Chapter 205. Louisiana Children's Health Insurance Program (LaCHIP)—Phase V

§20501. General Provisions

A. Effective April 1, 2008, the Department implements phase five of LaCHIP as a stand-alone program under the provisions of title XXI of the Social Security Act to provide coverage to uninsured children with family income from 200 percent up to 250 percent of the federal poverty level.

B. The Department retains the oversight and management of this LaCHIP expansion with health care benefits provided through the Louisiana Division of Administration, Office of Group Benefits preferred provider organization (PPO) plan.

C. Phase five is a cost-sharing program. Families who are enrolled in phase five of LaCHIP will be responsible for paying premiums, co-payments and deductibles.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XXI of the Social Security Act.

HISTORICAL NOTE: Repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:660 (April 2008).

§20503. Eligibility Criteria

A. This LaCHIP stand-alone program provides health care coverage to uninsured children who meet the following criteria:

1. are under the age of 19;

2. have family income from 200 percent up to 250 percent of the federal poverty level

3. do not have creditable health insurance coverage; and

4. are not eligible for any other Medicaid program.

B. For the purpose of determining eligibility for phase five of LaCHIP, children are considered to be uninsured if they do not have creditable health insurance at the time of application. Children shall not be considered uninsured if their creditable coverage is dropped within the 12 calendar months prior to application, unless the reason for dropping the coverage is considered to be involuntary loss of coverage. Loss of coverage for one of the following reasons shall be considered involuntary loss of coverage:

1. loss of coverage resulting from divorce or death of a parent;

2. the child reaches his maximum lifetime coverage amount;

3. expiration of coverage under a Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 continuation provision within the meaning given in 42 U.S.C. 300gg-91;

4. involuntary termination of health benefits due to;

a. a long-term disability or medical condition;

b. termination of employment, including lay-off or business closure; or

c. reduction in the number of hours of employment;

5. changing to a new employer who does not provide an option for dependent coverage; or

6. the family terminated health insurance coverage for the child because private insurance is not cost effective (the cost to the child's family for the coverage exceeded 10 percent of the family's income).

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XXI of the Social Security Act.

HISTORICAL NOTE: Repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:660 (April 2008).

§20505. Covered Services

A. Children covered in phase five of the LaCHIP expansion shall receive benefits through the Office of Group Benefits PPO plan's array of covered services including:

1. inpatient hospital services:

a. pre-certification is required for hospital admissions. Emergency services are covered if, upon review, presentation is determined to be life-threatening, resulting in admission to inpatient, partial hospital or intensive outpatient level of care;

2. outpatient hospital services:

a. the relative therapies require pre-certification;

3. physician services;

4. surgical procedures;

5. clinic services and other ambulatory health care services;

6. prescription drugs;

7. laboratory and radiological services;

8. pre-natal care and pre-pregnancy family services and supplies;

9. inpatient and outpatient mental health services other than those listed in any other provisions of §20503:

a. these services include those furnished in a state-operated mental hospital, residential facility or other 24 hour therapeutically-planned structural services. Pre-certification is required for these services. Emergency services are covered if, upon review, presentation is determined to be life-threatening, resulting in admission to inpatient, partial hospital or intensive outpatient level of care;

b. inpatient and outpatient visits are limited to medically necessary services not to exceed a combined 52 visits per plan year for mental health and substance abuse services;

10. durable medical equipment;

11. nursing care services;

a. the state employee's health plan only covers home health care services coordinated through case management;

12. dental services;

13. inpatient substance abuse treatment services, including residential substance abuse treatment services:

a. these services are only available to children receiving benefits in the state group benefits PPO plan through phase five of LaCHIP. Inpatient admissions must be pre-certified. Emergency services are covered if, upon review, presentation is determined to be life-threatening, resulting in admission to inpatient, partial hospital or intensive outpatient level of care;

b. inpatient days are limited to medically necessary services not to exceed a combined 45 visits per plan year for mental health and substance abuse services;

14. outpatient substance abuse treatment services:

a. these services are only available to children receiving benefits in the state group benefits PPO plan through phase five of LaCHIP. All services must be pre-certified;

b. outpatient visits are limited to medically necessary services not to exceed a combined 52 visits per plan year for mental health and substance abuse services;

15. case management services:

a. these services are only available to children receiving benefits in the state group benefits PPO plan through phase five of LaCHIP. Case management services are only available to assist members in transitioning out of an inpatient care setting;

16. physical therapy, occupational therapy and services for individuals with speech, hearing and language disorders:

a. physical and occupational therapy is limited to 50 visits per year and speech therapy is limited to 26 visits per year;

17. hospice care:

a. the state group benefits PPO plan only covers hospice services coordinated through case management;

18. medical transportation; and:

a. medical transportation is limited to emergency ambulance services only;

19. any other medically necessary medical, diagnostic, screening, preventive, restorative, remedial, therapeutic or rehabilitative services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XXI of the Social Security Act.

