

# Louisiana Medicaid Annual Report



State Fiscal Year  
**2012/13**

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# State of Louisiana

## Department of Health and Hospitals

Dear Reader:

It is our pleasure to present the State Fiscal Year 2012/13 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 \$7.1 billion, including \$465.2 million for Uncompensated Care Costs, during State Fiscal Year 2012/13 and served about 1.37 million Louisianans, almost 30% of the state population. The Louisiana Medicaid Program continuously strives to accomplish its stated mission and goals: "responding to the health needs of Louisiana's citizens, provide access and quality of care, and improve health outcomes of its enrollees through ongoing cost containment efforts and program initiatives."

During the State Fiscal Year 2012/13 the Louisiana Medicaid Program directed much of its efforts to increasing access to quality health care for its enrollees. Some of the notable initiatives include the Public – Private Partnership Agreements for Louisiana State University Hospitals, new populations and services added to the Bayou Health Program, and improved administrative efficiencies in determining eligibility. These and other improvements to the Medicaid Program outlined herein have already born positive outcomes in access to care, and we look forward to seeing continued improvements in years to come.

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

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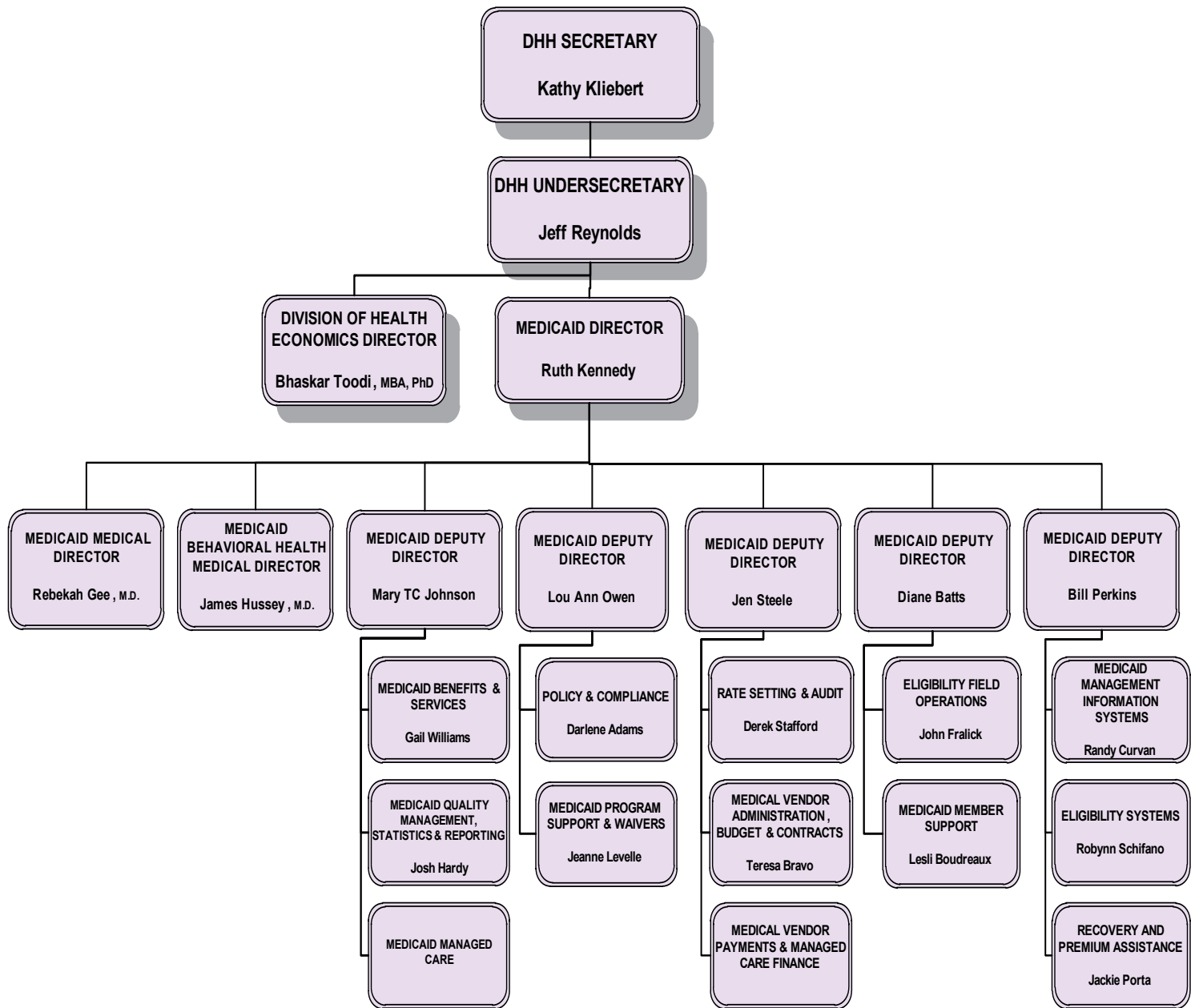
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W. Jeff Reynolds  
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A handwritten signature in cursive script, reading "J. Ruth Kennedy".

J. Ruth Kennedy  
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# 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 regional offices overseeing its state-wide activities (see back cover). In addition, some parishes have BHSF offices (see inside front cover) that can assist in Medicaid applications and information along with numerous application centers throughout Louisiana.

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

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

## Mission Statement

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

## Goals

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

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

*This annual report was produced by  
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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 2012/13

During this State Fiscal Year (SFY) 2012/13, the Louisiana Medicaid Program strengthened its efforts in utilizing initiatives that improve quality and sustainable access to health care for its enrollees. Notably during this SFY, Medicaid continued to strengthen Bayou Health and the Louisiana Behavioral Health Partnership initiatives while making quality modifications. The pharmacy program was also revamped by making changes that would contain the growth rate of expenditures while maintaining the eligibility criteria of the program and efficiency in providing quality services.

## Bayou Health Improvements

Following implementation of Bayou Health in February 2012, DHH continued to make program modifications along with adding new services and populations to better serve the public and the state. In October 2012, changes were made to more quickly enroll Medicaid applicants into a Bayou Health Plan whose eligibility was limited to prenatal, delivery or post-partum services. All new Medicaid enrollees are given at least a 30-day window to select their health plan, after which they are automatically enrolled in a plan if no choice is made. The shift in timing assigns pregnant enrollees immediately to a plan, allowing the health plan to begin working with that member promptly to improve their chances for positive birth outcomes. Enrollees still have the option to change their plan following initial assignment.

DHH also improved coordination between the five Bayou Health Plans and the Louisiana Behavioral Health Partnership contractor, Magellan Health Services of Louisiana, Inc. (Magellan), to better detect and treat behavioral health disorders. The use of referrals, data sharing, and monthly meetings between Magellan and the health plans to discuss members with co-occurring medical and behavioral health disorders has increased co-management and capacity of support for behavioral health treatment in primary care settings.

In November 2012, pharmacy was added as a core benefit to the three Bayou Health Prepaid Plans, Amerigroup, AmeriHealth Caritas Louisiana (formerly known as LaCare) and Louisiana Healthcare Connections. Health plans are not limited to legacy Medicaid's prescription limit for adult members and may cover over-the-counter medications. The health plans assume the responsibility of coordinating enrollees access to pharmacy services, encouraging compliance with medications and driving the use of the most clinically effective drug available. Each health plan has contracts with

an extensive network of pharmacies. Members enrolled in the two Shared Savings Plans continue to receive pharmacy services through the legacy Medicaid fee-for-service program.

LaCHIP V enrollees, also known as LaCHIP Affordable Plan (LAP), were transitioned to Bayou Health on January 1, 2013. A monthly average of about 3,400 children, with a family income between 201% and 250% of the Federal Poverty Level (FPL), were initially excluded from Bayou Health as their benefits were administered by a third party, the Louisiana Office of Group Benefits (OGB). Families in LAP pay a monthly premium of \$50 per household. Families now have access to behavioral health services through the Louisiana Behavioral Health Partnership (LBHP) which was not previously offered through OGB.

## Louisiana Behavioral Health Partnership

With the full implementation of the Louisiana Behavioral Health Partnership (LBHP), DHH made efforts in SFY 2012/13 to ensure that the demand for behavioral health services was met by expanding the network of providers. The Office of Behavioral Health (OBH) and Magellan oversaw the expansion of the network of providers to deliver behavioral health services from approximately 800 to 1,700 providers (based on entry point & each location where a provider offers services). The expansion includes additional provider types such as Licensed Clinical Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Licensed Addiction Counselors, Advanced Practice Registered Nurses and certain other Masters level therapists, with a combined total of about 5,000 service specialties. Additionally, expansion of services includes 24-7 crisis triage by telephone, mobile services, community psychiatric support and treatment, psychosocial rehabilitation, additional evidence-based practices, addiction rehabilitation and case conference services, which are scheduled face-to-face meetings between two or more individuals to discuss the beneficiary's treatment options. Adult inpatient bed capacity has increased by 87% since the LBHP's implementation due to contracts with freestanding psychiatric units. Moreover, in order to meet the demand for more intensive residential psychiatric treatment for youth under 21 years of age, LBHP established 128 new in-state Psychiatric Residential Treatment Facilities (PRTF) beds with 60 more expected to open in the near future.

About one million Medicaid individuals have become enrolled members of Magellan's health plan. In addition to behavioral health services,



these members now have access to information, education, and other benefits. Specific evidence-based practices used include the following:

- Assertive Community Treatment – an intense team approach to providing mental health treatment and support to people who have serious mental illness such as schizophrenia;
- Multi-systemic Therapy – a comprehensive family and community based treatment model for youth with the primary goal of keeping them from being placed in a juvenile correctional facility or other out-of-home placement;
- Functional Family Therapy – a family based treatment model for youth ages 11 to 18 that are at risk for or are already involved in the juvenile justice system;
- Homebuilders – an intense community-based family preservation treatment model to prevent children from being placed outside of their homes.

### Pharmacy Changes

To ensure proper usage of pharmacy services and to maintain costs, Medicaid employed key changes to better manage the program. The pharmacy program started by implementing multiple edits at point-of-sale and new prior authorization processes to encourage proper use and control unnecessary medication expenditures. Quantity limits were set on medications used to treat pain, such as hydrocodone with acetaminophen, morphine, and medications used to treat opioid dependence. Diagnosis codes are now required on prescriptions for growth hormones, and maximum daily dosages were set on sedative hypnotics. Medicaid also developed and implemented criteria to ensure appropriate utilization of palivizumab (Synagis), a medication used to help high-risk infants from developing the respiratory virus, RSV.

In September 2012, Medicaid revised the pharmacy services reimbursement methodology from an Average Wholesale Price (AWP) model to an Average Acquisition Cost (AAC). On September 5, 2012, DHH made adjustments to the pharmacy reimbursement rates to be AAC plus a \$10.13 dispensing fee. After careful analysis, in November 2012 DHH made further adjustments that included the following: a) 10% markup above AAC rate for generic drugs and 1% markup above AAC rate for brand name drugs; b) \$10.51 dispensing fee, based on a factor of consumer price index inflation; c) 5% markup above Wholesale Average Cost (WAC) for certain classes of specialty drugs, which are more expensive and are more complex to stock

and dispense than other mass-market prescription drugs; and d) closely monitor drug-pricing updates that manufacturers make on product and pass along to pharmacists to ensure Medicaid can adjust to the updated pricing quickly and accurately.

### Medicaid Administrative Efficiencies

Advances in technology, such as electronic web-based eligibility case records, have made it possible for Medicaid to transition from the historical “case-based” eligibility processing model to a more efficient “task-based” model. In SFY 2012/13, the Medicaid Eligibility Division created ten field units that each specialize in certain Medicaid programs and/or functions for the entire state. These specialized “Eligibility Centers of Excellence” allow eligibility workers statewide to become experts in specific areas of the Medicaid program policy, resulting in faster application processing and more accurate decisions.

Additionally, the Medicaid Eligibility Section created a Central Appeals Unit to standardize practices and relieve field staff of the burden of handling all eligibility related fair hearing requests. In SFY 2012/13, DHH outsourced this function to the University of New Orleans (UNO). The UNO Appeals Unit attends hearings, reviews cases and creates a summary report, saving the Department both time and money.

### Right Balancing Long Term Supports and Services

The Office of Aging and Adult Services (OAAS) continued to make progress on the goal of expanding and developing additional Home and Community-Based Services (HCBS) as an alternative to institutional care.

Ongoing implementation of the Community Choices Waiver resulted in participants beginning to access services previously not available in OAAS waiver programs, such as skilled maintenance therapies and home-delivered meals.

The first year of the new waiver Quality Assurance System was completed during SFY 2012/13, with OAAS regional office staff conducting monitoring of support coordination. The results of that monitoring, while leaving room for continued improvement, were overall very positive and were submitted to CMS as part of the required waiver review. The feedback from the first year monitoring is being used to make system improvements and to inform technical assistance.

The Money Follows the Person (MFP) demonstration continues to exceed planned benchmarks for the number of individuals transitioning from nursing home

back into community living. From the beginning of the demonstration in 2009 through the end of SFY 2012/13, OAAS had successfully transitioned 508 individuals compared to the benchmark of 452, exceeding the benchmark by 12%. There were also other positive improvements that reflected the rebalancing trends throughout the SFY.

#### **Public-Private Partnership**

DHH participated in a coordinated effort along with other State agencies that resulted in the privatization of operation and management for nine formerly Louisiana State University (LSU) hospitals. This transformation of the public hospital system will improve access to care and services for the Medicaid and uninsured populations throughout Louisiana. The medical safety net in Louisiana will see significant increases in modernization, economies of scale, and throughput. The partnerships have also resulted in a stronger Graduate Medical Education (GME) system.

#### **Supplemental Payments**

During SFY 2012/13, Louisiana Medicaid Program paid \$756.6 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 \$756.6 million supplemental payments paid in SFY 2012/13, \$572.5 million was for the Low Income and Needy Care Collaboration Agreement (LINCCA) program, \$33.4 million was for physicians, \$4.2 million was for ambulance providers, \$101.6 million was for rural hospitals and \$44.9 million was for non-rural hospitals.



# Future of Louisiana Medicaid

The Louisiana Medicaid Program will continue to strive to make improvements in health outcomes and quality of care for its enrollees, while managing costs. In the future, DHH is expected to grow and expand managed care programs through the addition of services, providers and eligibility groups. The shift towards managed care will progress Medicaid's transformation into a more efficient and effective program that results in improved outcomes for Medicaid enrollees as well as for all stakeholders.

## Managed Care

Building on the success of Bayou Health and LBHP, DHH is considering expansion of the populations and services coordinated through a managed care model. In November 2012, DHH made a step toward extending the coordinated care model to Medicaid enrollees utilizing Long Term Services and Supports (LTSS). Through the issuance of a Request for Information (RFI), the state solicited creative, innovative and viable strategies for care delivery through a better organized and integrated managed long term care program. DHH will choose its partners for managed LTSS through a competitive procurement process, beginning with a public release of a Request for Proposals (RFP) this fall.

DHH plans to establish a statewide, risk-bearing prepaid ambulatory health plan to provide dental services to Medicaid and LaCHIP recipients starting in July 2014. The plan will be administered by a Dental Benefit Plan Manager (DBPM), which will be a sole source risk-bearing entity, responsible for adequate coordination and delivery of dental services.

## Bayou Health

Recognizing the important role Bayou Health Plans play in improving health outcomes through quality measurement and care management, the Department plans to re-procure these services this summer. The current contracts will expire on January 31, 2015. The new procurement will utilize the "Bayou Health" branding, but will refer to the Coordinated Care Networks (CCNs) as Medicaid Managed Care Organizations (MCOs). Unlike the current contract, the next procurement will be statewide, eliminating geographic service areas (GSAs) which were necessary during the phase-in implementation of managed care. Other changes will include coverage for hospice services, increased coordination with the Louisiana Behavioral Health Partnership, and more Medicaid populations added to managed care. The new contracts are scheduled to begin February 1, 2015.

## Louisiana Behavioral Health Partnership

In SFY 2013/14, Magellan enters its third contract year as the Statewide Management Organization (SMO) of LBHP. Going forward, the LBHP will continue to emphasize network expansion and enhanced service provision to Louisiana's non-Coordinated System of Care (CSoC) children and youth in need of behavioral health care. The third contract year will also see statewide implementation of CSoC in the four remaining Act 1225 regions, 3, 4, 5 and 6 (comparable to Medicaid regions of 3, 4, 5 and 9). This will provide access to the coordination function conducted by the Wraparound Agencies and the five specialized services consisting of parent support and training, youth support and training, independent living/skills building, and crisis stabilization. Additionally, a contract amendment added the administration of the Permanent Supportive Housing (PSH) program in the Gulf Opportunity (GO) Zone to Magellan's managed care function within the LBHP. The goal for Magellan is to enable the program to become sustainable by leveraging Medicaid reimbursement for the supportive services and streamlining the housing and supports processing. Magellan receives and screens the PSH applications to ensure they qualify for and meet the eligibility requirements. The Magellan PSH team is working with various state agencies, disability groups and organizations to identify people who qualify and benefit from this program and its services. Additionally, Magellan provides tenant services management to assist the landlords in understanding the unique needs of this population.

After renewal for a third contract year is confirmed, the SMO contract is scheduled to expire on February 28, 2015. To ensure continuity of services within the LBHP, OBH is currently working within state guidelines to develop the new Request for Proposal (RFP) for the next contract cycle of the SMO. An intended goal for future years will be to expand the peer support model for the adult population, which is administered through the Recovery and Resiliency Care Management Program, to be similar to the wraparound services currently available to children enrolled in CSoC. The new SMO contract is scheduled to begin on March 1, 2015.

## Applied Behavioral Analysis

Medicaid was court ordered in a pending lawsuit, *Chisholm v. Kliebert*, to offer Applied Behavioral Analysis (ABA) services to *Chisholm* class members less than 21 years of age who have a diagnosis of Autism Spectrum Disorder (ASD) and who meet medical necessity criteria. Starting in SFY 2013/14, these services are only rendered



through the Children's Choice Waiver. The Medicaid program is expanding ABA services to all eligible Medicaid enrollees under 21 years of age who meet medical necessity criteria. Implementation of ABA services under a Medicaid State Plan will begin once approval from CMS has been obtained.

### Transparency

A core component of reorganizing Louisiana Medicaid's acute care delivery system through Bayou Health was an expansion in the state's capacity to monitor, in a transparent manner, system performance and health outcomes. Throughout 2012, DHH endeavored to provide updated progress on Bayou Health through the posting of monthly and quarterly reporting on a number of health plan metrics and deliverables including prompt payments, denied claims and emergency room utilization rates, as well as enrollment numbers. The Bayou Health response to Act 212 of the 2013 Legislative Session adds another layer of transparency, creating an annual tool for performance reporting on specific health plan criteria, in many cases when compared to pre-Bayou Health Medicaid data.

Additionally, Medicaid has created a public home for all State Plan Amendments for both Title 19 and Title 21 revisions. The new Medicaid Policy site will track amendments in a timely manner, with 24-hour turnaround posting of all amendment requests and supporting documentation.

### Medicaid Eligibility Changes

With the implementation of the Affordable Care Act on January 1, 2014, states are required to communicate electronically with the Federally

Facilitated Marketplace (FFM) and to assess eligibility based upon Modified Adjusted Gross Income (MAGI) rules. The new MAGI methodology will significantly change the Medicaid eligibility determination process for children, pregnant women, parents and caretaker relatives.

### Improved Health Outcomes

As ever, the goal of Louisiana Medicaid and DHH as a whole is the improvement of health outcomes for Louisiana residents. Numerous planned program enhancements, reporting measures and collaboration with other offices will provide the road map for DHH's overall health improvements. Addressing health disparities across demographic lines is a key focus for Medicaid in the improvement of health outcomes.

In December 2012, the Centers for Medicare and Medicaid Services (CMS) awarded Louisiana a \$2 million grant to measure and improve the quality of care in the adult Medicaid population. The Adult Medicaid Quality Program will include at least two quality improvement projects focused on elective delivery and care transitions, such as postnatal visits.

In early summer 2014, DHH will have its first HEDIS measures reported for each of the five Bayou Health Plans. These reports, which will determine the level of reimbursement to each health plan, will help to sync managed care efforts with the Department's goals to increase access to care, improve outcomes and reduce disparity in health care.



# 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 who are not taking advantage of beneficial and potentially cost-saving preventive medical services. Knowing these measures offers an opportunity for the Department and health plans to help educate enrollees about 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>. The first year of Bayou Health implementation is not reflected in the following data.

## 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, 28.7%, 26.5% and 15.3% of children were immunized for Combination 2 for the years 2009, 2010 and 2011 respectively, while those immunized for Combination 3 accounted for 25.3%, 24.4% and 14.0% for the corresponding years. The 2011 national Medicaid percentage of children immunized for Combination 2 was 74.5%, while for Combination 3 it was 70.6%<sup>i</sup>.

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

This measure reports the number of continuously enrolled Louisiana Medicaid children between one and 15 months old that had zero to six or more well-child visits with a Primary Care Physician (PCP) through their first 15 months of life. These visits help the PCP to monitor and detect physical, developmental, social and emotional changes, as well as offer counseling on immunizations. The American Academy of Pediatrics (AAP) recommends six well-child visits in the first year of life<sup>ii</sup>. Louisiana Medicaid had 57.0% of infants receiving 6+ well-child visits within the first 15 months of life in 2010, while in 2011 the state had 56.8%, which is a slight decrease. The 2011 national Medicaid percentage was 61.8%<sup>i</sup>.

## 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 program<sup>ii</sup>. Louisiana had 65.4%, 65.9% and 65.0% of Medicaid children between three to six years of age visiting a PCP in 2009, 2010 and 2011 respectively. Louisiana ranks fairly close to the 2011 national Medicaid percentage of 72.0%<sup>i</sup>.

## Adolescent Well-Care Visits

This measure assesses the percentage of continuously enrolled Louisiana Medicaid adolescents between 12 to 21 years of age who had a minimum of one comprehensive well-care visit within the measurement year. Adolescent well-care visits help physicians to offer needed/required treatment and counseling<sup>ii</sup>. In Louisiana Medicaid, well-care visits increased by 0.8 percentage points, from 39.2% in 2010 to 40.0% in 2011. Compared to previous years, this is an improvement because well-care visits actually decreased 0.9 percentage

<sup>i</sup> National Committee for Quality Assurance. Improving Quality and Patient Experience. The State of Health Care Quality 2013. HMO Medicaid. Retrieved from [http://www.ncqa.org/Portals/0/Newsroom/SOHC/2013/SOHC-web\\_version\\_report.pdf](http://www.ncqa.org/Portals/0/Newsroom/SOHC/2013/SOHC-web_version_report.pdf).

<sup>ii</sup> National Quality Measures Clearinghouse. National Committee for Quality Assurance. (2013). HEDIS® 2013: Healthcare Effectiveness Data and Information. Retrieved from <http://www.qualitymeasures.ahrq.gov/index.aspx>.

points from 2009 to 2010. Also, Louisiana's percentage is slowly approaching the national Medicaid percentage of 49.7% in 2011<sup>i</sup>.

### 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 2009, 2010 and 2011 respectively, 89.8%, 88.4% and 87.9% 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 96.8%, 96.8% and 97.1%. The 2011 national Medicaid percentage is very similar to Louisiana's 2011 Medicaid percentage for children ages two to six years old at 88.2% and for infants at 96.1%<sup>i</sup>.

### 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 children<sup>ii</sup>. For the years 2009, 2010 and 2011, the percentage of Louisiana Medicaid children who had a lead screening was respectively 74.9%, 76.6% and 77.6%. Louisiana's percentage outranked the 2011 national Medicaid percentage of 67.8%<sup>i</sup>.

### 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 risk<sup>iii</sup>. In Louisiana Medicaid, mammogram screenings decreased by 0.9 percentage points from 43.1% in 2010 to 42.2% in 2011. The 2011 national Medicaid percentage was 50.4%<sup>i</sup>.

### 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 treatment<sup>iii</sup>. In Louisiana Medicaid, pap tests have increased steadily. Respectively, 59.0%, 60.0% and 61.4% of the Medicaid eligible population received pap tests in 2009, 2010 and 2011. The 2011 national Medicaid percentage was 66.7%<sup>i</sup>.

### Use of Appropriate Medications for People with Asthma

This measure calculates the percentage of continuously enrolled Louisiana Medicaid enrollees between the ages of five and 50 who have persistent asthma and were appropriately prescribed medications for long-term asthma control during the measurement year. Correct medication has long term benefits for quality of lung function, and helps reduce asthma exacerbation which could become life threatening<sup>iii</sup>. In 2011, 88.3% of Louisiana Medicaid enrollees with persistent asthma health problems received long-term asthma control medications, which is above the 2011 national Medicaid percentage of 85.0%<sup>i</sup>.

### 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 treatment<sup>iii</sup>. Encouraging Louisiana Medicaid adults to take the necessary screenings is important in possibly reducing future costs associated with diabetes complications in addition to increasing the quality of life. The number of Louisiana Medicaid enrolled adults that had a Hemoglobin A1c screening in 2009, 2010 and 2011 for diabetes were respectively 66.1%, 68.8% and 70.2%. The corresponding national Medicaid percentages for the same years were 80.6%, 82.0% and 82.5%<sup>i</sup>.

<sup>i</sup> National Committee for Quality Assurance. Improving Quality and Patient Experience. The State of Health Care Quality 2013. HMO Medicaid. Retrieved from [http://www.ncqa.org/Portals/0/Newsroom/SOHC/2013/SOHC-web\\_version\\_report.pdf](http://www.ncqa.org/Portals/0/Newsroom/SOHC/2013/SOHC-web_version_report.pdf).

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

<sup>iii</sup> National Quality Measures Clearinghouse. National Committee for Quality Assurance. (2013). HEDIS® 2013: Healthcare Effectiveness Data and Information. Retrieved from <http://www.qualitymeasures.ahrq.gov/index.aspx>.



## **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 years who had a screening performed during the measurement year. High blood cholesterol levels increases the chances of having a heart

attack, so screenings are helpful with detection, prevention and medication<sup>i</sup>. From 2008 to 2010, the number of Louisiana Medicaid enrollees having cardiovascular screenings was on the decrease. In 2011, it finally increased to 73.2% which is an increase of 3.1 percentage points from 70.1% in 2010. The corresponding national Medicaid percentage was 82.0% in 2011<sup>ii</sup>.

## **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. The information presented in this report is based 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 any specific individual. 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 Medicare 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 (MDW) which are specifically derived for this Annual Report according to the criteria specified in this technical note. The Medicaid MDW 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 complete perspective of enrollees, recipients and payments, all Medicare Buy-ins and Part-D duals data is included in enrollee, recipient and payment counts in reports from SFY 2007/08 forward.

SFY 2012/13 enrollees, recipients and payments data includes LaCHIP Affordable Plan (LAP) and Greater New Orleans Community Health Connection (GNOCHC). Reports prior to SFY 2012/13 do not include these two programs due to their data/information not being captured in the regular Medicaid claims processing system. Since LAP claims were managed by a third party administrator, Office of Group Benefits (OGB), prior to January 2013, SFY 2012/13 recipient counts are underestimated along with payments in the amount of about \$3,858,466.

With respect to Bayou Health, MDW claims payments show about \$52.6 million higher than ISIS expenditures given that some of June 2013 payments were actually paid and reported in ISIS in July 2013.

