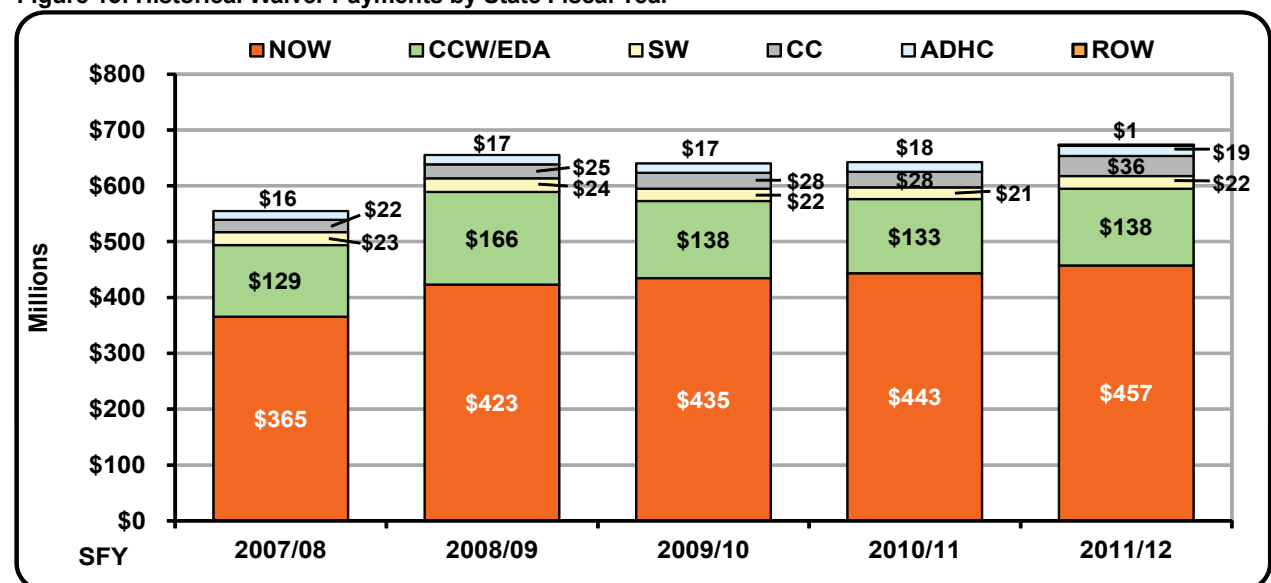


Figure 15: Historical Waiver Payments by State Fiscal Year



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 may pay 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 more details.

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.

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

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

LaMOMS: Medicaid program that provides pregnancy-related services, delivery and care up to 60 days after delivery for pregnant women with income up to 200% of the FPG.

Long-Term Care (LTC): An applicant/recipient may be eligible for Medicaid services in the LTC program if he or she requires medical assistance for a defined activity of daily living (ADL) such as dressing, eating, bathing, ambulation, etc. These services may be provided either in a facility, in an individual's home or in the community.

Louisiana Children's Health Insurance Program (LaCHIP): As a result of the Federal Balanced Budget Act of 1997 and the Social Security Act, the federal government has provided states with funding for a state children's health insurance program with enhanced FMAP. In Louisiana, the program is called LaCHIP. LaCHIP is a Medicaid expansion that covers children less than 19 years old and up to 200% of the FPG.

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

associated with LAP through monthly premiums and co-payments.

Low Income 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.

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 that the federal government allows states to reimburse set provider types (hospitals, physicians and ambulance) for certain uncompensated care provided under Medicaid

at an amount equal to what Medicare would have paid for the same service.

