



# Louisiana Medicaid Annual Report

## State Fiscal Year 2008/09



**Chief Editor**  
**Bhaskar Toodi, MBA, Ph.D.**

**Editors**  
**Carrie Jackson, MBA**  
**Baifu Xu, MS**

**Editorial Panel**

**Kay Gaudet, B. Pharmacy**  
**Don Gregory**  
**Carrie Jackson, MBA**  
**Kang-Sun Lee, Ph.D.**  
**Jerry Phillips**  
**Bhaskar Toodi, MBA, Ph.D.**  
**Kyle Viator, MPA**  
**Baifu Xu, MS**

**Special Thanks**

**Ronee' Chandler**  
**Julia Kenny**  
**Augustus Matekole, Ph.D.**  
**Ucheoma Nwagbara, MPA**  
**Mary Kay Slusher**  
**Jeff Raymond, MS**  
**Medicaid Staff**

***Please address questions and comments to:***

**Bhaskar Toodi, MBA, Ph.D.**  
**Chief Health Economist / Director**  
**Division of Health Economics**  
**P.O. Box 629, Bin #34**  
**628 N. 4<sup>th</sup> Street**  
**Baton Rouge, LA 70821-0629**  
**Phone: (225) 342-6319**

This public document was published at a total cost of \$4,650.00. 1,000 copies of this public document were published in this first printing at a cost of \$4,650.00. The total cost of all printings of this document including reprints is \$4,650.00. This document was published by the Louisiana Department of Health and Hospitals Division of Health Economics, P.O. Box 629, Bin #34, Baton Rouge, LA 70821. It was printed in accordance with standards for printing by State Agencies pursuant to R.S. 43:31.



# State of Louisiana

## Department of Health and Hospitals

Dear Reader:

It is our pleasure to present the State Fiscal Year 2008/09 Medicaid Annual Report, which provides insight into Louisiana's Medicaid Program, and its multiple activities and numerous accomplishments throughout the year.

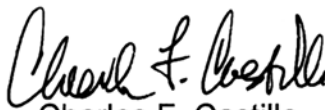
The Louisiana Medicaid Program continues to be one of the largest state programs with total expenditures of about \$6.4 billion during State Fiscal Year 2008/09. Of the \$6.4 billion, \$5.5 billion were claims and premium payments paid on behalf of more than 1.2 million Louisianians, about 28% of the state population. In addition, Medicaid paid about \$845.3 million as reimbursement of Uncompensated Care Costs on behalf of the uninsured and underinsured population. The Louisiana Medicaid Program continuously strives to accomplish its stated mission and goals: "responding to the health needs of Louisiana's citizens, provide access and quality of care, and improve health outcomes of its enrollees through ongoing cost containment efforts and program initiatives."

The Louisiana Medicaid Program made efforts to sustain accessible and quality health care for its enrollees, even in the face of budget reductions. During State Fiscal Year 2008/09, access to services were increased by adding slots to the Home and Community-Based Services program, adding the Youth Aging Out of Foster Care program and expanding the Family Opportunity Act to children through age of 18. In addition, Medicaid started the development of the "MaxEnroll" initiative facilitated by a four year grant to help maximize enrollment of eligible children in Medicaid and LaCHIP. These efforts will enable Louisiana Medicaid to provide more citizens with quality health care.

This year is the second year the Medicaid Annual Report included all Medicare Buy-in and Part-D enrollees, recipients and premiums throughout the report. Some of this data had not been captured in previous annual reports. Including all Medicare Buy-in and Part-D data provides a comprehensive and more accurate count of the people actually impacted by Medicaid.

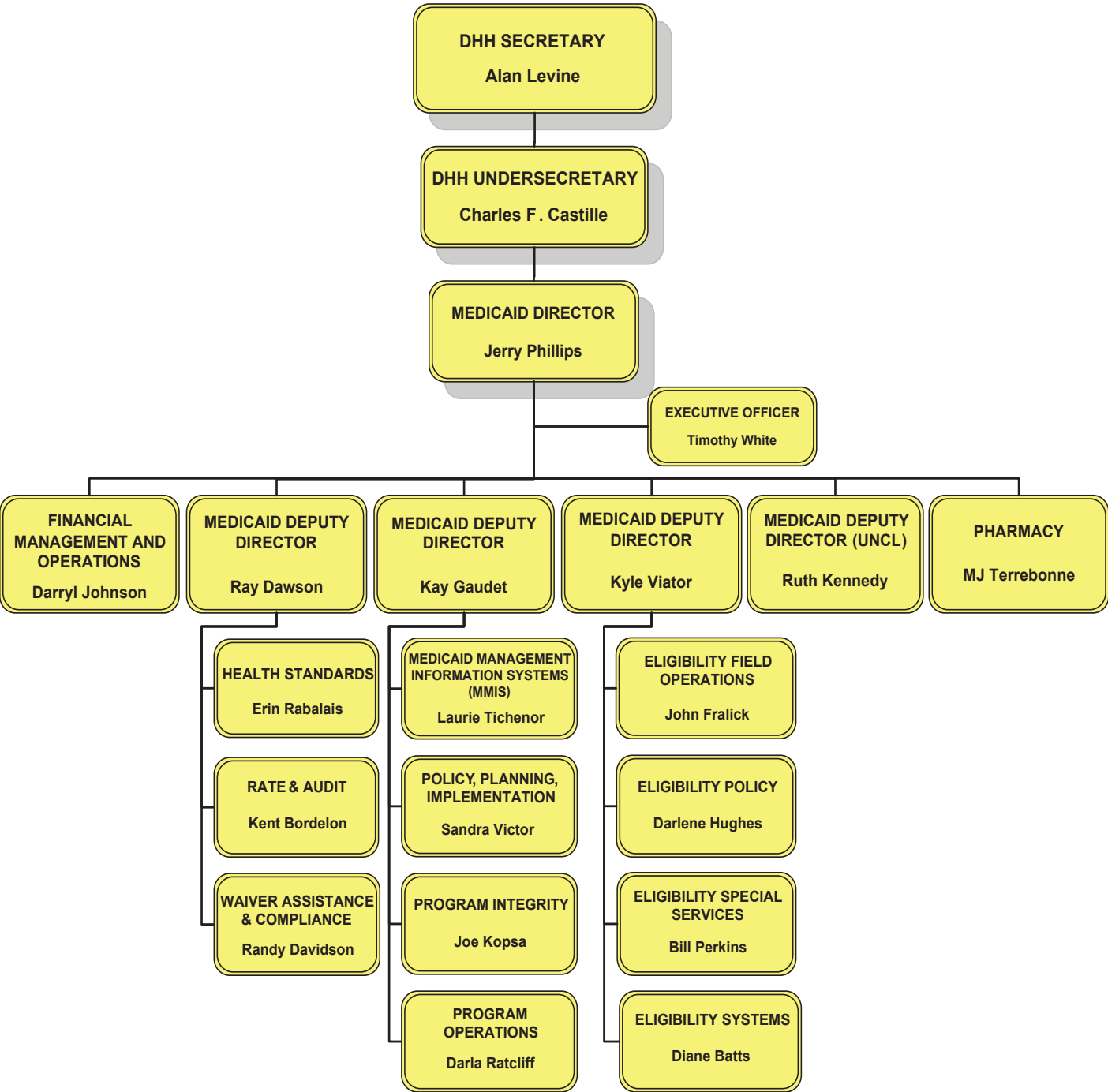
We encourage you to read this report, for it provides a comprehensive overview of Louisiana's Medicaid Program. Our intent is that you will find it informative and useful.

  
Alan Levine  
Secretary, DHH

  
Charles F. Castille  
Undersecretary, DHH

  
Jerry Phillips  
Medicaid Director, DHH

# Louisiana Medicaid Organizational Chart





## Agency Overview

The Louisiana Department of Health and Hospitals' **Office of the Secretary** serves as the administrative arm of the Department. The Secretary, who is appointed by the Governor, provides leadership and technical support services, while maximizing resources to fulfill the mission of the department.

The **Undersecretary** of the Louisiana Department of Health and Hospitals is responsible for the management of the **Office of Management and Finance** (OMF) and is also appointed by the Governor. The Undersecretary reports to the Secretary and oversees several administrative bureaus and divisions, including the Bureau of Health Services Financing (Medicaid) and the Division of Health Economics.

The **Medicaid Director** is a classified civil service position which reports to the Undersecretary and is responsible for administering the Medicaid program including eligibility, program operations, financial management and policy issues (see organizational chart on page 2).

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

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

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

### Mission Statement

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

### Goals

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

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

*This annual report was produced by  
The Division of Health Economics of the  
Louisiana Department of Health and Hospitals  
P.O. Box 629, Bin #34  
Baton Rouge, LA 70821-0629  
Phone: (225) 342-6319*

*This report can be viewed at <http://www.dhh.state.la.us/reports.asp?Detail=12>*

# Table of Contents

List of Figures.....	4
List of Tables.....	5
Division of Health Economics.....	5
Highlights of State Fiscal Year 2008/09.....	6
Technical Note.....	7
Year in Review.....	8
Medicaid Finances.....	9
Means of Finance.....	9
Financial Factors.....	9
Medicaid Expenditures.....	11
Major Budget Categories.....	12
Private Providers.....	13
Public Providers.....	15
Buy-Ins (Medicare, Part-D and LaCHIP V).....	15
Uncompensated Care Costs.....	15
Medicaid Enrollment.....	16
Eligibility Requirements and the Enrollment Process.....	16
Enrollment Statistics.....	20
Enrollment as a Percentage of the Population.....	20
Enrollment by Age and Gender.....	23
Enrollment by Basis of Eligibility.....	24
Enrollment by Aid Categories.....	25
Medicaid Programs.....	26
Medicaid Data.....	26
Medicaid Programs.....	26
Family Opportunity Act.....	26
Family Planning Waiver - Take Charge.....	26
LaMOMS Program.....	26
Louisiana Children's Health Insurance Program (LaCHIP).....	27
LaCHIP Affordable Plan (LAP).....	27
Medicaid Purchase Plan.....	29
Medicare Savings Program.....	29
Women Diagnosed with Breast or Cervical Cancer.....	30
CommunityCARE Program.....	31
KIDMED.....	31
Medicaid Providers.....	32
Medicaid Home and Community-Based Service Waivers.....	44
Appendix A: Glossary.....	47
Appendix B: Acronyms.....	51
Appendix C: Medicaid Parish Offices - Contact Information.....	52
Medicaid Regional Offices - Contact Information.....	Back Cover

## List of Figures

Figure 1: Louisiana Medicaid Enrollees and Recipients.....	8
Figure 2: Louisiana Medicaid Average Annual Cost per Recipient.....	8
Figure 3: Average Unemployment Rate in Louisiana and the United States by State Fiscal Year.....	10
Figure 4: Top Ten Private Provider Groups by Expenditures.....	13
Figure 5: Louisiana Medicaid Coverage Groups and Income Eligibility Requirements.....	17
Figure 6: Parish Percentage of Population Enrolled in Medicaid.....	22
Figure 7: Enrollment by Age Groups.....	23
Figure 8: Total Enrollment by Gender.....	24
Figure 9: Percentage of Enrollee Member Months and Payments by Basis of Eligibility.....	24
Figure 10: Top Ten Provider Types (Public and Private) Based on Total Payments.....	32
Figure 11: Provider Participation Ratios.....	33
Figure 12: Historical Waiver Allocated Slots by State Fiscal Year.....	46
Figure 13: Historical Waiver Filled Slots by State Fiscal Year.....	46
Figure 14: Historical Waiver Payments by State Fiscal Year.....	46

## List of Tables

Table 1: Historical Louisiana Federal Medical Assistance Percentages.....	9
Table 2: Population Poverty Status for All Income Levels in Louisiana and the United States, 2008 .....	10
Table 3: Medical Vendor Program Expenditures Means of Finance by State Fiscal Year.....	11
Table 4: Medical Vendor Program Expenditures for Budget Programs by State Fiscal Year .....	11
Table 5: Medical Vendor Administration Expenditures Means of Finance by State Fiscal Year .....	11
Table 6: Expenditures by Budget Category of Service .....	12
Table 7: 2009 Federal Poverty Level Guidelines for All States (Except Alaska and Hawaii).....	17
Table 8: Louisiana Medicaid Coverage Groups and Income Eligibility Requirements by Program.....	18
Table 9: Enrollment, Population and Percentage of Population Enrolled by State Fiscal Year .....	20
Table 10: Population, Enrollees, Recipients, Payments and Percentage of Population Enrolled by Parish .....	21
Table 11: Population, Enrollees, Recipients, Payments and Percentage of Population Enrolled by Region.....	22
Table 12: Enrollees, Recipients and Payments by Age and Gender .....	23
Table 13: Monthly Enrollment by Aid Category for SFY 2007/08 and SFY 2008/09.....	25
Table 14: Regular Medicaid Children and LaCHIP Enrollees, Recipients and Payments by Age Group .....	27
Table 15: Regular Medicaid Children and LaCHIP Enrollees, Recipients and Payments by Parish .....	28
Table 16: Medicaid Purchase Plan Requirements and Monthly Premiums.....	29
Table 17: Medicaid Purchase Plan Enrollees, Recipients, Payments and Premiums Collected .....	29
Table 18: Medicare Premiums and Deductibles .....	30
Table 19: Medicare Buy-In Program Requirements and Coverage.....	30
Table 20: Medicare Buy-In Program Recipients and Expenditures by Type.....	30
Table 21: CommunityCARE and KIDMED Recipients, Providers and Payments.....	31
Table 22: Payments of the Top Ten Provider Types Based on Total Payments by In-State and Out-of-State.....	32
Table 23: Number of Providers for the Top Ten Provider Types Based on Total Payments by In-State and Out-of-State.....	33
Table 24: Provider Payments and Participation Ratios.....	34
Table 25: Payments of the Top Ten Provider Types Based on Total Payments by Region.....	35
Table 26: Payments of the Top Ten Provider Types Based on Total Payments by Parish.....	36
Table 27: Number of In-State Providers for the Top Ten Provider Types Based on Total Payments by Parish.....	38
Table 28: Payments of the Top Ten Out-of-State Provider Types Based on Total Out-of-State Payments by State ...	40
Table 29: Number of Out-of-State Providers for the Top Ten Provider Types Based on Total Out-of-State Payments by State.....	42
Table 30: Home and Community-Based Service Waivers Eligible Populations and Income Limits .....	45
Table 31: Home and Community-Based Service Waiver Slots and Payments by State Fiscal Year.....	45

### Division of Health Economics

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

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

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

DHE 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. DHE 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 2008/09

During this State Fiscal Year (SFY) 2008/09, the Louisiana Medicaid Program made every effort to sustain accessible and quality health care for its enrollees. Notably during this SFY, Medicaid increased the Home and Community-Based Services program, added the Youth Aging Out of Foster Care program and expanded the Family Opportunity Act (FOA) program. Also, Medicaid implemented new initiatives such as SHARe and MaxEnroll to provide more Louisiana citizens with an opportunity to quality health care.

## Second PACE Site Opened

On August 1, 2008, the second Program of All-Inclusive Care for the Elderly (PACE) site opened in Baton Rouge. PACE is an integrated system of care for the frail elderly that is community-based, comprehensive, capitated and coordinated. PACE providers are not-for-profit organizations that bear financial risk for all medical and support services required for enrollees. Most PACE participants are dually eligible. The program honors what elders want, which is to stay in familiar surroundings, maintain autonomy and to maximize their level of physical, social and cognitive function. By the end of the state fiscal year, PACE of Baton Rouge and Greater New Orleans together had 118 Medicaid participants.

## Renewal of the CCW and the SW by CMS

The Office for Citizens with Developmental Disabilities (OCDD) achieved a five year renewal for both the Children's Choice Waiver (CCW) and the Supports Waiver (SW) in the new, revised 3.5 electronic version from the Centers for Medicare & Medicaid Services (CMS). The new revised version focuses on quality improvement strategies, data-driven performance measures and corrective action remediation. The renewal reaffirms the viability and effectiveness of these waivers in meeting federal assurance for community-based alternatives to institutional care for those individuals targeted by each of these waivers.

## Expansion of Waiver Opportunities

For the SFY 2008/09, a total of 2,390 slots were added to the Home and Community-Based Service (HCBS) Waiver programs. Out of the 2,390 slots, 2,190 were allocated to the developmental disability waivers (50 slots for CCW and 2,140 for NOW) and 200 were allocated to the Elderly waivers (all allocated to EDA). With the additional slots, the HCBS Waiver program offered a total of 17,348 slots for all programs with an overall fill rate of 80%.

## Family Opportunity Act Expansion

In October 2008, FOA's coverage was expanded, per federal regulations, from children through age 12 to children through age 18. The program grants

Medicaid access to children in families up to 300% Federal Poverty Level 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. FOA offered Medicaid coverage to 619 children during SFY 2008/09.

## Youth Aging Out of Foster Care

In March 2009, Medicaid began covering an optional group described as Youth Aging Out of Foster Care. This eligibility group covers youth leaving Foster Care because they aged out at age 18, and extends coverage up to age 21 regardless of the youth's income or assets. Typically, these youth have significant health concerns but no health insurance and limited access to health and mental health services after exiting foster care. Youth in transition struggle with the lack of ongoing family, financial and emotional support, while assuming increasing levels of independence and responsibility. Recognizing the unique challenges faced by youth who are exiting foster care, this coverage provides a bridge between their Medicaid coverage as children and their coverage as adults. Youth Aging Out of Foster Care eligibility group provided Medicaid coverage to 10 enrollees during SFY 2008/09.

## Coverage of Multi-Systemic Therapy

Multi-Systemic Therapy (MST), implemented in November 2008, is intensive home and community-based services for youth between 11 and 17 years of age at risk of out-of-home placement or who are returning from out-of-home placement due to serious emotional/behavioral disturbances or anti-social behaviors. The MST model is based on empirical data and evidence-based interventions that target specific behaviors with individualized behavioral interventions. Services are provided by licensed providers through a team approach to individuals and their families. During SFY 2008/09, there were nine MST providers that provided services to 176 children with total payments of \$783,682.

## SHARe

In March 2009, Office of Aging and Adult Services implemented Service Hour Allocation of Resources (SHARe), which is a standardized, evidence-based method for allocation of service hours for in-home services for participants receiving EDA Waiver services and Long Term Personal Care Services. With SHARe, service hour allocations and service budgets are directly related to the recipient's condition as identified by the assessment tool used, Minimum Data Set for Home Care (MDS-HC). Additionally, SHARe provides participants and providers more flexibility in scheduling weekly care.



### MaxEnroll Initiative

The Louisiana MaxEnroll Initiative is a four-year project that focuses on maximizing enrollment of eligible children in Medicaid and LaCHIP. The \$3.4 million effort is funded through a combination of a foundation grant founded by Robert Wood Johnson Foundation (\$1 million) and federal matching funds (\$2.4 million). The goal of the project is to enroll 98% of children eligible for Medicaid or LaCHIP by 2013. Among the planned MaxEnroll activities are further simplification of the LaCHIP application form, improvements to the eligibility system and process, and using data from other agencies to identify potentially eligible but uninsured children.

### Immunization Pay-for-Performance Initiative

Louisiana Medicaid's immunization pay-for performance (P4P) initiative, which includes supplemental payments to providers, was implemented to promote up-to-date immunizations of Louisiana Medicaid enrolled children and to increase the number of providers utilizing the Louisiana Immunization Network for Kids Statewide (LINKS) immunization registry. The 2008 National Immunization Survey (NIS) ranked Louisiana second in the nation, up from 28<sup>th</sup> rank in 2007, for 19 to 35 month old children up-to-date with all recommended immunizations. In SFY 2008/09, immunization rates among P4P participating providers increased by 12.82% from the previous year.

## Technical Note

### State Fiscal Year and Federal Fiscal Year

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

### Expenditures versus Payments

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

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

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

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

### Enrollee, Recipient and Payment Counts

To have a better count of enrollees, recipients and payments, the previous SFY 2007/08 Medicaid Annual Report was the first annual report to include all Medicare Buy-in and Part-D dual eligibles. Historically, under enrollee and recipient counts, Medicare Buy-in and Part-D 'premium only' dual eligibles, which were not eligible for any other Medicaid services, were not reported. However, given our revised definitions from last SFY onwards, we are including Medicare Buy-in and Part-D 'premium only' dual eligibles since these individuals are also Medicaid eligible. Prior to last SFY, payments only included claims payments from MARS Data Warehouse; from last SFY onwards all Medicare Buy-in and Part-D premium payments are also included. Data reported in this SFY report may differ from previous reports, though not significantly.

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

# Year in Review

## Enrollees and Recipients

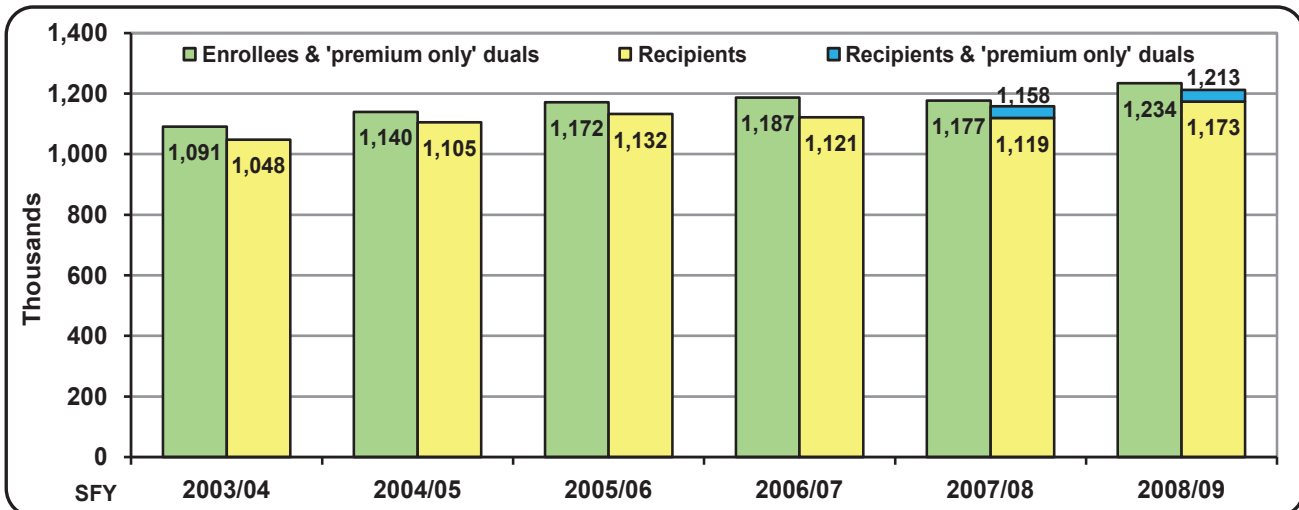
During SFY 2008/09, 1,233,712 people, about 28% of Louisiana's population<sup>1</sup> of 4,410,796, were enrolled and payments were made on behalf of 1,212,569 recipients in the Medicaid program (Figure 1). From a historical perspective, this was about 4.8% increase in enrollees and about 4.7% increase in recipients compared to the previous SFY.