### **Payment Adjustments**

SFY 2012/13 payment amounts for some private providers appear higher than normal trends due to about one week of payments that would have normally been paid in June 2012 being paid in July 2012.

<sup>i</sup> National Quality Measures Clearinghouse. National Committee for Quality Assurance. (2013). HEDIS® 2013: Healthcare Effectiveness Data and Information. Retrieved from <http://www.qualitymeasures.ahrq.gov/index.aspx>.

<sup>ii</sup> National Committee for Quality Assurance. Improving Quality and Patient Experience. The State of Health Care Quality 2013. HMO Medicaid. Retrieved from [http://www.ncqa.org/Portals/0/Newsroom/SOHC/2013/SOHC-web\\_version\\_report.pdf](http://www.ncqa.org/Portals/0/Newsroom/SOHC/2013/SOHC-web_version_report.pdf).

# Year in Review

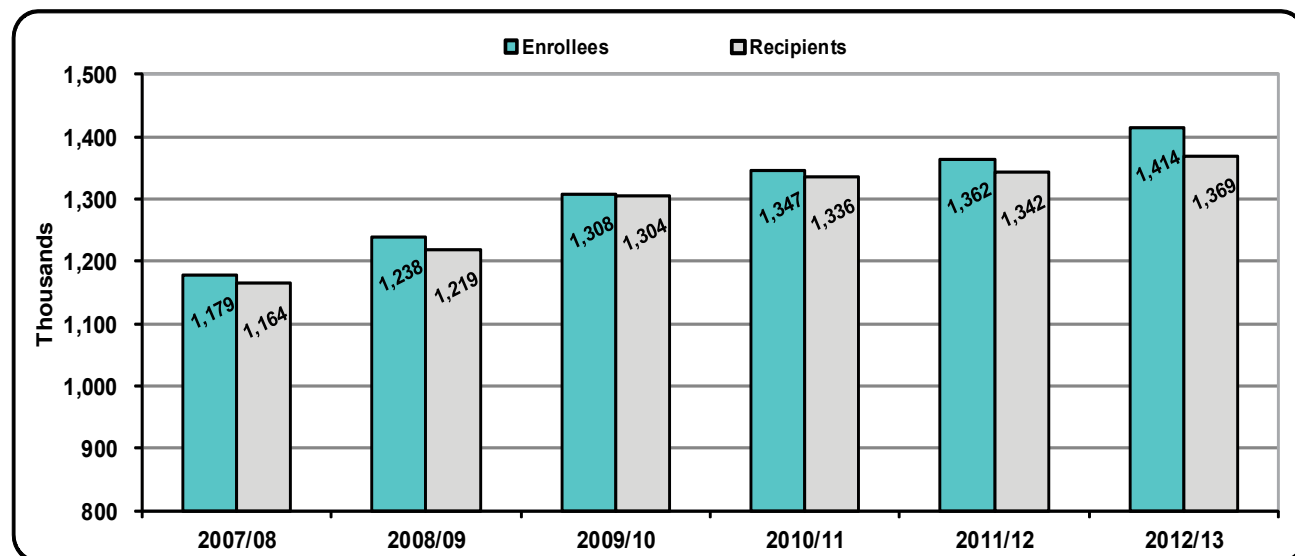
## Enrollees and Recipients

During SFY 2012/13, 1,414,370 people, about 31% of Louisiana's population<sup>i</sup> of 4,601,893, were enrolled and payments were made on behalf of 1,369,189 recipients in the Medicaid program (Figure 1). Given the inclusion of GNOCHC and LAP programs in SFY 2012/13 data, from a historical perspective enrollees exhibit to have increased by about 3.8% from the previous SFY while recipients' increased by about 2.0%. For comparative purposes, excluding GNOCHC and LAP from SFY 2012/13 data, enrollees grew by only 0.67% from SFY 2011/12 while recipients actually decreased by 0.03%.

## Payments

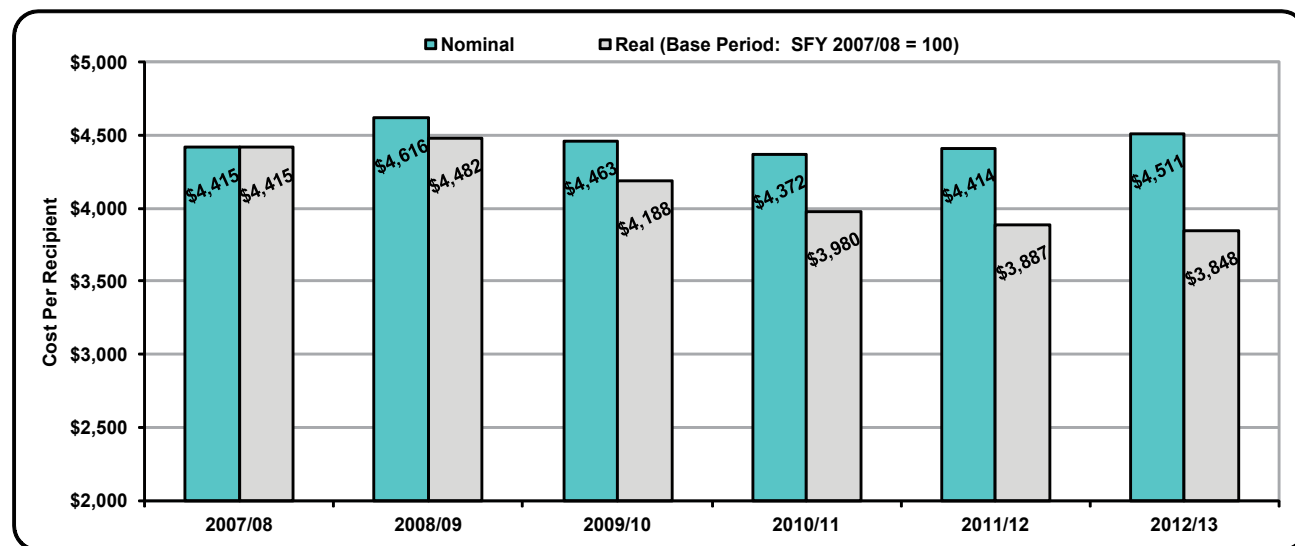
During SFY 2012/13, over \$6.2 billion payments were made on behalf of about 1.4 million Medicaid recipients, averaging about \$4,511 per recipient<sup>ii</sup>, which is about 2.2% greater than the previous SFY (Figure 2) as well as in comparison to SFY 2007/08. Real average overall annual payment per recipient (adjusted for inflation with SFY 2007/08 as base period) was about \$3,848 for SFY 2012/13, which is a 1.0% decrease from SFY 2011/12 and a 12.8% decrease compared to SFY 2007/08.

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



SFY 2012/13 enrollee and recipient counts include LAP and GNOCHC, whereas previous years do not. Refer to technical note on page 13 for a detailed explanation.

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



Average annual real cost per recipient is calculated based on Consumer Price Index (CPI). CPI source: Bureau of Labor Statistics. (2013). Consumer Price Index – All Urban Consumers – U.S. Medical Care, Series ID: CUUR0000SAM. Retrieved from <http://data.bls.gov/cgi-bin/surveymost?cu>.

<sup>i</sup> U.S. Census Bureau, Population Division. (March 2013). Annual Estimates of the Resident Population for Counties of Louisiana: April 1, 2010 to July 1, 2012. Retrieved from <http://www.census.gov/popest/data/counties/totals/2012/index.html>.

<sup>ii</sup> Simple average, not a weighted average.

# Medicaid Finances

## Means of Finance

Medicaid is a means-tested, open-ended entitlement public assistance program established in 1965 by Title XIX of the Social Security Act, often referred to as "Title XIX". Being an entitlement program, the federal and state governments cannot limit the number of eligible people who meet the established criteria and enroll into the various eligibility categories in Medicaid.

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 (PCPI) in relation to the national average. During SFY 2012/13, Louisiana's regular blended FMAP was 61.20%. However, due to hurricanes/ disasters, the effective enhanced disaster FMAP for July 2012 to September 2012 was 69.78%, while October 2012 to June 2013 was 65.51% causing the states blended FMAP to be 66.58%. 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 enhanced FMAP of 72.84% during SFY 2012/13.

## Financial Factors

Being an entitlement program, Medicaid enrollment numbers and corresponding expenditures are impacted by economic and demographic (age, gender, etc.) factors. Examining these factors can help project future enrollment and financial characteristics of the Medicaid population.

The percentage of population living under poverty, defined by the Federal Poverty Guidelines (FPG), influences the level of state population reliant on Medicaid program services. Based on the Current Population Survey's 2011-2012 average, 21.1% of the Louisiana population was considered living under 100% of the FPG, while 40.9% were living below 200% of the FPG (Table 1). These percentages compare to 15.0% and 34.3% respectively, for the U.S. population, which categorizes Louisiana as a low income state. In comparison to the 2010-2011 poverty averages, Louisiana's percentages decreased from 21.4% and 41.7% respectively. About 31% of Louisiana's population was enrolled in Medicaid during SFY 2012/13.

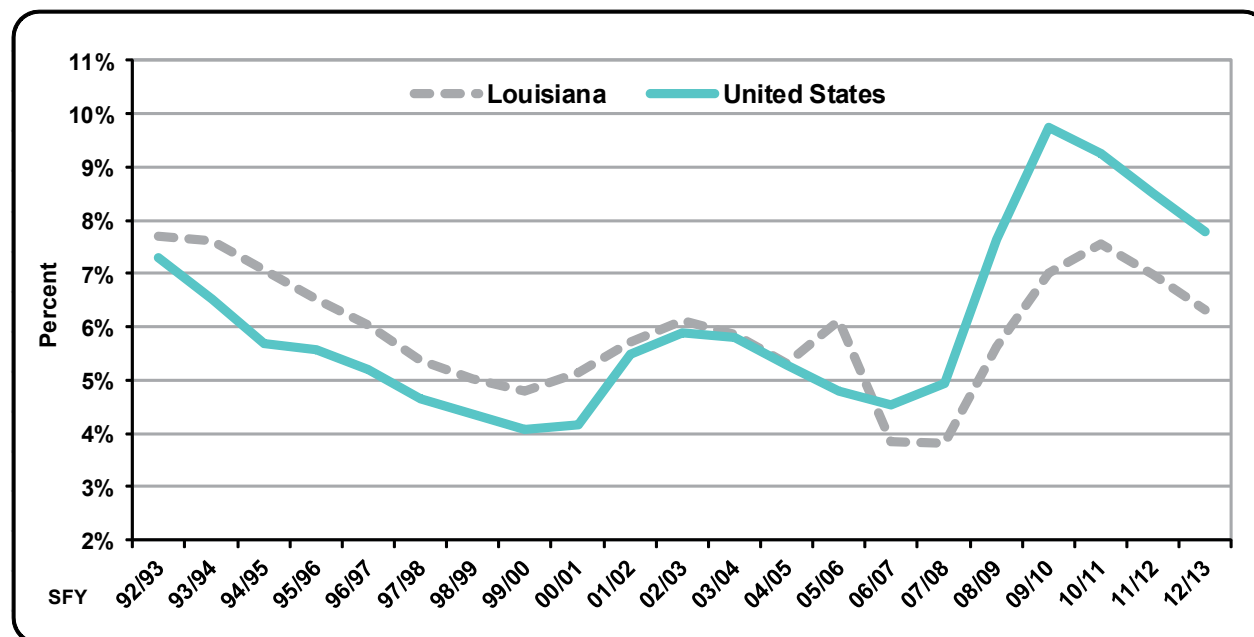
In addition to poverty rates, unemployment rates are also a major factor in state population reliant on Medicaid programs. Since Medicaid serves mostly low-income individuals, an increase in unemployment could result in more people being eligible for Medicaid. Figure 3 shows average unemployment rates in Louisiana compared to the U.S. average over time. After tracking above the national average for two decades, the Louisiana rate started tracking more closely to the national average in SFY 2001/02 and finally dipped below the national rate in SFY 2006/07. This dip below the U.S. average unemployment rate could be attributed to Hurricanes Katrina and Rita bringing rebuilding jobs to Louisiana. For SFY 2012/13, Louisiana's average unemployment rate was 6.3%, which was less than the national average unemployment rate of 7.8%. Overall, in SFY 2012/13 Louisiana's average unemployment rate decreased compared to the previous SFY most likely due to some improvement in the economy, similar to the national economy.

**Table 1: Population Poverty Status for All Income Levels, Average of Calendar Years 2011 and 2012**

Poverty Level	Louisiana	United States
≤ 100% of Poverty	21.10%	15.00%
101% to 125% of Poverty	5.40%	4.75%
126% to 135% of Poverty	2.65%	2.15%
136% to 150% of Poverty	2.70%	2.80%
151% to 185% of Poverty	5.90%	6.85%
186% to 200% of Poverty	3.15%	2.75%
<b>Total ≤ 200% of Poverty</b>	<b>40.90%</b>	<b>34.30%</b>
<b>Remainder of Population</b>	<b>59.10%</b>	<b>65.70%</b>

U.S. Census Bureau. (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/toc.htm> and (2013) Current Population Survey: 2013 Annual Social and Economic Supplement, POV46 – Poverty Status by State: 2012. Retrieved from <http://www.census.gov/hhes/www/cpstables/032013/pov/toc.htm>.

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



U.S. Department of Labor, Bureau of Labor Statistics. (2013). 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 2030<sup>i</sup>. LSU projected that Louisiana's population will increase on average about 3% every five years. In addition to the increase in population, the population age mix is predicted to change greatly. The percentage growth of the 65+ age group is projected to increase while the other age groups' are projected to decrease. As the 65+ age group continues to increase over the years, there could be a greater demand for Medicaid due to the increased need for health care services. Also, many of the services required by the 65+ age group are more expensive than that of other age groups, leading to increased Medicaid expenses in the future.

The 2013 Louisiana's Uninsured Population Report conducted by the LSU Public Policy Research Lab<sup>ii</sup> for the Department of Health and Hospitals showed that 4.4% of Louisiana children (under the age of 19) and 22.0% of non-elderly (age 19 to 64) adults were uninsured in 2013. For children under the age of 19, this rate represented an increase from the 3.5% rate in 2011 and was a decrease in coverage for more than 9,900 children. For the adults age 19 to 64, the uninsured rate represented a decrease from the 2011 estimate of 22.7%, which was an increase in coverage for more than 11,900 adults.

## Medicaid Expenditures

As explained earlier, the Medicaid program 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 \$7.1 billion total MVP expenditures, the effective overall state match rate came to be about 30.71% while federal match rate came to be about 69.29% for SFY 2012/13.

SFY 2012/13 Medicaid MVP expenditures by state appropriation are presented in Table 3. Private provider program accounts for about 59.59% of total Medicaid MVP expenditures. Public provider program represents 6.21%, buy-ins and supplements program represents 27.66%, and UCC accounts for 6.54% of MVP expenditures.

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

<sup>ii</sup> Barnes, Stephen, Kirby Goidel, and Dek Terrell. (2013). Louisiana's Uninsured Population: A Report from the 2013 Louisiana Health Insurance Survey. (November 2013). Retrieved from <http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/1586>.

Table 4 presents the MVA expenditures. During SFY 2012/13, total Medicaid MVP expenditures were about \$7.1 billion for health care services delivery. To administer this \$7.1 billion MVP, about \$220 million

was spent on MVA. This means that about 97 cents of every Medicaid dollar, considering MVP and MVA, went directly to the delivery of health care services.

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

Financing Category	2010/11		2011/12		2012/13	
	Expenditures (\$)	Percent	Expenditures (\$)	Percent	Expenditures (\$)	Percent
State General Fund	\$583,143,501	8.56%	\$1,335,319,929	20.13%	\$1,424,860,360	20.03%
Other Finance	1,023,666,276	15.02%	595,362,800	8.97%	759,560,138	10.68%
Total State Match	1,606,809,777	23.58%	1,930,682,729	29.10%	2,184,420,498	30.71%
Federal Funds	5,208,595,522	76.42%	4,703,030,529	70.90%	4,928,921,444	69.29%
Total	\$6,815,405,299	100.00%	\$6,633,713,258	100.00%	\$7,113,341,942	100.00%

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

Program	2010/11		2011/12		2012/13	
	Expenditures (\$)	Percent	Expenditures (\$)	Percent	Expenditures (\$)	Percent
Private Providers	\$4,933,938,113	72.39%	\$4,484,850,415	67.61%	\$4,238,824,147	59.59%
Public Providers	841,689,084	12.35%	726,790,470	10.96%	441,694,864	6.21%
Buy-Ins/Supplements	348,842,276	5.12%	757,510,816	11.42%	1,967,657,802	27.66%
Uncompensated Care	690,935,826	10.14%	664,561,556	10.02%	465,165,129	6.54%
Total	\$6,815,405,299	100.00%	\$6,633,713,258	100.00%	\$7,113,341,942	100.00%

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

Financing Category	2010/11		2011/12		2012/13	
	Expenditures (\$)	Percent	Expenditures (\$)	Percent	Expenditures (\$)	Percent
State General Fund	\$74,968,762	33.76%	\$77,063,236	31.36%	\$83,688,259	38.10%
Other Finance	6,051,736	2.73%	11,023,397	4.49%	3,369,360	1.53%
Total State Match	81,020,498	36.49%	88,086,633	35.84%	87,057,619	39.64%
Federal Funds	141,034,250	63.51%	157,660,521	64.16%	132,576,469	60.36%
Total	\$222,054,748	100.00%	\$245,747,154	100.00%	\$219,634,088	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 to other agencies/entities for Medicaid enrollee's health care coverage and/or coordination. It also

includes reimbursement for claims paid by another entity on behalf of Medicaid recipients as well as 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 reimbursement 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			B: Public Providers		
		Expenditures (\$)			Expenditures (\$)
A_01	Adult Dentures	\$3,810,123	B_01	LSU - HCSD	\$92,637,354
A_02	Ambulatory Surgical Clinics	2,719,619	B_02	LSU - EA Conway	70,673,371
A_03	Case Management Services	18,630,798	B_03	LSU - Huey P. Long	4,476,953
A_04	Durable Medical Equipment	16,888,289	B_04	LSUMC - Shreveport	64,639,117
A_05	EPSDT (Screening and Early Diagnosis)	205,763,314	B_05	DHH - State DD Facilities	144,506,886
A_06	Early Steps	8,353,136	B_06	DHH - State Nursing Homes	17,305,611
A_07	Family Planning	14,439,969	B_07	DHH - Office of Public Health	5,398,702
A_08	Federally Qualified Health Centers	18,461,886	B_08	DHH - Community Mental Health	6,403
A_09	Hemodialysis Services	22,656,236	B_09	DHH - Psychiatric Free Standing Units	220,625
A_10	Home Health Services	33,355,970	B_10	DHH - Local Governance Entities	131,263
A_11	Hospice Services	60,813,232	B_11	State - Education	17,626,873
A_12	Hospital - Inpatient Services	423,866,934	B_12	Local Education Agencies for SBH Services	24,071,708
A_13	Hospital - Outpatient Services	181,021,152	<b>Total Public Providers</b>		<b>\$441,694,864</b>
A_14	ICF-DD Community Homes	247,400,299			
A_15	Laboratory and X-Ray Services	51,058,101	<b>C: Buy-Ins and Supplements</b>		
A_16	LT - PCS	227,137,428	C_01	Medicare Premiums & Supplements	\$270,817,680
A_17	Mental Health - Inpatient Services	3,753,139	C_02	Part-D Clawback	105,101,793
A_18	Nursing Homes	839,758,337	C_03	LaCHIP V Buy-In	4,366,087
A_19	PACE	10,512,583	C_04	HIT - Electronic Health Records	54,357,618
A_20	Pharmaceutical Products and Services	189,162,220	C_05	Bayou Health	1,259,191,143
A_21	Physician Services	239,287,182	C_06	Louisiana Behavioral Health Partnership	273,823,482
A_22	Rural Health Clinics	29,660,331	<b>Total Buy-Ins and Supplements</b>		<b>\$1,967,657,802</b>
A_23	Transportation: Emergency-Ambu	21,593,054			
A_24	Transportation: Non-Emergency-Ambu	10,776,957	<b>D: Uncompensated Care Costs</b>		
A_25	Transportation: Non-Emergency-Non-Ambu	7,668,327	D_01	LSU - HCSD	\$216,021,693
A_26	Waiver: Adult Day Health Care	9,120,507	D_02	LSU - EA Conway	6,213,676
A_27	Waiver: Children's Choice	14,388,247	D_03	LSU - Huey P. Long	15,573,285
A_28	Waiver: Community Choices/EDA	112,854,146	D_04	LSUMC - Shreveport	121,238,264
A_29	Waiver: Family Planning	13,749,201	D_05	DHH - Psychiatric Free Standing Units	50,493,391
A_30	Waiver: NOW DD-Community Services	425,977,996	D_06	DHH - Villa Feliciana	0
A_31	Waiver: Residential Options	645,939	D_07	Private Hospitals	22,115,384
A_32	Waiver: Supports	13,006,081	D_08	GNOCHC - 1115 Waiver	33,509,436
A_33	Other Private Providers	3,969,128	<b>Total Uncompensated Care Costs</b>		<b>\$465,165,129</b>
A_34	Supplemental Payments	756,564,286			
<b>Total Private Providers</b>		<b>\$4,238,824,147</b>	<b>Grand Total Medical Vendor Program</b>		<b>\$7,113,341,942</b>

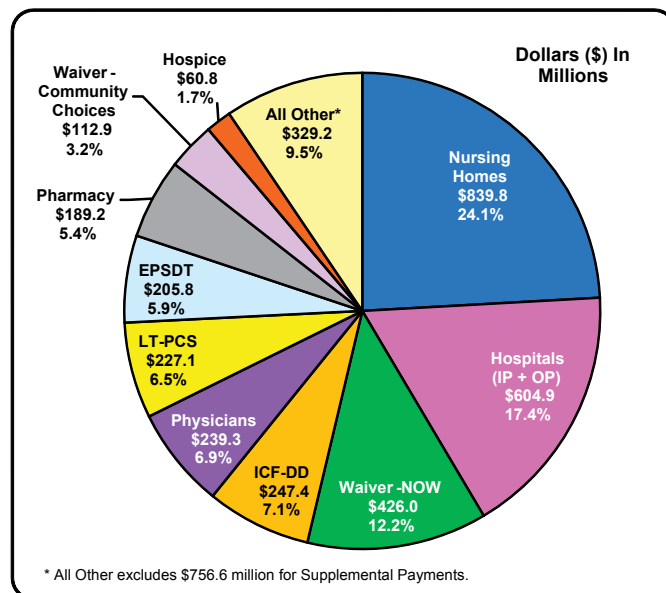


## Private Providers

Figure 4 presents the top ten private provider programs by Medicaid expenditures excluding supplemental payments. The top four provider programs, nursing homes, hospital services (inpatient and outpatient), New Opportunities Waiver and ICF-DD, together account for about 60.8% of the private provider expenditures. The top ten private provider programs account for about 90.5% 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 and early intervention services providers. The Louisiana screening component of EPSDT provides a framework for routine health, mental health and developmental screening of children from birth to age 21 as well as evaluation and treatment for illness, conditions or disabilities.

**Figure 4: Top Ten Private Provider Programs by Expenditures**



**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) 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. Nursing Homes:** Facilities that provide professional nursing and rehabilitation services on a 24-hours-a-day basis.

**A\_19. 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\_20. Pharmaceutical Products and Services:** Prescription services for prescriptions issued by a licensed physician, podiatrist, certified nurse practitioner or dentist.

**A\_21. 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\_22. Rural Health Clinics:** Provides physician or professional services and designated services and supplies incident to the physician or other professional services. Rural health clinics must meet federal requirements of the U.S. DHHS prior to Medicaid enrollment.

**A\_23. 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\_24. 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\_25. Transportation Non-Emergency – Non-Ambulance:** Transportation to and from routine medical appointments.

**A\_26. Waiver<sup>1</sup> – Adult Day Health Care (ADHC):** Provides supervised care, through health and social services, to adults with disabilities or elders in a licensed day care facility, during part of the day.

**A\_27. Waiver – Children’s Choice (CC):** Provides supplemental support to children with developmental disabilities in their homes. Includes support coordination, center-based respite, environmental accessibility adaptations, and family training and family support.

**A\_28. 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\_29. 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\_30. Waiver – New Opportunities (NOW) Developmentally Disabled – Community Services:** Provides home and community-based care services to individuals, age 3 and older, with developmental disabilities as an alternative to institutional care. Includes individual/family support, center-based respite, community integration and development, environmental accessibility adaptations, specialized medical equipment and supplies, and others.

**A\_31. 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 institutional care. Includes support coordination, community living supports, companion care, host home, shared living, transitional services and others.

**A\_32. Waiver – Supports (SW):** Provides focused, individualized vocational services to individuals age 18 and older as an alternative to institutional care. Includes support coordination, day habilitation, prevocational services, respite, habilitation and personal emergency response system.

**A\_33. 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\_34. 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)**

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

**B\_05. DHH – State Developmentally Disabled**

**(DD) Facilities:** State DD facilities, includes Special School District #1.

**B\_06. DHH – State Nursing Home:** Villa Feliciana Medical Complex.

**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 and Supplements**

**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:** Referred to as LaCHIP Affordable Plan (LAP), Medicaid provides

payments to the Louisiana Office of Group Benefits (OGB) for the claims paid on behalf of LAP recipients. It also includes LAP recipients' dental claims payments. During the SFY this program transitioned to Bayou Health.

**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:** Louisiana Medicaid state plan core benefits and services provided through Medicaid managed care program including three Prepaid Health Plans and two Shared Savings Health Plans.

**C\_06. Louisiana Behavioral Health Partnership (LBHP):** Specialized behavioral health services provided through a system of care managed by Magellan Health Services for adults and children.

**Uncompensated Care Costs**

The following hospitals receive UCC payments:

**D\_01. LSU – HCSD:** Health Care Services Division (For included hospitals refer to 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. This report provides an overview of Louisiana Medicaid eligibility. For further details about the Louisiana Medicaid Program please visit our website at [www.medicaid.dhh.louisiana.gov](http://www.medicaid.dhh.louisiana.gov). The Medicaid Eligibility Manual is available online at <http://bhsfweb.dhh.la.gov/onlinemanualspublic/>. Information is also available when calling the toll-free line at 1-888-342-6207 or 1-877-252-2447.

## Eligibility Requirements and the Enrollment Process

Medicaid is an entitlement program that pays for health care on behalf of those who meet the established criteria and are enrolled. 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 local offices is listed in the inside front cover of this report 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 2013 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 \$23,550 annually (\$1,963 per month) and at 200% of FPG if the household income was \$47,100 annually (\$3,925 per month).

Figure 5 summarizes income requirements for many of the Medicaid programs. The major qualifying categories are listed along the bottom of the chart. Along the left axis of the chart is income as a percentage of the FPG. As shown in the eligibility chart, maximum income levels for different groupings of eligibility, such as age, disability and parental status, allow access to the Medicaid program depending upon the group 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.