HISTORICAL NOTE: Repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:660 (April 2008).

§20507. Cost Sharing

A. Phase five of LaCHIP is a cost-sharing program with annual aggregate of premiums, deductibles and co-payments limited to no more than 5 percent of the family's annual income. Families who have been exempted from cost-sharing as members of federally recognized Native American Tribes will not be subject to co-payments.

B. The following cost-sharing criteria shall apply.

1. Premiums. When family income is between 201 percent and 250 percent of the federal poverty level, families shall be responsible for paying a $50 per month premium.

a. Premiums are due by the first of each month. If payment is not received by the tenth of the month, the responsible party shall be notified that coverage may be terminated if payment is not received by the twenty-first of the month.

2. Deductibles. A $150 deductible is applicable to hospital emergency room visits. If the child is admitted, the deductible shall be waived. A separate $200 deductible is applicable to mental health or substance abuse services. Payment of all deductibles is the responsibility of the family.

3. Co-insurance or co-payments. Enrollees are responsible for paying 10 percent of the contracted rate for most of the covered services rendered, with the exception of the following services:

a. hospice services require payment of 20 percent of the negotiated rate;

b. mental health and substance abuse services require payment of 20 percent of the negotiated rate;

c. home health services require payment of 30 percent of the negotiated rate;

d. prescription drug services require payment of 50 percent of the negotiated rate or $50 maximum payment ; and:

i. after $1,200 per person per plan year, the enrollee's co-payment shall be $15 for brand name drugs. There will be no co-payment for generic drugs:

e. ground ambulance transportation requires a $50 co-payment and licensed air ambulance transportation requires a $250 co-payment.

C. Non-payment of premiums shall result in disenrollment from LaCHIP, effective the following month. Non-payment of associated co-insurance or deductibles may result in a provider's refusal to render services, but the recipient will retain LaCHIP coverage.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XXI of the Social Security Act.

HISTORICAL NOTE: Repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:661 (April 2008).

§20509. Dental Services Reimbursement Methodology

A. Services covered in the LaCHIP Affordable Plan Dental Program shall be reimbursed at the lower of either:

1. the dentist's billed charges minus any third party coverage; or

2. the state's established schedule of fees, which is developed in consultation with the Louisiana Dental Association and the Medicaid dental consultants, minus any third party coverage.

B. Effective for dates of service on or after July 1, 2012, the reimbursement fees for LaCHIP Affordable Plan dental services shall be reduced to the following percentages of the 2009 National Dental Advisory Service comprehensive fee report 70th percentile, unless otherwise stated in this Chapter:

1. 65 percent for the following oral evaluation services:

a. periodic oral examination;

b. oral examination-patients under 3 years of age; and

c. comprehensive oral examination-new patients;

2. 62 percent for the following annual and periodic diagnostic and preventive services:

a. radiographs-periapical, first film;

b. radiographs-periapical, each additional film;

c. radiographs-panoramic film;

d. diagnostic casts;

e. prophylaxis-adult and child;

f. topical application of fluoride, adult and child (prophylaxis not included); and

g. topical fluoride varnish, therapeutic application for moderate to high caries risk patients (under 6 years of age);

3. 45 percent for the following diagnostic and adjunctive general services:

a. oral/facial image;

b. non-intravenous conscious sedation; and

c. hospital call; and

4. 56 percent for the remainder of the dental services.

C. Removable prosthodontics and orthodontic services are excluded from the July 1, 2012 rate reduction.

D. Effective for dates of service on or after August 1, 2013, the reimbursement fees for LaCHIP Affordable Plan dental services shall be reduced by 1.5 percent of the rate on file July 31, 2013, unless otherwise stated in this Chapter.

1. The following services shall be excluded from the August 1, 2013 rate reduction:

a. removable prosthodontics; and

b. orthodontic services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XXI of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:1285 (May 2013), amended LR 40:1008 (May 2014).