## Payments

During SFY 2008/09, over \$5.6 billion (excluding uncompensated care payments) was paid on behalf of about 1.2 million Medicaid recipients,

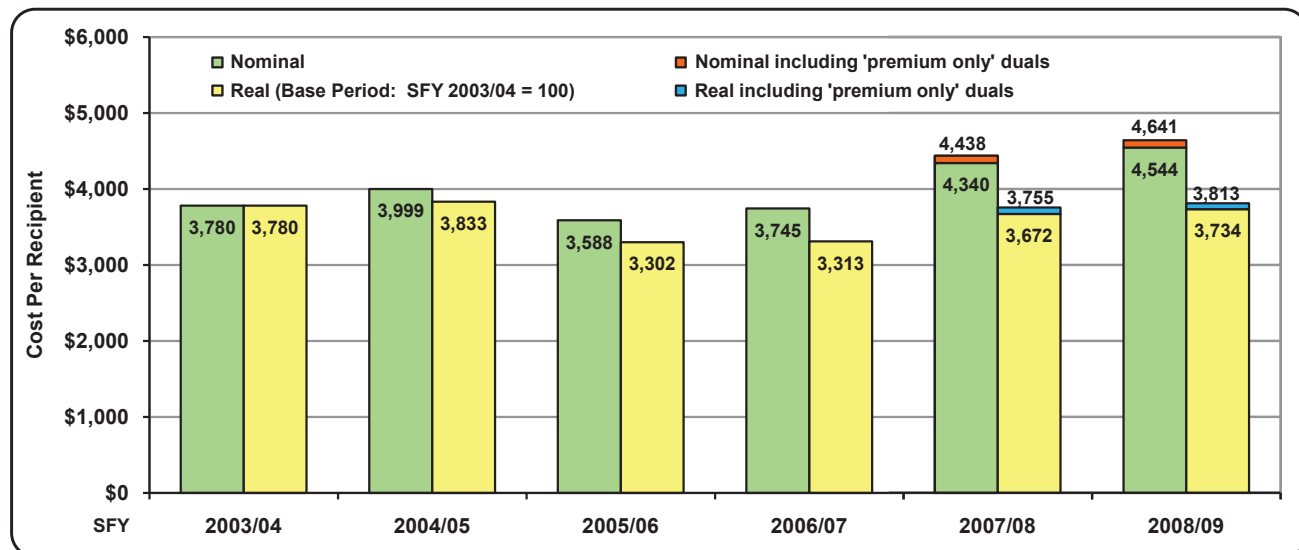
averaging about \$4,641 per recipient<sup>2</sup> (Figure 2). From a comparative perspective, nominal average payment per recipient without 'premium only' duals was \$4,544, which was about 4.7% higher than the previous SFY. Real average overall annual payment per recipient (adjusted for inflation with SFY 2003/04 as base period) was about \$3,813 during SFY 2008/09. To consider real average annual payment without 'premium only' duals, it was \$3,734, which was a decrease of about 1.2% for Medicaid recipients over the last six years and an increase of 1.7% from SFY 2007/08.

Figure 1: Louisiana Medicaid Enrollees and Recipients



Enrollee counts include 'premium only' duals for all SFYs, whereas recipient counts do not include 'premium only' duals except for SFY 2007/08 and SFY 2008/09. Being a stand-alone program, LaCHIP Affordable Plan (LAP) data is only presented in the LAP section on page 27 and not included in any tables/figures. See technical note on page 7 for a detailed explanation.

Figure 2: Louisiana Medicaid Average Annual Cost per Recipient



Average real cost per recipient is calculated based on Consumer Price Index (CPI). CPI source: Bureau of Labor Statistics. (2009). Consumer Price Index – All Urban Consumers – U.S. Medical Care, Series ID: CUUR0000SAM. Retrieved from <http://data.bls.gov/cgi-bin/surveymost?cu>

<sup>1</sup> U.S. Census Bureau, Population Estimates Program. (2009). Annual Population Estimates for Louisiana Parishes for July 1, 2008. Retrieved from [http://factfinder.census.gov/servlet/GCTTable?\\_bm=y&-context=gct&-ds\\_name=PEP\\_2008\\_EST&-%20context=gct&-mt\\_name=PEP\\_2008\\_EST\\_GCTT1\\_ST2&-CONTEXT=gct&-tree\\_id=808&-redoLog=true&-geo\\_id=04000US22&-format=ST-2|ST-2S&-lang=en](http://factfinder.census.gov/servlet/GCTTable?_bm=y&-context=gct&-ds_name=PEP_2008_EST&-%20context=gct&-mt_name=PEP_2008_EST_GCTT1_ST2&-CONTEXT=gct&-tree_id=808&-redoLog=true&-geo_id=04000US22&-format=ST-2|ST-2S&-lang=en)

<sup>2</sup> Simple average, not a weighted average.

# Medicaid Finances

## Means of Finance

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

The Medicaid program is funded through federal and state funds. The federal share is based on Federal Medical Assistance Percentages (FMAP), which are updated each Federal Fiscal Year (FFY). State FMAPs range from 50% to 83% of program cost based on their latest three year average per capita income in relation to the national average per capita income. The federal government also offers an enhanced FMAP for recipients in the State Children’s Health Insurance Program (SCHIP). Table 1 shows the historical FMAP matching for Medicaid services in Louisiana. During SFY 2008/09, Louisiana’s FMAP was 71.60% for regular Medicaid and 80.12% for LaCHIP.

## Financial Factors

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

The percentage of population living under the Federal Poverty Level (FPL) influences the level of state reliance on Medicaid program services. During 2008, 18.2% of the Louisiana population was considered living under 100% of the FPL, while 40% were living below 200% of the FPL (Table 2). These percentages compare to 13.2% and 31.9% respectively for the U.S. population, categorizing Louisiana as a low income state. Most likely an impact of the economic downturn, Louisiana’s percentages increased from the previous year of 16.1% and 35.9% respectively. About 28% of Louisiana’s population was enrolled in Medicaid during SFY 2008/09.

In addition to poverty rates, unemployment rates are also a major factor in state reliance on Medicaid programs. Since Medicaid serves mostly low-income individuals, an increase in unemployment could result in more people being eligible for Medicaid. Figure 3 shows 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. unemployment rate could be attributed to Hurricanes Katrina and Rita bringing rebuilding jobs to Louisiana. For SFY 2008/09, Louisiana’s unemployment rate was 5.7%, which was less than the national rate of 7.6%. Overall, in SFY 2008/09 Louisiana’s unemployment rate increased compared to the previous SFY most likely due to the impact of the economic downturn.

**Table 1: Historical Louisiana Federal Medical Assistance Percentages**

FFY Federal Percentages <sup>1</sup>		
FFY	Regular Medicaid	Enhanced (LaCHIP) <sup>2</sup>
2004	71.63	80.14
2005	71.04	79.73
2006	69.79	78.85
2007	69.69	78.78
2008	72.47	80.73
2009	71.31	79.92

SFY Federal and State Percentages				
SFY <sup>3</sup>	Regular Medicaid		Enhanced (LaCHIP) <sup>2</sup>	
	Federal	State	Federal	State
2003/04	74.49	25.51	80.08	19.92
2004/05	71.19	28.81	79.83	20.17
2005/06	70.10	29.90	79.07	20.93
2006/07	69.72	30.28	78.80	21.20
2007/08	71.78	28.22	80.24	19.76
2008/09	71.60	28.40	80.12	19.88

<sup>1</sup> U.S. Department of Health and Human Services. (2007). Federal Medical Assistance Percentages. Federal Register, Vol. 72, No. 228, November 28, 2007, pp. 67304-67306. Retrieved from <http://aspe.hhs.gov/health/fmap09.pdf>

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

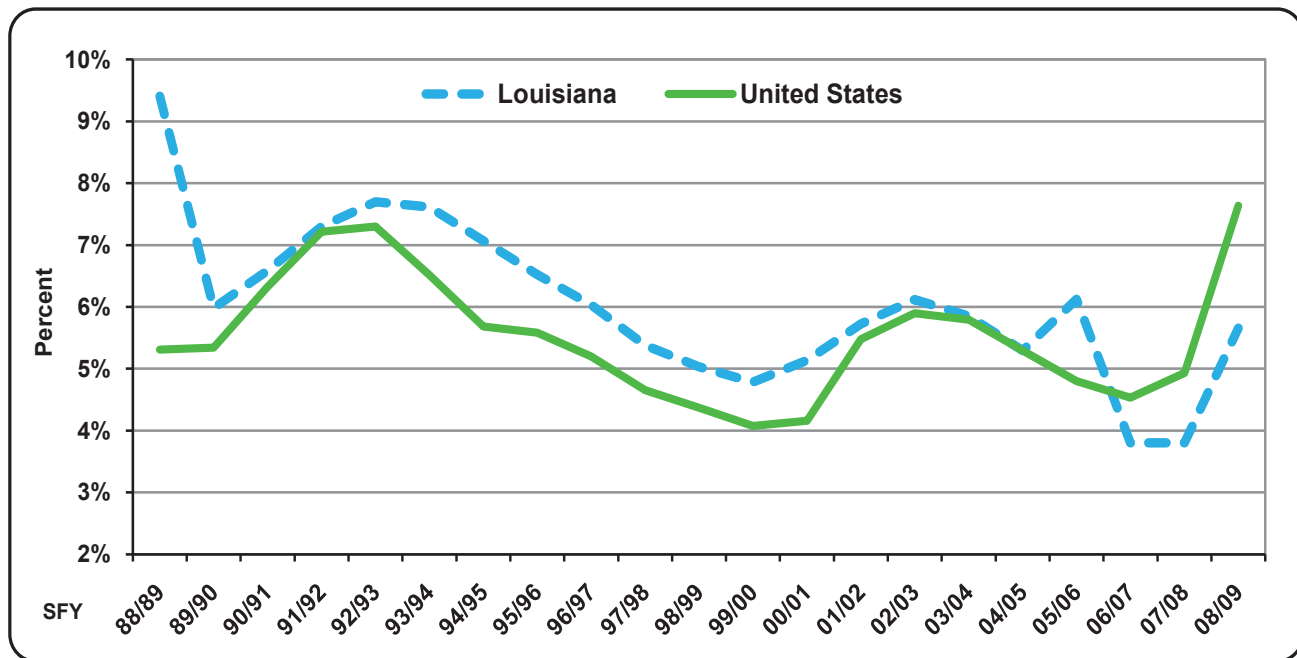
<sup>3</sup> SFY 2003/04 - Includes 2.95% enhanced FMAP.

**Table 2: Population Poverty Status for All Income Levels in Louisiana and the United States, 2008**

Poverty Level	United States	Louisiana
≤ 100% of Poverty	13.2%	18.2%
101% to 125% of Poverty	4.7%	6.2%
126% to 135% of Poverty	1.8%	2.2%
136% to 150% of Poverty	2.9%	3.2%
151% to 185% of Poverty	6.7%	7.4%
186% to 200% of Poverty	2.6%	2.8%
Remainder of Population	68.1%	60.0%

U.S. Census Bureau. (2009). Current Population Survey: 2009 Annual Social and Economic Supplement, POV46 – Poverty Status by State: 2008. Retrieved from [http://www.census.gov/hhes/www/cpstables/032009/pov/new46\\_001.htm](http://www.census.gov/hhes/www/cpstables/032009/pov/new46_001.htm)

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



U.S. Department of Labor, Bureau of Labor Statistics. (2009). Not Seasonally Adjusted Unemployment Rate. Series ID: LNU04000000 retrieved from <http://data.bls.gov/PDQ/outside.jsp?survey=ln> for United States and LAUST22000003 retrieved from <http://data.bls.gov/cgi-bin/surveymost?la+22> for Louisiana.

Louisiana State University (LSU) through the Louisiana Population Data Center projected Louisiana's population out to 2020<sup>1</sup>. LSU projected that Louisiana's population will increase about 3% every five years. In addition to the increase in population, the population age mix is predicted to change greatly. The 65+ age group, also known as the "Graying of America," is projected to increase at a much higher rate than the 20 to 64 age group. As the 65+ age group continues to increase over the years, there could be a greater demand for Medicaid due to the increased need in health care services for this age group. Also, many of the services that the 65+ age group requires are more expensive than the services required by other age groups, leading to increased Medicaid expenses in the future.

The 2009 Louisiana's Uninsured Population conducted by the LSU Public Policy Research Lab<sup>2</sup> for DHH showed that in December 2009 5.0% of Louisiana children (under the age of 19) and 20.1% of nonelderly (age 19 to 64) adults were uninsured. For children under the age of 19, this rate represented a decrease from the 5.4% rate in 2007 and was an increase in coverage for more than 6,000 children. For the adults age 19 to 64, the uninsured rate represented a decrease from the 2007 rate of 21.2%, which was an increase in coverage for more than 5,800 adults.

<sup>1</sup> Louisiana Population Data Center – Louisiana State University. Louisiana Population Projections to 2020. Retrieved from <http://www.lapop.lsu.edu/data.html>

<sup>2</sup> Barnes, Stephen, Kirby Goidel, and Dek Terrell. (2009). Louisiana's Uninsured Population: A Report from the 2009 Louisiana Health Insurance Survey. December 2009. Retrieved from <http://www.dhh.louisiana.gov/offices/publications/pubs-119/2009LHISReport-final.pdf>.



## Medicaid Expenditures

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

Medicaid expenditures are grouped into two types, Medical Vendor Program (MVP) and Medical Vendor Administration (MVA). The means of finance for Medicaid MVP expenditures, excluding MVA expenditures is presented in Table 3. For this report, unless otherwise stated, Medicaid numbers include Medicaid Title XIX and LaCHIP Title XXI. Out of \$6.4 billion total MVP expenditures, the effective state match rate came to be about 22.4% while the effective federal match rate came to be about 77.6% for SFY 2008/09.

SFY 2008/09 Medicaid MVP expenditures by state appropriation are presented in Table 4. Private providers account for about 69.5% of total Medicaid MVP expenditures and about 84.8% of claims payments (excluding Uncompensated Care Costs (UCC) and Medicare Buy-ins). Public providers represent 12.5%, UCC accounts for 13.3% and Medicare Buy-in premiums and Part-D expenditures for dual eligibles represent 4.6% of MVP expenditures.

Table 5 presents the MVA expenditures. During SFY 2008/09, total Medicaid MVP expenditures were about \$6.4 billion for health care services delivery. To administer this \$6.4 billion MVP, about \$186 million was spent on MVA. This means that just more than 97 cents of every Medicaid dollar, considering MVP and MVA, went directly to the delivery of health care services.

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

Financing Category	2006/07		2007/08		2008/09	
	Expenditures (\$)	Percent	Expenditures (\$)	Percent	Expenditures (\$)	Percent
State General Fund	\$764,506,129	14.7%	\$906,630,895	15.3%	\$1,158,230,748	18.2%
Other Finance	600,007,567	11.5%	632,116,449	10.7%	262,403,609	4.1%
Total State Match	<b>1,364,513,696</b>	<b>26.2%</b>	<b>1,538,747,344</b>	<b>26.0%</b>	<b>1,420,634,357</b>	<b>22.4%</b>
Federal Funds	3,838,269,494	73.8%	4,382,979,497	74.0%	4,929,734,740	77.6%
Total	<b>\$5,202,783,190</b>	<b>100.0%</b>	<b>\$5,921,726,841</b>	<b>100.0%</b>	<b>\$6,350,369,097</b>	<b>100.0%</b>

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

Program	2006/07		2007/08		2008/09	
	Expenditures (\$)	Percent	Expenditures (\$)	Percent	Expenditures (\$)	Percent
Private Providers	\$3,480,328,801	66.9%	\$4,011,059,564	67.7%	\$4,416,559,857	69.5%
Public Providers	616,974,819	11.9%	717,553,220	12.1%	793,426,654	12.5%
Buy-Ins	270,113,668	5.2%	284,034,872	4.8%	295,097,932	4.6%
Uncompensated Care	835,365,902	16.1%	909,079,185	15.4%	845,284,654	13.3%
Total	<b>\$5,202,783,190</b>	<b>100.0%</b>	<b>\$5,921,726,841</b>	<b>100.0%</b>	<b>\$6,350,369,097</b>	<b>100.0%</b>

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

Financing Category	2006/07		2007/08		2008/09	
	Expenditures (\$)	Percent	Expenditures (\$)	Percent	Expenditures (\$)	Percent
State General Fund	\$72,482,723	41.8%	\$74,806,839	39.7%	\$72,283,726	38.8%
Other Finance	2,827,565	1.6%	9,491,497	5.0%	3,641,123	2.0%
Total State Match	<b>75,310,288</b>	<b>43.4%</b>	<b>84,298,336</b>	<b>44.8%</b>	<b>75,924,849</b>	<b>40.8%</b>
Federal Funds	98,095,576	56.6%	103,981,402	55.2%	110,350,974	59.2%
Total	<b>\$173,405,864</b>	<b>100.0%</b>	<b>\$188,279,738</b>	<b>100.0%</b>	<b>\$186,275,823</b>	<b>100.0%</b>

## Major Budget Categories

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

### 1) Private Providers

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

### 2) Public Providers

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

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

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

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

### 4) Uncompensated Care Costs (UCC)

Payments toward compensation for care given in hospitals to uninsured individuals and those eligible for Medicaid with Medicaid reimbursements lower than the cost of service. Hospitals must qualify to receive these payments.

Each of these broad budget groupings are classified into separate Budget Categories of Service (BCOS) and are presented in Table 6 along with their respective expenditures.

**Table 6: Expenditures by Budget Category of Service**

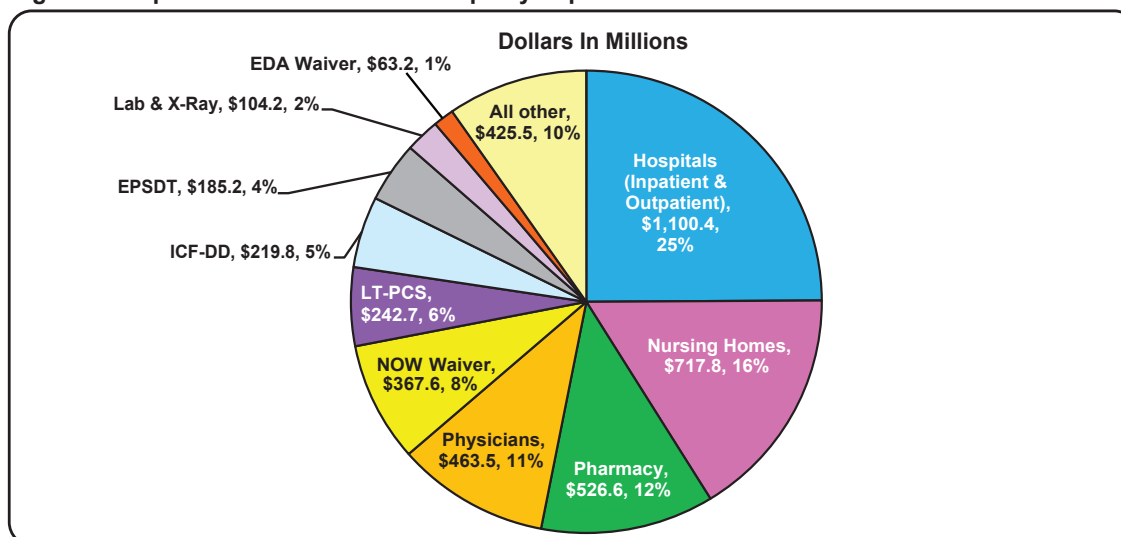
Private Providers		Expenditures (\$)
1	Adult Dentures	\$3,940,337
2	Case Management Services	15,822,768
3	Certified RN Anesthetists (CRNA's)	10,003,226
4	Durable Medical Equipment	22,021,582
5	EPSDT (Screening and Early Diagnosis)	185,181,319
6	Family Planning	17,081,565
7	Federally Qualified Health Centers	26,544,133
8	Hemodialysis Services	32,326,138
9	Home Health Services	35,003,653
10	Hospice Services	50,855,918
11	Hospital - Inpatient Services	833,573,849
12	Hospital - Outpatient Services	266,810,530
13	ICF-DD Community Homes	219,817,089
14	Laboratory and X-Ray Services	104,208,583
15	LT-PCS	242,683,496
16	Mental Health - Inpatient Services	18,241,674
17	Mental Health Rehabilitation	35,947,798
18	Nursing Homes	717,793,240
19	PACE	3,515,178
20	Pharmaceutical Products and Services	526,575,293
21	Physician Services	463,542,002
22	Rural Health Clinics	41,224,552
23	Transportation: Emergency-Ambulance	38,130,186
24	Transportation: Non-Emergency-Ambu.	13,809,708
25	Transportation: Non-Emergency-Non-Ambu.	8,683,667
26	Waiver: Adult Day Health Care	7,343,310
27	Waiver: Adult Residential Care (ARC)	0
28	Waiver: Children's Choice	10,020,073
29	Waiver: Elderly & Disabled Adults	63,246,253
30	Waiver: Family Planning	8,465,688
31	Waiver: NOW DD-Community Services	367,645,876
32	Waiver: Residential Options (ROW)	0
33	Waiver: Supports	15,300,114
34	Medical Home	0
35	Other Private Providers	11,201,060
<b>Total Private Providers</b>		<b>\$4,416,559,857</b>
Public Providers		Expenditures (\$)
36	LSU - HCSD	\$256,937,590
37	LSU - EA Conway	34,016,605
38	LSU - Huey P. Long	18,358,593
39	LSUMC - Shreveport	148,127,677
40	DHH - State DD Facilities	236,991,179
41	DHH - State Nursing Homes	20,830,339
42	DHH - Office of Public Health	20,035,587
43	DHH - Community Mental Health	5,176,815
44	DHH - Public Psychiatric Free Standing Units	1,139,433
45	DHH - Local Governance Entities	5,699,113
46	State Education	15,589,837
47	Local Education Agencies for SBH Services	30,523,885
48	Other Public Providers	0
<b>Total Public Providers</b>		<b>\$793,426,654</b>
Buy-Ins		
49	Medicare Premiums & Supplements	\$214,989,156
50	Part-D Payments	78,314,306
51	LaCHIP V Buy-in	1,794,470
<b>Total Buy-Ins</b>		<b>\$295,097,932</b>
Uncompensated Care Costs		
52	LSU - HCSD	\$395,326,961
53	LSU - EA Conway	34,228,768
54	LSU - Huey P. Long	28,680,766
55	LSUMC - Shreveport	133,281,147
56	Public Psychiatric Free Standing Units	102,791,717
57	Villa Feliciana Medical Complex	1,026,000
58	Private Hospitals	149,949,295
<b>Total Uncompensated Care Costs</b>		<b>\$845,284,654</b>
<b>Grand Total Medical Vendor Program</b>		<b>\$6,350,369,097</b>

## Private Providers

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

1. **Adult Dentures:** A program of dentures, relines and repairs for adults. Services are limited in scope and frequency and are subject to prior authorization.
2. **Case Management Services:** Assists the recipient in prioritizing and defining desired personal outcomes, defining appropriate supports and services, and accessing these supports and services.
3. **Certified Registered Nurse Anesthetists (CRNA's) Services:** Anesthesia services provided by certified registered nurse anesthetists.
4. **Durable Medical Equipment (DME):** Medically necessary equipment, appliances and supplies. DME providers must obtain prior authorization.
5. **Early and Periodic Screening, Diagnostics and Treatment (EPSDT) & Related Services:** The child-specific component of Louisiana Medicaid designed to make health care available and accessible to children. The Health Services component of EPSDT provides evaluation and treatment for children with disabilities, primarily through school-based service providers. The Louisiana screening component of EPSDT is called KIDMED, which provides a framework for routine health, mental health and developmental screening of children from birth to age 21. Evaluation and treatment for illness, conditions or disabilities are rendered through various other providers. Related services include EPSDT dental services, eyeglasses and durable medical equipment.
6. **Family Planning:** Services to Medicaid recipients for routine family planning services including doctor's visit, counseling, contraceptives and certain lab services.
7. **Federally Qualified Health Center (FQHC) Services:** Provides physician or professional services, 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.
8. **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.
9. **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.
10. **Hospice:** Palliative care for the terminally ill patient and support for the family.