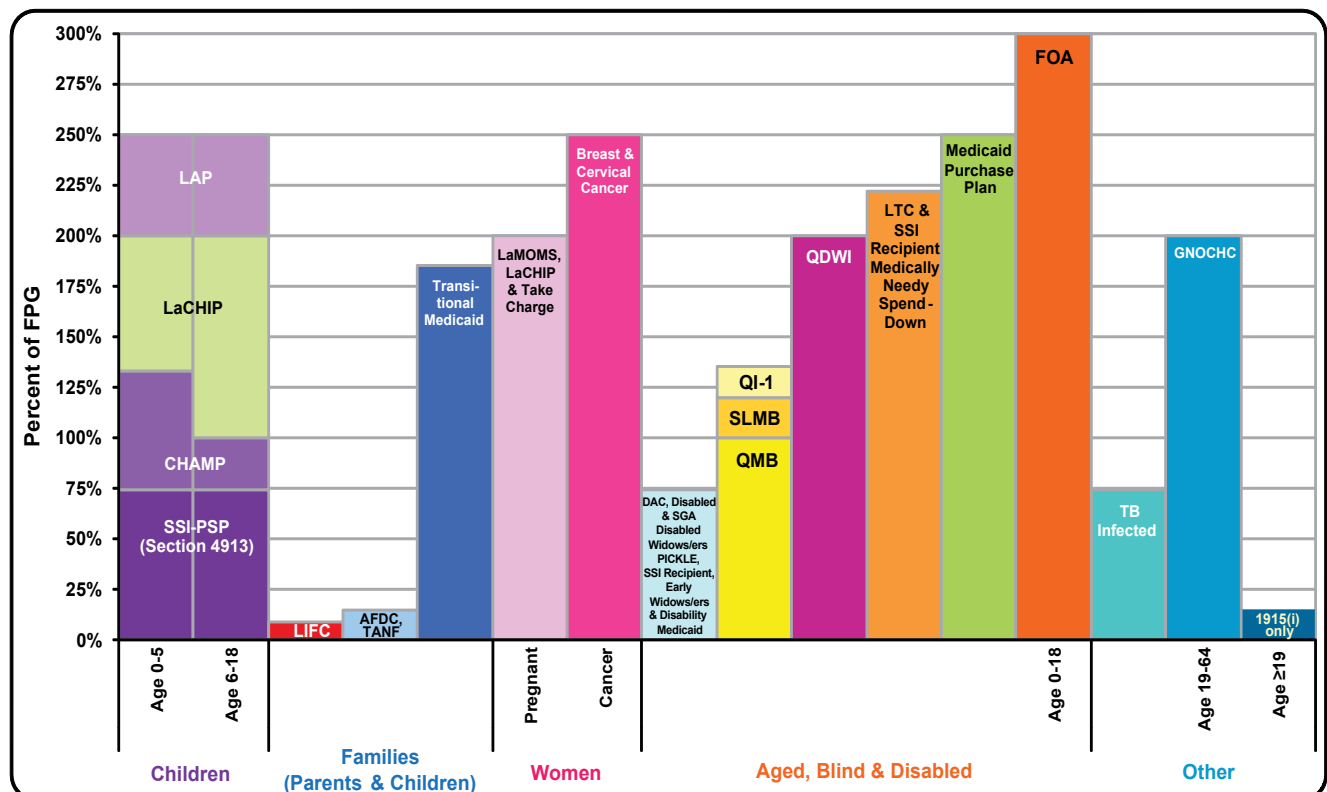
**Table 6: 2013 Federal Poverty Guidelines for All States (Except Alaska and Hawaii)**

Family Size	Annual and Monthly Income in Dollars <sup>1</sup>										
		75%	100%	120%	133%	135%	150%	185%	200%	250%	300%
1	Annual	\$8,618	\$11,490	\$13,788	\$15,292	\$15,512	\$17,235	\$21,257	\$22,980	\$28,725	\$34,470
	Monthly	\$718	\$958	\$1,149	\$1,273	\$1,293	\$1,436	\$1,771	\$1,915	\$2,394	\$2,873
2	Annual	11,633	15,510	18,612	20,628	20,939	23,265	28,694	31,020	38,775	46,530
	Monthly	969	1,293	1,551	1,719	1,745	1,939	2,391	2,585	3,231	3,878
3	Annual	14,648	19,530	23,436	25,975	26,366	29,295	36,131	39,060	48,825	58,590
	Monthly	1,221	1,628	1,953	2,165	2,197	2,441	3,011	3,255	4,069	4,883
4	Annual	17,663	23,550	28,260	31,322	31,793	35,325	43,568	47,100	58,875	70,650
	Monthly	1,472	1,963	2,355	2,610	2,649	2,944	3,631	3,925	4,906	5,888
5	Annual	20,678	27,570	33,084	36,668	37,220	41,355	51,005	55,140	68,925	82,710
	Monthly	1,723	2,298	2,757	3,056	3,102	3,446	4,250	4,595	5,744	6,893
6	Annual	23,693	31,590	37,908	42,015	42,647	47,385	58,442	63,180	78,975	94,770
	Monthly	1,974	2,633	3,159	3,501	3,554	3,949	4,870	5,265	6,581	7,898
7	Annual	26,708	35,610	42,732	47,361	48,074	53,415	65,879	71,220	89,025	106,830
	Monthly	2,226	2,968	3,561	3,947	4,006	4,451	5,490	5,935	7,419	8,903
8 <sup>2</sup>	Annual	29,723	39,630	47,556	52,708	53,501	59,445	73,316	79,260	99,075	118,890
	Monthly	2,477	3,303	3,963	4,392	4,458	4,954	6,110	6,605	8,256	9,908

<sup>1</sup> U.S. Department of Health and Human Services. (2013). 2013 Poverty Guidelines. Federal Register, Vol. 78, No. 16, January 24, 2013, pp. 5182-5183. Retrieved from <http://aspe.hhs.gov/poverty/figures-fed-reg.shtml>.

<sup>2</sup> For family units more than eight members, add \$4,020 annually and \$335 monthly for each additional member.

**Figure 5: Louisiana Medicaid Coverage Groups and Income Eligibility Requirements**





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

Program		Description	Income Limit
<b>A. Children</b>	<b>A1. SSI-PSP (Section 4913)</b>	Individuals under age 18 denied SSI cash because of a change in the definition of childhood disability	74% of poverty (+\$20); Assets limit: \$2,000 for individual
	<b>A2. CHAMP – Low Income Children</b>	Ages 0 to 5	133% of poverty; No assets test
		Ages 6 to 18 (through 19 <sup>th</sup> birthday)	100% of poverty; No assets test
	<b>A3. LaCHIP (Title XXI)</b>	Ages 0 to 5	> 133% and up to 200% of poverty; No assets test
		Ages 6 to 18 (through 19 <sup>th</sup> birthday)	> 100% and up to 200% of poverty; No assets test
	<b>A4. LaCHIP Affordable Plan (LAP)</b>	Ages 0 to 18 (through 19 <sup>th</sup> birthday)	> 200% and up to 250% of poverty; Some cost sharing involved; No assets test
	<b>A5. Deemed Eligible Child</b>	Age 0 (through first birthday)	Infants born to Medicaid eligible pregnant women
<b>B. Families - Parents and Children</b>	<b>A6. CWO Children</b>	Children under age 18 in Foster Care programs through the Department of Children & Family Services' Child Welfare Office (CWO)	Eligibility determined by the Child Welfare Office
	<b>B1. LIFC – Section 1931</b>	Children and families that meet the eligibility requirements of AFDC State Plan in effect 7/16/96	Monthly Income levels of \$66, \$123, \$174, \$217 and \$259 (6.9%, 9.5%, 10.7%, 11.1% and 11.3% of poverty) for family sizes of 1, 2, 3, 4 and 5 respectively; No assets test
	<b>B2. LIFC – Section 1931 "PAP"</b>	Children and families 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 (6.9%, 9.5%, 10.7%, 11.1% and 11.3% of poverty) for family sizes of 1, 2, 3, 4 and 5 respectively with income of siblings, step-parents and grandparents of minor child disregarded (anyone not legally responsible for child); No assets test
	<b>B3. AFDC – Related Medically Needy</b>	Children and families who have more income than allowed for LIFC	15% of poverty (individuals and couples); No assets test
	<b>B4. AFDC – Related Spend down Medically Needy</b>	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
	<b>B5. TANF Recipients</b>	Recipients of cash assistance as determined by the Department of Children & Family Services	15% of poverty; Assets limit: \$2,000
	<b>B6. Transitional Medicaid</b>	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
<b>C. Women</b>	<b>C1. CHAMP/LaMOMS – Pregnant Woman</b>	Covers each month of a verified pregnancy and 2-month postpartum period	200% of poverty; No assets test
	<b>C2. LaCHIP IV (Title XXI)</b>	Covers conception to birth for low-income, pregnant, non-Medicaid eligible mothers	200% of poverty; No assets test
	<b>C3. Take Charge – Family Planning Program</b>	Women between ages 19 and 44 for family planning related services only	200% of poverty; No assets test
	<b>C4. Breast and Cervical Cancer</b>	Women under 65 diagnosed with breast or cervical cancer, in a precancerous condition or early stage cancer	250% of poverty; No assets test
	<b>D1. Disabled Adult Child (DAC)</b>	Individuals over age 18 who become blind or disabled before age 22, and lost SSI eligibility on or 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 74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	<b>D2. Disabled Widows/Widowers</b>	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 74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	<b>D3. SSI Recipients</b>	Aged and disabled recipients of federal SSI cash payments as determined by SSA	74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple



Table 7: Continued

Program		Description	Income Limit
D. Aged, Blind and Disabled	<b>D4. SGA Disabled Widows / Widowers / Surviving Divorced Spouse</b>	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 74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	<b>D5. PICKLE</b>	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 74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	<b>D6. Disability Medicaid</b>	Aged and disabled individuals who meet SSI criteria without first having a SSI determination made by SSA	74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	<b>D7. Early Widows/ Widowers</b>	Individuals who lost SSI because of receipt of Social Security early widow's/widower's benefits	Social Security Early Widow's/er's benefits are disregarded in determining countable income with limit 74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	<b>D8. QMB – Qualified Medicare Beneficiary</b>	Pays Medicare Part A and B premiums, deductibles and co-insurance	100% of poverty; Asset limit: \$7,080 individual and \$10,620 couple
	<b>D9. SLMB – Specified Low-Income Medicare Beneficiary</b>	Pays Medicare Part-B premium only	> 100% and up to 120% of poverty; Assets limit: \$7,080 individual and \$10,620 couple
	<b>D10. QI-1 – Qualified Individual Category 1</b>	Pays Medicare Part-B premium only	> 120% and up to 135% of poverty; Assets limit: \$7,080 individual and \$10,620 couple
	<b>D11. QDWI – Qualified Disabled Working Individual</b>	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
	<b>D12. Long Term Care (Home and Community Based Services and Institutions)</b>	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	222% 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 \$115,920
	<b>D13. SSI Recipient – Medically Needy Spend-Down</b>	Qualified individuals and families who may have "too much" income to qualify for regular Medicaid	All income over 15% of poverty is considered available to meet medical expenses for quarter – For Long Term Care (institutions only) all income over 222% of poverty; Assets limit: \$2,000 individual and \$3,000 couple
	<b>D14. Medicaid Purchase Plan (MPP)</b>	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
	<b>D15. Family Opportunity Act (FOA)</b>	Offers Medicaid Buy-in to families for children under age 19 with disabilities who are not eligible for SSI disability benefits due to income	300% of poverty; Families above 200% of poverty must pay a premium; No assets test
E. Other	<b>E1. TB infected</b>	Persons who have been diagnosed as, or are suspected of being infected with tuberculosis	74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	<b>E2. Greater New Orleans Community Health Connection (GNOCHC)</b>	Individuals age 19 to 64 who are residents of Greater New Orleans Area and have been uninsured for at least 6 months; eligible for a limited set of services	200% of poverty; No assets test
	<b>E3. Emergency Services for Illegal/Ineligible Aliens</b>	Coverage of illegal/undocumented aliens and documented aliens under the Medicaid 5-year bar for life-threatening emergency situations and labor/delivery of newborns	Must meet all requirements of another Medicaid program except for U.S. citizenship
	<b>E4. Youth Aging Out of Foster Care</b>	Individuals age 18 to 21 released from the Foster Care program due to turning age 18	No income or assets test
	<b>E5. 1915 (i) only LBHP Adults</b>	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 2012/13 (July 1, 2012 to June 30, 2013), 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 before SFY 2012/13 but a claim was paid on his or her behalf in SFY 2012/13. Thus, when a claim is paid in SFY 2012/13 for a person who received a service before SFY 2012/13, she or he will be counted as a recipient in SFY 2012/13 although this person is no longer eligible for Medicaid in SFY 2012/13. 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 2012/13 to be for a service rendered before SFY 2012/13. 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.

## Percentage of the Population

The percentage of the population enrolled in Louisiana Medicaid has consistently increased through the years (Table 8). During SFY 2012/13, about 31% 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 2012/13. Parishes with low income per capita<sup>1</sup> seem to 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% or more of their population enrolled in Medicaid, along with the parishes of Avoyelles, Bienville, Evangeline, Red River and St. Landry, as shown in the map (Figure 6). Orleans and St. Bernard Parishes exhibits over 40% of their population enrolled in Medicaid; this is an increase from the previous year due to the inclusion of the GNOCHC program. Cameron Parish had the smallest percentage of Medicaid enrolled with only 10% of the parish's population enrolled in Medicaid.

East Baton Rouge Parish had the highest payments paid on behalf of their recipients at about \$538 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	Population Estimate <sup>1</sup>	Medicaid Enrollment <sup>2</sup>	Percent of Population Enrolled
2007/08	4,375,581	1,179,030	26.9%
2008/09	4,435,586	1,238,470	27.9%
2009/10	4,491,648	1,307,952	29.1%
2010/11	4,544,125	1,346,504	29.6%
2011/12	4,574,766	1,362,410	29.7%
2012/13	4,601,893	1,414,370	30.7%

<sup>1</sup> Population estimates are based on the beginning of the SFY. U.S. Census Bureau, Population Division. (September 2011). Intercensal Estimates of the Resident Population for Counties of Louisiana: April 1, 2000 to July 1, 2010. Retrieved from <http://www.census.gov/popest/data/intercensal/county/CO-EST00INT-01.html>, and (March 2013). Annual Estimates of the Resident Population for Counties of Louisiana: April 1, 2010 to July 1, 2012. Retrieved from <http://www.census.gov/popest/data/counties/totals/2012/index.html>.

<sup>2</sup> Enrollment data was obtained in October, 2013 from MARS Data Warehouse. Enrollment will vary depending on the date extracted due to processing. Enrollment counts are unduplicated for each SFY.

<sup>1</sup> U.S. Census Bureau, 2008-2012 American Community Survey. (2013). Selected Economic Characteristics. Retrieved from <http://factfinder2.census.gov/>.

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

	Parish	2012 Population <sup>1</sup>	Medicaid Enrollees <sup>2</sup>	Enrollees/Population		Medicaid Recipients <sup>2</sup>	Payments <sup>3</sup> (\$)	\$ per Recipient
				Ratio	Rank			
1	Acadia	61,912	22,772	37%	22	22,555	\$99,339,627	\$4,404
2	Allen	25,539	8,075	32%	41	8,053	34,339,813	4,264
3	Ascension	112,286	26,034	23%	60	25,574	89,314,955	3,492
4	Assumption	23,026	6,806	30%	47	6,768	30,162,739	4,457
5	Avoyelles	41,632	17,133	41%	12	17,060	87,225,040	5,113
6	Beauregard	36,281	11,522	32%	40	11,319	40,467,122	3,575
7	Bienville	14,076	5,816	41%	11	5,775	27,291,070	4,726
8	Bossier	122,197	28,585	23%	59	27,948	121,836,485	4,359
9	Caddo	257,093	86,214	34%	32	84,155	368,195,428	4,375
10	Calcasieu	194,493	58,739	30%	45	57,715	239,251,256	4,145
11	Caldwell	10,004	3,826	38%	18	3,817	19,179,848	5,025
12	Cameron	6,702	676	10%	64	669	1,879,429	2,809
13	Catahoula	10,292	3,930	38%	19	3,924	19,235,253	4,902
14	Claiborne	16,828	5,108	30%	44	5,109	25,145,985	4,922
15	Concordia	20,365	8,001	39%	15	7,956	33,437,645	4,203
16	De Soto	26,963	8,976	33%	33	8,905	35,609,218	3,999
17	East Baton Rouge	444,526	127,286	29%	50	124,372	538,072,877	4,326
18	East Carroll	7,526	3,974	53%	1	3,911	24,384,005	6,235
19	East Feliciana	20,008	6,557	33%	36	6,579	51,077,558	7,764
20	Evangeline	33,710	14,279	42%	8	14,247	71,521,326	5,020
21	Franklin	20,561	8,663	42%	9	8,598	44,949,924	5,228
22	Grant	22,068	7,075	32%	37	7,032	28,807,132	4,097
23	Iberia	73,999	27,556	37%	21	27,287	117,709,020	4,314
24	Iberville	33,228	11,598	35%	29	11,522	51,583,456	4,477
25	Jackson	16,216	4,492	28%	52	4,460	25,887,848	5,804
26	Jefferson	433,676	148,740	34%	30	136,429	474,187,525	3,476
27	Jefferson Davis	31,432	10,461	33%	34	10,418	49,354,631	4,737
28	Lafayette	227,055	56,626	25%	57	55,434	232,883,584	4,201
29	Lafourche	97,029	25,157	26%	56	24,898	102,364,971	4,111
30	La Salle	14,927	4,117	28%	53	4,153	25,022,118	6,025
31	Lincoln	46,953	12,906	27%	54	12,635	61,281,049	4,850
32	Livingston	131,942	35,383	27%	55	34,943	118,265,836	3,385
33	Madison	12,154	5,318	44%	6	5,262	23,307,737	4,429
34	Morehouse	27,559	12,122	44%	5	12,048	60,195,457	4,996
35	Natchitoches	39,436	14,202	36%	24	13,962	56,880,780	4,074
36	Orleans	369,250	152,620	41%	10	138,341	495,984,323	3,585
37	Ouachita	155,363	54,340	35%	28	52,902	232,896,315	4,402
38	Plaquemines	23,921	7,058	30%	49	6,586	23,056,270	3,501
39	Pointe Coupee	22,726	7,255	32%	39	7,247	35,100,623	4,843
40	Rapides	132,373	47,280	36%	26	46,718	382,076,889	8,178
41	Red River	8,983	3,661	41%	13	3,678	14,884,323	4,047
42	Richland	20,921	8,915	43%	7	8,782	52,663,059	5,997
43	Sabine	24,325	7,545	31%	42	7,495	33,428,376	4,460
44	St. Bernard	41,635	19,061	46%	2	17,236	49,106,418	2,849
45	St. Charles	52,681	12,906	24%	58	12,692	42,838,305	3,375
46	St. Helena	11,071	3,102	28%	51	3,093	13,790,640	4,459
47	St. James	21,722	6,664	31%	43	6,622	24,094,292	3,639
48	St. John	44,758	16,165	36%	23	15,893	51,291,417	3,227
49	St. Landry	83,662	37,907	45%	3	37,530	180,136,874	4,800
50	St. Martin	52,726	16,889	32%	38	16,651	68,524,102	4,115
51	St. Mary	53,697	20,081	37%	20	19,898	74,981,160	3,768
52	St. Tammany	239,453	52,139	22%	62	51,201	199,961,936	3,905
53	Tangipahoa	123,441	47,773	39%	17	46,983	232,785,225	4,955
54	Tensas	4,954	2,213	45%	4	2,204	9,293,838	4,217
55	Terrebonne	111,893	36,793	33%	35	36,452	135,805,615	3,726
56	Union	22,419	7,873	35%	27	7,747	33,488,966	4,323
57	Vermilion	58,723	17,716	30%	46	17,598	74,499,826	4,233
58	Vernon	53,869	12,407	23%	61	12,180	45,578,847	3,742
59	Washington	46,670	18,289	39%	16	18,258	84,117,243	4,607
60	Webster	40,940	14,723	36%	25	14,592	65,856,696	4,513
61	West Baton Rouge	24,106	7,124	30%	48	7,058	26,808,344	3,798
62	West Carroll	11,512	4,604	40%	14	4,512	23,023,995	5,103
63	West Feliciana	15,405	2,639	17%	63	2,615	15,982,075	6,112
64	Winn	15,000	5,089	34%	31	5,033	25,132,635	4,994
State Total		4,601,893	1,414,370	31%		1,369,189	\$6,176,836,372	\$4,511

<sup>1</sup> Population estimates are based on the beginning of the SFY. U.S. Census Bureau, Population Division. (March 2013). Annual Estimates of the Resident Population for Counties of Louisiana: July 1, 2012. Retrieved from <http://www.census.gov/popest/data/counties/totals/2012/index.html>.

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

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

**Figure 6: Parish Percentage of Population Enrolled in Medicaid**

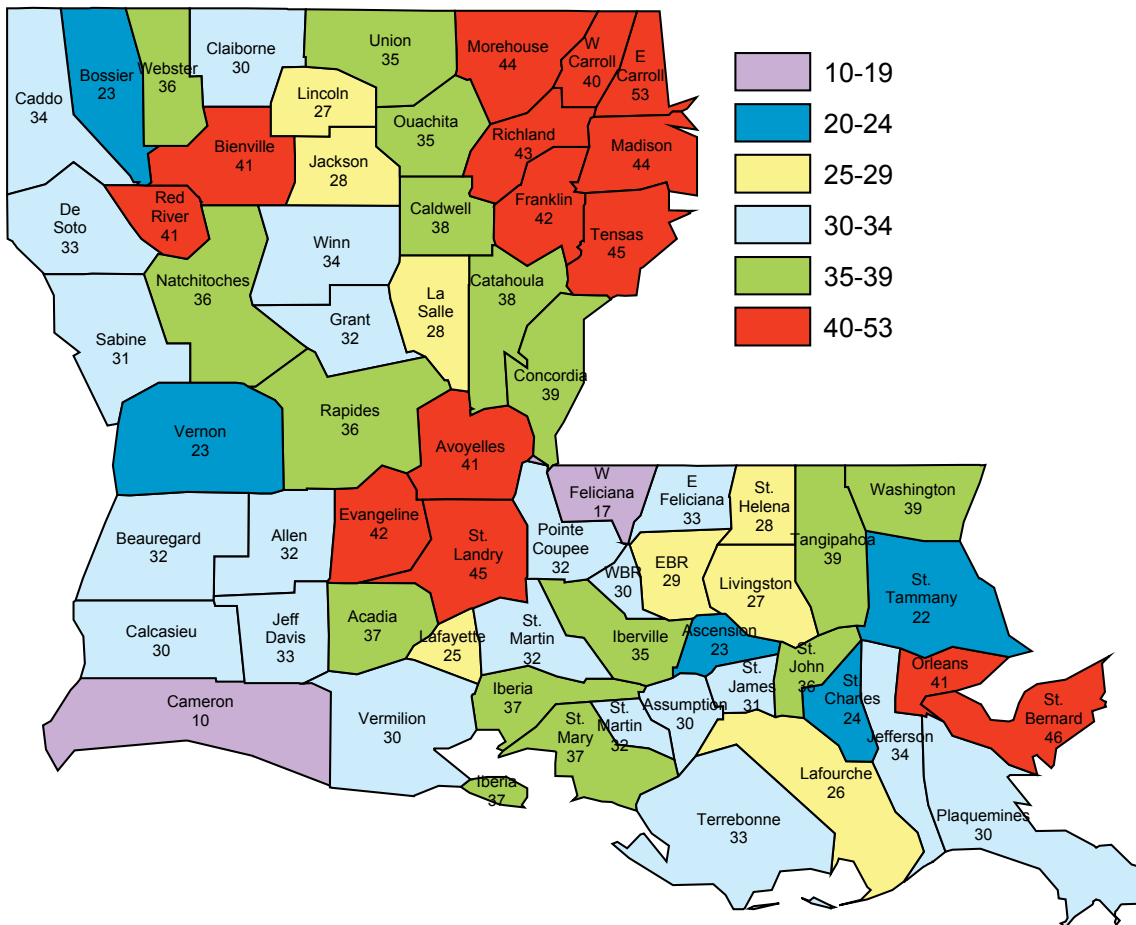


Table 10 presents total population, enrollees, percentage of population enrolled, recipients, payments and payments per recipient by region during SFY 2012/13. Greater New Orleans Area had the largest percentage of population enrolled in Medicaid at 36% followed by Northeast Louisiana at 35%. The Capital 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 \$1,042 million, while Southwest Louisiana had the least amount paid on behalf of their recipients at about \$365 million.

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

Region	2012 Population <sup>1</sup>	Medicaid Enrollees <sup>2</sup>	Enrollees/Population		Medicaid Recipients <sup>2</sup>	Payments <sup>3</sup> (\$)	\$ per Recipient
			Ratio	Rank			
1 - Greater New Orleans Area	868,482	316,980	36%	1	288,819	1,042,334,535	\$3,609
2 - Capital Area	672,285	184,620	27%	9	181,017	807,939,887	4,463
3 - South Central Louisiana	404,806	121,618	30%	6	120,204	461,538,500	3,840
4 - Acadiana	591,787	185,704	31%	4	183,186	844,614,359	4,611
5 - Southwest Louisiana	294,447	87,678	30%	7	86,379	365,292,250	4,229
6 - Central Louisiana	310,526	102,713	33%	3	101,687	646,515,560	6,358
7 - Northwest Louisiana	550,841	168,220	31%	5	165,076	749,128,362	4,538
8 - Northeast Louisiana	356,142	125,081	35%	2	122,727	610,552,040	4,975
9 - Northshore Area	552,577	153,706	28%	8	151,412	648,920,879	4,286
<b>State Total</b>	<b>4,601,893</b>	<b>1,414,370</b>	<b>31%</b>		<b>1,369,189</b>	<b>\$6,176,836,372</b>	<b>\$4,511</b>

<sup>1</sup> Population estimates are based on the beginning of the SFY. U.S. Census Bureau, Population Division. (March 2013). Annual Estimates of the Resident Population for Counties of Louisiana: July 1, 2012. Retrieved from <http://www.census.gov/popest/data/counties/totals/2012/index.html>.

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

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

## Age and Gender

The breakdown of enrollees by age groups (Table 11 and Figure 7) shows that majority enrolled are children, with those aged 20 and under making up 59.1% of the total. Those between the age 21 and 64 comprised 32.6% of the enrolled population and those 65 and over made up the smallest component at 8.3%. 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.