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

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

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

Appendix C: Medicaid Parish Offices - Contact Information

Customer Service Phone: 1-888-342-6207

	Parish	Address	City, State	ZIP	Fax
1	Acadia	117 Production Drive	Lafayette, LA	70508	(337) 262-1671
2	Allen	403 Baker Street	Jennings, LA	70546	(886) 853-0949
3	Ascension	2521 Wooddale Boulevard	Baton Rouge, LA	70805	(225) 925-6505
4	Assumption	1222 Tiger Drive	Thibodaux, LA	70301	(985) 449-5161
5	Avoyelles	1505 Washington St.	Alexandria, LA	71301	(318) 487-5924
6	Beauregard	One Lakeshore Drive, Suite 700	Lake Charles, LA	70629	(337) 491-2785
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	One Lakeshore Drive, Suite 700	Lake Charles, LA	70629	(337) 491-2785
11	Caldwell	3100 Kilpatrick Boulevard	Monroe, LA	71201	(318) 362-0411
12	Cameron	One Lakeshore Drive, Suite 700	Lake Charles, LA	70629	(337) 491-2785
13	Catahoula	1505 Washington Street	Alexandria, LA	71301	(318) 487-5924
14	Claiborne	3020 Knight Street, Suite 100	Shreveport, LA	71105	(318) 862-9701
15	Concordia	1505 Washington Street	Alexandria, LA	71301	(318) 487-5924
16	DeSoto	430 Dixie Plaza	Natchitoches, LA	71457	(318) 357-7059
17	East Baton Rouge	2521 Wooddale Boulevard	Baton Rouge, LA	70805	(225) 925-6505
18	East Carroll	121 Ellington Drive	Rayville, LA	71269	(318) 728-9348
19	East Feliciana	2521 Wooddale Boulevard	Baton Rouge, LA	70805	(225) 925-6505
20	Evangeline	457 West Waddil Street	Marksville, LA	71351	(866) 854-0252
21	Franklin	121 Ellington Drive	Rayville, LA	71269	(318) 728-9348
22	Grant	1505 Washington Street	Alexandria, LA	71301	(318) 487-5924
23	Iberia	117 Production Drive	Lafayette, LA	70508	(337) 262-1671
24	Iberville	2521 Wooddale Boulevard	Baton Rouge, LA	70805	(225) 925-6505
25	Jackson	3100 Kilpatrick Boulevard	Monroe, LA	71201	(318) 362-0411
26	Jefferson Davis	403 Baker Street	Jennings, LA	70546	(886) 853-0949
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	1505 Washington Street	Alexandria, LA	71301	(318) 487-5924
32	Lincoln	3100 Kilpatrick Boulevard	Monroe, LA	71201	(318) 362-0411
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	3100 Kilpatrick Boulevard	Monroe, LA	71201	(318) 362-0411
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 Boulevard	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	2521 Wooddale Boulevard	Baton Rouge, LA	70805	(225) 925-6505
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	Harvey Building, 2150 West Bank Expressway, Suite 400	Harvey, LA	70058	(504) 361-6978
47	St. Helena	121 Robin Hood Drive	Hammond, LA	70403	(985) 543-4221
48	St. James	1222 Tiger Drive	Thibodaux, LA	70301	(985) 449-5161
49	St. John	Harvey Building, 2150 West Bank Expressway, Suite 400	Harvey, LA	70058	(504) 361-6978
50	St. Landry	308 West Bloch Street	Opelousas, LA	70570	(866) 852-9123
51	St. Martin	117 Production Drive	Lafayette, LA	70508	(337) 262-1671
52	St. Mary	1222 Tiger Drive	Thibodaux, LA	70301	(985) 449-5161
53	St. Tammany	121 Robin Hood Drive	Hammond, LA	70403	(985) 543-4221
54	Tangipahoa	121 Robin Hood Drive	Hammond, LA	70403	(985) 543-4221
55	Tensas	121 Ellington Drive	Rayville, LA	71269	(318) 728-9348
56	Terrebonne	1222 Tiger Drive	Thibodaux, LA	70301	(985) 449-5161
57	Union	3100 Kilpatrick Boulevard	Monroe, LA	71201	(318) 362-0411
58	Vermillion	2501 Charity Street	Abbeville, LA	70510	(337) 898-3827
59	Vernon	1505 Washington Street	Alexandria, LA	71301	(318) 487-5924
60	Washington	603 Willis Avenue	Bogalusa, LA	70427	(225) 389-8037
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) 925-6505
63	West Carroll	121 Ellington Drive	Rayville, LA	71269	(318) 728-9348
64	West Feliciana	2521 Wooddale Boulevard	Baton Rouge, LA	70805	(225) 925-6505
65	Winn	1505 Washington Street	Alexandria, LA	71301	(318) 487-5924

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

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

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

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

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

Department of Health and Hospitals

Administrative Regions



REGION 1 – 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