Figure 4: Top Ten Private Provider Groups by Expenditures



- 11. Hospital Inpatient Services:** Inpatient hospital care and services. Inpatient services must be pre-certified in most instances if provided by an in-state hospital.
- 12. Hospital Outpatient Services:** Outpatient hospital care and services. Some outpatient services must be prior authorized.
- 13. Intermediate Care Facilities for the Developmental Disabled (ICF-DD) Community Homes:** Homes for the long-term care of developmentally disabled recipients.
- 14. Laboratory and X-Ray Services:** Diagnostic testing performed by an independent laboratory or physician's office.
- 15. 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).
- 16. Mental Health - Inpatient Services:** Psychiatric inpatient hospital care and services.
- 17. Mental Health Rehabilitation (MHR) Services:** Rehabilitation management for recipients with severe and persistent mental illnesses. Services are furnished in community and outpatient settings by, or under the direction of, a physician in a facility which is not part of a hospital but which is organized and operated to provide medical care to outpatients. Recipients must be approved for services and all services must be prior authorized.
- 18. Nursing Homes:** Facilities that provide professional nursing and rehabilitation services on a 24-hour a day basis.
- 19. PACE – Program for All Inclusive Care for the Elderly:** Offers flexibility in providing the medical and support services necessary for a senior citizen to maintain independence in their home for as long as possible. It also coordinates and provides all needed preventive, primary, acute and long term care services so that individuals can continue living in the community.
- 20. Pharmaceutical Products and Services:** Prescription services for prescriptions issued by a licensed physician, podiatrist, certified nurse practitioner or dentist.
- 21. Physician Services:** Physician and other professional services, including those of the following professionals: physicians (including specialists), nurse midwives, nurse practitioners, optometrists and podiatrists.
- 22. Rural Health Clinics:** Provides physician or professional services, 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.
- 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.
- 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.
- 25. Transportation Non-Emergency – Non-Ambulance:** Transportation to and from routine medical appointments.
- 26. Waiver<sup>1</sup> – Adult Day Health Care (ADHC):** Direct care in a licensed day care facility, during a portion of the 24-hour day, for individuals who meet nursing facility level of care.
- 27. Waiver – Adult Residential Care (ARC):** Provides services to elderly and disabled adults in a congregate setting of the providers' own private apartments as an alternative to nursing home placement. Includes care coordination, adult residential care, community transition services and intensive care coordination.
- 28. Waiver – Children's Choice (CCW):** Provides supplemental support to children with developmental disabilities in their homes. In addition to the waiver services, which include case management, respite services, environmental adaptations and family support, participants are eligible for all medically necessary Medicaid services.
- 29. Waiver – Elderly and Disabled Adults (EDA):** Provides services to elderly and disabled adults in their homes as an alternative to nursing home placement. Includes case management, companion care, environmental modifications and household supports.
- 30. Waiver – Family Planning:** Provides females with family planning services to reduce unplanned pregnancies. Includes yearly physical examinations and necessary re-visits, laboratory tests, medications, supplies and some voluntary sterilization procedures.

<sup>1</sup> For more information and statistics concerning waivers, please see the HCBS Waivers Section on page 44.



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

#### **Public Providers**

Payments to the public provider program include:

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

42. **DHH – Office of Public Health**
43. **DHH – Community Mental Health Clinics**
44. **DHH – Public Psychiatric Free Standing Units**
45. **DHH – Local Governance Entities (Districts)**
46. **State Education**—School Boards reimbursements.
47. **Local Education Agencies for School Based Health Services**
48. **Other Public Providers**

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

49. **Medicare Premiums and Supplements:** Permits the state, as part of its total assistance plan, to provide medical insurance protection to designated categories of needy individuals who are eligible for Medicaid and also meet the Medicare eligibility requirements. It has the effect of transferring some medical costs for this population from the Title XIX Medicaid Program, which is partially state-financed, to the Title XVIII program, which is financed by the federal government. Matched federal money is available through the Medicaid program to assist the state with the premium payments for certain buy-in enrollees.
50. **Part-D:** Mandatory state dollars paid to the federal government beginning in January 2006 to help finance Medicare prescription drug coverage offered under Medicare Part-D for certain dual eligibles. The amount a state must pay depends on set guidelines the federal government has established under the Medicare Modernization Act of 2003 (MMA).
51. **LaCHIP V Buy-in:** Also referred to as LaCHIP Affordable Plan (LAP), are payments made to the Louisiana Office of Group Benefits (OGB) for the paid on behalf of LAP recipients.

#### **Uncompensated Care Costs (UCC)**

The following hospitals receive UCC payments:

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

# Medicaid Enrollment

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

This report provides an overview of Medicaid eligibility. Medicaid enrollees, applicants, recipients, providers and researchers who have questions about the Louisiana Medicaid Program may visit our website at <http://dhh.louisiana.gov/offices/?ID=92>. The Medicaid Eligibility Manual is available online at <http://bhsfweb.dhh.la.gov/onlinemanualspublic/>. Information is also available when calling the toll free line at 1-888-342-6207 or 1-877-252-2447.

## Eligibility Requirements and the Enrollment Process

Because Medicaid is an entitlement program that pays for medical services on behalf of low-income eligible persons, there are certain criteria involved in the eligibility process. Louisiana is a Section 1634 state, which means that all individuals who receive Supplemental Security Income (SSI) are automatically enrolled in Medicaid. In addition, families who get financial assistance from the Office of Family Support (OFS) through the Louisiana's Temporary Aid to Needy Families (TANF) program, known as Family Independence Temporary Assistance Program (FITAP), are Medicaid eligible.

For an individual or family who does not get SSI or FITAP (TANF), the eligibility process begins with the completion of a Medicaid application form. Either the prospective beneficiary or an authorized representative may apply online, by mail, at a local Medicaid office or at a Medicaid Application Center. A face-to-face interview is not required. Contact information for each local office is provided in Appendix C with regional offices listed on the back cover.

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

- 1) **Aged** – individuals who are age 65 or older,
- 2) **Blind** – individuals who have corrected vision not exceeding 20/200,
- 3) **Families with Children** – individuals who are:
  - A pregnant member, **or**
  - A parent or caregiver of a child under age 18, **or**

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

- 4) **Disabled** – individuals who meet Social Security Administration's (SSA) disability criteria and have a physical or mental condition that prevent employment for a period of 12 consecutive months or that will result in death,

**And** the individual or family meets all of the eligibility requirements of one or more Medicaid program. An overview of the Medicaid programs offered in Louisiana is presented in Table 8 on page 18 of this document.

Each state sets an income limit within federal guidelines for Medicaid eligibility groups and determines what income counts toward that limit. Part of the financial qualification for Medicaid is based upon the family size and relation of monthly income to the Federal Poverty Level (FPL) guidelines. Table 7 shows 2009 Federal Poverty Level guidelines, with annual and monthly incomes according to family size as legislated by the federal government in deeming what is considered the poverty level standard of living. For example, a four person family was considered living at 100% of FPL if the household income was \$22,050 annually (\$1,838 per month) and at 200% of FPL if the household income was \$44,100 annually (\$3,675 per month).

Figure 5 summarizes income requirements for many of the Medicaid programs. The major qualifying categories are listed along the bottom of the chart. Along the left axis of the chart is income as a percentage of the FPL. As shown in the eligibility chart, maximum income levels for different groupings of eligibility, such as age, disability and parental status, allow access to the Medicaid program depending upon the group which the individual falls. While most eligibility categories allow access to the full array of Medicaid services, the individual's economic and medical circumstances may assign an enrollee to a more limited set of benefits. Table 8 includes a listing and description of the programs that make up the five major eligibility groupings: Children; Families (Parents and Children); Women (Pregnant and Breast or Cervical Cancer); Aged, Blind and Disabled; and Other.

Eligibility determination is a federally approved process which is operated in the same manner throughout the state. In Louisiana, caseworkers in each of the nine regions of the Department of Health and Hospitals determine an individual's eligibility for Medicaid in accordance with standardized written policy. Processing times for applications vary

depending on the coverage group and program under consideration, the amount of information the person is able to provide and how quickly all needed information is made available to Medicaid staff. Eligibility can be retroactive up to three months prior to the date of application. Eligibility is reviewed annually for most

cases but more often in some programs. Decisions must be made within 45 days (90 days if a disability determination by the agency is required) from the date of application in most cases. Eligible individuals and families enrolled in the Louisiana Medicaid Program are issued a plastic Medicaid identification card.

**Table 7: 2009 Federal Poverty Level Guidelines for All States (Except Alaska and Hawaii)**

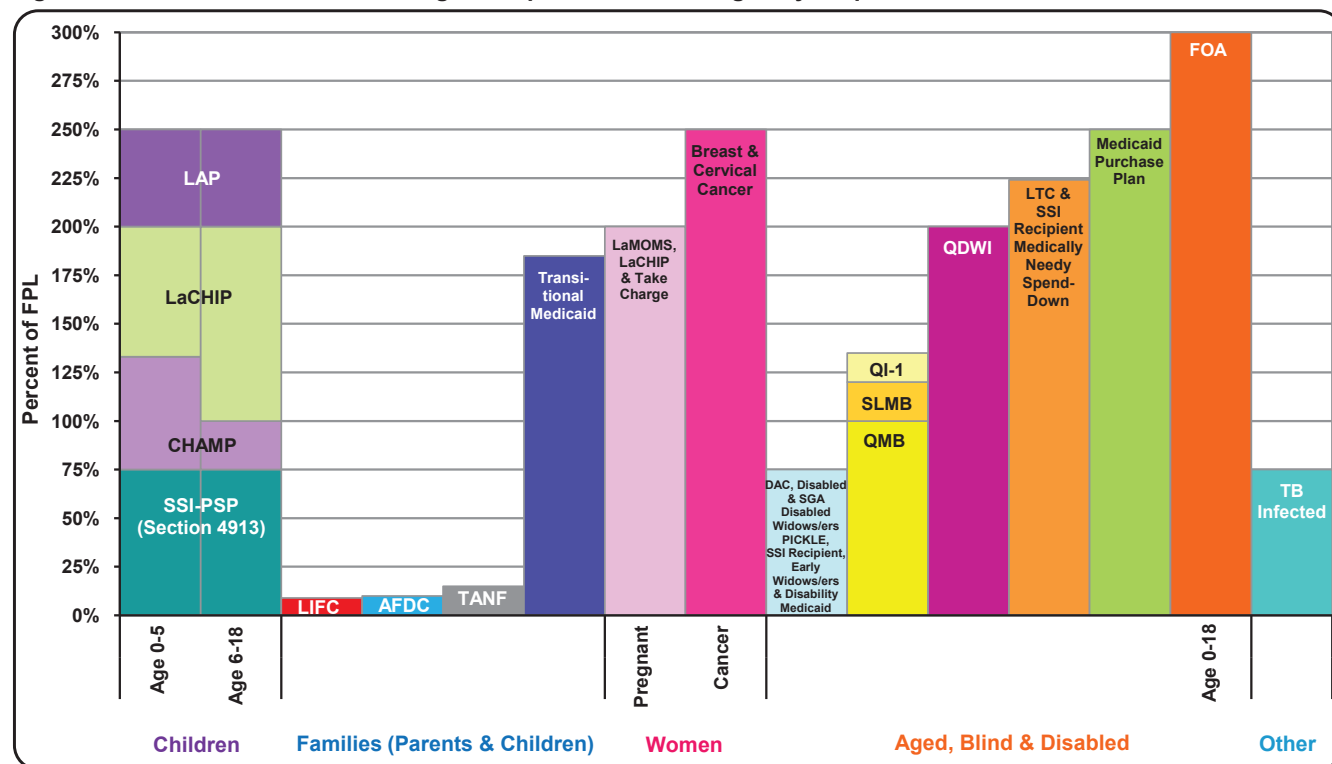
Family Size		Annual and Monthly Income in Dollars <sup>1</sup>									
		75%	100%	120%	133%	135%	150%	185%	200%	250%	300%
1	Annual	\$8,123	\$10,830	\$12,996	\$14,404	\$14,621	\$16,245	\$20,036	\$21,660	\$27,075	\$32,490
	Monthly	\$677	\$903	\$1,083	\$1,200	\$1,218	\$1,354	\$1,670	\$1,805	\$2,256	\$2,708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

<sup>1</sup> U.S. Department of Health and Human Services. (2009). 2009 Poverty Guidelines. Federal Register, Vol. 74, No. 14, January 23, 2009, pp. 4199-4200.

Retrieved from <http://www.cms.hhs.gov/MedicaidEligibility/Downloads/POV09Combo.pdf>

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

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



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

Program		Description	Income Limit
A. Children	A1. SSI-PSP (Section 4913)	Individuals under age 18 denied SSI cash because of an SSI provision that is prohibited in Medicaid	75% of poverty (+\$20); Assets limit: \$2,000 for individual
	A2. CHAMP – Low Income Children	Ages 0 to 5	133% of poverty; No assets test
		Ages 6 to 18 (through 19 <sup>th</sup> birthday)	100% of poverty; No assets test
	A3. LaCHIP (Title XXI)	Ages 0 to 5	> 133% and up to 200% of poverty; No assets test
		Ages 6 to 18 (through 19 <sup>th</sup> birthday)	> 100% and up to 200% of poverty; No assets test
	A4. LaCHIP Affordable Plan (LAP)	Ages 0 to 18 (through 19 <sup>th</sup> birthday)	> 200% and up to 250% of poverty; Some cost sharing involved; No assets test
	A5. Deemed Eligible Child	Age 0 (through first birthday)	Children whose mothers were enrolled in Medicaid at the time of birth
B. Families (Parents and Children)	A6. OCS Children	Children in Foster Care programs through the Office of Community Services (OCS)	Eligibility determined by the Office of Community Services
	B1. LIFC – Section 1931	Children and Families	Monthly Income levels of \$66, \$123, \$174, \$217 and \$259 (7.3%, 10.1%, 11.4%, 11.8% and 12.1% of poverty) for family sizes of 1, 2, 3, 4 and 5 respectively; No assets test
	B2. LIFC – Section 1931 “PAP”	Children and Families	Monthly Income levels of \$66, \$123, \$174, \$217 and \$259 (7.3%, 10.1%, 11.4%, 11.8% and 12.1% of poverty) for family sizes of 1, 2, 3, 4 and 5 respectively with income of siblings, step-parents and grandparents of minor child disregarded (anyone not legally responsible for child); No assets test
	B3. AFDC – Related Medically Needy	Children and Families	10% of poverty (individuals and couples); No assets test
	B4. AFDC – Related Spend down Medically Needy	Children and Families	All income over 10% of poverty considered available to meet medical expenses for quarter
	B5. TANF Recipients	Recipients of cash assistance as determined by the Department of Social Services’ Office of Family Support	15% of poverty; Assets limit: \$2,000
C. Women	B6. Transitional Medicaid	Former LIFC Recipients with earnings now exceeding 7.3% of poverty; Former TANF Recipients with earnings now exceeding 15% of poverty	185% of poverty for coverage in seventh through twelfth month of transitional eligibility period; No assets test
	C1. CHAMP/LaMOMS – Pregnant Woman	Verified pregnancy, 2-month postpartum period	200% of poverty; No assets test
	C2. LaCHIP (Title XXI)	Conception to birth for low-income, pregnant, non-Medicaid eligible mothers	200% of poverty; No assets test
	C3. Take Charge – Family Planning Program	Women between ages 19 and 44 for family planning related services only	200% of poverty; No assets test
	C4. Breast and Cervical Cancer	Women under 65 diagnosed with breast or cervical cancer, or in a precancerous condition	250% of poverty; No assets test
	D1. Disabled Adult Child (DAC)	Individuals over age 18 who become blind or disabled before age 22 and lost SSI eligibility on or before 7/1/87, as a result of entitlement to or increase in Social Security benefits	Social Security benefits are disregarded in determining countable income with limit 75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple



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

Program		Description	Income Limit
<b>D. Aged, Blind and Disabled</b>	<b>D2. Disabled Widows/Widowers</b>	Restores Medicaid eligibility to disabled widows/widowers who would be eligible for SSI	Social Security 1984 Widow's/er's adjustment is disregarded in determining countable income with limit 75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	<b>D3. SGA Disabled Widows/Widowers / Surviving Divorced Spouse</b>	Individuals who lost SSI because of receipt of Social Security disabled widow's/widower's benefits	All cost of living raises and Social Security Disabled Widow's/er's benefits are disregarded in calculating countable income with 75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	<b>D4. PICKLE</b>	Former SSI Recipients of two different groups of aged, blind and disabled who lost eligibility due to annual SSI cost of living increase	All cost of living raises are disregarded in calculating countable income with limit 75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	<b>D5. Disability Medicaid</b>	Aged and disabled individuals who meet SSI criteria	75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	<b>D6. SSI Recipients</b>	Aged and disabled recipients of federal SSI cash payments as determined by SSA	75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	<b>D7. Early Widows/Widowers</b>	Individuals who lost SSI because of receipt of Social Security widow's/widower's benefits	Social Security Early Widow's/er's benefits are disregarded in determining countable income with limit 75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	<b>D8. QMB – Qualified Medicare Beneficiary</b>	Pays Medicare premiums, deductibles and co-insurance for Medicare covered	100% of poverty; Asset limit: \$4,000 individual and \$6,000 couple
	<b>D9. SLMB – Specified Low-Income Medicare Beneficiary</b>	Pays Part-B Medicare premium only	> 100% and up to 120% of poverty; Assets limit: \$4,000 individual and \$6,000 couple
	<b>D10. QI-1 – Qualified Individual Category 1</b>	Pays Part-B Medicare premium only	> 120% and up to 135% of poverty; Assets limit: \$4,000 individual and \$6,000 couple
	<b>D11. QDWI – Qualified Disabled Working Individual</b>	Provides Medicare Part-A Buy-in for non-aged individuals who lost SSI disability benefits and premium free Part-A	200% of poverty; Assets limit: \$4,000 individual and \$6,000 couple
	<b>D12. Long Term Care (Home and Institutions)</b>	Aged and disabled recipients who meet criteria for institutional level of care, residing in medical institutions such as nursing homes and ICF/DD or who receive care in their own home or in the community	224% of poverty (3 times the limit for SSI recipients); Assets limit: \$2,000 individual and \$3,000 couple (both reside in an institution); A "community" spouse (one not residing in an institution) can retain assets up to \$109,560
	<b>D13. SSI Recipient – Medically Needy Spend-Down</b>	Qualified individuals and families who may have "too much" income to qualify for regular Medicaid	All income over 75% of poverty (+\$20) is considered available to meet medical expenses for quarter – For Long Term Care (institutions only) all income over 224% of poverty; Assets limit: \$2,000 individual and \$3,000 couple
	<b>D14. Medicaid Purchase Plan (MPP)</b>	Individuals with disabilities who are working, or interested in working, have the option to buy the health coverage offered by the Louisiana Medicaid Program	250% of poverty; Individual pays a premium when net income is above 150% of poverty; Assets limit: \$25,000
	<b>D15. Family Opportunity Act (FOA)</b>	Offers Medicaid Buy-in to families for children up to age 18 (through 19 <sup>th</sup> birthday) with disabilities who are not eligible for SSI disability benefits due to income	300% of poverty; Families above 200% of poverty must pay a premium; No assets test
<b>E. Other</b>	<b>E1. TB infected</b>	Persons who have been diagnosed as, or are suspected of being infected with tuberculosis	75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	<b>E2. 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>E3. Youth Aging Out of Foster Care</b>	Individuals age 18 to 21 released from the Foster Care program due to turning age 18	No income or assets test

## Enrollment Statistics

Before presenting the statistical data, it is important to establish the difference between the terms Medicaid eligible, Medicaid enrollee and Medicaid recipient used in this report. These terms can seem interchangeable, but technically, especially in this report, they are not.

A **‘Medicaid eligible’** is a person who fits the established eligibility criteria of the program, whether or not the person applied for Medicaid.

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

Finally, a **‘Medicaid recipient’** is an enrollee with at least one processed claim during the time period involved, in this case during SFY 2008/09 (July 1, 2008 to June 30, 2009), whether or not he or she was enrolled on the date the claim was paid, but was enrolled at the time the service for the claim was provided, as well as any person with Medicare Buy-in and Part-D premiums paid on his or her behalf. For example, there may be a processed claim during this particular period for services that were provided in a prior period for an individual though his or her eligibility ended before this SFY.

In regards to data, in some categories (e.g. within a parish), the number of recipients reported may exceed the number of enrollees for two main reasons. One reason is that an enrollee case may have closed at the end of SFY 2007/08 but a claim was paid on their behalf in SFY 2008/09. Thus, when a claim is paid in SFY 2008/09 for a person who received a service in SFY 2007/08, she or he will be counted as a recipient in SFY 2008/09 although this person is no longer eligible for Medicaid in SFY 2008/09. 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 2008/09 to be for a service rendered in SFY 2006/07. The payment could, therefore, occur long after the person identified as the recipient on the claim has left the program.

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

## Enrollment as a Percentage of the Population

The percentage of the population enrolled in Louisiana Medicaid has consistently increased through the years with a few exceptions (Table 9). During SFY 2008/09, 28% of Louisianans were enrolled in Medicaid.

Table 10 presents total population, enrollees, recipients, payments and the percentage of the population enrolled in Medicaid by parish during SFY 2008/09. It is evident that lower income parishes have large percentages of Medicaid enrollment, especially in the northeast parishes with East Carroll, Franklin, Madison, Morehouse, Richland, Tensas and West Carroll all having 40% of their population or above enrolled in Medicaid, along with the central parishes of Avoyelles, Catahoula, Concordia, Evangeline and St. Landry, as shown in the map (Figure 6). Cameron Parish had the smallest percentage of Medicaid enrolled with only 14% of the parish’s population enrolled in Medicaid during SFY 2008/09.