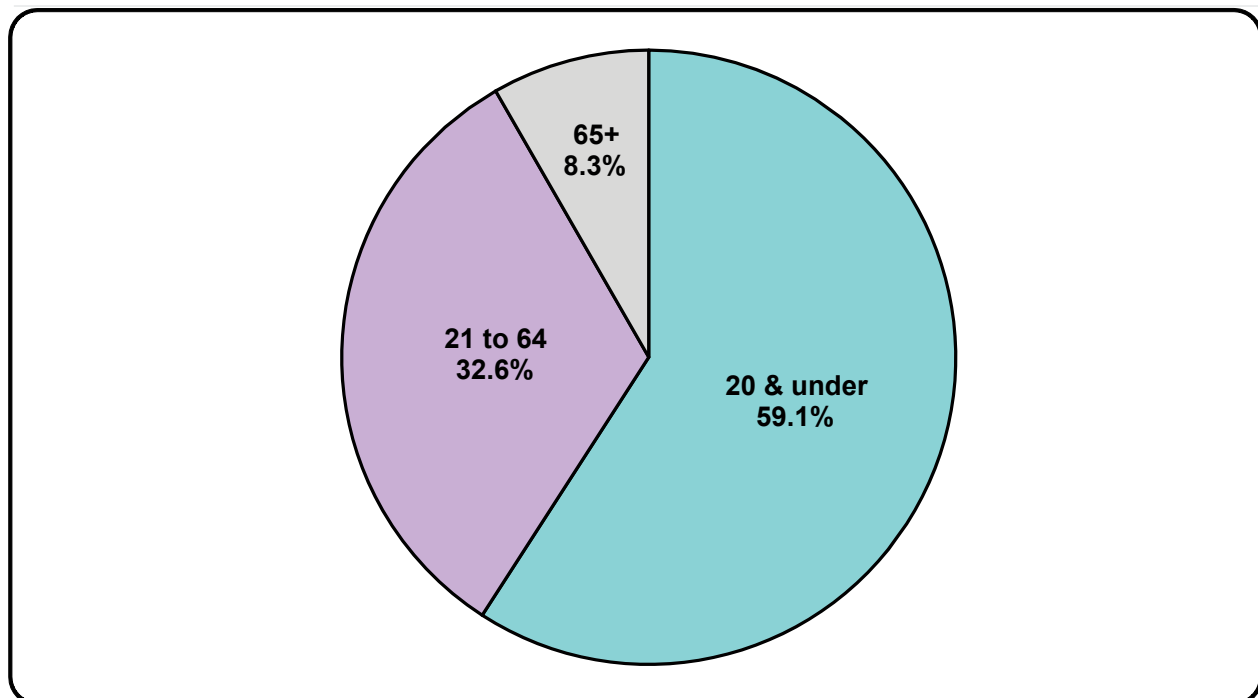
In general, for all ages groups there are more females than males enrolled in Medicaid (Figure 8). Though children age 18 and under are almost evenly split between female and male, for enrollees of ages 19 and above, women comprised about 72% of enrollment. This can probably be explained by the pregnant 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 Groups and Gender**

Age Groups <sup>1</sup>	Enrollees			Recipients			Payments (\$)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<b>Under 1</b>	34,233	32,530	66,763	32,289	30,639	62,928	\$170,261,230	\$144,889,599	\$315,150,828
<b>1-5</b>	117,563	113,542	231,105	118,220	114,066	232,286	239,111,040	204,796,217	443,907,257
<b>6-14</b>	183,282	175,313	358,595	183,537	175,456	358,993	405,349,462	310,692,507	716,041,969
<b>15-18</b>	67,336	68,648	135,984	67,494	68,598	136,092	164,011,373	180,359,208	344,370,581
<b>19-20</b>	12,846	30,990	43,836	13,645	29,091	42,736	45,983,933	87,914,859	133,898,792
<b>21-44</b>	56,331	242,210	298,541	47,810	211,416	259,226	489,302,589	880,324,576	1,369,627,166
<b>45-64</b>	70,231	91,820	162,051	66,134	88,029	154,163	756,495,669	888,492,068	1,644,987,736
<b>65-84</b>	31,877	65,113	96,990	32,967	66,726	99,693	288,372,713	561,235,965	849,608,678
<b>85+</b>	3,919	16,586	20,505	4,536	18,536	23,072	59,551,014	299,692,351	359,243,365
<b>Total</b>	<b>577,618</b>	<b>836,752</b>	<b>1,414,370</b>	<b>566,632</b>	<b>802,557</b>	<b>1,369,189</b>	<b>\$2,618,439,022</b>	<b>\$3,558,397,350</b>	<b>\$6,176,836,373</b>

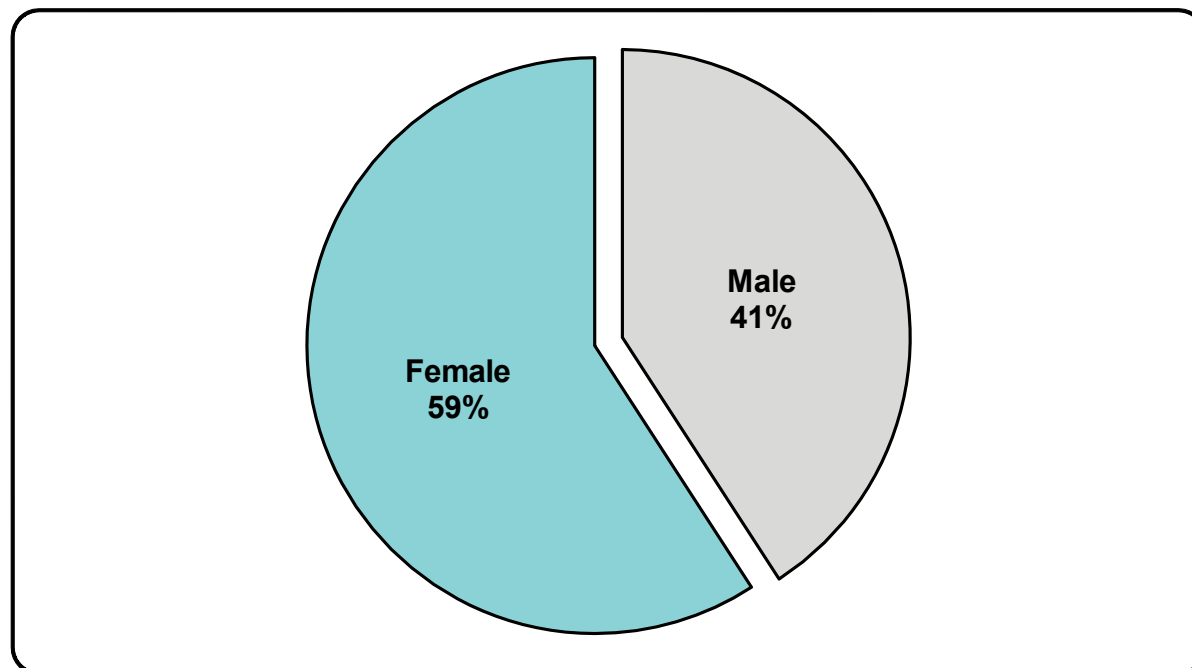
<sup>1</sup> Age as of January 1, 2013.

**Figure 7: Enrollment by Age Groups**





**Figure 8: Total Enrollment by Gender**

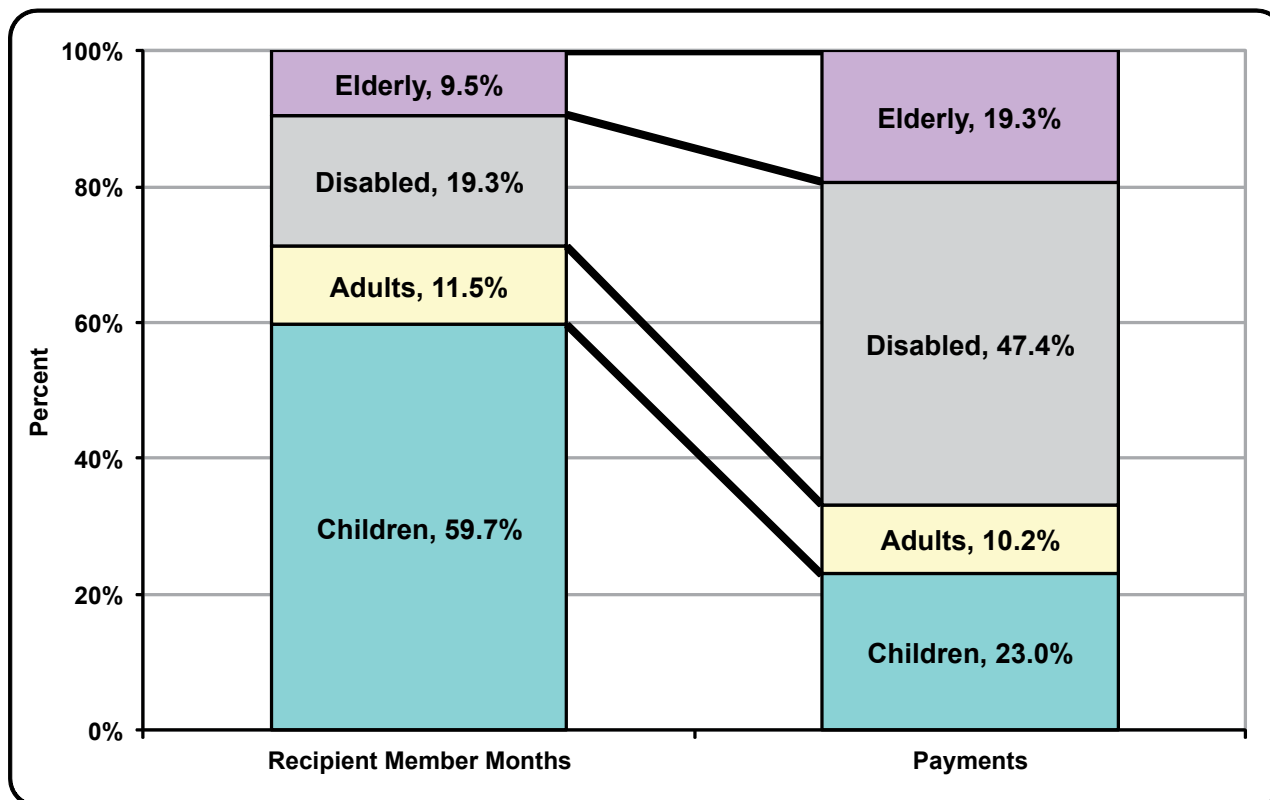


### Basis of Eligibility

During SFY 2012/13, total unduplicated Medicaid recipients were 1,369,189. Based on total recipient member months by basis of eligibility category (Figure 9), about 59.7% were children, 11.5% were adults, 19.3% were disabled and 9.5% were

elderly. Though children and adults together made up about 71% of total recipient member months, only about 33% of Medicaid payments were associated with them. Conversely, the elderly category and disabled category collectively accounted for about 29% of recipient member months, while making up about 67% of payments.

**Figure 9: Percentage of Recipient 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. All individual categories grew by less than 1% compared to the previous SFY, with the exception

of Adults. Given the inclusion of GNOCHC and LAP in SFY 2012/13 data, overall enrollment exhibits about 3.81% increase from the previous year. For comparative purposes, excluding GNOCHC and LAP from SFY 2012/13 data, overall growth is only about 0.67% from SFY 2011/12.

**Table 12: Monthly Enrollment by Basis of Eligibility for SFY 2011/12 and SFY 2012/13<sup>1</sup>**

SFY 2011/12					
Month	Elderly	Disabled	Children	Adults	Total
July '11	104,534	221,100	691,929	178,413	1,192,436
August	104,744	222,055	693,762	179,609	1,196,607
September	105,063	222,336	693,949	180,447	1,198,364
October	105,341	222,843	694,182	181,054	1,200,110
November	105,626	223,070	694,776	181,451	1,201,705
December	105,871	223,389	694,902	182,550	1,203,514
January '12	106,110	224,481	695,552	184,700	1,207,723
February	106,228	224,766	695,897	186,066	1,209,951
March	106,345	225,454	695,720	187,234	1,211,715
April	106,467	226,039	694,480	187,995	1,212,013
May	106,575	226,392	694,876	189,426	1,214,215
June	106,605	226,839	694,758	190,401	1,215,701
<b>Total SFY 2011/12</b>	<b>118,473</b>	<b>252,887</b>	<b>773,504</b>	<b>244,778</b>	<b>1,362,410</b>
SFY 2012/13					
Month	Elderly	Disabled	Children	Adults	Total
July '12	106,876	227,480	698,912	225,647	1,255,450
August	107,119	227,744	699,303	227,070	1,257,974
September	107,272	227,929	699,016	228,121	1,259,247
October	107,364	228,551	700,976	230,711	1,264,343
November	107,349	228,486	699,368	230,220	1,262,384
December	107,296	228,571	698,042	229,793	1,260,778
January '13	107,376	229,113	699,060	231,879	1,264,463
February	107,260	229,149	697,663	230,428	1,261,688
March	107,289	229,221	697,115	229,137	1,260,081
April	107,278	229,069	696,132	227,782	1,257,783
May	107,205	228,435	694,897	225,987	1,254,367
June	107,056	227,552	693,813	224,250	1,250,912
<b>Total SFY 2012/13</b>	<b>119,556</b>	<b>252,998</b>	<b>774,151</b>	<b>294,427</b>	<b>1,414,370</b>
<b>SFY Total Percent Change</b>	<b>0.91%</b>	<b>0.04%</b>	<b>0.08%</b>	<b>20.28%</b>	<b>3.81%</b>

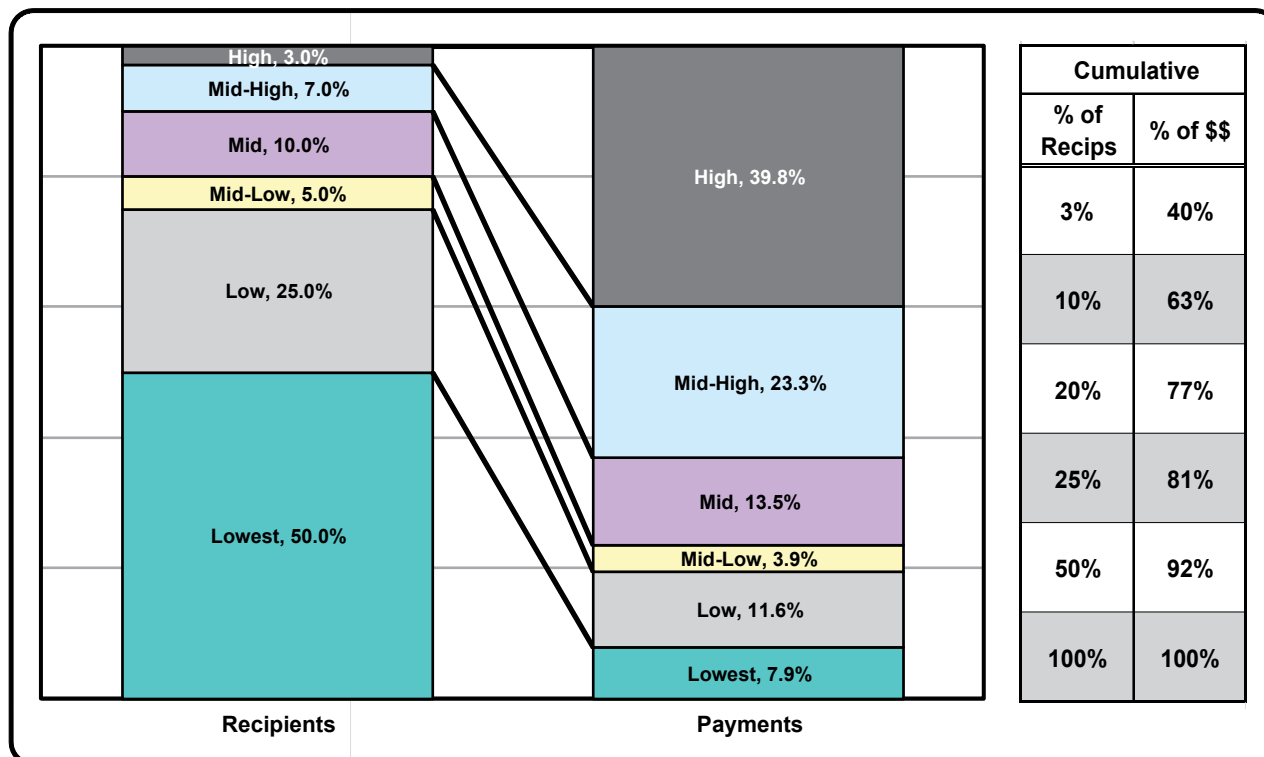
<sup>1</sup> Monthly totals may not equal the sum of monthly basis of eligibility categories due to movement across categories. Both are pure **unduplicated** enrollee counts. Also, SFY enrollee total counts may not equal the sum of monthly counts due to duplication across months. SFY enrollee total is pure **unduplicated** enrollees.

## Recipients Ranked by Payments

Medicaid provides 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 as long as the Medicaid eligibility requirements are met.

Figure 10 shows the percentage of recipients and payments ranked by payments. During SFY 2012/13, of all Medicaid recipients, only 3% of highly expensive recipients accounted for about 40% of payments. The top 50% of recipients accounted for about 92% of total payments, while the least expensive recipients, the other 50%, only made up about 8% of total payments.

**Figure 10: Percentage of Recipients and Payments Ranked by Payments**



# 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 2012 to June 2013) 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 and is also known as “cash basis accounting.”
- “**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 and is also known as “accrual accounting.”

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 different and 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, most of the data in this report is presented on DOP methodology, unless otherwise stated.

## Medicaid Programs

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

Information in this document is general in regards to Medicaid programs. For detailed information about Louisiana Medicaid Programs please visit our website, [www.medicaid.dhh.louisiana.gov](http://www.medicaid.dhh.louisiana.gov), or call the toll free Medicaid Customer Service line at 1-888-342-6207.

## Family Opportunity Act

The Family Opportunity Act (FOA) Medicaid Buy-In Program was created through the Federal Deficit Reduction Act (DRA) of 2005. The program grants Medicaid access to children through age 18 for families up to 300% FPG who have a disability and are ineligible for Supplemental Security Income (SSI), Medicaid or LaCHIP because of parent income or private health insurance. Some cost sharing is associated with FOA through monthly premiums. The program offers full Medicaid benefits, though most of FOA enrollees have other health care coverage and only use the Medicaid coverage for wrap-around of services and benefits not covered through their private plan. FOA enrollees are required to keep employer sponsored insurance if the employer is paying at least 50% of the total annual premium. During SFY 2012/13, a total of \$97,845 was collected in premiums charged to these families for their children's coverage and a total of 1,101 children received services at total payments of \$6,085,376.

## 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 2012/13, a total of 52,284 women received services under Take Charge with total payments of \$14,944,638.

## 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 \$33,509,436 was paid on behalf of GNOCHC recipients during SFY 2012/13.

### 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 73,369 recipients in SFY 2012/13 with total payments of \$244,815,774.

### 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. LaCHIP is set up as a combination of a Medicaid expansion model for LaCHIP I, II & III, and a separate SCHIP model for LaCHIP IV and LaCHIP V (LAP).

DHH initiated the expansion LaCHIP model in 1998 to provide quality health care coverage to additional uninsured children below 200% FPG and up to age 19 who are not covered by health insurance. In May 2007, Louisiana implemented a SCHIP expansion program, LaCHIP IV, to extend coverage for children below 200% FPG from conception to birth whose mothers are otherwise ineligible for Medicaid. In June 2008, through an expansion SCHIP model, Louisiana expanded coverage for children up to age 19 between 200% and 250% FPG, known as the LaCHIP Affordable Plan (LAP) or LaCHIP V. Some cost sharing is associated with LAP through monthly premiums. In SFY 2012/13, a total of \$1,232,915 (OGB Reporting) was collected in premiums charged to these families for their children's coverage. Enrollees have the same enrollment process and benefit package as Title XIX Medicaid. To ensure stability of coverage and reduce "churning" the program provides twelve months continuous eligibility with the exception of LaCHIP IV in which coverage is based on the pregnancy.

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 45% 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 2012/13, LaCHIP provided services to 164,513 recipients with total payments of \$227,449,457 (refer to technical note on page 13 in regards to underestimation).

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

Age <sup>1</sup>	LaCHIP (XXI) <sup>2</sup>			Regular Medicaid Children (XIX)			Total (XXI & XIX Children)		
	Enrollees <sup>3</sup>	Recipients <sup>3</sup>	Payments (\$)	Enrollees <sup>3</sup>	Recipients <sup>3</sup>	Payments (\$)	Enrollees <sup>3</sup>	Recipients <sup>3</sup>	Payments (\$)
Under 1	1,672	1,578	\$1,377,927	66,403	62,635	\$313,772,901	66,763	62,928	\$315,150,828
1 to 5	26,957	27,545	31,609,450	216,004	218,263	412,297,807	231,105	232,286	443,907,257
6 to 14	84,610	86,347	113,469,910	296,337	297,896	602,572,059	358,595	358,993	716,041,969
15 to 18	37,104	38,010	60,392,269	106,663	106,695	283,978,312	135,984	136,092	344,370,581
Under 19	<b>150,343</b>	<b>153,480</b>	<b>206,849,556</b>	<b>685,407</b>	<b>685,489</b>	<b>1,612,621,080</b>	<b>792,447</b>	<b>790,299</b>	<b>1,819,470,636</b>
19 to 20	8,759	11,033	20,599,901	40,233	37,779	129,112,293	47,664	47,280	149,712,194
Total	<b>159,102</b>	<b>164,513</b>	<b>227,449,457</b>	<b>725,640</b>	<b>723,268</b>	<b>1,741,733,373</b>	<b>840,111</b>	<b>837,579</b>	<b>1,969,182,830</b>

<sup>1</sup> Age as of January 1, 2013.

<sup>2</sup> LaCHIP recipient counts and payments are underestimated due to LAP's former payment methodology. Refer to technical note on page 13 for a detailed explanation. Also, LaCHIP includes the pregnant women who qualify for LaCHIP IV prenatal care services and those over the age 18 with continuous twelve month coverage.

<sup>3</sup> Enrollee and recipient counts of LaCHIP and Regular Medicaid may not sum to the total Medicaid children count due to movement between the two types of Medicaid during the SFY; the figures are **unduplicated** for each Medicaid type, while numbers are **unduplicated** for total Medicaid children.



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

	Parish	LaCHIP (XXI) <sup>1</sup>			Regular Medicaid Children (XIX)			Total (XXI & XIX Children)		
		Enrollees <sup>2</sup>	Recipients <sup>2</sup>	Payments (\$)	Enrollees <sup>2</sup>	Recipients <sup>2</sup>	Payments (\$)	Enrollees <sup>2</sup>	Recipients <sup>2</sup>	Payments (\$)
1	Acadia	2,653	2,736	\$3,842,874	11,748	11,803	\$26,643,151	13,734	13,787	\$30,486,025
2	Allen	935	956	1,355,880	4,262	4,292	8,958,354	4,916	4,944	10,314,233
3	Ascension	3,811	3,908	4,893,047	14,605	14,690	29,604,351	17,514	17,566	34,497,399
4	Assumption	713	747	1,230,332	3,325	3,323	8,284,936	3,836	3,846	9,515,268
5	Avoyelles	1,610	1,675	2,522,117	8,435	8,478	22,821,664	9,578	9,632	25,343,781
6	Beauregard	1,476	1,481	1,910,672	6,374	6,378	13,385,677	7,373	7,376	15,296,350
7	Bienville	473	489	633,147	2,935	2,934	6,183,747	3,275	3,272	6,816,894
8	Bossier	3,272	3,374	4,364,425	16,191	16,109	32,433,034	18,670	18,586	36,797,459
9	Caddo	8,472	8,650	10,453,749	47,640	47,327	110,898,633	53,929	53,542	121,352,382
10	Calcasieu	7,253	7,446	10,841,211	32,707	32,618	73,327,436	37,961	37,855	84,168,647
11	Caldwell	415	431	815,714	1,919	1,927	4,925,456	2,259	2,268	5,741,170
12	Cameron	82	86	125,483	361	368	674,078	419	423	799,561
13	Catahoula	386	399	633,778	1,930	1,929	4,247,997	2,215	2,222	4,881,775
14	Claiborne	445	452	555,440	2,544	2,542	6,419,021	2,877	2,869	6,974,461
15	Concordia	730	733	969,706	4,440	4,439	9,909,055	4,984	4,984	10,878,761
16	De Soto	1,062	1,093	1,499,118	4,773	4,821	11,174,087	5,586	5,637	12,673,206
17	East Baton Rouge	14,840	15,399	18,373,623	69,505	69,408	155,746,979	80,299	80,221	174,120,602
18	East Carroll	305	311	546,443	2,145	2,136	6,371,334	2,379	2,364	6,917,777
19	East Feliciana	804	840	1,262,220	3,009	3,051	7,661,735	3,602	3,647	8,923,955
20	Evangeline	1,368	1,399	2,056,870	7,124	7,171	15,570,936	8,100	8,149	17,627,806
21	Franklin	808	814	1,207,550	4,501	4,539	10,377,051	5,084	5,117	11,584,601
22	Grant	691	727	1,022,784	3,777	3,821	9,137,550	4,277	4,335	10,160,334
23	Iberia	2,833	2,944	4,240,579	15,147	15,173	32,434,065	17,176	17,190	36,674,644
24	Iberville	1,162	1,216	1,543,327	6,209	6,198	13,500,719	7,072	7,090	15,044,046
25	Jackson	472	493	739,298	2,242	2,269	5,896,349	2,604	2,621	6,635,647
26	Jefferson	18,348	19,012	26,156,182	67,676	66,855	137,302,621	80,635	79,926	163,458,803
27	Jefferson Davis	1,242	1,299	1,785,638	5,459	5,456	14,061,920	6,339	6,358	15,847,558
28	Lafayette	7,224	7,395	9,459,451	30,778	30,761	70,724,357	36,162	36,105	80,183,809
29	Lafourche	2,883	2,943	4,630,738	13,058	13,117	27,716,140	15,184	15,218	32,346,878
30	La Salle	451	475	1,020,589	2,056	2,083	5,849,393	2,401	2,430	6,869,982
31	Lincoln	1,209	1,239	1,615,654	6,944	7,002	18,138,201	7,868	7,911	19,753,855
32	Livingston	5,199	5,407	7,394,039	19,332	19,508	42,108,730	23,140	23,277	49,502,769
33	Madison	379	404	563,412	3,101	3,107	7,882,851	3,386	3,394	8,446,263
34	Morehouse	1,020	1,063	1,610,395	6,380	6,417	16,215,923	7,139	7,180	17,826,318
35	Natchitoches	1,231	1,238	1,534,474	7,955	7,914	17,462,333	8,866	8,813	18,996,807
36	Orleans	11,145	11,539	13,361,100	66,011	64,797	132,238,141	73,533	72,471	145,599,242
37	Ouachita	5,474	5,651	7,490,491	30,517	30,476	76,834,499	34,582	34,491	84,324,990
38	Plaquemines	819	837	958,362	3,304	3,308	6,922,512	3,907	3,900	7,880,874
39	Pointe Coupee	798	861	1,053,821	3,698	3,737	7,818,455	4,288	4,341	8,872,276
40	Rapides	5,229	5,450	7,618,372	24,640	24,692	86,382,774	28,499	28,593	94,001,147
41	Red River	318	330	347,195	2,079	2,114	3,829,362	2,316	2,350	4,176,556
42	Richland	909	930	1,420,356	4,661	4,653	12,610,121	5,347	5,331	14,030,477
43	Sabine	695	716	972,210	3,979	3,994	7,779,322	4,501	4,512	8,751,532
44	St. Bernard	1,827	1,853	2,340,422	9,013	8,868	17,751,028	10,269	10,091	20,091,450
45	St. Charles	1,820	1,890	2,520,471	7,111	7,125	15,058,278	8,449	8,463	17,578,749
46	St. Helena	283	300	385,544	1,542	1,555	2,948,001	1,747	1,762	3,333,546
47	St. James	797	833	1,088,688	3,541	3,563	7,945,801	4,114	4,151	9,034,489
48	St. John	1,999	2,099	2,409,510	8,900	8,920	18,164,111	10,336	10,387	20,573,621
49	St. Landry	4,171	4,267	5,743,219	19,658	19,637	44,753,790	22,799	22,755	50,497,008
50	St. Martin	2,080	2,155	2,777,502	9,024	9,017	18,971,070	10,555	10,574	21,748,572
51	St. Mary	2,370	2,436	3,603,818	10,840	10,875	23,807,643	12,565	12,576	27,411,462
52	St. Tammany	7,613	7,874	11,404,876	27,654	27,743	62,628,706	33,255	33,300	74,033,582
53	Tangipahoa	5,005	5,211	7,710,869	25,126	25,136	57,448,463	28,791	28,826	65,159,332
54	Tensas	178	187	310,530	1,144	1,140	3,027,257	1,281	1,281	3,337,786
55	Terrebonne	3,963	4,120	5,800,673	19,789	19,923	41,743,965	22,670	22,780	47,544,639
56	Union	868	892	1,206,004	4,169	4,124	11,027,837	4,793	4,766	12,233,841
57	Vermillion	2,112	2,162	3,013,832	9,371	9,426	19,493,434	10,908	10,942	22,507,266
58	Vernon	1,422	1,480	2,458,814	6,835	6,824	15,290,057	7,894	7,864	17,748,871
59	Washington	1,860	1,923	3,067,161	9,115	9,163	21,483,548	10,540	10,564	24,550,709
60	Webster	1,378	1,444	1,592,127	7,719	7,695	16,443,784	8,728	8,716	18,035,911
61	West Baton Rouge	828	860	1,102,380	3,767	3,805	8,788,398	4,438	4,476	9,890,778
62	West Carroll	550	553	1,059,300	2,367	2,344	7,258,010	2,773	2,744	8,317,310
63	West Feliciana	343	352	441,684	1,386	1,384	3,247,842	1,612	1,611	3,689,526
64	Winn	563	567	780,164	2,577	2,573	5,987,298	2,998	2,974	6,767,462
Grand Total		159,102	164,513	\$227,449,457	725,640	723,268	\$1,741,733,373	840,111	837,579	\$1,969,182,830

<sup>1</sup> LaCHIP recipient counts and payments are underestimated due to LAP's former payment methodology. Refer to technical note on page 13 for a detailed explanation. Also, LaCHIP includes the pregnant women who qualify for LaCHIP IV prenatal care services and those over the age 18 with continuous twelve month coverage.

<sup>2</sup> Individual parish enrollee and recipient counts may not sum to the total state count due to movement between parishes during the SFY; the state figures are **unduplicated** for the entire state, while numbers are **unduplicated** within the parish. Also, LaCHIP and Regular Medicaid enrollee and recipient counts may not sum to the total Medicaid children parish counts 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 2012/13, there were 3,584 recipients receiving services in the program with total payments of \$23,704,687 (Table 16).

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

Income Requirement <sup>1</sup>	Premium	Age	Assets Limit
Less than 150% of Poverty	\$0	16 to 64	Less than \$25,000
Equal or greater than 150%, but less than 200% of FPG	\$80		
Equal or greater than 200%, but less than 250% of FPG	\$110		

<sup>1</sup>This is based on countable income, not gross or net income.

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

SFY	Enrollees	Recipients	Payments (\$)	Premiums Collected <sup>1</sup>	
				Enrollees Paying Premium	Amount Collected
2008/09	2,137	2,064	\$14,723,731	247	\$142,235
2009/10	2,678	2,561	\$20,373,597	318	\$149,255
2010/11	3,181	3,261	\$22,955,014	356	\$165,176
2011/12	3,420	3,536	\$23,598,373	384	\$206,290
2012/13	3,477	3,584	\$23,704,687	395	\$222,950

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

## Medicare Buy-In and Medicare Savings Program

Medicare Buy-in results in major cost avoidance for Louisiana Medicaid by making Medicare the primary payer for people who have both Medicare and Medicaid (“full” dual eligibles). Medicare Part-B premiums are paid directly to CMS for certain low income “full” dual eligibles. Medicare Part-A premiums are also paid for those Medicaid enrollees receiving Supplemental Security Income (SSI) payments who become entitled to Medicare at age 65. Medicaid sends a monthly Clawback payment to CMS for individuals receiving Part-D who are dual eligible.

The Medicare Savings Program (MSP) 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 2012 and 2013 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 2012/13, Louisiana Medicaid paid premiums for 8,760 individuals for Part-A and 194,063 individuals for Part-B, and Part-D expenditures (all state funds) for 115,456 individuals (Table 19).

**Table 17: Medicare Premiums and Deductibles<sup>1</sup>**

Calendar Year	Part-A Monthly Premiums <sup>2</sup>		Part-A Deductible	Part-B Monthly Premium	Part-B Deductible	Part-D Base Monthly Premium	Part-D Deductible
	Eligible Work History						
	< 7½ Years	7½ to 10 years					
2012	\$451	\$248	\$1,156	\$99.90	\$140	\$31.08	\$320
2013	\$441	\$243	\$1,184	\$104.90	\$147	\$31.17	\$325

<sup>1</sup> 2013 Annual Report of the Board of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds. (2013). Retrieved from <http://www.cms.hhs.gov/ReportsTrustFunds/downloads/tr2013.pdf>.

<sup>2</sup> 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
<b>Qualified Medicare Beneficiary (QMB)</b>	Medicaid payment of Medicare Part-A <sup>1</sup> and Part-B premiums; deductible and co-insurance for Medicare covered services; and Medicare Prescription Drug Plan monthly premium (up to \$35 a month)	Up to 100% of poverty	Less than \$7,080 for individual and \$10,620 for couple
<b>Specified Low Income Beneficiary (SLMB)</b>	Medicaid payment of Medicare Part-B premium and Medicare Prescription Drug Plan monthly premium (up to \$35 a month)	100% to 120% of poverty	
<b>Qualified Individual (QI-1)</b>	Medicaid payment of Medicare Part-B premium and Medicare Prescription Drug Plan monthly premium (up to \$35 a month)	120% to 135% of poverty	

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

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

SFY	Part-A		Part-B		Part-D <sup>1</sup>	
	Recipients <sup>2</sup>	Expenditures (\$)	Recipients <sup>2</sup>	Expenditures (\$)	Recipients <sup>2</sup>	Expenditures (\$)
<b>2010/11<sup>3</sup></b>	7,926	\$36,188,037	180,253	\$228,533,426	111,275	\$42,975,839
<b>2011/12</b>	8,571	\$38,675,959	188,606	\$224,949,346	114,118	\$91,459,174
<b>2012/13</b>	8,760	\$39,759,731	194,063	\$221,070,791	115,456	\$105,101,793

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

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

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

## Women Diagnosed with Breast or Cervical Cancer

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

or a pre-cancerous condition and are in need of treatment. The Medicaid program does not have income or resource limits, but the CDC requires that the income be less than 250% of the federal poverty guidelines. During SFY 2012/13, a total of 1,965 recipients received services through this program with total payments of \$27,831,613.

## Medicaid Providers

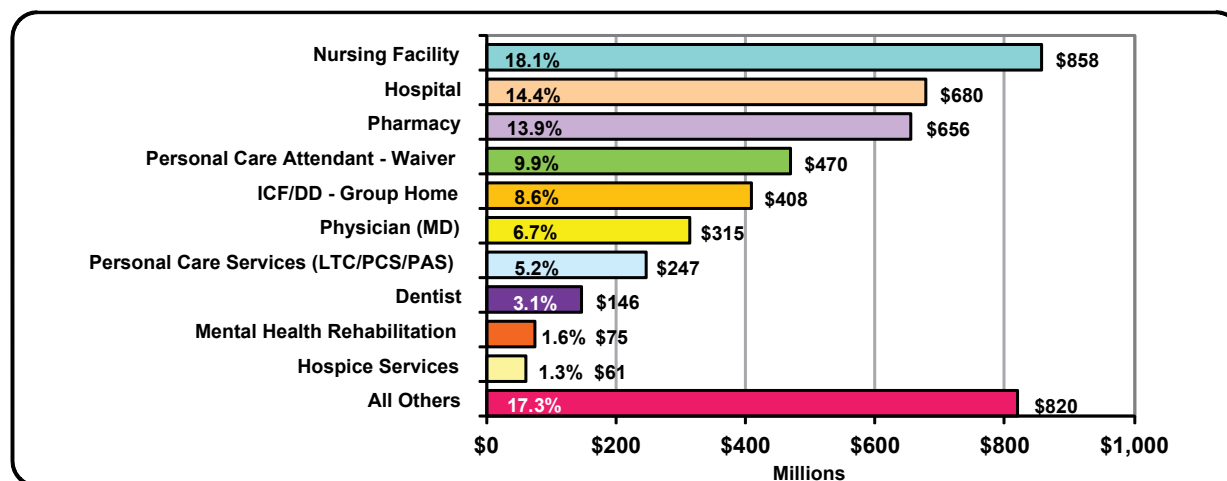
During SFY 2012/13, almost 26,000 providers participated and offered services to Louisiana Medicaid enrollees.

Figure 11 represents total payments to public and private providers (excluding managed care). The hospital category includes inpatient and outpatient services. Nursing facility payments rank at the top with 18.1%, hospital payments are second with 14.4%, followed closely by pharmacy payments in third place with 13.9% of total payments.

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

presented in Table 20 in addition to managed care payments. About \$4.3 billion (90.8%) of the total \$4.7 billion payments (excluding managed care payments) were paid to providers within Louisiana, while about \$437.0 million (9.2%) of payments were made to OOS providers. The “all others” OOS category includes payments to CMS for Medicare Buy-ins and Part-D premiums. Managed care payments accounted for \$1.4 billion for SFY 2012/13 which is about 23.3% of the total \$6.2 billion payments. Other than Table 20, all provider tables in this section exclude managed care payments.

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



**Table 20: Payments by In-State and Out-of-State for the Top Ten Provider Types Based on 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
<b>Payments (Excluding Managed Care)</b>								
Nursing Facility	\$857,931,225	\$0	\$857,931,225	20.0%	0.0%	18.1%	100%	0%
Hospital	663,781,809	15,817,022	679,598,831	15.4%	3.6%	14.4%	98%	2%
Pharmacy	630,499,879	25,480,523	655,980,402	14.7%	5.8%	13.9%	96%	4%
Personal Care Waiver Services	470,187,044	-	470,187,044	10.9%	0.0%	9.9%	100%	0%
ICF-DD - Group Home	408,499,219	-	408,499,219	9.5%	0.0%	8.6%	100%	0%
Physician (MD)	313,230,511	1,877,438	315,107,948	7.3%	0.4%	6.7%	99%	1%
Personal Care Services (LTC/PCS/PAS)	246,802,053	-	246,802,053	5.7%	0.0%	5.2%	100%	0%
Dentist	146,110,809	25,008	146,135,817	3.4%	0.0%	3.1%	100%	0%
Mental Health Rehabilitation	74,535,357	-	74,535,357	1.7%	0.0%	1.6%	100%	0%
Hospice Services	60,972,181	-	60,972,181	1.4%	0.0%	1.3%	100%	0%
All Others	425,975,664	393,791,863	819,767,527	9.9%	90.1%	17.3%	52%	48%
<b>Total</b>	<b>\$4,298,525,749</b>	<b>\$436,991,853</b>	<b>\$4,735,517,602</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>90.8%</b>	<b>9.2%</b>
<b>Managed Care Payments</b>								
Bayou Health - Prepaid	\$1,254,422,088	\$0	\$1,254,422,088	95.6%	0.0%	87.0%	100%	0%
Bayou Health - Shared	57,414,054	-	57,414,054	4.4%	0.0%	4.0%	100%	0%
LBHP - Prepaid	-	129,482,629	129,482,629	0.0%	100.0%	9.0%	0%	100%
<b>Total</b>	<b>\$1,311,836,142</b>	<b>\$129,482,629</b>	<b>\$1,441,318,771</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>91.0%</b>	<b>9.0%</b>
<b>Grand Total</b>	<b>\$5,610,361,891</b>	<b>\$566,474,481</b>	<b>\$6,176,836,372</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>90.8%</b>	<b>9.2%</b>

Table 21 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 11,664 (44.9%) of the 25,981 total participating providers. With respect to in-state and OOS provider distribution, about 8.8% of participating providers are from OOS. The OOS category “all others” (504) includes CMS along with 503 other providers.

Figure 12 shows a map of the ratios of provider parish payments to recipient parish payments from Table 22 for SFY 2012/13. This relationship gives a perspective on how well a parish is meeting the medical needs of their Medicaid recipients.

**Table 21: Number of Providers by In-State and Out-of-State for the Top Ten Provider Types Based on Payments**

Provider Type	Number of Providers <sup>1</sup>			Ratio of each Program			Ratio Between In-State & OOS	
	In-State	Out-of-State	Total	In-State	OOS	Total	In-State	OOS
Nursing Facility	261	-	261	1.1%	0.0%	1.0%	100%	0%
Hospital	196	616	812	0.8%	27.1%	3.1%	24%	76%
Pharmacy	1,238	79	1,317	5.2%	3.5%	5.1%	94%	6%
Personal Care Waiver Services	571	-	571	2.4%	0.0%	2.2%	100%	0%
ICF-DD – Group Home	528	-	528	2.2%	0.0%	2.0%	100%	0%
Physician (MD)	10,599	1,069	11,664	44.7%	47.0%	44.9%	91%	9%
Personal Care Services (LTC/PCS/PAS)	538	-	538	2.3%	0.0%	2.1%	100%	0%
Dentist	993	6	999	4.2%	0.3%	3.8%	99%	1%
Mental Health Rehabilitation	107	-	107	0.5%	0.0%	0.4%	100%	0%
Hospice Services	128	-	128	0.5%	0.0%	0.5%	100%	0%
All Others	8,567	504	9,067	36.1%	22.2%	34.9%	94%	6%
<b>Total</b>	<b>23,715</b>	<b>2,274</b>	<b>25,981</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>91.3%</b>	<b>8.8%</b>

<sup>1</sup> 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 \$\$)

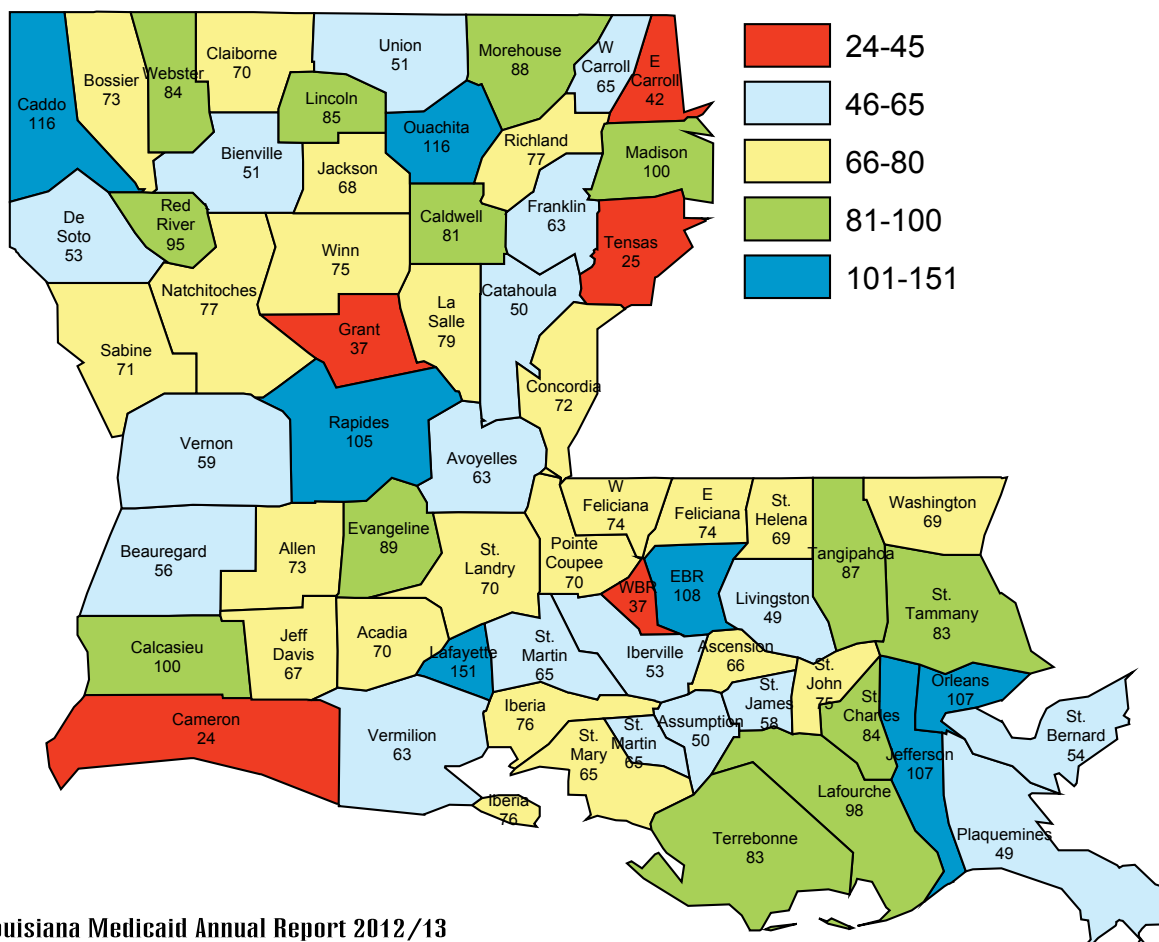


Table 22: Provider Payments and Participation Ratios

Parish		A. Provider Parish Payments (\$)¹	B. Recipient Parish Payments (\$)	C. Ratio C=(A/B)*100
1	Acadia	\$53,818,720	\$76,685,716	70.2
2	Allen	19,034,027	26,252,021	72.5
3	Ascension	44,843,517	67,559,851	66.4
4	Assumption	11,728,833	23,376,257	50.2
5	Avoyelles	41,807,970	66,036,428	63.3
6	Beauregard	16,552,278	29,437,492	56.2
7	Bienville	11,036,647	21,447,929	51.5
8	Bossier	70,714,491	97,252,653	72.7
9	Caddo	320,114,124	276,256,516	115.9
10	Calcasieu	190,106,046	190,509,536	99.8
11	Caldwell	12,954,649	16,076,741	80.6
12	Cameron	348,522	1,426,566	24.4
13	Catahoula	7,352,001	14,799,121	49.7
14	Claiborne	13,556,152	19,323,674	70.2
15	Concordia	16,087,414	22,267,801	72.2
16	De Soto	14,644,970	27,884,576	52.5
17	East Baton Rouge	451,981,826	419,427,120	107.8
18	East Carroll	8,990,394	21,217,044	42.4
19	East Feliciana	32,311,297	43,917,655	73.6
20	Evangeline	50,080,736	56,454,690	88.7
21	Franklin	23,002,179	36,519,367	63.0
22	Grant	7,586,351	20,727,283	36.6
23	Iberia	67,642,916	89,411,787	75.7
24	Iberville	20,790,592	39,574,962	52.5
25	Jackson	14,771,125	21,733,832	68.0
26	Jefferson	380,419,636	356,901,505	106.6
27	Jefferson Davis	27,112,023	40,366,392	67.2
28	Lafayette	267,637,574	177,350,424	150.9
29	Lafourche	76,820,977	78,439,235	97.9
30	La Salle	17,049,131	21,612,445	78.9
31	Lincoln	42,620,029	50,030,191	85.2
32	Livingston	43,376,929	89,157,845	48.7
33	Madison	18,468,309	18,508,252	99.8
34	Morehouse	39,588,199	45,133,673	87.7
35	Natchitoches	30,986,516	40,059,986	77.4
36	Orleans	373,770,595	350,272,273	106.7
37	Ouachita	199,132,260	171,617,022	116.0
38	Plaquemines	8,715,243	17,857,899	48.8
39	Pointe Coupee	18,906,278	27,051,950	69.9
40	Rapides	340,544,811	323,083,595	105.4
41	Red River	11,279,539	11,818,403	95.4
42	Richland	34,859,830	45,200,752	77.1
43	Sabine	18,150,098	25,438,403	71.3
44	St. Bernard	18,704,624	34,397,561	54.4
45	St. Charles	25,328,943	30,051,312	84.3
46	St. Helena	7,210,619	10,416,970	69.2
47	St. James	10,441,759	17,922,697	58.3
48	St. John	26,372,845	35,153,109	75.0
49	St. Landry	96,779,621	139,116,406	69.6
50	St. Martin	33,517,324	51,849,254	64.6
51	St. Mary	32,065,743	48,975,861	65.5
52	St. Tammany	123,154,890	148,155,239	83.1
53	Tangipahoa	164,650,174	189,024,277	87.1
54	Tensas	1,684,617	6,731,937	25.0
55	Terrebonne	86,051,727	104,000,233	82.7
56	Union	13,884,414	27,311,196	50.8
57	Vermilion	36,415,359	57,516,251	63.3
58	Vernon	19,269,944	32,627,553	59.1
59	Washington	41,798,670	60,508,352	69.1
60	Webster	43,890,761	52,036,755	84.3
61	West Baton Rouge	7,379,258	19,851,955	37.2
62	West Carroll	13,609,502	21,035,346	64.7
63	West Feliciana	9,931,707	13,351,768	74.4
64	Winn	15,087,493	20,006,705	75.4
In-State Total		\$4,298,525,749	\$4,735,517,602	90.8
Out-of-State Total		\$436,991,853	\$0	
Total		\$4,735,517,602	\$4,735,517,602	100.0

Table 22 presents (A) Provider Parish payments which represent payments made to providers located in a parish regardless of the recipients' residing parish; (B) Recipient Parish payments which represent payments made on behalf of recipients residing in that parish regardless of where they received services; and (C) The ratio of provider parish payments to recipient parish payments times 100.

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

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

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



Table 23 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 \$781.6 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 24 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 \$452.0 million in payments going into the parish, while Cameron Parish ranked last with \$348,522 in payments going into the parish.

Table 25 presents the number of service providers by parish, Table 26 presents the number of recipients by parish and Table 27 presents payments per recipient by parish for the top ten provider types based on payments during this SFY.

**Table 23: Payments by Region for the Top Ten Provider Types Based on Payments (1-6)**

Region	1	2	3	4	5	6
	Nursing Facility	Hospital	Pharmacy	Personal Care Waiver Services	ICF-DD - Group Home	Physician (MD)
1 - Greater New Orleans Area	\$108,632,550	\$199,607,516	\$120,455,818	\$73,054,875	\$30,752,521	\$81,133,076
2 - Capital Area	123,790,854	97,305,786	77,363,624	70,574,726	30,390,219	46,180,984
3 - South Central Louisiana	57,984,961	32,575,833	49,670,686	34,599,235	10,065,539	21,229,037
4 - Acadiana	130,628,788	70,229,051	91,918,195	73,345,886	22,584,702	43,268,019
5 - Southwest Louisiana	55,980,422	33,010,351	52,882,607	24,962,819	20,069,014	20,953,767
6 - Central Louisiana	78,266,909	42,910,981	44,488,656	42,853,448	177,051,966	15,601,274
7 - Northwest Louisiana	146,496,348	93,865,394	64,115,880	46,059,119	41,868,959	32,566,369
8 - Northeast Louisiana	92,526,126	56,416,224	54,919,087	55,049,778	28,079,716	24,743,833
9 - Northshore Area	63,624,266	37,860,674	74,685,325	49,687,158	47,636,582	27,554,152
Total In-State	\$857,931,225	\$663,781,809	\$630,499,879	\$470,187,044	\$408,499,219	\$313,230,511
Total Out-of-State	\$0	\$15,817,022	\$25,480,523	\$0	\$0	\$1,877,438
Total	\$857,931,225	\$679,598,831	\$655,980,402	\$470,187,044	\$408,499,219	\$315,107,948

**Table 23: 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	\$38,908,324	\$28,785,230	\$18,357,816	\$4,532,287	\$77,390,086	<b>\$781,610,099</b>	1
2 - Capital Area	36,215,031	21,807,795	10,620,252	9,083,883	62,811,324	<b>586,144,476</b>	3
3 - South Central Louisiana	11,518,248	8,998,177	4,587,493	3,749,590	33,832,027	<b>268,810,827</b>	8
4 - Acadiana	60,921,519	19,918,678	4,411,725	7,953,345	80,712,343	<b>605,892,251</b>	2
5 - Southwest Louisiana	7,580,122	8,786,185	5,021,503	5,477,965	18,428,140	<b>253,152,896</b>	9
6 - Central Louisiana	16,493,006	10,077,394	4,693,285	7,033,493	25,314,701	<b>464,785,114</b>	5
7 - Northwest Louisiana	25,717,102	14,992,955	13,823,104	9,259,539	45,608,530	<b>534,373,298</b>	4
8 - Northeast Louisiana	32,056,286	14,365,179	8,154,424	7,685,609	49,569,243	<b>423,565,507</b>	6
9 - Northshore Area	17,392,415	18,379,216	4,865,755	6,196,470	32,309,269	<b>380,191,282</b>	7
Total In-State	\$246,802,053	\$146,110,809	\$74,535,357	\$60,972,181	\$425,975,664	<b>\$4,298,525,749</b>	
Total Out-of-State	\$0	\$25,008	\$0	\$0	\$393,791,863	<b>\$436,991,853</b>	
Total	\$246,802,053	\$146,135,817	\$74,535,357	\$60,972,181	\$819,767,527	<b>\$4,735,517,602</b>	