East Baton Rouge Parish had the highest payments paid on behalf of their recipients at about \$491 million, while Cameron Parish had the least amount paid on behalf of their recipients at about \$2 million.

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

SFY	Medicaid Enrollment <sup>1</sup>	Population Estimate <sup>2</sup>	Percent of Population Enrolled
2003/04	1,091,007	4,473,558	24%
2004/05	1,139,778	4,487,830	25%
2005/06	1,171,660	4,495,627	26%
2006/07	1,187,157	4,243,634	28%
2007/08	1,176,819	4,373,310	27%
2008/09	1,233,712	4,410,796	28%

<sup>1</sup> Enrollment data was obtained in October, 2009 from MARS Data Warehouse and includes all ‘premium only’ duals. Enrollment will vary depending on the date extracted due to processing.

<sup>2</sup> Population estimates are taken from the beginning of the State Fiscal Year. U.S. Census Bureau, Population Estimates Program. (2009). Annual Population Estimates for Louisiana Parishes for July 1, 2008. Retrieved from [http://factfinder.census.gov/servlet/GCTTable?\\_bm=y&-context=gct&-ds\\_name=PEP\\_2008\\_EST&-%20context=gct&-mt\\_name=PEP\\_2008\\_EST\\_GCTT1\\_ST2&-CONTEXT=gct&-tree\\_id=808&-redoLog=true&-geo\\_id=04000US22&-format=ST-2|ST-2S&-\\_lang=en](http://factfinder.census.gov/servlet/GCTTable?_bm=y&-context=gct&-ds_name=PEP_2008_EST&-%20context=gct&-mt_name=PEP_2008_EST_GCTT1_ST2&-CONTEXT=gct&-tree_id=808&-redoLog=true&-geo_id=04000US22&-format=ST-2|ST-2S&-_lang=en)

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

	Parish	2008 Population <sup>1</sup>	Medicaid Enrollees <sup>2</sup>	Medicaid Recipients <sup>2</sup>	Payments <sup>3</sup> (\$)	Medicaid Enrollees/Population	
						Ratio	Rank
1	Acadia	60,070	22,274	22,301	\$103,055,921	37%	19
2	Allen	25,635	8,598	8,582	36,413,015	34%	30
3	Ascension	101,789	22,568	22,239	78,056,842	22%	61
4	Assumption	22,881	7,223	7,220	28,880,311	32%	39
5	Avoyelles	42,360	17,141	16,964	84,036,147	40%	10
6	Beauregard	34,978	10,508	10,344	34,779,693	30%	45
7	Bienville	14,728	5,632	5,571	24,797,329	38%	16
8	Bossier	110,250	25,436	25,014	117,131,656	23%	60
9	Caddo	252,895	78,469	77,203	331,558,286	31%	42
10	Calcasieu	185,618	51,912	51,168	208,685,512	28%	52
11	Caldwell	10,353	3,947	3,989	26,639,236	38%	17
12	Cameron	7,238	1,040	1,032	1,973,143	14%	64
13	Catahoula	10,522	4,183	4,154	19,415,806	40%	12
14	Claiborne	16,142	5,395	5,316	24,660,375	33%	31
15	Concordia	19,064	7,934	7,824	30,560,087	42%	7
16	De Soto	26,388	8,261	8,267	31,343,086	31%	40
17	East Baton Rouge	428,360	121,789	119,234	490,807,132	28%	51
18	East Carroll	8,166	4,254	4,181	24,494,624	52%	1
19	East Feliciana	20,874	6,303	6,293	42,784,354	30%	44
20	Evangeline	35,624	14,684	14,771	69,020,788	41%	8
21	Franklin	20,006	8,772	8,828	46,328,811	44%	3
22	Grant	19,974	6,783	6,798	26,572,108	34%	28
23	Iberia	75,097	26,810	26,491	103,698,630	36%	21
24	Iberville	32,545	11,658	11,573	47,655,540	36%	20
25	Jackson	15,191	4,718	4,702	25,111,737	31%	41
26	Jefferson	436,181	118,972	114,974	425,640,908	27%	54
27	Jefferson Davis	31,263	10,566	10,550	47,032,428	34%	29
28	Lafayette	206,976	51,256	49,815	198,293,081	25%	58
29	Lafourche	92,572	25,878	26,001	106,640,885	28%	53
30	La Salle	14,062	4,154	4,924	26,977,098	30%	47
31	Lincoln	42,561	12,313	12,085	64,692,627	29%	49
32	Livingston	120,256	31,130	30,864	102,501,131	26%	57
33	Madison	11,790	5,666	5,574	23,733,549	48%	2
34	Morehouse	28,602	12,112	11,974	59,375,610	42%	5
35	Natchitoches	39,576	13,487	13,275	51,538,840	34%	26
36	Orleans	311,853	106,105	100,708	383,622,896	34%	27
37	Ouachita	150,051	49,679	48,884	211,723,981	33%	33
38	Plaquemines	21,276	5,657	5,467	22,535,602	27%	55
39	Pointe Coupee	22,401	7,346	7,314	34,177,629	33%	35
40	Rapides	133,131	43,911	43,637	352,844,773	33%	34
41	Red River	9,118	3,555	3,528	14,471,387	39%	13
42	Richland	20,501	8,589	8,595	49,391,056	42%	6
43	Sabine	23,688	7,164	7,009	31,080,800	30%	43
44	St. Bernard	37,722	10,729	10,090	31,639,916	28%	50
45	St. Charles	51,547	12,392	12,171	39,383,519	24%	59
46	St. Helena	10,546	3,735	3,721	13,777,058	35%	23
47	St. James	21,231	6,906	6,763	21,366,996	33%	36
48	St. John	46,994	16,479	16,065	46,423,496	35%	24
49	St. Landry	92,173	37,077	37,119	166,236,964	40%	11
50	St. Martin	52,097	17,755	17,369	65,613,137	34%	25
51	St. Mary	51,083	19,631	19,487	65,958,816	38%	15
52	St. Tammany	228,456	44,873	43,899	170,083,121	20%	62
53	Tangipahoa	117,001	44,047	43,474	231,614,486	38%	18
54	Tensas	5,694	2,413	2,379	9,874,041	42%	4
55	Terrebonne	108,576	34,432	34,142	124,452,495	32%	38
56	Union	22,692	7,336	7,232	27,851,552	32%	37
57	Vermilion	56,096	16,325	16,243	66,300,953	29%	48
58	Vernon	45,639	11,963	11,782	48,564,568	26%	56
59	Washington	45,430	17,576	17,470	84,401,917	39%	14
60	Webster	40,754	13,579	13,419	60,083,253	33%	32
61	West Baton Rouge	22,553	6,768	6,702	24,933,501	30%	46
62	West Carroll	11,495	4,735	4,711	23,168,889	41%	9
63	West Feliciana	15,003	2,477	2,510	15,304,943	17%	63
64	Winn	15,408	5,494	5,468	25,412,782	36%	22
State Total		4,410,796	1,233,712	1,212,569	\$5,627,180,850	28%	

<sup>1</sup> Population estimates are taken from the beginning of the State Fiscal Year. U.S. Census Bureau, Population Estimates Program. (2009). Annual Population Estimates for Louisiana Parishes for July 1, 2008. Retrieved from [http://factfinder.census.gov/servlet/GCTTable?\\_bm=y&-context=gct&-ds\\_name=PEP\\_2008\\_EST&-%20context=gct&-mt\\_name=PEP\\_2008\\_EST\\_GCTT1\\_ST2&-CONTEXT=gct&-tree\\_id=808&-redoLog=true&-geo\\_id=04000US22&-format=ST-2IST-2S&-lang=en](http://factfinder.census.gov/servlet/GCTTable?_bm=y&-context=gct&-ds_name=PEP_2008_EST&-%20context=gct&-mt_name=PEP_2008_EST_GCTT1_ST2&-CONTEXT=gct&-tree_id=808&-redoLog=true&-geo_id=04000US22&-format=ST-2IST-2S&-lang=en)

<sup>2</sup> Individual parish enrollee and recipient counts will 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**

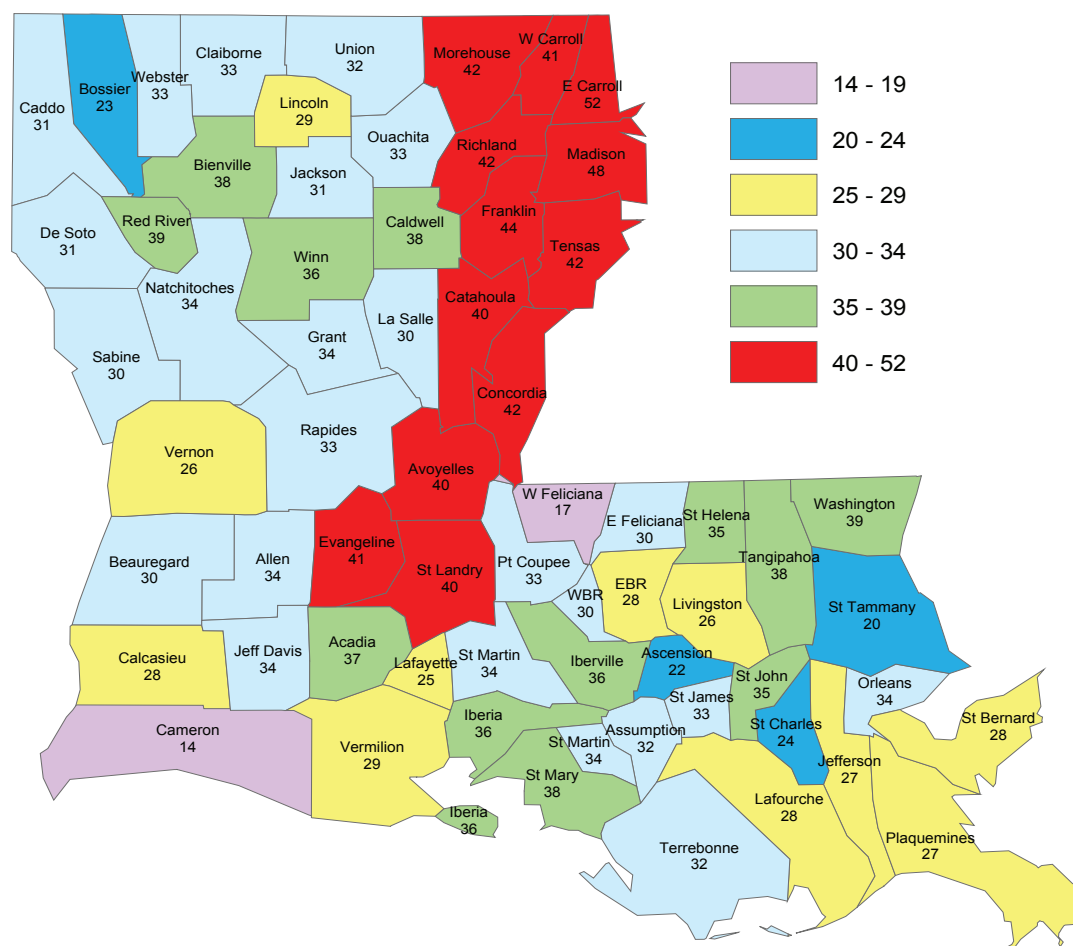


Table 11 presents total population, enrollees, recipients, payments and percentage of population enrolled by region during SFY 2008/09. Monroe Region had the largest percentage of Medicaid enrolled at 34% followed by Alexandria Region at 33%. Mandeville Region had the smallest percentage of Medicaid enrolled at 26%.

New Orleans Region had the highest payments paid on behalf for their recipients at about \$863 million, while Lake Charles Region had the least amount paid on behalf of their recipients at about \$329 million.

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

Region	2008 Population <sup>1</sup>	Medicaid Enrollees <sup>2</sup>	Medicaid Recipients <sup>2</sup>	Payments <sup>3</sup> (\$)	Medicaid Enrollees/Population	
					Ratio	Rank
Region 1 - New Orleans	807,032	228,632	218,816	\$863,439,322	28%	6
Region 2 - Baton Rouge	643,525	172,801	169,722	733,719,941	27%	8
Region 3 - Thibodaux	394,884	116,565	115,458	433,106,518	30%	4
Region 4 - Lafayette	578,133	173,443	171,045	772,219,474	30%	3
Region 5 - Lake Charles	284,732	79,325	78,365	328,883,791	28%	7
Region 6 - Alexandria	300,160	97,698	97,598	614,383,368	33%	2
Region 7 - Shreveport	533,539	152,656	150,057	686,665,011	29%	5
Region 8 - Monroe	347,102	118,494	116,846	592,385,711	34%	1
Region 9 - Mandeville	521,689	135,619	133,723	602,377,713	26%	9
<b>State Total</b>	<b>4,410,796</b>	<b>1,233,712</b>	<b>1,212,569</b>	<b>\$5,627,180,850</b>	<b>28%</b>	

<sup>1</sup> Population estimates are taken from the beginning of the State Fiscal Year. U.S. Census Bureau, Population Estimates Program. (2009). Annual Population Estimates for Louisiana Parishes for July 1, 2008. Retrieved from [http://factfinder.census.gov/servlet/GCTTable?\\_bm=y&-context=gct&-ds\\_name=PEP\\_2008\\_EST&-%20context=gct&-mt\\_name=PEP\\_2008\\_EST\\_GCTT1\\_ST2&-CONTEXT=gct&-tree\\_id=808&-redoLog=true&-geo\\_id=04000US22&-format=ST-2|ST-2S&-lang=en](http://factfinder.census.gov/servlet/GCTTable?_bm=y&-context=gct&-ds_name=PEP_2008_EST&-%20context=gct&-mt_name=PEP_2008_EST_GCTT1_ST2&-CONTEXT=gct&-tree_id=808&-redoLog=true&-geo_id=04000US22&-format=ST-2|ST-2S&-lang=en)

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

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



## Enrollment by Age and Gender

The breakdown of enrollees by age (Table 12 and Figure 7) shows that majority enrolled are children, with those aged 20 and under making up 63.1% of the total. Those between the ages 21 and 64 comprised 28.0% of the enrolled population and those 65 and over made up the smallest component at 8.9%. Also, as expected, statistics reveal that certain age groups are more expensive than others. The reason for the difference is the medical needs of these age groups

tend to require more expensive services, for example long-term care services.

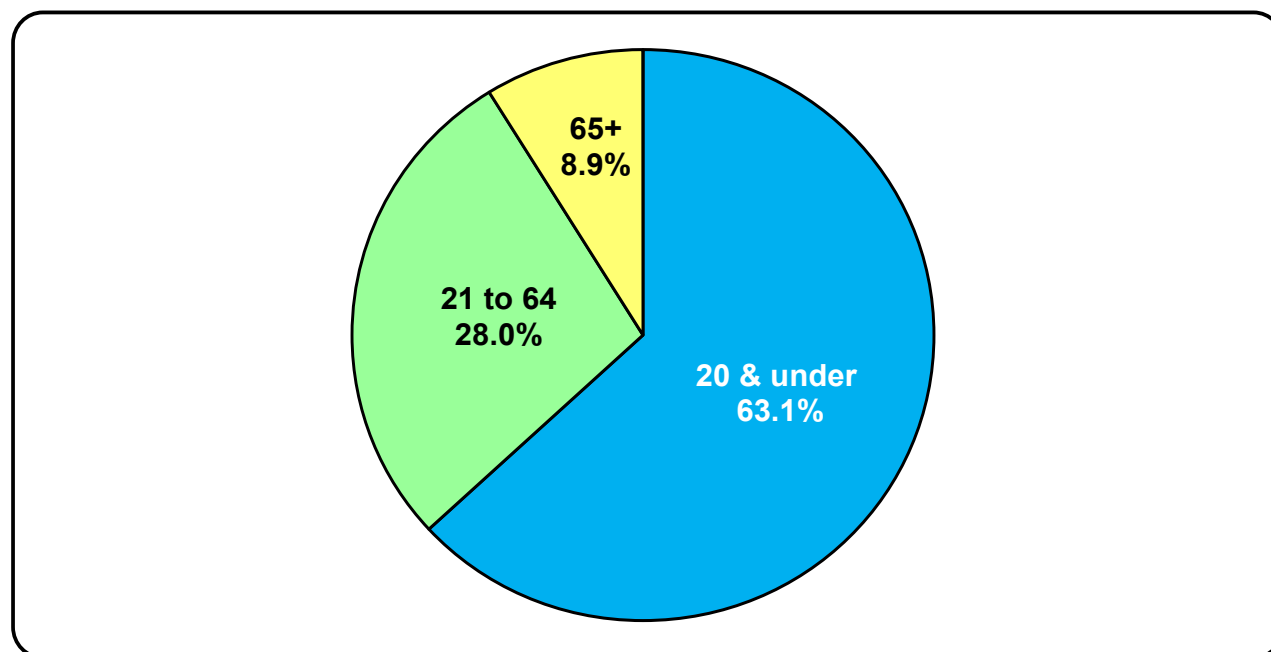
In general, for all ages there are more females than males enrolled in Medicaid (Figure 8). Though children age 18 and under are almost evenly split between female and male, in enrollees of ages 19 and above, enrollment was comprised of about 74.5% women. This can be explained by the pregnant women program, disproportionate number of female parents in very low income households and longer life expectancy of females.

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

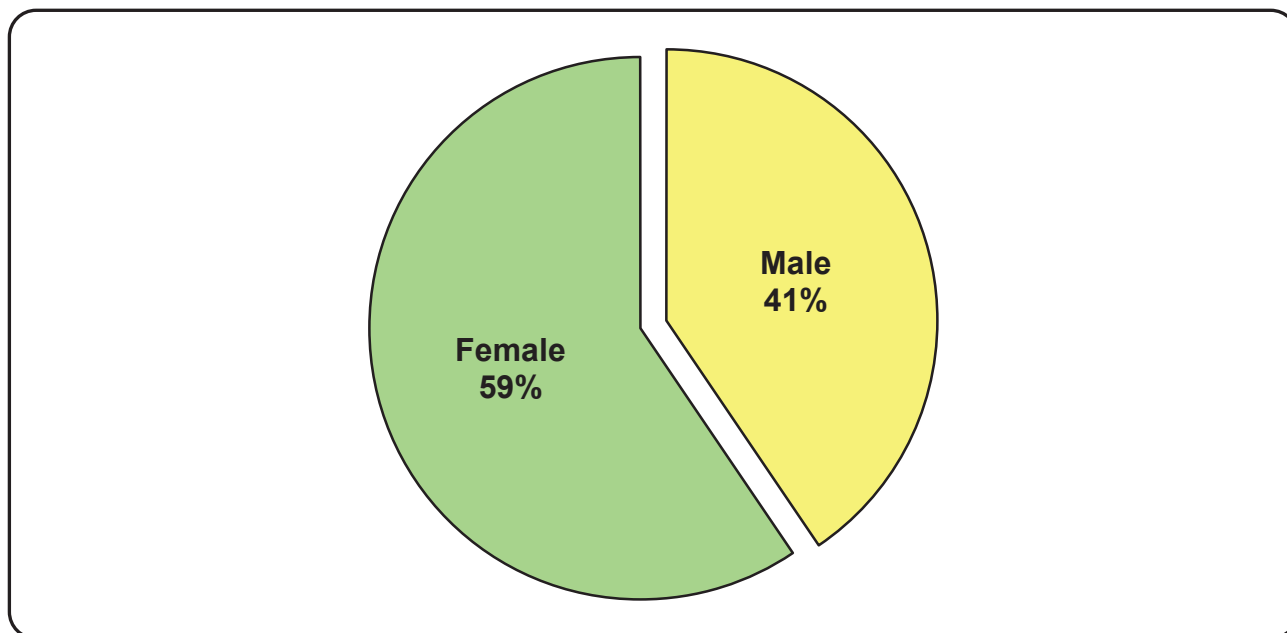
Age <sup>1</sup>	Enrollees			Recipients			Payments (\$)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<b>Under 1</b>	36,482	35,153	71,635	34,611	33,361	67,972	\$207,512,672	\$175,783,666	\$383,296,338
<b>1-5</b>	111,474	107,202	218,676	112,301	107,766	220,067	212,290,125	179,955,004	392,245,128
<b>6-14</b>	161,427	155,362	316,789	160,078	154,023	314,101	289,602,362	222,539,041	512,141,403
<b>15-18</b>	63,925	67,803	131,728	62,791	67,117	129,908	131,801,103	179,041,787	310,842,890
<b>19-20</b>	9,164	30,869	40,033	11,237	29,727	40,964	36,076,057	99,513,490	135,589,547
<b>21-44</b>	38,287	195,943	234,230	37,216	180,141	217,357	479,267,569	846,807,422	1,326,074,991
<b>45-64</b>	47,287	64,147	111,434	46,641	64,116	110,757	657,602,118	800,168,123	1,457,770,241
<b>65-84</b>	27,980	60,857	88,837	28,198	60,488	88,686	312,469,908	461,431,494	773,901,402
<b>85+</b>	3,684	16,666	20,350	4,229	18,528	22,757	73,118,650	262,200,260	335,318,910
<b>Total</b>	<b>499,710</b>	<b>734,002</b>	<b>1,233,712</b>	<b>497,302</b>	<b>715,267</b>	<b>1,212,569</b>	<b>\$2,399,740,564</b>	<b>\$3,227,440,286</b>	<b>\$5,627,180,850</b>

<sup>1</sup> Age as of January 1, 2009.

**Figure 7: Enrollment by Age Groups**



**Figure 8: Total Enrollment by Gender**

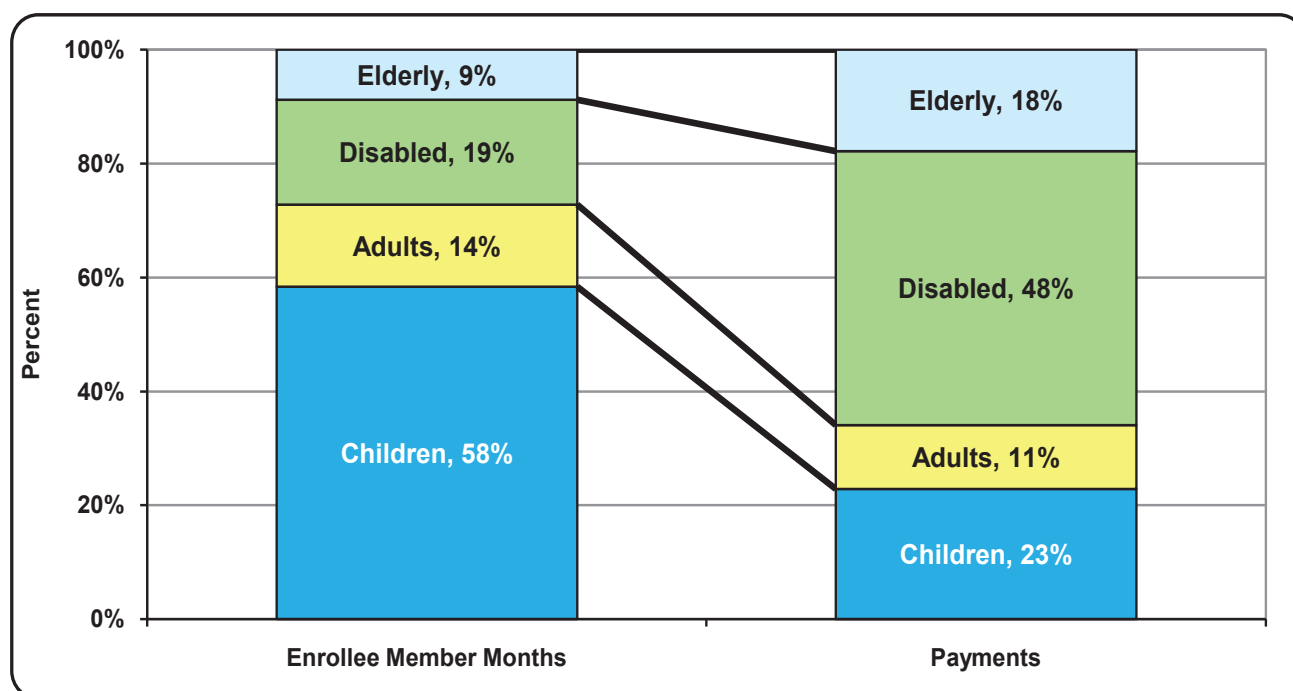


### Enrollment by Basis of Eligibility

During SFY 2008/09, total unduplicated Medicaid enrollment was 1,233,712. Based on total enrollee member months by basis of eligibility category (Figure 9), about 58% were children, about 14% were adults, about 19% were disabled and about 9% were elderly.

Though children and adults together made up about 72% of total enrollee member months, only about 34% of Medicaid payments were associated with them. Conversely, the elderly category and disabled category collectively accounted for about 28% of enrollee member months, while making up about 66% of payments.

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



## Enrollment by Aid Categories

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

their respective periods of time. For SFY 2008/09, the families and children and LIFC aid categories together accounted for the majority with about 68% of enrollment, followed by the disabled aid category at 15% of enrollment.

**Table 13: Monthly Enrollment by Aid Category<sup>1</sup> for SFY 2007/08 and SFY 2008/09**

SFY 2007/08										
Month	Aged	Blind	Disabled	Families & Children	OCS Foster/OYD	LIFC	QMB	Family Planning	All Other	Total <sup>2</sup>
July	75,794	1,754	167,215	556,840	10,205	129,154	32,974	22,724	48	992,197
August	76,055	1,744	167,998	560,953	10,232	130,316	33,439	26,278	29	1,002,353
September	76,161	1,738	168,606	562,440	10,236	130,817	33,791	29,289	36	1,008,656
October	76,318	1,736	169,368	565,810	10,276	131,474	34,016	32,351	43	1,016,803
November	76,397	1,730	169,831	566,706	10,277	131,797	34,366	34,824	55	1,021,507
December	76,411	1,718	170,161	567,606	10,257	131,745	34,586	36,959	62	1,025,074
January	76,614	1,719	171,127	571,219	10,282	132,106	34,680	39,594	58	1,032,538
February	76,643	1,716	171,705	572,120	10,251	132,306	34,881	41,866	56	1,036,842
March	76,763	1,711	172,488	573,195	10,223	132,544	35,051	43,652	53	1,040,985
April	76,881	1,711	173,000	574,609	10,224	133,138	35,168	45,686	51	1,045,621
May	76,887	1,712	173,287	575,719	10,218	133,213	35,388	47,167	52	1,049,019
June	76,896	1,704	173,774	578,163	10,237	133,241	35,538	48,674	46	1,053,567
<b>Total SFY 2007/08<sup>3</sup></b>	<b>87,508</b>	<b>1,860</b>	<b>193,596</b>	<b>715,255</b>	<b>13,577</b>	<b>189,123</b>	<b>40,099</b>	<b>60,919</b>	<b>132</b>	<b>1,176,819</b>
SFY 2008/09										
Month	Aged	Blind	Disabled	Families & Children	OCS Foster/OYD	LIFC	QMB	Family Planning	All Other	Total <sup>2</sup>
July	77,103	1,705	174,219	581,400	10,262	133,595	35,746	50,113	52	1,059,563
August	77,349	1,699	174,613	583,614	10,286	134,152	35,971	51,416	57	1,064,788
September	77,464	1,694	174,899	584,842	10,230	134,286	36,213	52,458	56	1,067,953
October	77,598	1,683	175,570	589,256	10,172	135,602	36,372	53,753	51	1,075,462
November	77,518	1,679	175,692	587,992	10,223	135,594	36,651	54,451	56	1,075,784
December	77,546	1,663	175,605	589,538	10,127	136,209	36,859	55,551	57	1,078,931
January	77,538	1,644	175,527	591,946	10,135	136,658	36,988	56,432	63	1,082,721
February	77,435	1,642	175,839	593,332	10,127	137,336	37,065	57,134	68	1,085,896
March	77,467	1,637	176,026	596,145	10,165	138,392	37,213	58,457	70	1,091,044
April	77,528	1,640	176,416	598,106	10,263	139,253	37,383	59,401	89	1,095,505
May	77,611	1,633	176,947	600,400	10,341	139,895	37,556	60,310	90	1,100,040
June	77,599	1,625	177,223	603,491	10,421	140,584	37,671	61,499	102	1,105,200
<b>Total SFY 2008/09<sup>3</sup></b>	<b>88,331</b>	<b>1,798</b>	<b>198,738</b>	<b>734,642</b>	<b>13,431</b>	<b>192,272</b>	<b>42,019</b>	<b>86,872</b>	<b>190</b>	<b>1,233,712</b>
<b>Total Percent Change</b>	<b>1%</b>	<b>-3%</b>	<b>3%</b>	<b>3%</b>	<b>-1%</b>	<b>2%</b>	<b>5%</b>	<b>43%</b>	<b>44%</b>	<b>5%</b>

<sup>1</sup> Please see Appendix A for aid category descriptions.

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

<sup>3</sup> SFY enrollee counts will not equal the sum of monthly counts due to duplication across months. SFY enrollee total is pure **unduplicated** enrollees.

# Medicaid Programs

## Medicaid Data

Medicaid data can be presented either by “Date of Payment” or “Date of Service,” while results may differ based on the methodology employed. So what is the difference between the two types of data?

- **“Date of Payment” (DOP):** Reported data, such as payments, services, recipients, etc., reflects data that is paid during the period (July 2008 to June 2009) 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 finance analysis.
- **“Date of Service” (DOS):** Reported data reflects the services provided during the period irrespective of the time payments were paid. Services may be provided during this particular period but payments may be paid during a subsequent period, say after one year. DOS is typically used for clinical/policy interventions.

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

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

## Medicaid Programs

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

Information in this document is general in regards to Medicaid programs. For detailed information about Louisiana Medicaid Programs please visit our website, <http://www.dhh.louisiana.gov/offices/?ID=92>, 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% FPL 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 2008/09, a total of \$44,266 was collected in premiums charged to these families for their children's coverage and a total of 522 children received services at total payments of \$1,913,041.

### 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% FPL and are otherwise ineligible for Medicaid. Medicaid works closely with DHH, Office of Public Health and Family Planning Clinics throughout the state to transition women receiving state funded family planning services to the waiver for which federal match is an enhanced rate of 90% compared to typical average of 70%. In addition, pregnant women certifications are reviewed at the end of the two-month postpartum eligibility period and, if eligible, are certified for Family Planning. For SFY 2008/09, a total of 44,653 women received services under Take Charge with total payments of \$10,922,099.

### LaMOMS Program

The Medicaid program for pregnant women was renamed LaMOMS in 2003 and expanded to include women with income up to 200% FPL. Prior to January 2003, only mandatory (up to 133% FPL) 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 73,996 recipients in SFY 2008/09 with total payments of \$252,965,316.



## Louisiana Children's Health Insurance Program (LaCHIP)

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

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

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

presented in Table 15. For SFY 2008/09, LaCHIP provided services to 183,702 recipients with total payments of \$217,576,648.

## LaCHIP Affordable Plan (LAP)

In June 2008, Louisiana expanded coverage for children up to 250% FPL through a separate SCHIP model, known as the LaCHIP Affordable Plan (LAP). LAP provides Medicaid coverage to children under the age of 19 who are not covered by health insurance. Some cost sharing is associated with LAP through monthly premiums and co-payments. LAP is a separate state SCHIP program and different from the regular LaCHIP program; it is not a Medicaid expansion program, but instead was implemented as a "stand-alone" program. Louisiana Office of Group Benefits (OGB) serves as a third party administrator for the management of LAP claims payments through their preferred provider organization network. During SFY 2008/09, there were 4,140 enrolled in LAP. A total of \$608,573 was collected in premiums charged to these families for their children's coverage and a total of 1,941 (OGB Reporting) children received services at total expenditures of \$1,794,470 in SFY 2008/09. Since it is a stand-alone program, LAP data was not included in any tables or figures in this SFY 2008/09 Medicaid Annual Report.

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

Age <sup>1</sup>	LaCHIP (XXI)			Regular Medicaid Children (XIX)			Total (XXI & XIX Children)		
	Enrollees <sup>2</sup>	Recipients <sup>2</sup>	Payments (\$)	Enrollees <sup>2</sup>	Recipients <sup>2</sup>	Payments (\$)	Enrollees <sup>2</sup>	Recipients <sup>2</sup>	Payments (\$)
Under 1	2,178	1,948	\$1,789,769	71,136	67,606	\$381,506,569	71,635	67,972	\$383,296,338
1 to 5	31,888	33,399	37,729,691	203,624	209,494	354,515,437	218,676	220,067	392,245,128
6 to 14	92,325	94,465	102,185,443	259,794	267,619	409,955,959	316,789	314,101	512,141,403
15 to 18	42,241	43,450	58,406,622	104,117	106,808	252,436,268	131,728	129,908	310,842,890
Total Under 19	168,632	173,262	200,111,525	638,671	651,527	1,398,414,234	738,828	732,048	1,598,525,759
19 to 20 <sup>3</sup>	7,924	10,440	17,465,123	37,104	37,527	133,597,023	43,880	45,479	151,062,146
Total	176,556	183,702	\$217,576,648	675,775	689,054	\$1,532,011,257	782,708	777,527	\$1,749,587,905

<sup>1</sup> Age as of January 1, 2009.

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

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

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

Parish	LaCHIP (XXI) <sup>1</sup>			Regular Medicaid Children (XIX)			Total (XXI & XIX Children)		
	Enrollees <sup>2</sup>	Recipients <sup>2</sup>	Payments (\$)	Enrollees <sup>2</sup>	Recipients <sup>2</sup>	Payments (\$)	Enrollees <sup>2</sup>	Recipients <sup>2</sup>	Payments (\$)
1 Acadia	3,135	3,320	\$4,116,504	12,220	12,227	\$26,676,320	14,316	14,231	\$30,792,824
2 Allen	1,172	1,257	1,615,641	4,855	4,902	9,525,406	5,572	5,561	11,141,047
3 Ascension	3,658	3,825	4,286,146	13,180	13,059	25,223,428	15,579	15,321	29,509,574
4 Assumption	1,024	1,075	1,375,054	3,843	3,860	7,108,170	4,507	4,496	8,483,224
5 Avoyelles	2,087	2,176	2,708,029	8,943	8,774	21,921,896	10,192	9,982	24,629,925
6 Beauregard	1,624	1,761	1,825,070	6,061	6,039	11,487,257	7,156	7,091	13,312,327
7 Bienville	571	594	721,893	3,065	2,999	5,153,203	3,418	3,349	5,875,096
8 Bossier	3,626	3,706	3,781,088	15,055	14,840	26,071,585	17,460	17,150	29,852,674
9 Caddo	9,609	9,945	10,082,426	46,248	45,387	95,948,097	52,187	50,970	106,030,523
10 Calcasieu	8,034	8,426	9,967,900	31,061	30,571	63,208,764	36,021	35,281	73,176,664
11 Caldwell	561	578	810,701	2,101	2,142	6,058,146	2,474	2,497	6,868,848
12 Cameron	182	189	167,482	613	625	906,760	741	755	1,074,241
13 Catahoula	508	521	605,311	2,249	2,228	4,257,288	2,555	2,525	4,862,599
14 Claiborne	594	628	618,291	2,918	2,877	6,686,457	3,322	3,258	7,304,747
15 Concordia	945	980	851,813	4,593	4,498	7,896,637	5,182	5,068	8,748,450
16 De Soto	1,065	1,101	1,027,444	4,735	4,733	7,499,742	5,397	5,353	8,527,186
17 East Baton Rouge	16,962	17,429	16,639,935	72,139	71,070	140,194,448	81,959	80,184	156,834,383
18 East Carroll	330	329	458,575	2,489	2,452	6,218,195	2,698	2,642	6,676,770
19 East Feliciana	1,021	1,069	1,215,681	3,234	3,277	6,222,294	3,880	3,879	7,437,975
20 Evangeline	1,643	1,764	2,081,487	7,588	7,593	14,338,780	8,651	8,631	16,420,267
21 Franklin	922	967	1,201,360	4,901	4,923	11,688,916	5,447	5,442	12,890,276
22 Grant	902	960	1,152,744	3,856	3,865	7,703,995	4,442	4,428	8,856,740
23 Iberia	3,457	3,643	3,745,706	15,558	15,400	28,132,941	17,694	17,466	31,878,647
24 Iberville	1,521	1,545	1,896,637	6,599	6,517	12,978,277	7,536	7,414	14,874,914
25 Jackson	526	560	789,780	2,514	2,500	6,453,190	2,833	2,797	7,242,970
26 Jefferson	20,190	20,850	25,479,384	40,741	39,773	125,183,232	48,016	75,992	150,662,616
27 Jefferson Davis	1,660	1,754	2,493,696	5,722	5,774	14,598,516	6,785	6,763	17,092,211
28 Lafayette	7,514	7,829	8,718,732	29,875	29,438	60,526,136	34,602	33,945	69,244,867
29 Lafourche	3,805	4,006	5,175,658	14,398	14,416	28,023,014	16,832	16,729	33,198,672
30 La Salle	572	591	859,570	2,254	2,271	4,606,215	2,610	2,627	5,465,784
31 Lincoln	1,405	1,489	1,457,725	7,141	6,876	13,788,317	8,030	7,749	15,246,042
32 Livingston	5,369	5,703	7,158,837	18,242	18,292	37,362,378	21,747	21,618	44,521,216
33 Madison	473	493	627,805	3,491	3,381	7,637,125	3,795	3,673	8,264,930
34 Morehouse	1,340	1,392	1,877,680	6,793	6,687	17,807,421	7,633	7,481	19,685,101
35 Natchitoches	1,483	1,544	1,491,328	8,025	7,850	14,708,404	8,942	8,719	16,199,732
36 Orleans	11,702	11,657	10,689,748	59,519	56,293	101,325,185	66,663	62,854	112,014,933
37 Ouachita	5,936	6,175	6,663,385	30,083	29,705	68,062,244	33,726	33,040	74,725,628
38 Plaquemines	813	841	794,019	3,180	3,135	7,128,049	3,679	3,601	7,922,068
39 Pointe Coupee	1,015	1,047	1,205,482	3,970	3,961	8,362,384	4,586	4,552	9,567,866
40 Rapides	5,951	6,199	7,023,449	24,407	24,192	68,293,938	28,216	27,772	75,317,388
41 Red River	403	421	417,008	2,109	2,079	3,159,927	2,364	2,318	3,576,936
42 Richland	992	1,049	1,330,714	4,662	4,644	10,908,084	5,337	5,308	12,238,798
43 Sabine	817	826	1,020,598	3,923	3,877	7,440,792	4,453	4,363	8,461,390
44 St. Bernard	1,456	1,493	1,409,126	6,136	5,758	10,200,497	7,035	6,606	11,609,624
45 St. Charles	2,124	2,214	2,621,686	7,234	7,145	12,585,377	8,510	8,359	15,207,063
46 St. Helena	465	503	401,095	2,056	2,076	2,789,350	2,379	2,389	3,190,445
47 St. James	994	1,018	1,001,423	3,931	3,857	6,018,205	4,515	4,399	7,019,627
48 St. John	2,616	2,716	2,629,112	9,585	9,490	15,129,719	11,202	11,007	17,758,831
49 St. Landry	5,105	5,262	6,090,572	20,217	20,081	41,228,575	23,560	23,258	47,319,147
50 St. Martin	2,564	2,679	2,608,997	10,101	10,027	18,682,301	11,672	11,507	21,291,298
51 St. Mary	2,869	3,013	3,110,166	11,355	11,321	19,496,275	13,171	13,034	22,606,441
52 St. Tammany	7,949	8,283	10,599,430	25,660	25,284	53,555,688	30,578	29,898	64,155,118
53 Tangipahoa	5,933	6,176	7,753,748	24,769	24,408	48,165,494	28,433	27,841	55,919,242
54 Tensas	246	259	291,742	1,324	1,283	2,363,200	1,483	1,444	2,654,942
55 Terrebonne	4,603	4,857	6,000,707	19,756	19,567	38,430,374	22,673	22,319	44,431,081
56 Union	1,118	1,151	1,372,127	4,191	4,120	8,954,475	4,895	4,795	10,326,602
57 Vermilion	2,139	2,219	2,450,408	9,155	9,108	17,343,205	10,560	10,413	19,793,613
58 Vernon	1,757	1,846	2,183,565	7,005	6,928	15,942,091	8,161	7,994	18,125,656
59 Washington	2,327	2,477	3,313,476	9,461	9,452	24,290,897	10,890	10,809	27,604,372
60 Webster	1,596	1,628	1,684,172	7,693	7,501	14,757,558	8,674	8,439	16,441,730
61 West Baton Rouge	957	988	1,118,121	3,816	3,794	8,115,290	4,446	4,410	9,233,411
62 West Carroll	658	690	1,198,363	2,498	2,493	7,217,798	2,973	2,962	8,416,161
63 West Feliciana	438	468	585,833	1,269	1,252	2,596,061	1,577	1,570	3,181,895
64 Winn	762	809	925,262	2,946	2,945	5,667,273	3,434	3,421	6,592,535
Grand Total	176,556	183,702	\$217,576,648	675,775	689,054	\$1,532,011,257	782,708	777,527	\$1,749,587,905

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

<sup>2</sup> Individual parish enrollee and recipient counts will 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. Also, LaCHIP and Regular Medicaid enrollee and recipient counts will not sum to the total Medicaid children count due to movement between the two types of Medicaid during the SFY.

## Medicaid Purchase Plan

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

be required for this health care coverage (Table 16). This plan provides full medical coverage including prescription drugs, hospital care, doctor visits, medical equipment and supplies, medical transportation and other services. During SFY 2008/09, there were 2,064 recipients receiving services in the program with total payments of \$14,723,731 (Table 17).

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

Income Requirement <sup>1</sup>	Premium	Age	Assets Limit
<b>To 150% of Poverty</b>	\$0	Between 16 and 65	Less than \$25,000
<b>From 150% to 200% of Poverty</b>	\$80		
<b>From 200% to 250% of Poverty</b>	\$110		

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

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

SFY	Enrollees	Recipients	Payments (\$)	Premiums Collected <sup>1</sup>	
				Enrollees Paying Premium <sup>2</sup>	Amount Collected
<b>2004/05</b>	800	685	\$3,706,973	87	\$49,341
<b>2005/06</b>	1,150	1,007	\$6,232,096	117	\$68,509
<b>2006/07</b>	1,482	1,342	\$8,459,885	148	\$87,350
<b>2007/08</b>	1,721	1,655	\$11,908,717	174	\$111,721
<b>2008/09</b>	2,115	2,064	\$14,723,731	247	\$142,235

<sup>1</sup>Data comes from the Louisiana Medicaid Purchase Plan Premium Tracking and Reporting System reports.

<sup>2</sup>Excludes those whose premium are zero.

## Medicare Savings Program

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

The Medicare Savings Program also provides Medicare Buy-in benefits to people with Medicare who are not eligible for full Medicaid services but have limited income and assets. Depending on income, an individual may be classified as a Qualified Medicare Beneficiary (QMB), which covers both the Medicare Part-B premium and some co-payments and deductibles; Specified Low Medicare Beneficiary (SLMB), which covers the Medicare Part-B premium only; or Qualified Individual (QI-1), which covers the

Medicare Part-B premium through 100% federal dollars. All three programs automatically entitle the enrollee to Low Income Subsidy (LIS) or “Extra Help” status for the Medicare Prescription Drug Plan (Part-D). Monthly premiums are waived and prescription co-payments are nominal. In addition, these individuals are not subject to the Medicare Drug Plan “doughnut hole.”

Premiums for calendar years 2008 and 2009 are presented in Table 18. Due to the cost efficiency of having Medicare as the first payer, a concerted effort is ongoing to ensure that anyone meeting the MSP eligibility criteria is enrolled. All recipients must be currently enrolled in Part-A Medicare to receive assistance on Part-B premiums.

Table 19 presents the income eligibility requirements for each buy-in program. During SFY 2008/09, Louisiana Medicaid paid premiums for 7,739 individuals for Part-A and 166,603 individuals for Part-B, and Part-D expenditures (all state funds) for 108,210 individuals (Table 20).

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

Calendar Year	Part-A Monthly Premiums <sup>2</sup>		Part-A Deductible	Part-B Monthly Premium	Part-B Deductible	Part-D Monthly Premium	Part-D Deductible
	Eligible Work History						
	< 7½ Years	7½ to 10 years					
2008	\$423	\$233	\$1,024	\$96.40	\$135	\$27.93	\$275
2009	\$443	\$244	\$1,068	\$96.40	\$135	\$30.36	\$295

<sup>1</sup> 2009 Annual Report of the Board of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds. (2009). Retrieved from <http://www.cms.hhs.gov/ReportsTrustFunds/downloads/tr2009.pdf>

<sup>2</sup> Part A is free to those working more than 10 eligible years.

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

Eligible Group	Coverage	Income Requirement	Asset Limit
<b>Qualified Medicare Beneficiary (QMB)</b>	Medicare Part-A and Part-B premiums, deductible and co-insurance; Medicare Prescription Drug Plan monthly premium (up to \$35)	Up to 100% of poverty	Less than \$4,000 for individual and \$6,000 for couple
<b>Specified Low Income Beneficiary (SLMB)</b>	Medicare Part-B premium; Medicare Prescription Drug Plan monthly premium (up to \$35)	100% to 120% of poverty	
<b>Qualified Individual (QI-1)</b>	Medicare Part-B premium; Medicare Prescription Drug Plan monthly premium (up to \$35)	120% to 135% of poverty	

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

SFY	Part-A		Part-B		Part-D <sup>2</sup>	
	Recipients <sup>1</sup>	Expenditures (\$)	Recipients <sup>1</sup>	Expenditures (\$)	Recipients <sup>1</sup>	Expenditures (\$)
2006/07	8,346	\$36,513,551	166,514	\$159,016,399	109,886	\$72,866,487
2007/08	7,917	\$36,131,055	161,588	\$171,792,190	109,436	\$73,705,299
2008/09	7,739	\$32,890,618	166,603	\$179,299,930	108,210	\$78,314,306

<sup>1</sup> Recipient data comes from MMA Response File from CMS and is unduplicated by each type.