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

	Parish	Nursing Facility	Hospital	Pharmacy	Personal Care Waiver Services	ICF/DD - Group Home	Physician (MD)
1	Acadia	\$16,868,233	\$3,023,632	\$13,501,396	\$1,499,053	\$6,835,644	\$2,180,874
2	Allen	7,386,468	2,522,880	3,106,332	3,461	820,082	995,845
3	Ascension	9,445,316	2,583,789	11,587,445	5,069,353	2,013,287	2,948,825
4	Assumption	3,576,596	484,385	1,697,691	2,414,526	756,058	171,108
5	Avoyelles	17,491,191	3,240,922	7,786,097	3,066,839	329,046	783,846
6	Beauregard	6,266,157	2,676,875	3,119,612	743,247	748,359	1,102,743
7	Bienville	7,615,384	789,320	1,352,377	11,317	353,411	443,540
8	Bossier	18,405,580	2,972,753	8,239,406	7,708,395	20,923,886	2,308,906
9	Caddo	76,975,248	75,832,576	35,938,434	26,922,810	13,380,356	23,740,755
10	Calcasieu	32,469,994	23,409,418	40,603,449	22,389,725	17,231,055	17,205,769
11	Caldwell	2,247,433	3,101,463	1,987,564	2,672,773	367,845	429,353
12	Cameron	-	271,700	28,526	-	-	7,900
13	Catahoula	2,445,657	-	1,408,163	1,548,059	-	20,189
14	Claiborne	4,872,908	2,096,565	1,471,020	2,778,640	-	222,282
15	Concordia	4,481,218	2,200,649	2,287,329	2,310,032	-	468,177
16	De Soto	4,728,030	1,494,304	2,364,416	664,824	586,974	561,425
17	East Baton Rouge	70,937,645	92,126,843	51,270,352	59,650,042	22,057,441	40,562,498
18	East Carroll	3,550,494	1,152,245	1,442,251	518,635	298,380	357,559
19	East Feliciana	20,784,239	210,238	1,872,576	1,168,314	4,362,557	248,537
20	Evangeline	10,580,084	5,001,516	9,112,018	3,720,438	1,850,871	2,179,976
21	Franklin	10,022,478	2,199,792	2,969,220	804,926	1,890,270	884,062
22	Grant	5,194,945	-	1,112,769	-	1,014,134	75,281
23	Iberia	14,247,321	3,884,881	10,649,580	12,194,165	3,790,162	5,425,783
24	Iberville	7,320,898	94,877	6,748,513	1,292,265	277,149	1,281,653
25	Jackson	7,540,437	1,579,014	1,737,610	1,170,046	768,339	326,409
26	Jefferson	50,855,178	67,961,791	79,159,643	45,769,854	20,483,240	39,263,522
27	Jefferson Davis	9,857,803	4,129,477	6,024,688	1,826,386	1,269,519	1,641,511
28	Lafayette	33,739,719	48,352,302	26,920,308	40,854,000	6,108,571	22,467,678
29	Lafourche	14,735,765	8,005,474	12,030,711	12,288,541	6,177,140	4,236,873
30	La Salle	6,053,461	4,853,952	2,358,776	735,780	357,570	839,383
31	Lincoln	9,384,726	4,796,855	8,357,565	3,600,635	4,127,690	3,772,225
32	Livingston	9,636,522	104,092	17,169,435	3,851,294	2,029,769	1,065,900
33	Madison	3,691,384	1,134,546	1,454,117	2,171,414	2,744,289	1,023,660
34	Morehouse	11,844,548	3,715,507	3,884,346	4,033,350	719,524	1,819,601
35	Natchitoches	8,102,786	3,390,453	4,580,064	3,277,269	762,676	1,707,820
36	Orleans	53,895,823	131,158,160	33,478,171	24,223,259	6,906,289	40,512,440
37	Ouachita	26,878,107	31,621,582	23,389,155	33,440,768	8,268,824	12,291,045
38	Plaquemines	3,881,549	-	1,179,489	878,859	2,175,640	347,910
39	Pointe Coupee	8,187,106	1,194,937	2,552,695	1,487,556	497,447	572,743
40	Rapides	31,601,008	27,045,031	24,104,435	32,681,791	172,012,498	10,383,647
41	Red River	2,812,280	1,883,299	1,689,541	1,331,004	597,205	374,104
42	Richland	5,847,832	2,901,943	4,048,043	6,031,399	8,230,063	1,684,997
43	Sabine	7,525,635	1,450,622	3,863,826	849,431	1,992,419	712,625
44	St. Bernard	-	487,566	6,638,514	2,182,903	1,187,352	1,009,204
45	St. Charles	5,675,209	2,174,886	6,212,334	2,035,342	-	1,002,592
46	St. Helena	1,989,554	601,330	550,681	1,173,512	478,987	450,019
47	St. James	2,156,604	2,160,581	1,626,501	1,003,164	-	843,010
48	St. John	3,907,346	1,092,511	4,085,548	6,248,650	603,012	1,627,156
49	St. Landry	28,971,820	5,857,535	19,625,211	7,786,335	1,926,995	7,937,569
50	St. Martin	7,210,537	1,348,604	5,670,865	6,884,926	1,402,373	1,113,596
51	St. Mary	8,994,302	3,389,458	7,592,861	3,289,184	710,862	2,146,414
52	St. Tammany	25,556,102	14,236,549	27,171,953	6,155,913	2,849,074	14,777,990
53	Tangipahoa	17,509,362	17,858,244	21,112,680	30,455,619	41,320,532	9,425,017
54	Tensas	-	-	586,452	-	-	-
55	Terrebonne	18,939,140	15,268,538	16,425,040	7,319,828	1,818,467	11,201,885
56	Union	7,099,455	1,529,177	2,604,968	-	334,252	731,415
57	Vermilion	19,011,074	2,760,580	6,438,817	406,969	670,086	1,962,543
58	Vernon	5,721,735	3,754,429	3,517,878	579,090	1,968,107	2,486,165
59	Washington	8,932,726	5,060,460	8,680,576	8,050,820	958,220	1,835,226
60	Webster	15,458,495	3,955,501	4,616,795	2,515,430	3,272,031	2,494,912
61	West Baton Rouge	2,682,452	-	2,179,940	435,239	812,940	97,252
62	West Carroll	4,419,234	2,684,099	2,457,797	605,832	330,240	1,423,508
63	West Feliciana	4,433,197	1,095,101	1,152,101	1,471,958	369,398	469,475
64	Winn	5,277,693	1,815,997	1,913,209	1,931,858	1,370,612	544,585
Total In-State		\$857,931,225	\$663,781,809	\$630,499,879	\$470,187,044	\$408,499,219	\$313,230,511
Total Out-of-State		\$0	\$15,817,022	\$25,480,523	\$0	\$0	\$1,877,438
Total		\$857,931,225	\$679,598,831	\$655,980,402	\$470,187,044	\$408,499,219	\$315,107,948

Table 24: Continued (7-10)

Personal Care Services (LTC/PCS/PAS)	Dentist	Mental Health Rehabilitation	Hospice Services	All Others	Grand Total	Rank	Parish
\$4,314,224	\$1,787,041	\$751	\$0	\$3,807,873	\$53,818,720	16	Acadia
4,865	348,695	-	2,331,096	1,514,301	19,034,027	37	Allen
3,334,870	1,018,690	-	-	6,841,941	44,843,517	18	Ascension
1,596,788	227,771	-	-	803,909	11,728,833	52	Assumption
4,930,519	673,517	485,297	816,012	2,204,681	41,807,970	22	Avoyelles
377,044	683,386	-	-	834,855	16,552,278	43	Beauregard
3,526	-	-	-	467,772	11,036,647	54	Bienville
2,183,411	1,682,973	1,194,215	389,315	4,705,652	70,714,491	14	Bossier
14,003,971	11,286,211	9,887,331	6,291,642	25,854,790	320,114,124	5	Caddo
6,907,116	7,588,355	5,021,503	2,674,184	14,605,477	190,106,046	8	Calcasieu
473,235	345,994	-	-	1,328,990	12,954,649	51	Caldwell
-	-	-	-	40,397	348,522	64	Cameron
1,106,255	188,516	-	-	635,161	7,352,001	61	Catahoula
997,608	462,134	-	-	654,995	13,556,152	50	Claiborne
1,784,052	1,472,020	259,582	212,778	611,577	16,087,414	44	Concordia
449,578	952,876	595,899	869,397	1,377,246	14,644,970	47	De Soto
27,489,365	18,853,193	10,539,069	8,407,663	50,087,715	451,981,826	1	East Baton Rouge
641,510	547,614	-	-	481,705	8,990,394	57	East Carroll
1,833,881	184,488	-	-	1,646,467	32,311,297	28	East Feliciana
7,964,708	930,837	1,189,141	567,041	6,984,107	50,080,736	17	Evangeline
937,630	413,843	-	906,553	1,973,406	23,002,179	34	Franklin
-	24,315	-	-	164,908	7,586,351	59	Grant
7,592,343	2,585,718	70,281	73,477	7,129,204	67,642,916	15	Iberia
820,971	515,389	74,980	382,216	1,981,681	20,790,592	35	Iberville
436,663	7,630	-	647,666	557,312	14,771,125	46	Jackson
15,989,378	15,028,560	3,475,871	3,857,820	38,574,779	380,419,636	2	Jefferson
291,097	165,749	-	472,684	1,433,110	27,112,023	31	Jefferson Davis
17,722,474	10,300,609	2,834,996	6,157,444	52,179,472	267,637,574	6	Lafayette
1,563,564	1,420,597	3,955,965	147,291	12,259,054	76,820,977	13	Lafourche
204,401	261,197	-	199,901	1,184,709	17,049,130	42	La Salle
1,210,773	1,405,185	-	280,229	5,684,145	42,620,029	21	Lincoln
1,627,848	2,603,037	1,187,173	1,017,678	3,084,181	43,376,929	20	Livingston
3,829,938	227,850	70	230,983	1,960,059	18,468,309	40	Madison
5,515,444	1,111,842	490,711	1,319,648	5,133,677	39,588,199	24	Morehouse
4,757,289	468,405	1,299,238	741,787	1,898,729	30,986,516	30	Natchitoches
20,568,139	12,524,587	12,154,682	674,467	37,674,578	373,770,595	3	Orleans
15,899,219	8,602,169	7,147,721	3,727,907	27,865,763	199,132,260	7	Ouachita
-	18,420	-	-	233,376	8,715,243	58	Plaquemines
1,805,568	852,473	6,203	294,004	1,455,546	18,906,278	38	Pointe Coupee
6,960,270	7,139,289	3,948,405	5,592,142	19,076,295	340,544,811	4	Rapides
765,554	33,003	-	-	1,793,547	11,279,539	53	Red River
2,679,564	727,581	170	572,624	2,135,615	34,859,830	26	Richland
102,151	11,769	-	-	1,641,619	18,150,098	41	Sabine
2,350,808	1,213,662	2,727,263	-	907,353	18,704,624	39	St. Bernard
331,136	350,054	-	-	7,547,392	25,328,943	33	St. Charles
1,186,668	277,746	-	-	502,124	7,210,619	62	St. Helena
710,331	753,347	-	-	1,188,222	10,441,759	55	St. James
2,837,043	1,082,704	631,527	2,411,159	1,846,188	26,372,845	32	St. John
14,570,006	2,969,837	314,628	1,155,382	5,664,303	96,779,621	11	St. Landry
7,340,668	394,620	1,372	-	2,149,763	33,517,324	27	St. Martin
2,728,043	681,218	-	-	2,533,401	32,065,743	29	St. Mary
1,025,732	9,891,195	2,707,139	4,840,877	13,942,366	123,154,890	10	St. Tammany
9,725,478	4,163,344	971,517	337,915	11,770,466	164,650,174	9	Tangipahoa
-	131,195	515,751	-	451,219	1,684,617	63	Tensas
1,751,343	4,482,487	-	1,191,140	7,653,860	86,051,727	12	Terrebonne
-	591,181	-	-	993,966	13,884,414	48	Union
1,417,095	950,016	558	-	2,797,622	36,415,359	25	Vermilion
111,359	98,671	-	212,660	819,849	19,269,944	36	Vernon
3,826,690	1,443,894	(73)	-	3,010,131	41,798,670	23	Washington
2,454,014	95,585	846,420	967,398	7,214,180	43,890,761	19	Webster
338,252	228,087	-	-	605,096	7,379,258	60	West Baton Rouge
432,309	253,096	-	-	1,003,387	13,609,502	49	West Carroll
592,124	155,476	-	-	192,878	9,931,707	56	West Feliciana
1,396,149	219,868	-	-	617,521	15,087,493	45	Winn
\$246,802,053	\$146,110,809	\$74,535,357	\$60,972,181	\$425,975,664	\$4,298,525,749		Total In-State
\$0	\$25,008	\$0	\$0	\$393,791,863	\$436,991,853		Total Out-of-State
\$246,802,053	\$146,135,817	\$74,535,357	\$60,972,181	\$819,767,527	\$4,735,517,602		Total

Table 25: Number of Providers by Parish for the Top Ten Provider Types Based on Payments (1-6)

	Parish	Nursing Facility	Hospital	Pharmacy	Personal Care Waiver Services	ICF/DD - Group Home	Physician (MD)
1	Acadia	6	3	19	5	6	67
2	Allen	3	2	7	1	2	29
3	Ascension	3	3	28	9	5	94
4	Assumption	1	1	3	5	2	11
5	Avoyelles	8	2	18	3	1	43
6	Beauregard	3	1	5	2	2	39
7	Bienville	3	1	4	1	1	15
8	Bossier	6	3	24	7	20	121
9	Caddo	21	11	58	23	27	1,111
10	Calcasieu	9	9	55	22	29	468
11	Caldwell	1	2	2	2	1	10
12	Cameron	-	1	1	-	-	2
13	Catahoula	1	-	4	1	-	2
14	Claiborne	3	1	6	2	-	13
15	Concordia	2	2	6	4	-	20
16	De Soto	2	1	6	2	2	11
17	East Baton Rouge	22	17	111	90	58	1,358
18	East Carroll	1	1	3	1	1	8
19	East Feliciana	2	2	2	3	5	12
20	Evangeline	4	2	22	7	5	72
21	Franklin	4	1	6	2	5	21
22	Grant	2	-	3	-	3	2
23	Iberia	5	3	22	11	9	136
24	Iberville	2	1	13	5	1	22
25	Jackson	2	1	3	2	2	13
26	Jefferson	13	10	125	58	57	1,584
27	Jefferson Davis	3	2	13	2	4	41
28	Lafayette	10	15	72	32	17	831
29	Lafourche	5	3	22	7	14	189
30	La Salle	2	2	7	1	1	23
31	Lincoln	3	3	13	6	9	96
32	Livingston	2	1	29	8	5	42
33	Madison	1	1	3	4	6	17
34	Morehouse	4	3	11	8	2	56
35	Natchitoches	3	2	10	6	2	48
36	Orleans	14	8	72	48	18	1,293
37	Ouachita	9	9	57	39	20	427
38	Plaquemines	1	-	3	1	2	14
39	Pointe Coupee	2	1	7	3	1	19
40	Rapides	8	7	39	20	67	402
41	Red River	1	2	2	2	2	9
42	Richland	3	2	10	8	19	43
43	Sabine	3	1	9	1	6	28
44	St. Bernard	-	1	8	7	3	20
45	St. Charles	2	2	11	2	-	26
46	St. Helena	1	1	3	2	1	17
47	St. James	1	2	5	3	-	17
48	St. John	1	1	8	12	2	56
49	St. Landry	7	5	31	13	5	201
50	St. Martin	2	1	14	9	4	47
51	St. Mary	3	2	22	4	2	67
52	St. Tammany	8	11	60	9	8	697
53	Tangipahoa	6	8	33	22	30	265
54	Tensas	-	-	2	-	-	-
55	Terrebonne	4	4	27	9	6	267
56	Union	3	2	6	-	1	19
57	Vermilion	6	2	19	1	2	54
58	Vernon	2	4	8	1	6	62
59	Washington	3	2	20	8	3	99
60	Webster	3	2	10	6	9	59
61	West Baton Rouge	1	-	5	3	2	9
62	West Carroll	2	1	4	1	1	13
63	West Feliciana	1	1	2	2	1	12
64	Winn	2	2	6	1	3	17
Total In-State <sup>1</sup>		261	196	1,238	571	528	10,599
Total Out-of-State		0	616	79	0	0	1,069
Total <sup>1</sup>		261	812	1,317	571	528	11,664

<sup>1</sup> 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 25: Continued (7-10)

Personal Care Services (LTC/PCS/PAS)	Dentist	Mental Health Rehabilitation	Hospice Services	All Others	Grand Total	Rank	Parish
5	17	1	0	94	222	19	Acadia
1	3	-	2	47	97	37	Allen
9	9	-	-	109	269	16	Ascension
4	1	-	-	24	52	51	Assumption
3	9	1	2	72	162	27	Avoyelles
2	10	-	-	54	118	33	Beauregard
1	-	-	-	23	49	53	Bienville
6	10	2	2	119	320	15	Bossier
22	66	12	10	538	1,898	4	Caddo
19	47	5	5	381	1,049	8	Calcasieu
2	1	-	-	29	50	52	Caldwell
-	-	-	-	11	15	64	Cameron
1	3	-	-	25	37	59	Catahoula
2	2	-	-	29	58	48	Claiborne
3	6	1	1	38	83	40	Concordia
2	4	1	1	26	58	48	De Soto
92	106	16	14	1,098	2,981	2	East Baton Rouge
1	1	-	-	14	31	61	East Carroll
3	5	-	-	37	71	42	East Feliciana
8	11	1	1	63	196	22	Evangeline
2	4	-	2	49	96	38	Franklin
-	1	-	-	11	22	63	Grant
12	16	2	1	130	346	14	Iberia
4	5	1	1	50	105	35	Iberville
2	1	-	1	22	49	53	Jackson
49	116	8	12	1,043	3,072	1	Jefferson
1	7	-	1	48	122	32	Jefferson Davis
32	67	4	10	555	1,644	5	Lafayette
5	12	3	1	163	424	13	Lafourche
1	3	-	1	30	71	42	La Salle
4	4	-	1	87	224	18	Lincoln
8	22	1	3	100	221	20	Livingston
4	2	1	1	29	68	44	Madison
6	5	2	1	68	166	25	Morehouse
6	3	2	2	72	156	28	Natchitoches
47	111	22	6	651	2,289	3	Orleans
38	44	13	8	422	1,084	7	Ouachita
-	3	-	-	18	42	58	Plaquemines
3	7	1	1	37	82	41	Pointe Coupee
19	38	2	9	373	984	9	Rapides
2	1	-	-	22	43	57	Red River
7	4	1	2	65	163	26	Richland
1	2	-	-	40	91	39	Sabine
8	12	1	-	39	99	36	St. Bernard
4	8	-	-	62	117	34	St. Charles
3	2	-	-	24	54	50	St. Helena
4	2	-	-	30	63	46	St. James
10	8	1	1	91	191	24	St. John
12	21	3	2	146	445	12	St. Landry
9	4	1	-	51	141	30	St. Martin
5	7	-	-	87	199	21	St. Mary
7	76	3	13	436	1,327	6	St. Tammany
19	44	1	3	317	747	10	Tangipahoa
-	3	1	-	19	25	62	Tensas
8	28	-	5	213	571	11	Terrebonne
-	3	-	-	30	64	45	Union
1	8	1	-	63	156	28	Vermilion
1	3	-	1	40	128	31	Vernon
8	13	1	-	92	249	17	Washington
4	1	1	1	100	196	22	Webster
1	4	-	-	23	48	55	West Baton Rouge
1	1	-	-	24	48	55	West Carroll
2	4	-	-	11	36	60	West Feliciana
1	3	-	-	24	59	47	Winn
538	993	107	128	8,567	23,715		Total In-State¹
0	6	0	0	504	2,274		Total Out-of-State
538	999	107	128	9,067	25,981		Total¹



Table 26: Number of Recipients by Parish for the Top Ten Provider Types Based on Payments (1-6)

	Parish	Nursing Facility	Hospital	Pharmacy	Personal Care Waiver Services	ICF/DD - Group Home	Physician (MD)
1	Acadia	639	5,377	15,952	66	107	13,662
2	Allen	273	3,237	5,965	8	13	7,292
3	Ascension	344	7,703	19,441	181	31	16,388
4	Assumption	125	1,356	2,462	91	14	2,318
5	Avoyelles	659	5,430	11,215	131	6	6,276
6	Beauregard	228	3,081	5,651	37	16	6,111
7	Bienville	314	903	2,904	4	6	3,549
8	Bossier	683	7,340	16,844	202	261	12,051
9	Caddo	2,773	47,865	48,675	742	263	86,172
10	Calcasieu	1,205	25,301	40,190	660	350	73,050
11	Caldwell	102	2,022	2,724	82	6	2,184
12	Cameron	-	139	60	-	-	133
13	Catahoula	98	-	2,413	66	-	290
14	Claiborne	207	1,428	2,771	76	-	1,809
15	Concordia	188	1,644	4,788	92	-	3,257
16	De Soto	183	2,477	4,029	34	11	2,742
17	East Baton Rouge	2,683	67,901	75,668	1,630	400	127,142
18	East Carroll	92	1,334	2,287	16	6	1,382
19	East Feliciana	309	61	2,878	42	33	1,920
20	Evangeline	384	9,060	9,693	172	40	13,847
21	Franklin	350	2,882	5,692	34	36	4,662
22	Grant	202	-	1,768	-	17	553
23	Iberia	563	9,379	18,482	331	67	24,040
24	Iberville	305	179	8,490	40	5	6,233
25	Jackson	231	1,599	3,013	33	13	1,647
26	Jefferson	1,917	56,705	90,135	1,292	381	145,359
27	Jefferson Davis	348	3,674	7,915	32	26	11,436
28	Lafayette	1,140	32,827	38,642	1,163	122	79,795
29	Lafourche	565	12,822	18,839	381	87	21,567
30	La Salle	216	3,469	3,203	39	6	4,112
31	Lincoln	379	6,376	10,087	157	74	18,497
32	Livingston	356	117	23,613	136	36	7,735
33	Madison	122	1,683	3,257	96	60	4,954
34	Morehouse	424	4,326	7,306	138	12	15,282
35	Natchitoches	315	4,390	8,634	124	13	8,582
36	Orleans	1,956	68,750	60,055	737	129	130,630
37	Ouachita	1,027	24,758	33,315	955	142	41,608
38	Plaquemines	195	-	2,042	13	36	2,368
39	Pointe Coupee	259	2,202	4,454	67	9	3,008
40	Rapides	1,145	21,884	32,869	837	1,260	43,872
41	Red River	113	1,942	2,941	39	11	3,092
42	Richland	227	4,142	6,825	197	166	13,256
43	Sabine	288	1,941	8,653	24	37	5,950
44	St. Bernard	-	871	9,799	71	20	4,604
45	St. Charles	216	2,641	7,878	74	-	6,398
46	St. Helena	74	980	1,598	54	6	3,860
47	St. James	87	2,340	3,634	41	-	3,880
48	St. John	159	3,410	9,084	194	14	8,669
49	St. Landry	969	11,800	25,422	353	33	40,374
50	St. Martin	236	2,534	9,458	236	24	8,771
51	St. Mary	341	5,605	12,684	120	12	10,816
52	St. Tammany	962	18,359	34,030	253	54	64,712
53	Tangipahoa	738	21,661	32,115	886	429	40,914
54	Tensas	-	-	1,204	-	-	-
55	Terrebonne	750	18,997	23,875	231	41	40,688
56	Union	292	2,108	4,131	-	6	3,675
57	Vermilion	638	4,643	10,926	14	14	12,738
58	Vernon	247	3,819	6,282	18	36	10,660
59	Washington	391	6,283	11,964	231	19	11,781
60	Webster	590	6,720	7,836	89	65	11,338
61	West Baton Rouge	91	-	4,318	35	15	851
62	West Carroll	162	2,342	3,264	29	6	2,808
63	West Feliciana	140	1,411	1,635	58	7	1,788
64	Winn	214	1,854	2,956	71	26	4,162
Total In-State <sup>1</sup>		30,308	478,590	789,836	13,378	4,978	733,303
Total Out-of-State		0	6,968	13,238	0	0	14,683
Total <sup>1</sup>		30,308	481,725	794,289	13,378	4,978	735,386

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

Table 26: Continued (7-10)

Personal Care Services (LTC/PCS/PAS)	Dentist	Mental Health Rehabilitation	Hospice Services	All Others	Grand Total	Rank	Parish
433	4,925	2	0	7,950	30,732	18	Acadia
6	683	-	178	4,894	15,251	35	Allen
291	3,827	-	-	7,713	33,292	16	Ascension
143	1,003	-	-	1,374	6,479	50	Assumption
438	3,352	93	74	6,418	17,548	30	Avoyelles
49	2,649	-	-	3,690	11,845	38	Beauregard
7	-	-	-	1,868	6,620	49	Bienville
286	3,647	304	52	9,040	32,946	17	Bossier
1,314	34,119	2,813	558	49,814	139,691	5	Caddo
698	22,571	1,257	278	33,111	97,857	7	Calcasieu
47	924	-	-	2,207	5,195	54	Caldwell
-	-	-	-	217	453	64	Cameron
104	743	-	-	1,300	3,714	60	Catahoula
112	889	-	-	1,245	4,584	58	Claiborne
170	3,076	64	16	2,401	8,901	41	Concordia
79	2,479	120	69	3,231	7,627	47	De Soto
2,536	52,781	2,533	860	86,323	213,637	3	East Baton Rouge
48	1,341	-	-	1,851	4,847	56	East Carroll
174	902	-	-	2,529	6,437	51	East Feliciana
651	3,758	334	46	5,957	26,561	21	Evangeline
83	1,671	-	65	5,047	10,981	39	Franklin
-	35	-	-	738	2,968	62	Grant
700	8,315	53	8	13,295	42,851	13	Iberia
120	2,569	45	34	4,391	16,245	34	Iberville
45	10	-	59	1,568	4,434	59	Jackson
1,724	52,915	902	484	112,729	275,340	1	Jefferson
30	1,040	-	35	3,176	16,978	33	Jefferson Davis
1,727	32,697	633	681	74,637	160,584	4	Lafayette
141	4,838	1,390	22	15,925	40,074	14	Lafourche
26	1,145	-	21	2,966	8,524	42	La Salle
143	4,373	-	31	7,982	28,209	19	Lincoln
195	7,734	444	98	8,064	33,985	15	Livingston
477	766	1	23	2,374	7,718	46	Madison
511	3,262	134	103	5,649	23,259	24	Morehouse
428	1,624	437	66	4,878	17,127	32	Natchitoches
1,984	46,800	3,212	60	79,740	238,277	2	Orleans
1,579	23,593	1,729	324	35,343	82,004	9	Ouachita
-	89	-	-	516	4,679	57	Plaquemines
170	2,279	11	38	2,834	8,956	40	Pointe Coupee
705	24,027	969	456	31,736	85,105	8	Rapides
66	240	-	-	1,456	5,390	53	Red River
232	2,825	1	45	6,404	20,976	25	Richland
10	14	-	-	3,442	14,786	36	Sabine
245	3,385	1,124	-	3,683	17,180	31	St. Bernard
35	1,528	-	-	7,310	19,663	27	St. Charles
109	1,330	-	-	2,587	7,977	44	St. Helena
56	1,605	-	-	1,488	8,344	43	St. James
278	3,334	186	258	3,709	18,915	29	St. John
1,249	8,803	163	90	14,688	59,107	11	St. Landry
606	1,395	5	-	3,144	19,062	28	St. Martin
240	2,307	-	-	11,918	26,977	20	St. Mary
132	37,593	724	462	26,959	115,960	6	St. Tammany
927	13,272	144	45	25,981	64,703	10	Tangipahoa
-	425	150	-	1,406	2,208	63	Tensas
191	13,735	-	153	17,805	58,602	12	Terrebonne
-	1,431	-	-	2,313	7,842	45	Union
128	3,814	2	-	5,416	23,690	23	Vermillion
14	608	-	27	4,179	14,703	37	Vernon
382	5,127	1	-	6,216	25,846	22	Washington
238	361	201	82	11,069	20,665	26	Webster
34	688	-	-	1,243	6,046	52	West Baton Rouge
36	887	-	-	1,981	4,876	55	West Carroll
67	594	-	-	630	3,694	61	West Feliciana
121	917	-	-	1,699	7,017	48	Winn
22,237	404,393	19,529	5,811	548,974	1,148,278		Total In-State <sup>1</sup>
0	99	0	0	334,134	350,662		Total Out-of-State
22,237	404,463	19,529	5,811	697,733	1,212,232		Total <sup>1</sup>

Table 27: Payments per Recipient by Parish for the Top Ten Provider Types Based on Payments (1-6)