<sup>2</sup> Part-D expenditures are all state funds.

## 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 level. During SFY 2008/09, a total of 1,686 recipients received services with total payments of \$28,566,581.



## CommunityCARE Program

The CommunityCARE program is a Primary Care Case Management (PCCM) program of the Louisiana Medicaid Program initiated under the authority of a section 1915(b) waiver and currently operates as a Medicaid State Plan Service. PCCM is a comprehensive health delivery system with fee-for-service reimbursement that links Medicaid recipients to a contracted provider who is paid a set fee of \$3 per member per month for managing and coordinating an assigned/linked enrollee's health care services.

The primary goal of CommunityCARE is to provide a "medical home" to all enrollees to assure access to quality, continuity and preventive health care for Medicaid enrollees participating in the CommunityCARE program. The CommunityCARE program provided services to 825,764 recipients during SFY 2008/09 with total payments of \$24,618,770 (Table 21).

## KIDMED

KIDMED is the screening component of Louisiana's Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program. KIDMED provides medical, vision, and hearing screens performed according to a

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

KIDMED provided services to 378,804 recipients in SFY 2008/09 with total payments of \$34,949,306 (Table 21). There were over 600 providers that provided services to KIDMED recipients during SFY 2008/09.

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

SFY	CommunityCARE		
	Recipients	Providers	Payments
2006/07	816,900	744	\$22,727,315
2007/08	797,180	718	\$23,246,274
2008/09	825,764	703	\$24,618,770
SFY	KIDMED		
	Recipients	Providers	Payments
2006/07	328,822	566	\$25,113,546
2007/08	362,900	540	\$30,893,283
2008/09	378,804	603	\$34,949,306

## Medicaid Providers

During SFY 2008/09, over 24,000 providers participated and offered services to Louisiana Medicaid enrollees.

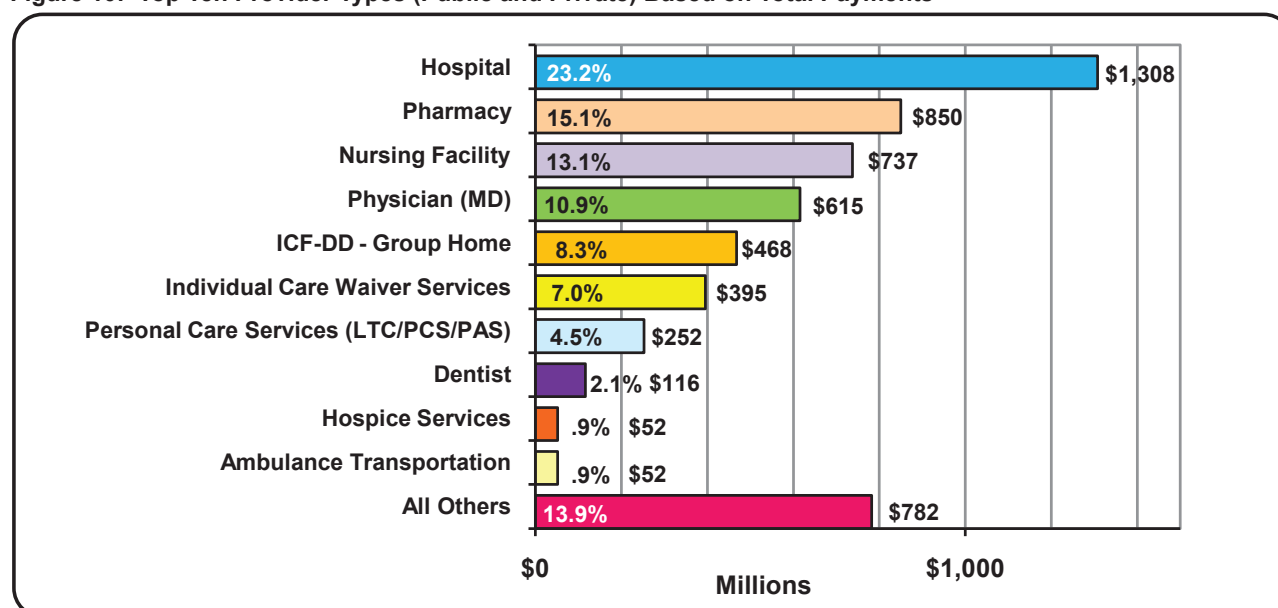
Figure 10 represents total payments to public and private providers. The hospital category includes inpatient and outpatient services. Hospital payments rank at the top with 23.2%, pharmacy payments are second with 15.1%, followed closely by nursing facility payments in third place with 13.1% of total payments.

Top ten provider types of total Medicaid payments grouped by in-state and out-of-state are presented in Table 22. About \$5.3 billion (93.4%) of the total \$5.6 billion payments were paid to providers within

Louisiana, while about \$372 million (6.6%) of payments were made to out-of-state providers. The “all others” out-of-state category includes payments to CMS (Medicare Buy-in and Part-D premiums).

Table 23 presents the number of participating in-state and out-of-state providers grouped by top ten provider types based on total payments. Physician (MD) provider type accounted for 11,468 (47%) of the 24,397 total participating providers. With respect to in-state and out-of-state provider distribution, about 16% of participating providers are from out-of-state. The out-of-state category “all others” (536) includes CMS along with 535 other providers.

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



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

Provider Type	Payments (\$)			Ratio of each Program			Ratio Between In-State and Out-of-State	
	In State	Out of State	Total	In State	Out of State	Total	In State	Out of State
Hospital	\$1,280,680,058	\$27,082,710	\$1,307,762,767	24%	7%	23%	98%	2%
Pharmacy	832,305,342	17,815,459	850,120,801	16%	5%	15%	98%	2%
Nursing Facility	737,339,664	-	737,339,664	14%	0%	13%	100%	0%
Physician (MD)	610,259,142	4,763,977	615,023,119	12%	1%	11%	99%	1%
ICF-DD - Group Home	468,143,863	-	468,143,863	9%	0%	8%	100%	0%
Individual Care Waiver Services	395,266,453	-	395,266,453	8%	0%	7%	100%	0%
Personal Care Services (LTC/PCS/PAS)	252,145,462	-	252,145,462	5%	0%	4%	100%	0%
Dentist	115,881,587	65,997	115,947,584	2%	0%	2%	100%	0%
Hospice Services	51,802,367	7,197	51,809,565	1%	0%	1%	100%	0%
Ambulance Transportation	51,345,453	300,150	51,645,603	1%	0%	1%	99%	1%
All Others	460,238,866	321,737,103	781,975,969	9%	87%	14%	59%	41%
<b>Total</b>	<b>\$5,255,408,256</b>	<b>\$371,772,594</b>	<b>\$5,627,180,850</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>93%</b>	<b>7%</b>

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

Provider Type	Number of Providers			Ratio of each Program			Ratio Between In-State and Out-of-State	
	In State	Out of State	Total	In State	Out of State	Total	In State	Out of State
Hospital	196	631	827	1%	16%	3%	24%	76%
Pharmacy	1,274	1,035	2,309	6%	27%	9%	55%	45%
Nursing Facility	266	-	266	1%	0%	1%	100%	0%
Physician (MD)	9,862	1,606	11,468	48%	42%	47%	86%	14%
ICF-DD - Group Home	543	-	543	3%	0%	2%	100%	0%
Individual Care Waiver Services	582	-	582	3%	0%	2%	100%	0%
Personal Care Services (LTC/PCS/PAS)	586	-	586	3%	0%	2%	100%	0%
Dentist	736	4	740	4%	0%	3%	99%	1%
Hospice Services	124	2	126	1%	0%	1%	98%	2%
Ambulance Transportation	50	21	71	0%	1%	0%	70%	30%
All Others	6,343	536	6,879	31%	14%	28%	92%	8%
<b>Total</b>	<b>20,562</b>	<b>3,835</b>	<b>24,397</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>84%</b>	<b>16%</b>

Figure 11 shows a map of the ratios of provider parish payments to recipient parish payments from Table 24 for SFY 2008/09. This relationship gives a perspective

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

**Figure 11: Provider Participation Ratios**

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

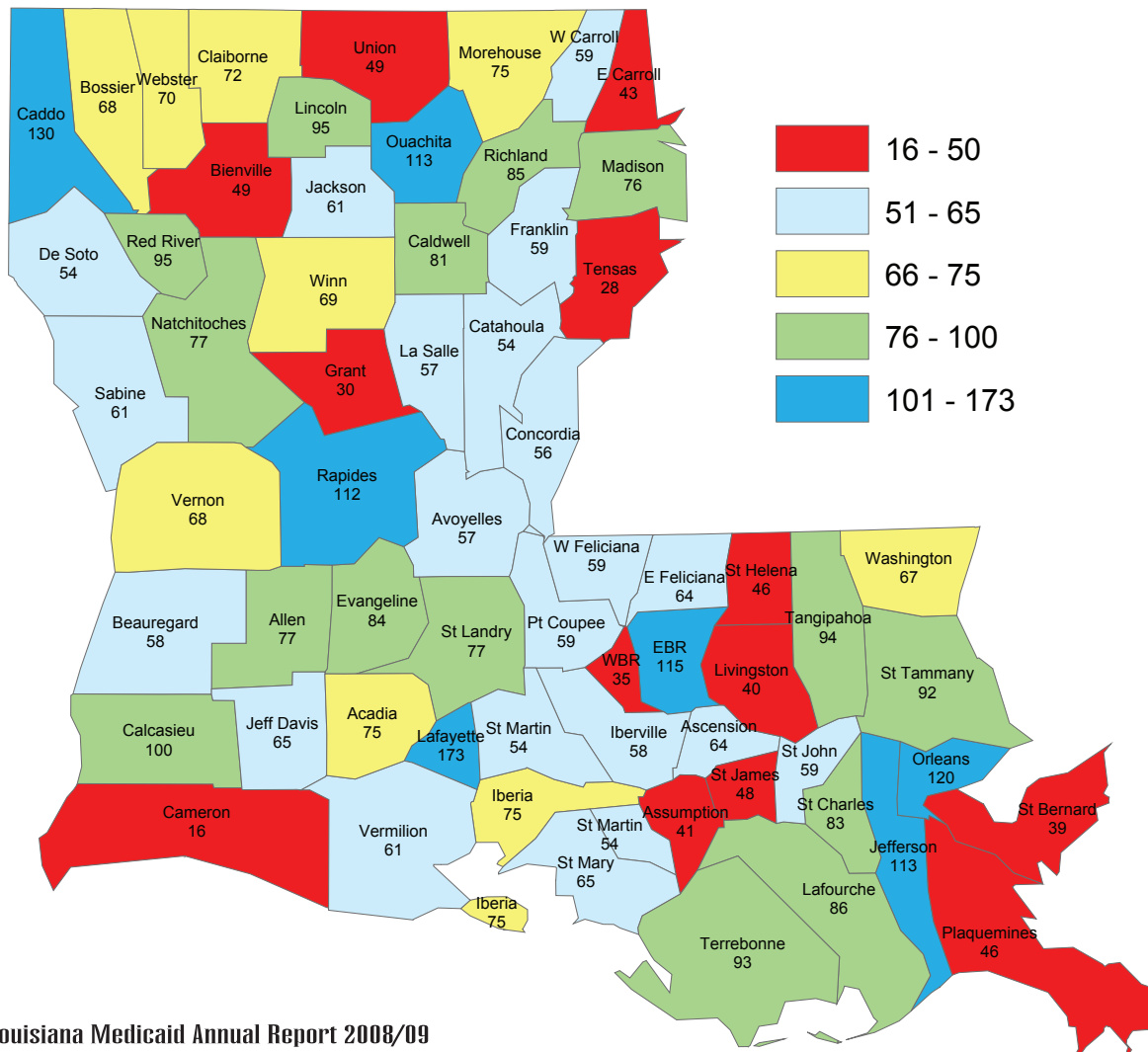


Table 24: Provider Payments and Participation Ratios

	Parish	A. Provider Parish Payments (\$)¹	B. Recipient Parish Payments (\$)	C. Ratio C=(A/B)*100
1	Acadia	\$77,238,201	\$103,055,921	74.9
2	Allen	27,931,471	36,413,015	76.7
3	Ascension	49,760,361	78,056,842	63.7
4	Assumption	11,828,643	28,880,311	41.0
5	Avoyelles	47,924,950	84,036,147	57.0
6	Beauregard	20,266,245	34,779,693	58.3
7	Bienville	12,227,747	24,797,329	49.3
8	Bossier	79,205,876	117,131,656	67.6
9	Caddo	430,202,689	331,558,286	129.8
10	Calcasieu	208,532,873	208,685,512	99.9
11	Caldwell	21,668,668	26,639,236	81.3
12	Cameron	309,123	1,973,143	15.7
13	Catahoula	10,435,879	19,415,806	53.7
14	Claiborne	17,793,458	24,660,375	72.2
15	Concordia	17,194,687	30,560,087	56.3
16	De Soto	16,850,720	31,343,086	53.8
17	East Baton Rouge	562,035,809	490,807,132	114.5
18	East Carroll	10,647,694	24,494,624	43.5
19	East Feliciana	27,283,596	42,784,354	63.8
20	Evangeline	58,274,780	69,020,788	84.4
21	Franklin	27,481,464	46,328,811	59.3
22	Grant	7,928,553	26,572,108	29.8
23	Iberia	77,565,427	103,698,630	74.8
24	Iberville	27,464,261	47,655,540	57.6
25	Jackson	15,365,710	25,111,737	61.2
26	Jefferson	481,542,282	425,640,908	113.1
27	Jefferson Davis	30,770,238	47,032,428	65.4
28	Lafayette	343,594,324	198,293,081	173.3
29	Lafourche	91,666,889	106,640,885	86.0
30	La Salle	15,504,975	26,977,098	57.5
31	Lincoln	61,704,536	64,692,627	95.4
32	Livingston	41,479,716	102,501,131	40.5
33	Madison	18,042,040	23,733,549	76.0
34	Morehouse	44,557,457	59,375,610	75.0
35	Natchitoches	39,724,690	51,538,840	77.1
36	Orleans	460,771,286	383,622,896	120.1
37	Ouachita	239,702,942	211,723,981	113.2
38	Plaquemines	10,410,886	22,535,602	46.2
39	Pointe Coupee	20,180,201	34,177,629	59.0
40	Rapides	394,529,985	352,844,773	111.8
41	Red River	13,678,014	14,471,387	94.5
42	Richland	41,741,710	49,391,056	84.5
43	Sabine	18,824,745	31,080,800	60.6
44	St. Bernard	12,181,461	31,639,916	38.5
45	St. Charles	32,878,655	39,383,519	83.5
46	St. Helena	6,313,378	13,777,058	45.8
47	St. James	10,350,616	21,366,996	48.4
48	St. John	27,425,741	46,423,496	59.1
49	St. Landry	127,750,199	166,236,964	76.8
50	St. Martin	35,654,632	65,613,137	54.3
51	St. Mary	42,731,407	65,958,816	64.8
52	St. Tammany	156,835,847	170,083,121	92.2
53	Tangipahoa	218,375,472	231,614,486	94.3
54	Tensas	2,800,829	9,874,041	28.4
55	Terrebonne	116,000,387	124,452,495	93.2
56	Union	13,536,943	27,851,552	48.6
57	Vermilion	40,274,605	66,300,953	60.7
58	Vernon	33,010,500	48,564,568	68.0
59	Washington	56,179,889	84,401,917	66.6
60	Webster	42,257,038	60,083,253	70.3
61	West Baton Rouge	8,717,368	24,933,501	35.0
62	West Carroll	13,769,240	23,168,889	59.4
63	West Feliciana	9,098,001	15,304,943	59.4
64	Winn	17,420,244	25,412,782	68.5
In-State Total		\$5,255,408,256	\$5,627,180,850	93.4
Out-of-State Total		\$371,772,594	\$0	
Total		\$5,627,180,850	\$5,627,180,850	100.0

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

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

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

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

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



Table 25 shows a regional comparison of payments made on behalf of the top ten provider types based on total payments. For the remainder of this section, unless otherwise stated, provider payments and counts are based on the service providers' enrolled location on file at the time of payment (parish/region/state). The New Orleans Region ranked number one with about \$964.9 million in payments going into the region. Payments to the top ten providers in each region will differ according to a variety of factors (e.g., availability of providers, medical need of the population, etc.).

Table 26 reports payment distribution across provider parishes to the top ten provider types in the state. East Baton Rouge Parish ranked number one with \$562 million in payments going into the parish, while Cameron Parish ranked last with \$309,123 in payments going into the parish.

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

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

Region	1. Hospital	2. Pharmacy	3. Nursing Facility	4. Physician (MD)	5. ICF-DD - Group Home	6. Individual Care Waiver Services
Region 1 – New Orleans	\$368,875,578	\$149,670,746	\$83,770,064	\$126,253,777	\$35,056,281	\$67,320,851
Region 2 – Baton Rouge	188,626,143	105,640,641	105,796,416	91,058,716	28,156,177	57,360,942
Region 3 – Thibodaux	63,867,229	67,641,267	47,992,791	46,563,273	13,836,305	30,095,103
Region 4 – Lafayette	147,918,122	130,185,840	117,123,607	98,935,718	30,250,232	59,283,953
Region 5 – Lake Charles	51,600,405	63,092,382	45,142,519	36,160,242	20,312,187	18,699,739
Region 6 – Alexandria	87,144,901	61,150,502	73,958,815	38,905,415	173,163,438	36,731,422
Region 7 – Shreveport	192,565,312	80,981,720	124,909,626	72,185,110	53,482,833	37,011,982
Region 8 – Monroe	96,984,451	74,058,726	82,753,008	46,770,235	45,836,848	47,193,081
Region 9 – Mandeville	83,097,918	99,883,517	55,892,819	53,426,656	68,049,561	41,569,381
Total In-State	\$1,280,680,058	\$832,305,342	\$737,339,664	\$610,259,142	\$468,143,863	\$395,266,453
Total Out-of-State	\$27,082,710	\$17,815,459	\$0	\$4,763,977	\$0	\$0
Grand Total	\$1,307,762,767	\$850,120,801	\$737,339,664	\$615,023,119	\$468,143,863	\$395,266,453

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

Region	7. Personal Care Services (LTC/PCS/PAS)	8. Dentist	9. Hospice Services	10. Ambulance Transportation	All Others	Grand Total	
Region 1 - New Orleans	\$22,846,495	\$17,959,099	\$4,476,446	\$6,688,804	\$81,987,774	\$964,905,916	1
Region 2 - Baton Rouge	37,517,833	20,648,432	8,186,540	1,822,662	59,725,094	704,539,597	3
Region 3 - Thibodaux	13,951,788	6,976,737	3,121,544	466,669	38,369,633	332,882,338	8
Region 4 - Lafayette	54,589,230	15,327,108	5,257,387	31,360,187	70,120,784	760,352,169	2
Region 5 - Lake Charles	10,878,890	6,813,580	3,876,655	264,754	30,968,599	287,809,950	9
Region 6 - Alexandria	24,299,699	7,289,916	6,169,459	1,000,557	34,135,650	543,949,773	5
Region 7 - Shreveport	25,328,283	11,229,375	8,287,237	5,324,022	59,459,481	670,764,979	4
Region 8 - Monroe	39,214,885	12,518,416	8,317,527	3,577,259	53,794,797	511,019,233	6
Region 9 - Mandeville	23,518,360	17,118,922	4,109,572	840,541	31,677,054	479,184,301	7
Total In-State	\$252,145,462	\$115,881,587	\$51,802,367	\$51,345,453	\$460,238,866	\$5,255,408,256	
Total Out-of-State	\$0	\$65,997	\$7,197	\$300,150	\$321,737,103	\$371,772,594	
Grand Total	\$252,145,462	\$115,947,584	\$51,809,565	\$51,645,603	\$781,975,969	\$5,627,180,850	