	Parish	Nursing Facility	Hospital	Pharmacy	Personal Care Waiver Services	ICF/DD - Group Home	Physician (MD)
1	Acadia	\$26,398	\$562	\$846	\$22,713	\$63,885	\$160
2	Allen	27,057	779	521	433	63,083	137
3	Ascension	27,457	335	596	28,007	64,945	180
4	Assumption	28,613	357	690	26,533	54,004	74
5	Avoyelles	26,542	597	694	23,411	54,841	125
6	Beauregard	27,483	869	552	20,088	46,772	180
7	Bienville	24,253	874	466	2,829	58,902	125
8	Bossier	26,948	405	489	38,160	80,168	192
9	Caddo	27,759	1,584	738	36,284	50,876	276
10	Calcasieu	26,946	925	1,010	33,924	49,232	236
11	Caldwell	22,034	1,534	730	32,595	61,307	197
12	Cameron	-	1,955	475	-	-	59
13	Catahoula	24,956	-	584	23,455	-	70
14	Claiborne	23,541	1,468	531	36,561	-	123
15	Concordia	23,836	1,339	478	25,109	-	144
16	De Soto	25,836	603	587	19,554	53,361	205
17	East Baton Rouge	26,440	1,357	678	36,595	55,144	319
18	East Carroll	38,592	864	631	32,415	49,730	259
19	East Feliciana	67,263	3,447	651	27,817	132,199	129
20	Evangeline	27,552	552	940	21,630	46,272	157
21	Franklin	28,636	763	522	23,674	52,507	190
22	Grant	25,718	-	629	-	59,655	136
23	Iberia	25,306	414	576	36,840	56,570	226
24	Iberville	24,003	530	795	32,307	55,430	206
25	Jackson	32,643	988	577	35,456	59,103	198
26	Jefferson	26,529	1,199	878	35,426	53,762	270
27	Jefferson Davis	28,327	1,124	761	57,075	48,828	144
28	Lafayette	29,596	1,473	697	35,128	50,070	282
29	Lafourche	26,081	624	639	32,253	71,002	196
30	La Salle	28,025	1,399	736	18,866	59,595	204
31	Lincoln	24,762	752	829	22,934	55,780	204
32	Livingston	27,069	890	727	28,318	56,382	138
33	Madison	30,257	674	446	22,619	45,738	207
34	Morehouse	27,935	859	532	29,227	59,960	119
35	Natchitoches	25,723	772	530	26,430	58,667	199
36	Orleans	27,554	1,908	557	32,867	53,537	310
37	Ouachita	26,171	1,277	702	35,017	58,231	295
38	Plaquemines	19,905	-	578	67,605	60,434	147
39	Pointe Coupee	31,610	543	573	22,202	55,272	190
40	Rapides	27,599	1,236	733	39,046	136,518	237
41	Red River	24,887	970	574	34,128	54,291	121
42	Richland	25,761	701	593	30,616	49,579	127
43	Sabine	26,131	747	447	35,393	53,849	120
44	St. Bernard	-	560	677	30,745	59,368	219
45	St. Charles	26,274	824	789	27,505	-	157
46	St. Helena	26,886	614	345	21,732	79,831	117
47	St. James	24,789	923	448	24,467	-	217
48	St. John	24,575	320	450	32,210	43,072	188
49	St. Landry	29,899	496	772	22,058	58,394	197
50	St. Martin	30,553	532	600	29,173	58,432	127
51	St. Mary	26,376	605	599	27,410	59,238	198
52	St. Tammany	26,566	775	798	24,332	52,761	228
53	Tangipahoa	23,725	824	657	34,374	96,318	230
54	Tensas	-	-	487	-	-	-
55	Terrebonne	25,252	804	688	31,688	44,353	275
56	Union	24,313	725	631	-	55,709	199
57	Vermilion	29,798	595	589	29,069	47,863	154
58	Vernon	23,165	983	560	32,172	54,670	233
59	Washington	22,846	805	726	34,852	50,433	156
60	Webster	26,201	589	589	28,263	50,339	220
61	West Baton Rouge	29,477	-	505	12,435	54,196	114
62	West Carroll	27,279	1,146	753	20,891	55,040	507
63	West Feliciana	31,666	776	705	25,379	52,771	263
64	Winn	24,662	980	647	27,209	52,716	131
Total In-State		\$28,307	\$1,387	\$798	\$35,146	\$82,061	\$427
Total Out-of-State		\$0	\$2,270	\$1,925	\$0	\$0	\$128
Total		\$28,307	\$1,411	\$826	\$35,146	\$82,061	\$428

Table 27: Continued (7-10)

Personal Care Services (LTC/PCS/PAS)	Dentist	Mental Health Rehabilitation	Hospice Services	All Others	Grand Total	Rank	Parish
\$9,964	\$363	\$375	\$0	\$479	\$1,751	34	Acadia
811	511	-	13,096	309	1,248	56	Allen
11,460	266	-	-	887	1,347	50	Ascension
11,166	227	-	-	585	1,810	29	Assumption
11,257	201	5,218	11,027	344	2,382	12	Avoyelles
7,695	258	-	-	226	1,397	47	Beauregard
504	-	-	-	250	1,667	36	Bienville
7,634	461	3,928	7,487	521	2,146	15	Bossier
10,658	331	3,515	11,275	519	2,292	13	Caddo
9,896	336	3,995	9,619	441	1,943	23	Calcasieu
10,069	374	-	-	602	2,494	9	Caldwell
-	-	-	-	186	769	63	Cameron
10,637	254	-	-	489	1,980	22	Catahoula
8,907	520	-	-	526	2,957	4	Claiborne
10,494	479	4,056	13,299	255	1,807	31	Concordia
5,691	384	4,966	12,600	426	1,920	24	De Soto
10,840	357	4,161	9,776	580	2,116	17	East Baton Rouge
13,365	408	-	-	260	1,855	28	East Carroll
10,540	205	-	-	651	5,020	1	East Feliciana
12,235	248	3,560	12,327	1,172	1,885	26	Evangeline
11,297	248	-	13,947	391	2,095	19	Franklin
-	695	-	-	223	2,556	7	Grant
10,846	311	1,326	9,185	536	1,579	42	Iberia
6,841	201	1,666	11,242	451	1,280	53	Iberville
9,704	763	-	10,977	355	3,331	3	Jackson
9,275	284	3,854	7,971	342	1,382	49	Jefferson
9,703	159	-	13,505	451	1,597	41	Jefferson Davis
10,262	315	4,479	9,042	699	1,667	37	Lafayette
11,089	294	2,846	6,695	770	1,917	25	Lafourche
7,862	228	-	9,519	399	2,000	21	La Salle
8,467	321	-	9,040	712	1,511	45	Lincoln
8,348	337	2,674	10,384	382	1,276	54	Livingston
8,029	297	70	10,043	826	2,393	11	Madison
10,793	341	3,662	12,812	909	1,702	35	Morehouse
11,115	288	2,973	11,239	389	1,809	30	Natchitoches
10,367	268	3,784	11,241	472	1,569	43	Orleans
10,069	365	4,134	11,506	788	2,428	10	Ouachita
-	207	-	-	452	1,863	27	Plaquemines
10,621	374	564	7,737	514	2,111	18	Pointe Coupee
9,873	297	4,075	12,263	601	4,001	2	Rapides
11,599	138	-	-	1,232	2,093	20	Red River
11,550	258	170	12,725	333	1,662	38	Richland
10,215	841	-	-	477	1,228	57	Sabine
9,595	359	2,426	-	246	1,089	60	St. Bernard
9,461	229	-	-	1,032	1,288	52	St. Charles
10,887	209	-	-	194	904	62	St. Helena
12,684	469	-	-	799	1,251	55	St. James
10,205	325	3,395	9,346	498	1,394	48	St. John
11,665	337	1,930	12,838	386	1,637	39	St. Landry
12,113	283	274	-	684	1,758	33	St. Martin
11,367	295	-	-	213	1,189	59	St. Mary
7,771	263	3,739	10,478	517	1,062	61	St. Tammany
10,491	314	6,747	7,509	453	2,545	8	Tangipahoa
-	309	3,438	-	321	763	64	Tensas
9,169	326	-	7,785	430	1,468	46	Terrebonne
-	413	-	-	430	1,771	32	Union
11,071	249	279	-	517	1,537	44	Vermilion
7,954	162	-	7,876	196	1,311	51	Vernon
10,018	282	(73)	-	484	1,617	40	Washington
10,311	265	4,211	11,798	652	2,124	16	Webster
9,949	332	-	-	487	1,221	58	West Baton Rouge
12,009	285	-	-	507	2,791	5	West Carroll
8,838	262	-	-	306	2,689	6	West Feliciana
11,538	240	-	-	363	2,150	14	Winn
\$11,099	\$361	\$3,817	\$10,493	\$776	\$3,743		Total In-State
\$0	\$253	\$0	\$0	\$1,179	\$1,246		Total Out-of-State
\$11,099	\$361	\$3,817	\$10,493	\$1,175	\$3,906		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 \$366.4 million (83.9%) due to the CMS payments for Medicare Buy-in and Part-D. If CMS payments were excluded, our neighboring state, Texas, would have had the

highest payments with about \$19.6 million (4.5%) followed by Pennsylvania with about \$14.1 million (3.2%). Provider participation was represented by almost all of the states in the United States during SFY 2012/13. Next to Washington, D.C., Texas had the highest number of Louisiana recipients due to them being a neighboring state.

**Table 28: Payments, Number of Providers and Recipients by State for the Top Ten Provider Types Based on Out-of-State Payments**

	State	Payments	Providers	Recipients
1	AK	\$869	4	4
2	AL	3,385,867	39	33,114
3	AR	310,860	139	1,796
4	AZ	10,237,162	33	433
5	CA	3,363,473	59	12,420
6	CO	829,495	44	18,410
7	CT	2,187	4	70
8	DC	366,441,857	9	208,936
9	DE	-	-	-
10	FL	1,950,608	86	13,319
11	GA	1,949,646	42	2,630
12	HI	1,374	2	59
13	IA	1,257	4	7
14	ID	2,515	4	19
15	IL	211,773	25	176
16	IN	24,853	11	102
17	KS	1,182,726	11	435
18	KY	24,021	13	88
19	MA	197,225	11	406
20	MD	3,372	9	110
21	ME	4,452	2	62
22	MI	36,569	29	310
23	MN	823,424	67	6,268
24	MO	808,112	38	587
25	MS	5,250,505	523	11,358
26	MT	212	1	1
27	NC	859,479	38	6,922
28	ND	546	2	6
29	NE	836,356	55	56
30	NH	59	1	3
31	NJ	1,203,896	13	8,333
32	NM	41,952	15	260
33	NV	155,544	18	115
34	NY	15,550	9	181
35	OH	75,990	43	328
36	OK	204,593	14	163
37	OR	2,636	4	11
38	PA	14,127,480	30	3,435
39	RI	10,830	4	72
40	SC	3,921	10	12
41	SD	154,378	5	5
42	TN	2,278,196	238	3,173
43	TX	19,629,124	490	74,233
44	UT	18,476	12	153
45	VA	225,166	36	1,121
46	VT	110	1	5
47	WA	99,349	17	358
48	WI	815	4	7
49	WV	2,482	7	14
50	WY	510	2	3
<b>Total<sup>1</sup></b>		<b>\$436,991,853</b>	<b>2,274</b>	<b>350,662</b>

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



# Medicaid Home and Community-Based Service Waivers

In 1981, the Federal Government created Title XIX Home and Community-Based Services (HCBS) in order to provide home and community-based services to the elderly and persons with physical disabilities, developmental disabilities and/or mental illnesses. Since this act made an exception to the traditional Medicaid requirements, it required a “waiver.” Waivers allow flexibility for states to develop and test creative alternatives for operating their Medicaid programs that are cost neutral compared to what Medicaid would have paid in absence of 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 2012/13 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 2012/13, a total of 652 slots were filled with total payments of about \$18.7 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 4,406 slots in SFY 2012/13 with total payments of almost \$141.7 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 2012/13, a total of 1,245 slots were filled with total payments of about \$39.8 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, accessibilities adaptations modifications, employment training and transportation, community integration and development, day habilitation, emergency response systems and specialized medical equipment to disabled children and adults from age three and up. During SFY 2012/13, a total of 8,492 slots were filled with total payments of about \$495.9 million for direct waiver and non-waiver services.

## Supports Waiver (SW)

The Supports Waiver 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 1,665 slots in SFY 2012/13 with total payments of about \$22.9 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 2012/13, a total of 27 slots were filled with total payments of about \$1.3 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 29 shows the types of HCBS Waivers, with the eligible population description and income limit of each waiver available during SFY 2012/13 in Louisiana. Table 30 shows the number of allocated and filled slots along with the recipients and payments for the last five state fiscal years (Figures 13, 14 and 15). During SFY 2012/13, 16,487 slots were filled under the HCBS waiver programs, continuing the trend of delivering services outside an institutional facility.

**Table 29: Home and Community-Based Service Waivers Eligible Populations and Income Limits**

Waiver	Eligible Population	Income Limit
<b>Adult Day Health Care Waiver (ADHC)</b>	Age 22 or older with a disability that meets nursing facility level of care	222% of poverty (3 times the SSI amount); Assets limit: \$2,000 for individual, \$3,000 for a couple who needs LTC, and \$115,920 for a community spouse not receiving LTC
<b>Community Choice Waiver (CCW)</b>	Age 21 or older with a disability that meets nursing facility level of care	222% of poverty (3 times the SSI amount); Assets limit: \$2,000 for individual, \$3,000 for a couple who needs LTC, and \$115,920 for a community spouse not receiving LTC
<b>Children's Choice Waiver (CC)</b>	Age birth through age 18; Meets ICF-DD level of care for medical and/or psychological criteria, and meets the Louisiana definition for developmental disability	222% of poverty (3 times the SSI amount); Assets limit: \$2,000 individual
<b>New Opportunities Waiver (NOW)</b>	Age 3 and older with a developmental disability which manifested prior to age 22; Meets ICF-DD level of care for medical and/or psychological criteria, and meets the Louisiana definition for developmental disability	222% of poverty (3 times the SSI amount); Assets limit: \$2,000 individual and \$3,000 for a couple who needs ICF-DD level of care
<b>Supports Waiver (SW)</b>	Age 18 and older with a developmental disability which manifested prior to age 22; Meets ICF-DD level of care for medical and/or psychological criteria, and meets the Louisiana definition for developmental disability	222% of poverty (3 times the SSI amount); Assets limit: \$2,000 individual and \$3,000 for a couple who needs ICF-DD level of care
<b>Residential Options Waiver (ROW)</b>	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	222% 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 30: Home and Community-Based Service Waiver Slots, Recipients<sup>1</sup> and Payments<sup>2</sup> by State Fiscal Year

Waiver		2008/09	2009/10	2010/11	2011/12	2012/13
Adult Day Health Care Waiver (ADHC)	Allocated Slots	825	825	825	825	825
	Filled Slots	705	680	765	663	652
	Recipients	862	902	940	1,065	828
	Direct Waiver (\$)	\$7,652,210	\$7,907,572	\$7,996,342	\$9,136,942	\$9,095,900
	Non-Waiver (\$)	\$9,364,122	\$9,028,823	\$9,553,860	\$9,427,585	\$9,626,652
	Total Payments (\$)	\$17,016,332	\$16,936,395	\$17,550,202	\$18,564,526	\$18,722,552
Community Choices Waiver (CCW) /EDA	Allocated Slots	4,603	4,603	4,603	4,603	4,953
	Filled Slots	3,934	4,071	4,403	4,390	4,406
	Recipients	4,645	4,861	5,211	5,443	5,075
	Direct Waiver (\$)	\$63,093,098	\$48,788,385	\$107,069,947	\$110,488,632	\$112,624,068
	Non-Waiver (\$)	\$103,237,616	\$88,973,196	\$25,563,128	\$27,042,969	\$29,113,275
	Total Payments (\$)	\$166,330,714	\$137,761,581	\$132,633,076	\$137,531,601	\$141,737,343
Children's Choice Waiver (CC)	Allocated Slots	1,050	1,050	1,475	1,475	1,475
	Filled Slots	956	999	973	1,360	1,245
	Recipients	1,032	1,090	1,059	1,458	1,394
	Direct Waiver (\$)	\$9,991,258	\$11,355,892	\$10,756,228	\$13,210,754	\$14,316,178
	Non-Waiver (\$)	\$14,688,220	\$16,938,240	\$17,144,801	\$22,900,185	\$25,448,927
	Total Payments (\$)	\$24,679,478	\$28,294,133	\$27,901,029	\$36,110,939	\$39,765,105
New Opportunities Waiver (NOW)	Allocated Slots	8,682	8,682	8,832	8,832	8,832
	Filled Slots	6,372	7,046	7,628	8,425	8,492
	Recipients	6,365	7,097	7,672	8,419	8,680
	Direct Waiver (\$)	\$373,621,978	\$385,039,832	\$386,869,733	\$389,907,410	\$426,590,495
	Non-Waiver (\$)	\$49,434,436	\$49,896,331	\$56,621,467	\$67,500,875	\$69,307,496
	Total Payments (\$)	\$423,056,414	\$434,936,163	\$443,491,201	\$457,408,285	\$495,897,991
Supports Waiver (SW)	Allocated Slots	2,188	2,188	2,188	2,188	2,188
	Filled Slots	1,764	1,703	1,727	1,801	1,665
	Recipients	2,021	1,997	1,950	1,967	1,760
	Direct Waiver (\$)	\$15,474,757	\$14,307,206	\$13,389,198	\$13,302,475	\$12,982,865
	Non-Waiver (\$)	\$8,628,288	\$7,974,441	\$7,784,433	\$9,134,521	\$9,956,630
	Total Payments (\$)	\$24,103,045	\$22,281,648	\$21,173,631	\$22,436,996	\$22,939,494
Residential Options Waiver (ROW)	Allocated Slots		210	265	265	265
	Filled Slots		2	24	27	27
	Recipients	N/A	0	26	30	26
	Direct Waiver (\$)		\$0	\$372,964	\$757,611	\$560,514
	Non-Waiver (\$)		\$0	\$89,787	\$471,815	\$721,649
	Total Payments (\$)		\$0	\$462,751	\$1,229,427	\$1,282,163

<sup>1</sup> Recipient counts are based on direct waiver services payments.

<sup>2</sup> Total payments including Medicare Buy-in premiums, Part-D and LBHP are based on Type Case. Direct waiver services payments are based on waiver Budget Category of Service (BCOS) while non-waiver payments represent all other payments other than direct waiver services payments.

Figure 13: Historical Waiver Filled Slots by State Fiscal Year

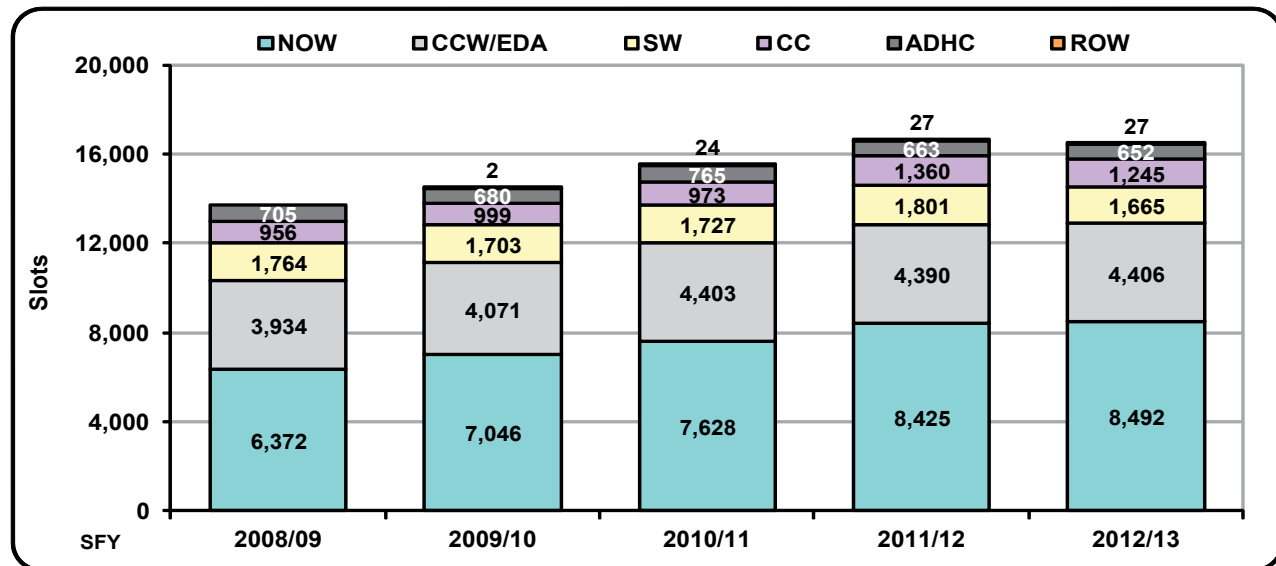


Figure 14: Historical Waiver Recipients by State Fiscal Year

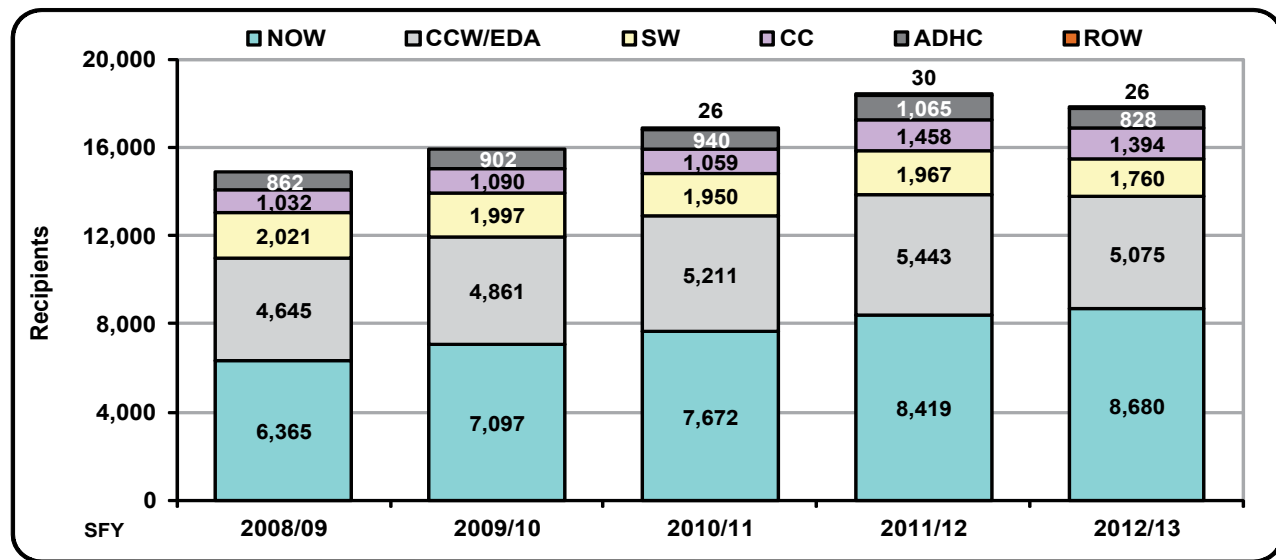
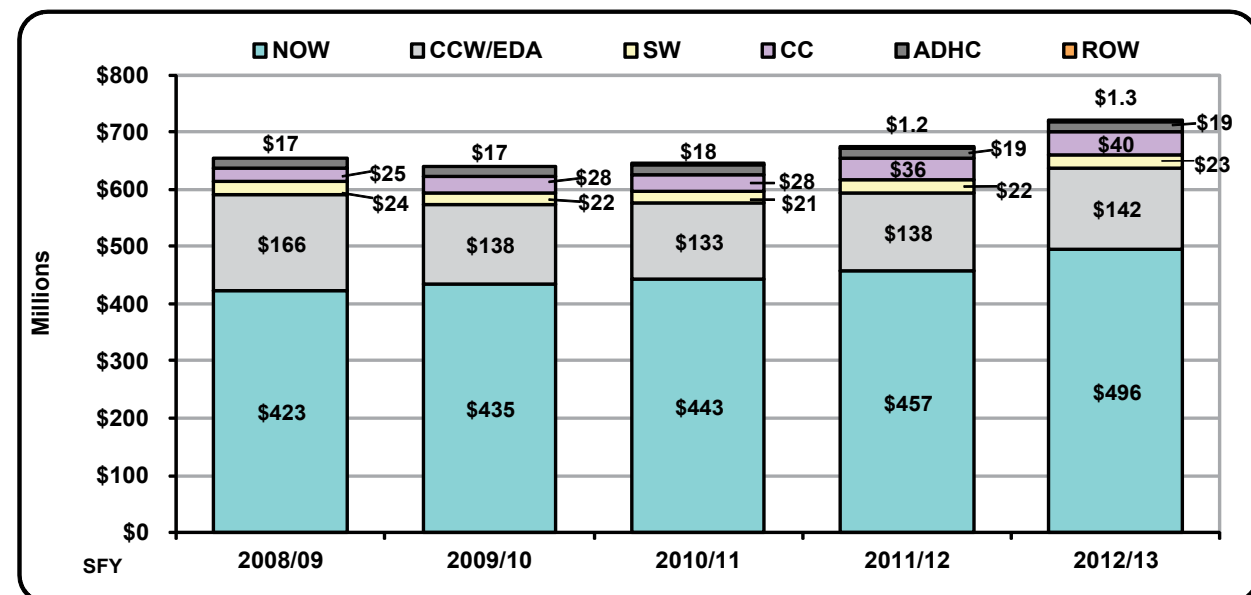


Figure 15: Historical Waiver Total Payments by State Fiscal Year





# Bayou Health

In February 2012, Louisiana Medicaid initiated its transition from its 45-year-old legacy fee-for-service program to a managed health care delivery system that offers medical homes to many Louisiana Medicaid enrollees. Louisiana's Medicaid program was originally setup with little to no coordination, uneven quality of care, inequitable access to care and unpredictable costs. The Bayou Health program was implemented in an effort to improve health outcomes for Louisiana's Medicaid population eligible to enroll in a health plan, 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. There are three Prepaid Health Plans, including Amerigroup RealSolutions, AmeriHealth Caritas Louisiana (formerly known as LaCare) and Louisiana Healthcare Connections, and two Shared Savings Health Plans which include Community Health Solutions of Louisiana and UnitedHealthcare Community Plan. 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.

Frequently asked questions regarding Bayou Health are addressed through a series of informational bulletins on the Making Medicaid Better website, [www.makingmedicaidbetter.com](http://www.makingmedicaidbetter.com), and also plan comparisons can be found on the Bayou Health website, [www.bayouhealth.com](http://www.bayouhealth.com).

During SFY 2012/13, 1,027,787 Medicaid recipients were covered by Bayou Health Plans, representing about 73% of Louisiana's Medicaid population. Of the Bayou Health population, about 52% were covered in Prepaid Health Plans and about 48% by Shared Savings Health Plans (Figure 16).

Table 31 presents the payments made to the Bayou Health Plans by parish and Table 32 presents recipients accordingly. During SFY 2012/13, Bayou Health total payments were \$1,311,836,142 which consist of \$1,254,422,088 paid to Prepaid Plans (as PMPMs) on behalf of 551,858 recipients and \$57,414,054 paid to Shared Plans for the management of 523,228 recipients.

**Figure 16: Percentage of Bayou Health Recipient Member Months by Health Plan Type**

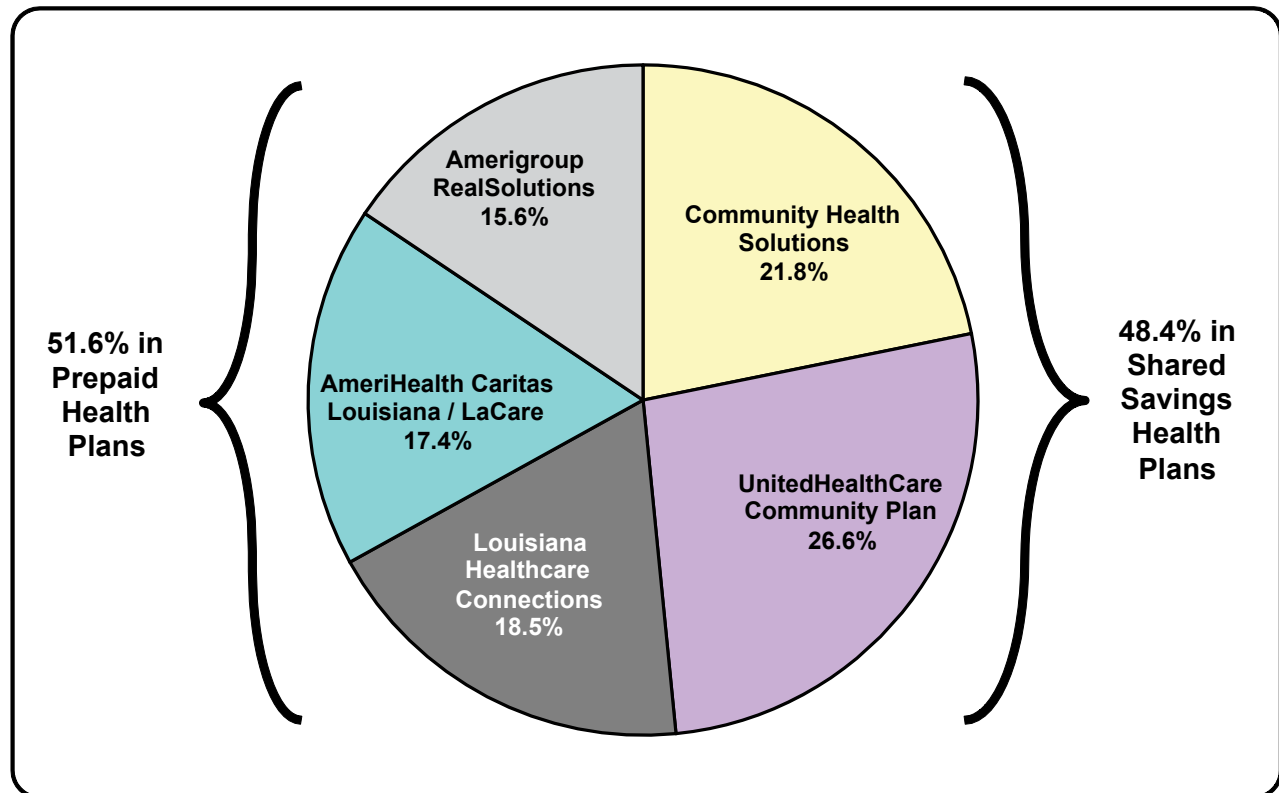


Table 31: Bayou Health Payments by Parish and Health Plan

	Parish	Prepaid Health Plans				Shared Savings Health Plans <sup>1</sup>			Total
		Amerigroup	AmeriHealth Caritas LA / LaCare	LA Healthcare Connections	Sub-Total	Community Health Solutions	United Healthcare	Sub-Total	
1	Acadia	\$6,489,626	\$7,347,291	\$5,931,365	\$19,768,282	\$330,566	\$494,328	\$824,894	\$20,593,176
2	Allen	1,907,291	2,550,184	2,657,162	7,114,637	157,762	125,996	283,758	7,398,395
3	Ascension	3,590,685	12,292,160	2,913,336	18,796,181	282,726	841,526	1,124,252	19,920,433
4	Assumption	1,829,141	2,419,835	1,513,016	5,761,992	120,159	160,756	280,915	6,042,907
5	Avoyelles	6,579,336	5,621,777	6,672,432	18,873,545	267,420	216,275	483,695	19,357,240
6	Beauregard	3,292,077	3,127,128	3,351,155	9,770,359	197,479	226,064	423,542	10,193,901
7	Bienville	1,216,149	2,308,404	1,517,264	5,041,816	114,297	84,265	198,562	5,240,379
8	Bossier	5,741,169	8,329,054	7,239,693	21,309,916	399,687	694,651	1,094,338	22,404,254
9	Caddo	20,701,037	34,509,889	24,974,346	80,185,273	971,977	2,368,005	3,339,982	83,525,255
10	Caldcasieu	13,777,713	13,741,717	13,310,077	40,829,507	2,778,167	453,051	3,231,218	44,060,726
11	Caldwell	891,433	732,833	953,376	2,577,643	60,224	109,503	169,728	2,747,370
12	Cameron	142,652	118,453	99,945	361,051	24,004	18,059	42,063	403,113
13	Catahoula	615,725	1,284,766	1,963,345	3,863,836	52,736	74,441	127,177	3,991,013
14	Claiborne	1,455,151	2,258,780	1,419,808	5,133,739	76,831	56,688	133,519	5,267,258
15	Concordia	1,757,107	3,304,250	5,114,928	10,176,285	82,187	86,572	168,759	10,345,044
16	De Soto	1,165,783	2,321,434	3,021,408	6,508,625	93,464	328,416	421,879	6,930,504
17	East Baton Rouge	25,489,234	43,082,439	33,199,736	101,771,409	1,834,952	4,093,323	5,928,275	107,699,684
18	East Carroll	999,995	841,515	682,350	2,523,860	131,806	76,957	208,763	2,732,623
19	East Feliciana	1,631,295	2,583,992	1,835,845	6,051,132	107,787	141,041	248,828	6,299,960
20	Evangeline	4,442,735	4,618,294	3,830,771	12,891,799	174,912	356,409	531,321	13,423,120
21	Franklin	1,799,939	2,880,054	2,611,300	7,291,293	102,591	213,479	316,070	7,607,363
22	Grant	1,785,832	2,398,541	3,043,222	7,227,596	105,461	93,675	199,136	7,426,732
23	Iberia	7,434,397	5,794,922	11,529,471	24,758,791	665,577	387,435	1,053,012	25,811,803
24	Iberville	3,077,788	4,608,364	2,766,313	10,452,466	123,638	306,420	430,059	10,882,524
25	Jackson	702,238	1,691,442	1,128,767	3,522,447	50,037	118,022	168,059	3,690,507
26	Jefferson	33,716,307	33,252,649	34,436,505	101,405,461	1,953,643	3,343,777	5,297,419	106,702,880
27	Jefferson Davis	2,225,018	3,265,009	2,137,711	7,627,738	309,001	163,369	472,370	8,100,108
28	Lafayette	14,375,558	15,679,699	18,976,601	49,031,857	1,055,581	924,084	1,979,665	51,011,522
29	Lafourche	10,619,867	5,606,039	4,193,779	20,419,686	612,325	538,393	1,150,718	21,570,404
30	La Salle	711,264	986,180	1,120,901	2,818,345	53,569	129,413	182,983	3,001,328
31	Lincoln	2,434,614	3,335,239	3,845,338	9,615,191	128,759	432,209	560,968	10,176,158
32	Livingston	8,608,804	10,735,026	5,700,345	25,044,175	631,593	1,009,849	1,641,442	26,685,618
33	Madison	1,616,368	1,028,922	1,451,411	4,096,701	208,049	30,483	238,532	4,335,232
34	Morehouse	4,595,914	5,246,079	3,694,999	13,536,992	172,256	138,716	310,972	13,847,964
35	Natchitoches	3,361,010	7,056,066	4,683,795	15,100,871	192,828	217,218	410,046	15,510,917
36	Orleans	40,670,746	36,305,046	50,036,733	127,012,525	1,673,728	3,061,849	4,735,577	131,748,102
37	Ouachita	17,972,217	16,997,510	20,135,278	55,105,005	594,235	980,049	1,574,284	56,679,289
38	Plaquemines	1,048,319	1,504,878	1,898,001	4,451,198	88,761	180,093	268,854	4,720,053
39	Pointe Coupee	957,432	5,127,048	1,019,310	7,103,790	27,777	214,426	242,203	7,345,993
40	Rapides	13,911,349	17,785,736	21,390,236	53,087,321	643,294	634,885	1,278,180	54,365,501
41	Red River	800,306	1,428,389	341,605	2,570,301	36,955	124,319	161,274	2,731,575
42	Richland	2,029,431	2,406,228	1,985,964	6,421,623	149,989	178,353	328,343	6,749,965
43	Sabine	1,851,817	2,989,343	2,176,628	7,017,788	122,586	123,632	246,218	7,264,006
44	St. Bernard	4,155,872	3,197,956	5,369,260	12,723,088	327,349	388,435	715,784	13,438,872
45	St. Charles	4,994,182	3,536,414	2,838,022	11,368,618	228,584	265,698	494,282	11,862,900
46	St. Helena	1,313,096	1,097,566	522,009	2,932,671	89,805	30,526	120,331	3,053,003
47	St. James	1,040,797	2,399,260	1,876,660	5,316,717	114,738	171,991	286,729	5,603,446
48	St. John	6,311,048	3,656,628	4,170,557	14,138,234	361,985	323,348	685,333	14,823,567
49	St. Landry	11,519,410	10,698,717	13,456,515	35,674,642	379,296	1,102,112	1,481,408	37,156,050
50	St. Martin	3,696,297	4,388,436	6,667,063	14,751,796	297,396	263,459	560,855	15,312,651
51	St. Mary	7,138,947	8,192,141	8,275,531	23,606,620	184,192	360,167	544,359	24,150,979
52	St. Tammany	15,443,942	13,382,509	17,218,505	46,044,955	1,091,344	905,069	1,996,413	48,041,368
53	Tangipahoa	14,149,322	12,679,062	10,081,585	36,909,968	2,231,618	248,952	2,480,569	39,390,537
54	Tensas	641,248	894,822	672,110	2,208,180	23,612	66,510	90,121	2,298,301
55	Terrebonne	7,395,522	11,486,591	7,358,045	26,240,158	671,000	1,350,510	2,021,509	28,261,668
56	Union	1,780,484	1,675,089	1,737,947	5,193,520	119,198	219,452	338,651	5,532,171
57	Vermillion	3,934,234	4,204,477	6,647,529	14,786,240	342,161	355,913	698,074	15,484,315
58	Vernon	3,980,890	4,200,046	3,371,125	11,552,061	210,438	229,014	439,452	11,991,513
59	Washington	7,860,537	6,801,225	6,295,662	20,957,424	364,685	194,599	559,284	21,516,709
60	Webster	3,989,729	3,037,871	4,800,120	11,827,720	287,443	280,480	567,923	12,395,643
61	West Baton Rouge	1,558,528	2,471,730	2,041,846	6,072,104	62,091	193,176	255,267	6,327,371
62	West Carroll	547,441	467,959	338,811	1,354,211	247,182	34,540	281,722	1,635,933
63	West Feliciana	621,079	861,154	750,634	2,232,867	56,028	46,553	102,581	2,335,448
64	Winn	1,111,686	1,629,055	1,759,504	4,500,244	64,857	116,695	181,552	4,681,797
Grand Total		\$383,206,166	\$442,461,311	\$428,754,611	\$1,254,422,088	\$25,716,381	\$31,697,673	\$57,414,054	\$1,311,836,142

<sup>1</sup> Shared Savings Plans payments only include the enhanced primary care case management payments paid directly to the plans and do not include any other claims paid on the recipients' behalf.

Table 32: Bayou Health Recipients by Parish and Health Plan

	Parish	Prepaid Health Plans				Shared Savings Health Plans <sup>1</sup>			Total
		Amerigroup	AmeriHealth Caritas LA / LaCare	LA Healthcare Connections	Sub-Total	Community Health Solutions	United Healthcare	Sub-Total	
1	Acadia	3,343	3,392	3,142	9,761	3,598	4,870	8,339	17,034
2	Allen	964	1,192	1,354	3,432	1,590	1,383	2,934	6,035
3	Ascension	2,045	6,974	1,676	10,538	2,850	8,413	11,116	20,768
4	Assumption	781	973	725	2,435	1,169	1,580	2,695	4,896
5	Avoyelles	3,126	2,120	2,916	7,970	2,528	2,402	4,893	12,027
6	Beauregard	1,651	1,558	1,709	4,807	2,218	2,263	4,453	8,819
7	Bienville	629	1,174	653	2,399	1,195	925	2,089	4,162
8	Bossier	3,406	4,231	4,402	11,804	3,945	7,016	10,868	21,954
9	Caddo	9,881	14,832	12,774	36,872	9,047	21,792	30,635	65,500
10	Calcasieu	6,519	5,691	5,969	17,829	26,139	4,798	30,570	45,021
11	Caldwell	465	268	545	1,266	595	1,091	1,663	2,799
12	Cameron	55	54	45	147	245	169	409	526
13	Catahoula	328	490	946	1,707	532	734	1,233	2,768
14	Claiborne	703	1,068	718	2,443	749	601	1,330	3,599
15	Concordia	1,030	1,295	2,533	4,673	772	895	1,646	6,075
16	De Soto	545	947	1,549	2,995	923	2,997	3,897	6,723
17	East Baton Rouge	10,640	21,687	15,085	46,533	17,483	39,690	56,404	97,282
18	East Carroll	492	321	375	1,169	1,295	871	2,139	2,934
19	East Feliciana	636	980	878	2,467	1,069	1,394	2,452	4,709
20	Evangeline	2,464	1,920	1,613	5,912	1,670	3,278	4,908	10,382
21	Franklin	934	1,307	1,329	3,456	1,020	2,043	3,049	6,218
22	Grant	1,044	1,146	1,427	3,551	1,100	1,024	2,098	5,390
23	Iberia	3,542	3,075	5,212	11,624	6,115	3,850	9,923	21,042
24	Iberville	1,503	2,344	1,284	5,055	1,175	3,101	4,223	8,819
25	Jackson	393	848	595	1,807	489	1,272	1,737	3,265
26	Jefferson	16,791	16,149	18,640	50,966	18,399	31,512	49,716	98,488
27	Jefferson Davis	1,111	1,516	1,103	3,642	3,552	1,972	5,419	7,740
28	Lafayette	7,654	7,132	10,195	24,715	10,436	9,606	19,934	43,303
29	Lafourche	4,281	2,358	2,067	8,615	5,801	5,408	11,085	18,821
30	La Salle	402	383	542	1,313	517	1,216	1,721	2,915
31	Lincoln	1,243	1,606	1,826	4,620	1,394	4,438	5,758	9,704
32	Livingston	3,912	5,650	3,168	12,513	6,407	10,040	16,304	27,903
33	Madison	781	414	836	1,973	1,921	382	2,277	4,049
34	Morehouse	2,339	2,152	1,970	6,285	1,847	1,373	3,198	8,926
35	Natchitoches	1,729	3,441	2,127	7,110	1,889	2,381	4,242	10,663
36	Orleans	17,615	14,675	23,187	54,746	15,240	27,797	42,888	95,390
37	Ouachita	8,953	8,581	11,452	28,028	6,532	10,547	16,862	41,886
38	Plaquemines	562	886	937	2,351	869	1,746	2,607	4,865
39	Pointe Coupee	407	2,447	475	3,282	328	2,033	2,343	5,381
40	Rapides	7,084	7,924	8,680	23,253	6,176	6,269	12,323	34,289
41	Red River	449	777	223	1,427	401	1,175	1,540	2,787
42	Richland	1,129	1,137	1,268	3,482	1,421	1,810	3,213	6,397
43	Sabine	764	1,577	1,150	3,422	1,122	1,146	2,266	5,537
44	St. Bernard	2,102	1,540	2,920	6,507	3,036	3,802	6,798	12,951
45	St. Charles	2,559	1,697	1,485	5,678	2,171	2,589	4,736	10,211
46	St. Helena	502	448	255	1,182	856	328	1,167	2,254
47	St. James	471	1,235	888	2,578	1,069	1,628	2,671	5,110
48	St. John	2,906	1,775	2,013	6,623	3,343	3,043	6,349	12,717
49	St. Landry	5,371	4,475	5,776	15,436	3,685	10,499	14,106	28,077
50	St. Martin	2,020	2,179	3,347	7,464	2,955	2,687	5,618	12,696
51	St. Mary	3,790	3,363	3,505	10,534	1,866	3,535	5,361	15,392
52	St. Tammany	8,035	5,591	8,365	21,748	10,334	8,908	19,085	39,644
53	Tangipahoa	5,573	4,284	4,536	14,135	20,529	2,669	22,985	35,704
54	Tensas	315	291	295	867	231	630	856	1,635
55	Terrebonne	2,736	4,406	3,586	10,622	6,375	12,999	19,216	27,974
56	Union	1,084	786	1,004	2,817	1,181	2,445	3,537	5,817
57	Vermilion	1,801	2,104	3,157	6,994	3,333	3,558	6,856	13,346
58	Vernon	1,898	1,911	1,812	5,534	2,079	2,299	4,367	9,574
59	Washington	2,855	2,878	2,823	8,482	3,329	1,777	5,069	13,196
60	Webster	2,057	1,585	2,120	5,674	2,763	2,834	5,548	10,724
61	West Baton Rouge	870	1,339	1,013	3,167	651	2,055	2,669	5,529
62	West Carroll	318	213	259	777	2,262	381	2,616	3,261
63	West Feliciana	239	389	417	1,036	540	483	1,021	1,928
64	Winn	609	657	836	2,059	627	1,131	1,740	3,661
Total <sup>1</sup>		171,563	191,675	198,390	551,858	233,768	294,309	523,228	1,027,787

<sup>1</sup> Parish recipient counts may not sum to the total state count due to movement between parishes during the SFY. Also, the individual plans recipient counts may not sum to the total plan type counts nor will the prepaid and shared recipient counts sum to the total Bayou Health count due to movement between the plans during the SFY. Total state figures are **unduplicated** for the entire state, while other numbers are **unduplicated** for each parish.

# 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 provides a new approach to both delivering and financing behavioral health services for Louisiana's children and adults through a fully integrated managed care system. This new service delivery model creates an integrated public behavioral health service system drawing on the strengths of the private, public and non-profit sectors. The goals are to provide enhanced access to a more complete and effective array of evidence-based behavioral health services and supports, while also improving individual health outcomes.

LBHP is an integrated 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 a 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 children and adults. Through better coordination of services, LBHP is designed to increase access to community-based services, improve quality of care and health outcomes, and reduce unnecessary utilization of 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 two target populations: (1) Medicaid-eligible individuals consisting of a) children with extensive

behavioral health needs either in or at-risk of out-of-home placement, b) children with medically necessary behavioral health needs who need coordinated care, and c) adults with severe mental illness and/or addictive disorders; and (2) non-Medicaid children and adults who have severe mental illness and/or addictive disorders (not included in the following data).

Within the LBHP, the Coordinated System of Care (CSoC) is a specialized program for children and youth with the most complex behavioral health needs who are in or most at risk of out-of-home placement. CSoC offers a comprehensive array of intensive services with the goal of enabling these children to remain in or return to their homes and communities. Wraparound Agencies (WAAs) provide individualized care planning and management through Child and Family Teams (CFTs), which are charged with the development of the plan of care. Family Support Organizations (FSOs) also have been formed to provide both parent and youth support and training. When CSoC is available statewide, it is anticipated that about 2,400 youth who are at greatest risk and have the most complex needs will be enrolled.

LBHP has made major strides to expand access to services and has served a total of 399,870 recipients (29.2% of Medicaid recipients), including 54,455 children (6.5% of Medicaid children) and 345,972 adults (64.5% of Medicaid adults) during SFY 2012/13. Top ten provider types of LBHP Children's claims payments are presented in Table 33. Table 34 presents parish data for LBHP Children claims payments and Adult PMPM's along with the respective recipients for SFY 2012/13.

**Table 33: LBHP Children's Number of Providers, Recipients and Payments by Top Ten Provider Types Based on Payments**

Provider Type	Providers	Recipients	Payments
Mental Health Rehabilitation	104	19,461	\$74,589,751
Mental Health Hospital	15	4,312	18,362,400
Multi-Systemic Therapy	19	4,113	13,411,977
Hospital - Distinct Part Psychiatric Unit	28	3,219	6,106,392
Physician (MD)	709	11,631	4,367,449
Community Mental Health Center	28	1,382	3,771,907
Hospital	95	2,354	3,486,954
Federally Qualified Health Center	47	5,073	2,978,875
Mental Health Clinic	39	7,457	2,700,706
Personal Care Services (LTC/PCS/PAS)	7	580	2,157,638
All Others	343	18,873	12,775,294
<b>Total<sup>1</sup></b>	<b>1,427</b>	<b>54,455</b>	<b>\$144,709,342</b>

<sup>1</sup> Provider type recipient counts may not add up to the state totals due to recipients receiving services from multiple provider types throughout the SFY. Total counts are **unduplicated** for the entire state, while other numbers are **unduplicated** for each provider type.



**Table 34: LBHP Children Claims Payments and Adult Per-Member-Per Month Recipients and Payments by Parish<sup>1</sup>**

	Parish	Children Claims Payments			Adult PMPM	
		Providers	Recipients	Payments	Recipients	Payments
1	Acadia	10	492	\$1,326,946	5,913	\$2,060,736
2	Allen	7	258	498,698	2,073	689,397
3	Ascension	13	1,111	2,493,005	5,607	1,834,670
4	Assumption	7	295	940,694	1,994	743,574
5	Avoyelles	14	590	1,783,159	5,006	1,831,372
6	Beauregard	10	349	707,396	2,617	835,729
7	Bienville	4	166	421,524	1,742	602,762
8	Bossier	13	1,053	3,507,455	6,459	2,179,578
9	Caddo	112	3,225	12,451,212	22,326	8,413,657
10	Calcasieu	108	2,538	5,591,309	13,321	4,680,995
11	Caldwell	2	151	497,403	1,050	355,737
12	Cameron	2	37	23,742	145	49,749
13	Catahoula	1	94	286,418	1,171	445,119
14	Claiborne	3	147	462,246	1,551	555,053
15	Concordia	4	184	614,831	2,058	824,800
16	De Soto	5	307	1,057,569	2,174	794,138
17	East Baton Rouge	161	5,609	14,593,335	30,456	10,946,073
18	East Carroll	1	139	495,450	1,143	434,337
19	East Feliciana	9	376	360,849	2,130	859,942
20	Evangeline	23	376	1,109,274	4,315	1,643,515
21	Franklin	5	228	558,250	2,377	823,194
22	Grant	2	256	658,857	1,850	653,118
23	Iberia	16	764	1,676,401	7,026	2,485,430
24	Iberville	4	358	725,363	3,093	1,125,969
25	Jackson	5	168	340,187	1,340	463,509
26	Jefferson	140	5,374	10,278,183	31,603	10,583,139
27	Jefferson Davis	11	379	1,732,076	2,659	888,130
28	Lafayette	95	1,577	4,772,559	13,409	4,521,638
29	Lafourche	29	1,001	2,673,879	6,474	2,355,333
30	La Salle	10	116	365,794	1,128	408,345
31	Lincoln	15	585	4,226,682	3,310	1,074,700
32	Livingston	5	1,587	2,671,747	7,790	2,422,373
33	Madison	7	375	1,543,059	1,304	464,252
34	Morehouse	12	499	1,312,604	3,391	1,213,820
35	Natchitoches	13	568	1,787,471	3,507	1,309,877
36	Orleans	161	4,837	14,110,531	37,110	13,963,949
37	Ouachita	51	2,535	8,063,395	13,081	4,600,004
38	Plaquemines	1	182	213,726	1,596	478,318
39	Pointe Coupee	5	256	408,598	2,040	702,680
40	Rapides	60	1,881	5,394,427	11,852	4,627,794
41	Red River	3	92	196,389	929	334,345
42	Richland	5	367	850,476	2,179	712,342
43	Sabine	11	195	426,568	1,981	725,967
44	St. Bernard	6	781	1,658,428	3,948	1,269,984
45	St. Charles	10	647	1,025,887	2,934	924,093
46	St. Helena	12	120	175,344	891	320,667
47	St. James	4	233	614,831	1,676	568,150
48	St. John	8	646	1,368,835	3,826	1,314,741
49	St. Landry	28	887	2,293,769	10,431	3,864,417
50	St. Martin	17	656	1,198,893	4,062	1,362,198
51	St. Mary	19	731	1,383,548	5,062	1,854,320
52	St. Tammany	81	3,393	5,276,792	11,625	3,765,329
53	Tangipahoa	30	1,700	3,706,952	12,113	4,370,411
54	Tensas	2	128	533,634	652	263,600
55	Terrebonne	32	1,634	4,067,095	9,376	3,543,714
56	Union	3	327	1,092,473	1,977	645,599
57	Vermilion	18	522	1,364,594	4,456	1,499,260
58	Vernon	8	289	739,241	2,913	959,781
59	Washington	20	974	982,365	5,098	2,092,182
60	Webster	16	526	1,492,257	4,017	1,424,298
61	West Baton Rouge	2	281	563,397	1,748	629,018
62	West Carroll	3	134	312,606	1,119	352,717
63	West Feliciana	2	86	129,620	702	294,859
64	Winn	5	190	519,042	1,345	444,133
<b>Grand Total<sup>2</sup></b>		<b>1,409</b>	<b>54,455</b>	<b>\$144,709,342</b>	<b>345,972</b>	<b>\$129,482,629</b>

<sup>1</sup> Provider counts reflect in-state providers only. Payment and recipient counts are based on recipient parish.

<sup>2</sup> Parish provider counts may not sum to the total state count due to providers offering services in more than one parish during the SFY. Parish recipient counts may not sum to the total state count due to recipients receiving services in more than one parish during the SFY. Total state figures are unduplicated for the entire state, while other numbers are unduplicated for each parish.

## 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.

**Prepaid Health Plan:** An entity that is risk-bearing, Managed Care Organization health care delivery system that is responsible for the provision of specified Medicaid State Plan 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.

**Shared Savings Health Plan:** An entity that serves as a primary care manager by providing enhanced primary care case management in addition to contracting with primary care providers for primary care management.

**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.

**System of Care:** A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community and throughout life.

#### **Temporary Assistance for Needy Families**

**(TANF):** TANF, commonly known as welfare, is the monthly cash assistance program for poor families with children under the age of 18. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) (Pub. L. 104-193), as amended, is the welfare reform law that established the TANF program.

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

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

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

**Waiver:** A Medicaid waiver grants states permission to waive certain federal requirements in order to operate a specific kind of program. Federal law allows states to enact two types of Medicaid waivers: 1) Program Waivers [1915 (b), 1915 (c)] and 2) Research and Demonstration Waivers [1115].

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



## Appendix B: Acronyms

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

## Medicare and Medicaid

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

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

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

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

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

# Department of Health and Hospitals

## Administrative Regions



### REGION 1 – Greater New Orleans Area

Benson Tower, 1450 Poydras St.  
Suite 1018  
New Orleans, LA 70112  
**PHONE:** (504) 599-0606  
**FAX:** 1- 866-853-7278

### REGION 4 – Acadiana

117 Production Dr.  
Lafayette, LA 70508  
**Mail to:** P.O. Box 80708  
Lafayette, LA 70598-0708  
**PHONE:** (337) 262-1231  
**FAX:** (337) 262-1232

### REGION 7 – Northwest Louisiana

3020 Knight Street – Ste. 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 64808  
Baton Rouge, LA 70896-4808  
**PHONE:** (225) 925-6505  
**FAX:** (225) 925-6525

### REGION 5 – Southwest Louisiana

– Parishes Beauregard, Calcasieu,  
and Cameron see Region 6  
– Parishes Allen and Jefferson Davis  
see Region 4

### REGION 8 – Northeast Louisiana

3100 Kilpatrick Blvd.  
P.O. Box 14225  
Monroe, LA 71207-4225  
**PHONE:** (318) 362-3408  
**FAX:** (318) 362-0411

### REGION 3 – South Central Louisiana

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

### REGION 6 – Central Louisiana

3600 Jackson St., Dunbar Plaza, Ste. 127  
Alexandria, LA 71303  
**Mail to:** P.O. Box 13316  
Alexandria, LA 71315-3316  
**PHONE:** (318) 487-5728  
**FAX:** (318) 484-2410

### REGION 9 – Northshore Area

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