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

	Parish	Hospital	Pharmacy	Nursing Facility	Physician (MD)	ICF-DD - Group Home	Individual Care Waiver Services
1	Acadia	\$7,852,704	\$23,441,644	\$16,450,517	\$8,126,099	\$12,318,922	\$327,557
2	Allen	4,807,123	4,998,478	6,442,782	2,198,891	606,137	925,299
3	Ascension	4,845,122	15,236,376	6,884,916	5,069,565	2,016,574	5,247,454
4	Assumption	631,113	2,279,634	3,507,674	400,690	770,572	1,862,739
5	Avoyelles	4,780,915	10,640,753	17,015,512	2,775,168	288,130	1,521,685
6	Beauregard	4,493,325	4,080,147	5,292,129	3,104,247	738,678	414,043
7	Bienville	882,245	2,011,166	7,363,509	573,682	810,406	-
8	Bossier	4,882,871	9,922,746	14,889,962	4,597,560	29,517,353	6,156,396
9	Caddo	160,219,346	45,025,388	64,002,845	52,859,320	14,677,254	22,659,116
10	Calcasieu	36,802,552	44,783,335	25,541,778	27,366,944	18,347,647	14,984,640
11	Caldwell	4,135,259	3,182,930	2,573,684	820,573	4,706,952	2,121,936
12	Cameron	107,888	-	245	40,739	-	-
13	Catahoula	-	2,060,076	2,602,179	226,532	-	1,608,891
14	Claiborne	4,016,799	2,574,049	5,068,807	857,390	-	2,849,027
15	Concordia	2,434,443	3,562,959	4,858,243	1,548,725	-	423,258
16	De Soto	2,823,736	3,235,770	5,005,312	647,476	520,452	341,790
17	East Baton Rouge	178,041,831	70,690,655	61,787,201	78,076,541	21,378,857	47,753,257
18	East Carroll	1,816,581	2,320,247	3,509,570	731,084	292,174	168,458
19	East Feliciana	496,157	3,180,682	16,517,398	656,914	2,940,005	617,931
20	Evangeline	8,586,801	12,576,671	10,011,161	6,576,180	2,416,932	1,997,610
21	Franklin	2,611,652	4,697,734	8,720,175	1,203,605	2,005,953	637,547
22	Grant	-	1,407,322	4,787,509	480,944	1,043,773	-
23	Iberia	9,448,481	16,825,046	12,702,722	13,503,827	4,091,481	8,297,213
24	Iberville	1,434,369	8,351,333	7,417,613	4,261,326	233,510	1,742,284
25	Jackson	2,550,978	2,655,111	6,929,658	389,973	437,631	734,501
26	Jefferson	125,500,530	107,056,234	41,934,723	72,298,220	24,517,329	39,917,330
27	Jefferson Davis	5,389,516	9,230,422	7,865,584	3,449,421	619,725	2,375,758
28	Lafayette	95,137,646	33,797,651	29,633,030	43,961,586	6,295,547	36,421,209
29	Lafourche	10,646,931	14,231,160	11,583,723	8,188,113	9,706,446	15,854,186
30	La Salle	5,368,775	2,431,181	4,918,314	1,481,885	243,713	-
31	Lincoln	8,819,774	10,128,710	7,575,003	5,673,892	17,758,982	4,791,021
32	Livingston	375,939	18,949,354	7,825,156	2,236,757	1,484,388	2,503,312
33	Madison	3,346,645	2,520,891	2,479,495	817,205	2,820,444	917,573
34	Morehouse	5,271,101	6,614,615	11,312,541	5,191,281	879,991	2,581,084
35	Natchitoches	7,217,003	7,566,998	8,212,491	5,212,645	1,185,834	2,701,413
36	Orleans	243,379,599	34,756,550	38,708,399	51,821,709	7,043,768	23,408,681
37	Ouachita	59,538,485	28,548,534	24,104,977	26,462,147	8,344,486	29,941,566
38	Plaquemines	-	976,605	3,126,941	122,843	2,266,104	3,113,493
39	Pointe Coupee	2,357,304	3,309,428	6,884,715	1,685,374	518,021	1,165,818
40	Rapides	64,398,270	32,160,468	30,131,195	26,129,293	162,454,651	32,130,661
41	Red River	2,764,923	2,390,127	3,150,053	710,784	663,413	370,157
42	Richland	3,944,971	6,710,588	6,330,594	3,516,003	7,850,863	4,863,066
43	Sabine	1,888,680	2,829,687	7,405,834	2,610,274	2,185,042	386,503
44	St. Bernard	(4,552)	6,881,358	-	2,011,006	1,229,080	881,347
45	St. Charles	2,757,810	12,114,158	4,801,720	3,266,408	-	1,819,318
46	St. Helena	1,112,108	1,184,592	1,567,263	419,465	558,746	107,001
47	St. James	2,722,259	2,103,162	2,270,683	1,656,161	-	452,679
48	St. John	3,195,121	5,562,961	2,358,859	3,116,529	762,053	3,690,908
49	St. Landry	20,821,805	27,083,194	24,895,145	20,908,229	2,994,407	5,021,601
50	St. Martin	1,090,255	8,032,251	6,468,841	1,649,698	1,402,750	7,020,126
51	St. Mary	6,716,501	11,153,703	8,735,871	6,805,813	652,653	1,487,859
52	St. Tammany	33,324,256	42,541,687	19,809,048	27,887,896	2,733,094	5,902,603
53	Tangipahoa	36,764,342	24,976,344	16,324,370	18,209,848	62,247,254	27,707,941
54	Tensas	-	844,816	-	251	-	209,531
55	Terrebonne	37,197,495	20,196,488	14,734,260	23,129,560	1,944,581	4,927,414
56	Union	2,004,071	3,398,646	5,326,370	879,551	379,176	-
57	Vermilion	4,980,430	8,429,383	16,962,191	4,210,100	730,193	198,636
58	Vernon	7,204,089	6,057,531	4,557,465	5,516,312	7,668,792	287,925
59	Washington	11,521,273	12,231,541	10,366,983	4,672,690	1,026,079	5,348,525
60	Webster	7,869,710	5,425,788	9,810,813	4,115,979	3,923,078	1,547,580
61	West Baton Rouge	-	3,776,154	2,857,070	341,447	741,871	114,322
62	West Carroll	2,944,934	2,435,903	3,890,940	1,084,671	360,196	226,797
63	West Feliciana	1,451,360	1,096,012	3,447,503	967,549	327,339	719,878
64	Winn	2,958,409	2,830,214	5,088,397	746,555	1,464,380	759,001
Total In-State		\$1,280,680,058	\$832,305,342	\$737,339,664	\$610,259,142	\$468,143,863	\$395,266,453
Total Out-of-State		\$27,082,710	\$17,815,459	\$0	\$4,763,977	\$0	\$0
Grand Total		\$1,307,762,767	\$850,120,801	\$737,339,664	\$615,023,119	\$468,143,863	\$395,266,453

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

Personal Care Services (LTC/PCS/PAS)	Dentist	Hospice Services	Ambulance Transportation	All Others	Grand Total	Rank	Parish
\$548,568	\$1,920,700	\$0	\$0	\$6,251,490	\$77,238,201	16	Acadia
862,629	407,722	1,885,385	123,868	4,673,159	27,931,471	33	Allen
4,529,574	1,086,162	-	28,093	4,816,527	49,760,361	20	Ascension
1,578,931	1,241	-	-	796,052	11,828,643	54	Assumption
4,092,829	1,130,641	394,417	-	5,284,901	47,924,950	21	Avoyelles
581,772	731,098	-	-	830,806	20,266,245	39	Beauregard
-	5,818	-	-	580,921	12,227,747	52	Bienville
2,513,336	305,482	222,003	495,323	5,702,842	79,205,876	14	Bossier
13,775,926	9,452,028	6,319,832	2,468,740	38,742,895	430,202,689	4	Caddo
9,434,489	5,645,823	1,665,325	127,126	23,833,214	208,532,873	9	Calcasieu
1,443,564	373,925	-	-	2,309,844	21,668,668	38	Caldwell
-	-	-	13,760	146,491	309,123	64	Cameron
2,749,379	394,643	-	-	794,179	10,435,879	56	Catahoula
1,372,075	124,366	-	891	930,055	17,793,458	43	Claiborne
1,351,460	986,281	195,145	405,462	1,428,711	17,194,687	45	Concordia
1,301,484	725,951	15,439	203,527	2,029,783	16,850,720	46	De Soto
28,726,605	17,565,710	7,822,975	1,794,569	48,397,607	562,035,809	1	East Baton Rouge
434,983	642,954	-	-	731,642	10,647,694	55	East Carroll
1,057,788	250,281	-	-	1,566,440	27,283,596	37	East Feliciana
6,733,791	868,455	291,088	-	8,216,092	58,274,780	18	Evangeline
2,486,650	565,192	1,409,651	867,472	2,275,832	27,481,464	34	Franklin
-	14,619	-	-	194,387	7,928,553	61	Grant
5,878,838	1,104,340	193,607	-	5,519,872	77,565,427	15	Iberia
501,957	665,810	136,791	-	2,719,267	27,464,261	35	Iberville
402,568	7,880	488,492	291,342	477,576	15,365,710	48	Jackson
9,929,971	10,166,324	3,575,131	4,218,086	42,428,404	481,542,282	2	Jefferson
-	28,938	325,945	-	1,484,929	30,770,238	32	Jefferson Davis
17,764,706	8,205,723	4,025,855	30,646,100	37,705,270	343,594,324	6	Lafayette
4,505,315	1,917,055	108,873	312,491	14,612,595	91,666,889	13	LaFourche
-	91,147	107,278	-	862,683	15,504,975	47	La Salle
1,861,544	1,544,020	349,963	123,035	3,078,592	61,704,536	17	Lincoln
1,108,927	2,269,375	968,139	-	3,758,369	41,479,716	26	Livingston
3,172,446	194,752	462,883	-	1,309,706	18,042,040	42	Madison
5,960,802	799,277	1,241,744	514,714	4,190,307	44,557,457	22	Morehouse
4,209,746	353,420	426,142	-	2,638,999	39,724,690	28	Natchitoches
12,407,309	7,389,595	901,315	2,354,870	38,599,491	460,771,286	3	Orleans
17,701,390	7,286,089	3,858,637	1,559,492	32,357,139	239,702,942	7	Ouachita
41,176	308,201	-	115,848	339,677	10,410,886	57	Plaquemines
1,921,079	610,965	226,775	-	1,500,722	20,180,201	40	Pointe Coupee
13,300,959	4,465,452	5,248,447	595,095	23,515,495	394,529,985	5	Rapides
1,186,968	117,814	-	-	2,323,776	13,678,014	50	Red River
4,487,186	606,385	506,157	-	2,925,897	41,741,710	25	Richland
37,233	22,350	-	-	1,459,144	18,824,745	41	Sabine
468,040	94,980	-	-	620,203	12,181,461	53	St. Bernard
545,019	327,547	-	154,178	7,092,499	32,878,655	31	St. Charles
710,661	280,506	-	-	373,036	6,313,378	62	St. Helena
402,766	275	-	-	742,630	10,350,616	58	St. James
1,562,026	1,683,988	2,557,974	-	2,935,320	27,425,741	36	St. John
15,417,848	2,161,739	746,837	714,087	6,985,305	127,750,199	11	St. Landry
7,309,464	303,681	-	-	2,377,566	35,654,632	29	St. Martin
3,469,823	386,074	-	-	3,323,112	42,731,407	23	St. Mary
2,316,217	9,616,558	2,234,271	119,596	10,350,623	156,835,847	10	St. Tammany
14,809,163	3,333,137	907,162	-	13,095,910	218,375,472	8	Tangipahoa
521,640	-	-	-	1,224,591	2,800,829	63	Tensas
1,887,907	2,660,558	454,697	-	8,867,426	116,000,387	12	Terrebonne
-	227,768	-	2,538	1,318,825	13,536,943	51	Union
936,015	762,470	-	-	3,065,188	40,274,605	27	Vermilion
365,901	113,793	150,743	-	1,087,948	33,010,500	30	Vernon
4,573,392	1,619,347	-	720,945	4,099,116	56,179,889	19	Washington
931,516	122,147	1,303,820	2,155,540	5,051,066	42,257,038	24	Webster
-	285,715	-	-	600,790	8,717,368	60	West Baton Rouge
742,111	270,176	-	218,667	1,594,846	13,769,240	49	West Carroll
780,830	183,788	-	-	123,741	9,098,001	59	West Feliciana
2,439,170	93,341	73,430	-	967,346	17,420,244	44	Winn
\$252,145,462	\$115,881,587	\$51,802,367	\$51,345,453	\$460,238,866	\$5,255,408,256		Total In-State
\$0	\$65,997	\$7,197	\$300,150	\$321,737,103	\$371,772,594		Total Out-of-State
\$252,145,462	\$115,947,584	\$51,809,565	\$51,645,603	\$781,975,969	\$5,627,180,850		Grand Total

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

	Parish	Hospital	Pharmacy	Nursing Facility	Physician (MD)	ICF-DD - Group Home	Individual Care Waiver Services
1	Acadia	3	21	6	69	5	3
2	Allen	2	9	3	39	2	2
3	Ascension	4	28	3	69	5	10
4	Assumption	1	5	1	18	2	5
5	Avoyelles	2	19	8	60	1	3
6	Beauregard	1	4	3	34	2	1
7	Bienville	1	4	3	12	2	-
8	Bossier	3	22	6	106	23	7
9	Caddo	10	62	21	1,073	27	22
10	Calcasieu	8	61	9	443	29	22
11	Caldwell	2	2	1	18	7	3
12	Cameron	1	-	1	2	-	-
13	Catahoula	-	6	1	3	-	1
14	Claiborne	1	7	3	11	-	3
15	Concordia	2	6	2	24	-	2
16	De Soto	1	5	2	14	2	2
17	East Baton Rouge	18	121	21	1,268	59	95
18	East Carroll	1	3	2	11	1	2
19	East Feliciana	2	3	2	10	5	3
20	Evangeline	2	20	4	69	7	6
21	Franklin	1	6	4	20	5	2
22	Grant	-	3	2	4	3	-
23	Iberia	3	25	5	143	9	11
24	Iberville	1	13	2	41	1	3
25	Jackson	1	4	3	13	2	2
26	Jefferson	11	124	14	1,558	60	57
27	Jefferson Davis	2	15	3	47	3	1
28	Lafayette	16	76	10	794	17	40
29	Lafourche	3	25	5	176	15	10
30	La Salle	2	8	2	32	1	-
31	Lincoln	3	12	3	92	12	5
32	Livingston	1	21	2	29	4	7
33	Madison	1	3	1	11	6	3
34	Morehouse	3	11	5	68	2	8
35	Natchitoches	2	8	3	45	3	6
36	Orleans	9	59	12	1,113	18	48
37	Ouachita	11	62	10	397	23	34
38	Plaquemines	-	4	1	5	3	3
39	Pointe Coupee	1	7	2	20	1	4
40	Rapides	6	42	10	418	68	25
41	Red River	2	2	1	24	2	2
42	Richland	2	9	3	54	13	5
43	Sabine	1	6	3	52	6	1
44	St. Bernard	1	6	-	16	3	5
45	St. Charles	1	13	2	32	-	5
46	St. Helena	1	1	1	10	1	2
47	St. James	1	6	1	24	-	3
48	St. John	2	8	1	55	2	10
49	St. Landry	4	33	7	226	7	14
50	St. Martin	1	18	2	40	4	8
51	St. Mary	2	21	3	76	2	7
52	St. Tammany	11	57	8	616	8	10
53	Tangipahoa	7	33	6	258	30	24
54	Tensas	-	2	-	1	-	1
55	Terrebonne	4	33	4	314	6	7
56	Union	2	6	3	20	1	-
57	Vermilion	2	24	6	66	2	1
58	Vernon	4	8	2	52	8	2
59	Washington	2	22	4	96	3	9
60	Webster	2	10	2	73	9	4
61	West Baton Rouge	-	6	1	4	2	2
62	West Carroll	1	4	2	13	1	1
63	West Feliciana	1	3	1	17	1	2
64	Winn	1	8	2	18	3	1
Grand Total <sup>1</sup>		196	1,274	266	9,862	543	582

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



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

Personal Care Services (LTC/PCS/PAS)	Dentist	Hospice Services	Ambulance Transportation	All Others	Grand Total	Rank	Parish
2	13	0	0	76	198	19	Acadia
1	4	2	1	36	101	36	Allen
12	6	-	1	68	206	17	Ascension
4	1	-	-	16	53	53	Assumption
4	10	1	-	70	178	22	Avoyelles
1	7	-	-	41	94	37	Beauregard
-	1	-	-	15	38	56	Bienville
6	4	2	2	82	263	15	Bossier
23	45	10	7	441	1,741	4	Caddo
19	28	6	1	281	907	9	Calcasieu
3	1	-	-	26	63	43	Caldwell
-	-	-	2	6	12	64	Cameron
1	4	-	-	20	36	58	Catahoula
3	1	-	1	27	57	50	Claiborne
2	4	1	2	26	71	41	Concordia
2	2	1	1	27	59	46	De Soto
111	86	17	1	782	2,579	2	East Baton Rouge
2	1	-	-	15	38	56	East Carroll
3	3	-	-	33	64	42	East Feliciana
7	10	1	-	47	173	24	Evangeline
2	4	3	1	43	91	38	Franklin
-	1	-	-	10	23	63	Grant
13	10	2	-	105	326	14	Iberia
3	6	1	-	41	112	33	Iberville
2	1	1	1	29	59	46	Jackson
53	66	11	8	714	2,676	1	Jefferson
-	5	1	-	40	117	31	Jefferson Davis
38	60	9	1	425	1,486	5	Lafayette
6	13	1	1	112	367	13	Lafourche
-	2	1	-	25	73	40	La Salle
6	4	2	1	62	202	18	Lincoln
6	19	2	-	83	174	23	Livingston
3	2	1	-	27	58	49	Madison
7	5	1	1	51	162	25	Morehouse
6	5	2	-	61	141	29	Natchitoches
48	63	4	2	375	1,751	3	Orleans
38	33	6	2	339	955	7	Ouachita
1	1	-	1	8	27	61	Plaquemines
4	4	1	-	39	83	39	Pointe Coupee
23	30	8	1	306	937	8	Rapides
3	4	-	-	23	63	43	Red River
5	3	2	-	57	153	27	Richland
1	3	-	-	30	103	35	Sabine
4	5	-	-	20	60	45	St. Bernard
6	4	-	1	50	114	32	St. Charles
2	1	-	-	12	31	60	St. Helena
3	1	-	-	20	59	46	St. James
11	4	1	-	55	149	28	St. John
15	20	1	1	136	464	12	St. Landry
10	3	-	-	36	122	30	St. Martin
6	5	-	-	58	180	21	St. Mary
10	52	11	3	252	1,038	6	St. Tammany
20	33	4	-	212	627	10	Tangipahoa
1	-	-	-	20	25	62	Tensas
8	26	4	-	179	585	11	Terrebonne
-	2	-	1	21	56	51	Union
1	9	-	-	48	159	26	Vermilion
2	2	1	-	24	105	34	Vernon
8	14	-	2	96	256	16	Washington
5	1	2	2	77	187	20	Webster
-	2	-	-	17	34	59	West Baton Rouge
1	1	-	1	27	52	54	West Carroll
2	2	-	-	10	39	55	West Feliciana
1	1	1	-	20	56	51	Winn
586	736	124	50	6,343	20,562		Grand Total¹

Table 28 presents each state's payments by top ten out-of-state provider types. Washington, D.C. out ranked all other states with \$297.3 million (80.0%) due to CMS payments for Medicare Buy-in and Part-D.

If CMS payments were excluded, our neighboring states would have the highest payments, Texas with about \$27.0 million (7.3%) and Mississippi with \$12.2 million (3.3%). The number of participating providers

**Table 28: Payments of the Top Ten Out-of-State Provider Types Based on Total Out-of-State Payments by State**

State		Hospital	Independent Lab	Pharmacy	Physician (MD)	DME Provider	Fiscal Agent - Waiver
1	AK	\$771	\$0	\$0	\$0	\$0	\$0
2	AL	2,016,012	6,112,824	40,255	14,672	4,060	-
3	AR	4,174,647	-	111,454	376,613	49,360	-
4	AZ	10,785	127,150	2	273	2,141	1,584,707
5	CA	1,550,025	664,543	569	49,722	91,380	-
6	CO	83,619	630,623	21	166	64,560	-
7	CT	9,467	1,342	-	-	-	-
8	DC	454,000	-	-	79,414	-	-
9	DE	-	-	-	-	-	-
10	FL	346,447	214,097	786,300	1,256	318,038	-
11	GA	253,092	7,132	34,573	2,285	5,028	-
12	HI	-	-	-	-	-	-
13	IA	93,522	-	92	1,938	-	-
14	ID	166	-	-	53	-	-
15	IL	212,254	-	2,544	-	20,332	-
16	IN	20,552	-	619	-	-	-
17	KS	66,009	-	484,729	227	28	-
18	KY	30,082	-	2,265	861	-	-
19	MA	570,349	83,846	-	40,318	14,345	-
20	MD	8,542	-	461,266	-	5,727	-
21	ME	-	-	-	-	5,980	-
22	MI	86,403	-	452	-	2,290	-
23	MN	1,776	303,602	14	53	400,109	-
24	MO	138,540	1,134	105,930	3,562	95,411	-
25	MS	6,482,217	128,025	1,445,841	3,431,270	499,763	-
26	MT	-	-	-	342	-	-
27	NC	38,531	898,506	350	369	8,812	-
28	ND	8,909	-	-	-	-	-
29	NE	849,065	1,640	24,448	39,135	-	-
30	NH	-	-	-	-	-	-
31	NJ	1,024	1,545,297	-	-	28,921	-
32	NM	1,196	70,217	-	678	-	-
33	NV	209,090	-	1,698	1,822	-	-
34	NY	1,582	259	24	-	-	-
35	OH	82,310	274	644	9,070	40,949	-
36	OK	302,377	4,384	2,417	-	-	-
37	OR	265	-	-	-	-	-
38	PA	606,666	39,928	1,210,220	4,970	206,961	-
39	RI	129	1,130	-	-	-	-
40	SC	1,788	-	2,498	-	341	-
41	SD	-	-	-	527	-	-
42	TN	1,523,976	75,353	2,464,637	279,657	696,189	-
43	TX	6,780,627	8,620,523	10,630,274	423,677	493,955	-
44	UT	14,870	9,270	-	1,029	171	-
45	VA	35,870	72,772	1,191	-	2,483	-
46	VT	1,406	-	-	-	-	-
47	WA	6,885	590	122	19	122,939	-
48	WI	3,189	-	8	-	-	-
49	WV	51	26	-	-	-	-
50	WY	3,629	-	-	-	-	-
Total		\$27,082,710	\$19,614,488	\$17,815,459	\$4,763,977	\$3,180,273	\$1,584,707

by state for the top ten out-of-state provider types based on total out-of-state payments is presented in Table 29. Provider participation was represented by

all of the states in the United States except for three, Delaware, Hawaii and New Hampshire.

**Table 28: Payments of the Top Ten Out-of-State Provider Types Based on Total Out-of-State Payments by State**

Ambulance Transportation	Psychiatric Residential Treatment Facility	CRNA	Nurse Practitioner	All Others	Grand Total	Rank	State
\$0	\$0	\$0	\$0	\$0	\$771	43	AK
75	-	-	-	-	8,187,897	4	AL
2,092	-	-	-	638	4,714,803	6	AR
-	-	-	-	1,978	1,727,036	10	AZ
-	-	-	-	-	2,356,239	7	CA
-	-	-	-	-	778,989	14	CO
-	-	-	-	465	11,274	35	CT
-	-	-	-	296,725,396	297,258,810	1	DC
-	-	-	-	-	-	48	DE
225,147	196,710	-	-	66	2,088,059	8	FL
2,555	-	-	-	6,075	310,741	20	GA
-	-	-	-	-	-	48	HI
-	-	-	-	573	96,126	29	IA
-	-	-	-	249	468	45	ID
-	-	-	-	-	235,130	22	IL
-	-	-	-	-	21,171	33	IN
-	-	-	-	-	550,994	17	KS
93	-	-	-	-	33,301	32	KY
-	-	-	-	-	708,859	15	MA
-	-	-	-	-	475,535	18	MD
-	-	-	-	-	5,980	36	ME
-	-	-	-	-	89,146	30	MI
-	-	-	-	-	705,555	16	MN
13,092	-	-	-	-	357,669	19	MO
47,355	-	143,412	58,704	-	12,236,587	3	MS
-	-	-	-	111,759	112,101	28	MT
-	-	-	-	-	946,568	12	NC
-	-	-	-	2,576	11,485	34	ND
-	-	-	2,073	-	916,361	13	NE
-	-	-	-	-	-	48	NH
-	-	-	-	-	1,575,242	11	NJ
-	-	-	-	-	72,090	31	NM
-	-	-	-	-	212,611	23	NV
-	-	-	-	276	2,141	40	NY
-	-	-	-	-	133,246	24	OH
-	-	-	-	134	309,312	21	OK
-	-	-	-	-	265	46	OR
-	-	-	-	-	2,068,745	9	PA
-	-	-	-	-	1,259	42	RI
-	-	-	-	-	4,627	37	SC
-	-	-	-	-	527	44	SD
-	-	34,174	45,140	-	5,119,125	5	TN
9,741	-	268	1,060	5,861	26,965,984	2	TX
-	-	-	-	93,246	118,585	26	UT
-	-	-	-	-	112,316	27	VA
-	-	-	-	-	1,406	41	VT
-	-	-	-	-	130,555	25	WA
-	-	-	-	-	3,197	39	WI
-	-	-	-	-	76	47	WV
-	-	-	-	-	3,629	38	WY
\$300,150	\$196,710	\$177,853	\$106,977	\$296,949,291	\$371,772,594		Total

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

State		Hospital	Independent Lab	Pharmacy	Physician (MD)	DME Provider	Fiscal Agent - Waiver
1	AK	1	-	-	-	-	-
2	AL	38	4	86	40	1	-
3	AR	29	-	53	160	10	-
4	AZ	14	2	1	1	3	1
5	CA	11	14	5	94	8	-
6	CO	17	2	1	2	3	-
7	CT	1	2	-	-	-	-
8	DC	2	-	-	51	-	-
9	DE	-	-	-	-	-	-
10	FL	38	8	67	5	30	-
11	GA	34	5	103	4	7	-
12	HI	-	-	-	-	-	-
13	IA	4	-	1	7	-	-
14	ID	1	-	-	1	-	-
15	IL	15	-	15	1	5	-
16	IN	4	1	6	-	-	-
17	KS	8	1	1	2	1	-
18	KY	9	-	8	7	-	-
19	MA	3	2	-	56	1	-
20	MD	2	-	4	-	2	-
21	ME	-	-	-	-	1	-
22	MI	15	-	2	-	3	-
23	MN	2	3	1	1	4	-
24	MO	14	2	11	2	2	-
25	MS	43	8	150	570	23	-
26	MT	-	-	-	1	-	-
27	NC	15	7	4	4	3	-
28	ND	1	-	-	-	-	-
29	NE	9	1	3	52	-	-
30	NH	-	-	-	-	-	-
31	NJ	2	3	-	-	1	-
32	NM	3	1	-	3	-	-
33	NV	10	-	3	6	-	-
34	NY	1	1	1	-	-	-
35	OH	13	2	6	26	3	-
36	OK	13	1	19	-	-	-
37	OR	1	-	-	-	-	-
38	PA	10	2	3	2	6	-
39	RI	2	1	-	-	-	-
40	SC	4	-	3	-	2	-
41	SD	-	-	-	3	-	-
42	TN	42	6	115	164	14	-
43	TX	154	19	355	346	46	-
44	UT	8	1	-	6	1	-
45	VA	18	5	4	-	2	-
46	VT	1	-	-	-	-	-
47	WA	6	1	2	1	2	-
48	WI	6	-	2	-	-	-
49	WV	2	1	-	-	-	-
50	WY	5	-	-	-	-	-
Total <sup>1</sup>		631	106	1,035	1,606	184	1

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



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

Ambulance Transportation	Psychiatric Residential Treatment Facility	CRNA	Nurse Practitioner	All Others	Grand Total	Rank	State
-	-	-	-	-	1	42	AK
1	-	-	-	6	176	5	AL
2	-	-	-	5	259	4	AR
-	-	-	-	-	22	21	AZ
-	-	-	-	-	132	8	CA
-	-	-	-	1	26	18	CO
-	-	-	-	-	3	36	CT
-	-	-	-	2	55	11	DC
-	-	-	-	-	-	48	DE
2	1	-	-	1	152	7	FL
2	-	-	-	4	159	6	GA
-	-	-	-	-	-	48	HI
-	-	-	-	1	13	25	IA
-	-	-	-	-	2	41	ID
-	-	-	-	-	36	13	IL
-	-	-	-	-	11	28	IN
-	-	-	-	-	13	25	KS
1	-	-	-	-	25	19	KY
-	-	-	-	-	62	10	MA
-	-	-	-	-	8	31	MD
-	-	-	-	-	1	42	ME
-	-	-	-	-	20	23	MI
-	-	-	-	-	11	28	MN
1	-	-	-	-	32	16	MO
4	-	29	46	35	908	2	MS
-	-	-	-	-	1	42	MT
-	-	-	-	1	34	14	NC
-	-	-	-	-	1	42	ND
-	-	-	3	-	68	9	NE
-	-	-	-	-	-	48	NH
-	-	-	-	-	6	34	NJ
-	-	-	-	-	7	33	NM
-	-	-	-	2	21	22	NV
-	-	-	-	-	3	36	NY
-	-	-	-	1	51	12	OH
-	-	-	-	-	33	15	OK
-	-	-	-	-	1	42	OR
-	-	-	-	1	24	20	PA
-	-	-	-	-	3	36	RI
-	-	-	-	-	9	30	SC
-	-	-	-	-	3	36	SD
-	-	22	34	7	404	3	TN
8	-	8	6	35	977	1	TX
-	-	-	-	-	16	24	UT
-	-	-	-	-	29	17	VA
-	-	-	-	-	1	42	VT
-	-	-	-	-	12	27	WA
-	-	-	-	-	8	31	WI
-	-	-	-	-	3	36	WV
-	-	-	-	-	5	35	WY
21	1	59	89	102	3,835		Total¹

# Medicaid Home and Community-Based Service Waivers

In 1981, the Federal Government created the Title XIX Home and Community-Based Services (HCBS) in order to provide home and community-based services to the elderly and persons with physical disabilities, developmental disabilities and/or mental illnesses. Since this act made an exception to the traditional Medicaid requirements, it required a “waiver.” Waivers allow flexibility for states to develop and test creative alternatives for operating their Medicaid programs that are cost neutral to what Medicaid would have paid absent the waiver.

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

These waiver programs allow Louisiana residents to receive Medicaid State Plan benefits while having greater flexibility to choose where they want to live and to choose the waiver services and supports that best suit their needs. They also allow individuals to preserve their independence by staying out of institutional settings and maintaining ties to families and friends. The types of HCBS waivers available in Louisiana during the SFY 2008/09 included:

## Adult Day Health Care (ADHC) Waiver

The ADHC waiver provides health care services and activities for elderly and disabled adults at a licensed facility for five or more hours per day. This waiver thereby allows family members to assist in the care of the recipient while maintaining employment and other commitments. Transportation is provided to and from the facility. In SFY 2008/09, a total of 705 slots were filled with total payments of about \$17.0 million.

## Elderly and Disabled Adult (EDA) Waiver

The EDA waiver provides support coordination, transition intensive support coordination, companion service, environmental modifications, personal emergency response system, adult day health care and transitional services in the home or community to elderly or disabled adults who qualify. The program filled a total of 3,934 slots in SFY 2008/09 with total payments of almost \$166.3 million.

## Children’s Choice Waiver (CCW)

The Children’s Choice waiver, which is capped at \$17,000 for direct waiver payments per year for each waiver slot, provides family support, support coordination, family training, crisis support, environmental modifications and center based respite to disabled children from birth to age 18. During SFY 2008/09, a total of 956 slots were filled with total payments of about \$24.7 million.

## New Opportunities Waiver (NOW)

NOW provides individual and family support services, center-based respite, environmental modifications, employment training and transportation, community integrated and development, day habilitation, emergency response systems and specialized medical equipment to disabled children and adults from age three and up. During SFY 2008/09, a total of 6,372 slots were filled with total payments of about \$423.1 million.

## Supports Waiver (SW)

The Supports Waiver, which is capped at \$26,000 for direct waiver payments per year for each waiver slot, provides supported employment, day habilitation, prevocational services, respite, habilitation and personal emergency response systems to recipients age 18 and older with a developmental disability which manifested prior to age 22. The Supports Waiver filled a total of 1,764 slots in SFY 2008/09 with total payments of about \$24.1 million.

Waivers are offered on a first-come, first-serve basis (except for the limited number of emergency slots) through the Request for Services Registry. Each waiver has limitations on the number of participants and approval for participation is subject to CMS criteria and the availability of state funds.

Table 30 shows the types of HCBS waivers, with the eligible population description and income limit of each waiver available during SFY 2008/09 in Louisiana. Table 31 shows the number of allocated and filled slots along with the payments for the last six state fiscal years (Figures 12, 13 and 14). During SFY 2008/09, 13,731 slots were filled under the HCBS waiver programs, continuing the escalating trend of delivering services outside an institutional facility. On average, for the last six state fiscal years, slots have been filled at a rate of 90%.

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

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

**Table 31: Home and Community-Based Service Waiver Slots and Payments<sup>1</sup> by State Fiscal Year**

Waiver		2003/04	2004/05	2005/06	2006/07	2007/08	2008/09
<b>Adult Day Health Care</b>	<b>Allocated Slots</b>	663	688	700	700	825	825
	<b>Filled Slots</b>	562	639	631	569	675	705
	<b>Direct Waiver (\$)</b>	\$5,667,000	\$6,726,773	\$5,164,975	\$6,756,288	\$7,481,491	\$7,652,210
	<b>Non-Waiver (\$)</b>	\$2,724,134	\$3,661,429	\$3,824,710	\$4,142,554	\$8,043,864	\$9,364,122
	<b>Total Payments</b>	\$8,391,134	\$10,388,203	\$8,989,685	\$10,898,842	\$15,525,354	\$17,016,332
<b>Elderly and Disabled Adults</b>	<b>Allocated Slots</b>	2,179	2,741	2,803	2,903	4,403	4,603
	<b>Filled Slots</b>	2,054	2,653	2,621	2,703	3,403	3,934
	<b>Direct Waiver (\$)</b>	\$24,718,386	\$34,137,829	\$33,514,040	\$37,276,771	\$50,512,328	\$63,093,098
	<b>Non-Waiver (\$)</b>	\$14,962,405	\$43,914,494	\$56,670,910	\$56,948,878	\$78,094,896	\$103,237,616
	<b>Total Payments</b>	\$39,680,791	\$78,052,324	\$90,184,950	\$94,225,650	\$128,607,223	\$166,330,714
<b>Personal Care Attendant</b>	<b>Allocated Slots</b>	387	0				
	<b>Filled Slots</b>	335	13	Discontinued <sup>2</sup>	Discontinued <sup>2</sup>	Discontinued	Discontinued
	<b>Direct Waiver (\$)</b>	\$5,195,791	\$1,497,188	\$3,180	\$0	\$0	\$0
	<b>Non-Waiver (\$)</b>	\$2,961,385	\$1,029,469	\$12,955	\$1,161	\$0	\$0
	<b>Total Payments</b>	\$8,157,176	\$2,526,657	\$16,135	\$1,161	\$0	\$0
<b>Children's Choice</b>	<b>Allocated Slots</b>	800	800	800	800	1,000	1,050
	<b>Filled Slots</b>	766	765	762	751	925	956
	<b>Direct Waiver (\$)</b>	\$6,542,507	\$8,004,685	\$6,888,837	\$7,222,138	\$9,138,230	\$9,991,258
	<b>Non-Waiver (\$)</b>	\$9,267,200	\$9,866,909	\$8,601,640	\$9,526,948	\$13,105,065	\$14,688,220
	<b>Total Payments</b>	\$15,809,707	\$17,871,594	\$15,490,477	\$16,749,086	\$22,243,295	\$24,679,478
<b>New Opportunities</b>	<b>Allocated Slots</b>	4,576	4,642	4,742	5,042	6,542	8,682
	<b>Filled Slots</b>	4,433	4,579	4,579	4,799	5,762	6,372
	<b>Direct Waiver (\$)</b>	\$197,584,064	\$236,005,527	\$240,182,747	\$261,704,401	\$325,701,415	\$373,621,978
	<b>Non-Waiver (\$)</b>	\$37,196,169	\$37,346,390	\$33,416,794	\$29,905,858	\$39,707,343	\$49,434,436
	<b>Total Payments</b>	\$234,780,233	\$273,351,917	\$273,599,541	\$291,610,259	\$365,408,758	\$423,056,414
<b>Supports</b>	<b>Allocated Slots</b>				2,088	2,188	2,188
	<b>Filled Slots</b>				1,414	1,668	1,764
	<b>Direct Waiver (\$)</b>	N/A	N/A	N/A	\$9,903,610	\$14,318,256	\$15,474,757
	<b>Non-Waiver (\$)</b>				\$4,410,845	\$8,887,607	\$8,628,288
	<b>Total Payments</b>				\$14,314,455	\$23,205,863	\$24,103,045

<sup>1</sup> Payments are based on Type Case. SFY 2007/08 and SFY 2008/09 include payments for Medicare Buy-in premiums and Part-D, whereas previous years do not.

<sup>2</sup> Individuals were transferred to the EDA waiver. Some payments were still paid due to Medicaid's timely filing rule. Please see page 20 for more information. **45**

Figure 12: Historical Waiver Allocated Slots by State Fiscal Year

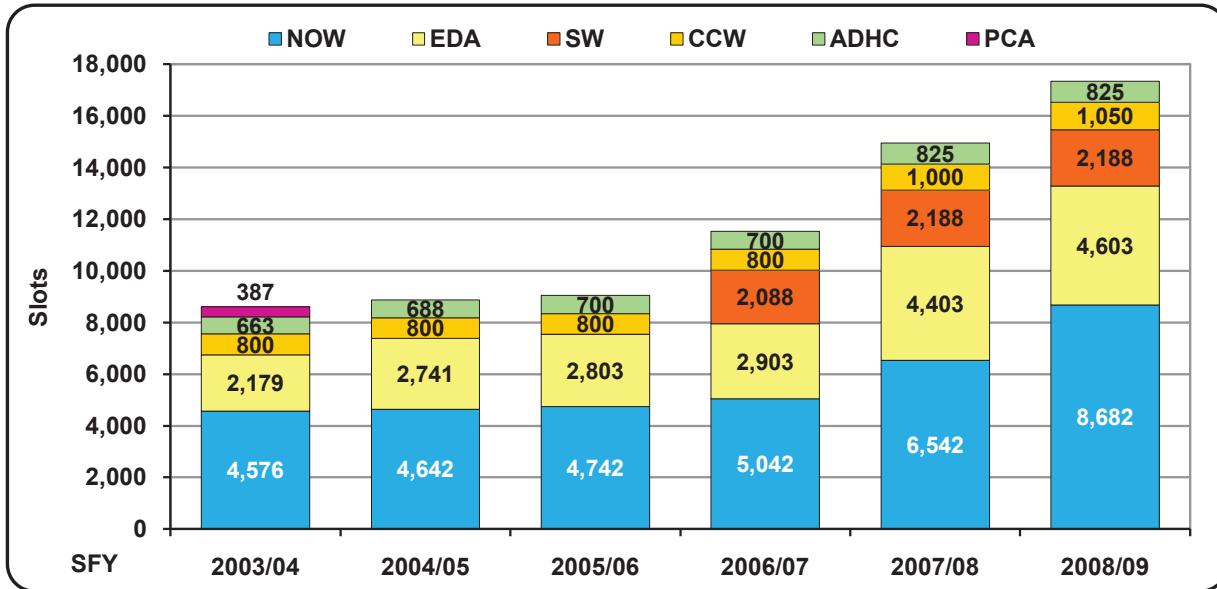


Figure 13: Historical Waiver Filled Slots by State Fiscal Year

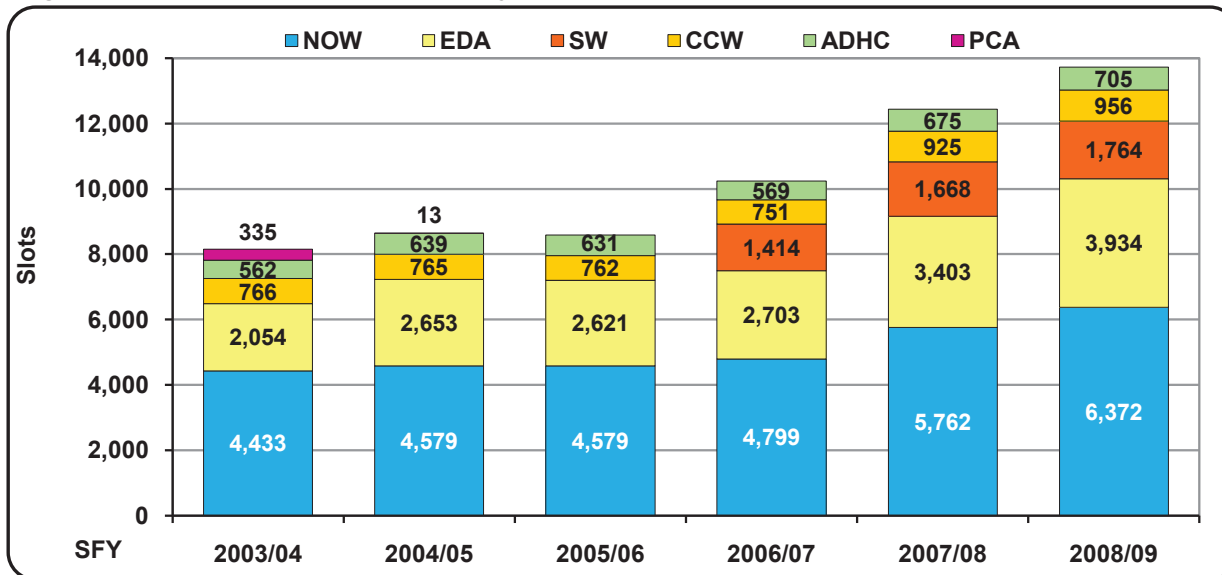
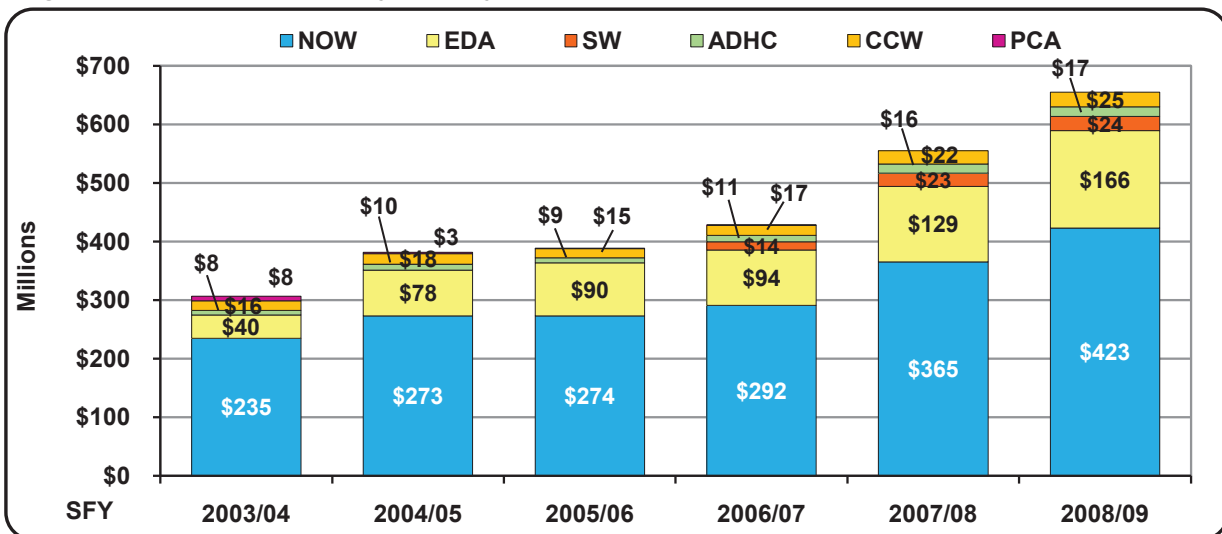


Figure 14: Historical Waiver Payments by State Fiscal Year<sup>1</sup>



<sup>1</sup> SFY 2007/08 and SFY 2008/09 include payments for Medicare Buy-in premiums and Part-D, whereas previous years do not.



## Appendix A: Glossary

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

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

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

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

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

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

**Aid Category – QMB:** Persons who meet the categorical requirement of enrollment in Medicare Part-A including conditional enrollment, known as a Qualified Medicare Beneficiary.

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

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

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

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

**Dual Eligible:** Individuals who are entitled to Medicare and are eligible for full or partial Medicaid benefits. Medicaid pays for all or a portion of Medicare Part A and B premiums, co-payments and deductibles for dual eligibles.

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

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

**Expenditure:** In this report, expenditure refers to fiscal information derived from the financial system of the Integrated State Information System (ISIS). ISIS reports the program expenditures after all claims and financial adjustments have been taken into account.

**Family Independence Temporary Assistance Program (FITAP):** In Louisiana, Temporary Assistance for Needy Families (TANF) is provided under a program known as the FITAP. This program provides temporary assistance for needy pregnant women and families with minor children under Title IV-A of the Social Security Act. The program provides eligible individuals with cash assistance and supportive services if those families meet eligibility requirements and are otherwise complying with FITAP requirements.

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

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

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

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

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

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

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

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

**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 federal poverty level.

**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% FPL. Some cost sharing is associated with LAP through monthly premiums and co-payments.

**Low-Income Families with Children (LIFC):** Provides Medicaid-only coverage to individuals and families who would have been eligible for cash assistance under rules of the state's AFDC program on August 12, 1996 (Section 1931 Eligibility Group).

**Mandatory Services:** In order to receive federal Medicaid funding, each state must agree to provide mandatory services to the Medicaid eligible

population. Along with mandatory services, states are free to offer optional services and receive matching 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 FPL with disabilities to “buy in” to Louisiana Medicaid health coverage.

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

**Medicare Part-A:** Part-A is the hospital insurance portion of Medicare. Part-A covers inpatient hospital care, skilled nursing facility care, some home health agency services and hospice care.

**Medicare Part-B:** The supplementary or “physicians” insurance portion of Medicare. Part-B covers services of physicians/other suppliers, outpatient care, medical equipment and supplies, and other medical services not covered by the hospital insurance part of Medicare.

**Medicare Part-C:** Provides for a managed care delivery system for Medicare services.

**Medicare Part-D:** Provides Medicare beneficiaries with assistance paying for prescription drugs. It was enacted as part of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) and went into effect on January 1, 2006. Unlike coverage in Medicare Parts A and B, Part-D coverage is not provided within the traditional Medicare program. Instead, beneficiaries must affirmatively enroll in one of the many hundreds of Part-D plans offered by private companies.

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

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

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

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

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

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

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

**Prohibited AFDC Provisions (PAP):** Provides Medicaid to children and/or their parents denied LIFC because of an AFDC-related provision that is prohibited in Medicaid.

**Provider:** A person, group or agency that provides a covered Medicaid service to a Medicaid recipient.

**Qualified Medicare Beneficiary (QMB):** Individuals who are entitled to Medicare Part-A have income up to 100% of the FPL or less, have resources that do not exceed twice the limit for SSI eligibility and are not otherwise eligible for full Medicaid. Medicaid pays their Medicare Part-A premiums, if any, Medicare Part-B premiums and to the extent consistent with the Medicaid State plan, Medicare deductibles and coinsurance for Medicare services provided by Medicare providers.

**Qualifying Individuals – 1 (QI-1):** Qualifying Individuals – 1 went into effect January 1, 1998 and is still in effect. 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 federal poverty level, have resources that do not exceed twice the limit for SSI eligibility and are not otherwise eligible for Medicaid.

**Recipient:** A person is considered a ‘recipient’ if any claims related transaction(s) or Medicare Buy-in or Part-D premium payment(s) occurred on behalf of that person during the state fiscal year. The data for this report is based on a claim’s date of payment (DOP). Refer to the technical note on page 7 for a detailed explanation of changes from prior SFYs.

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

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

**State Fiscal Year (SFY):** The SFY is a 12-month calendar that begins July 1 and ends June 30 of the following calendar year.

**State Plan:** The State Plan is the formal agreement between Louisiana and Centers for Medicare and Medicaid Services (CMS) regarding the policies governing the administration of the state’s Medicaid program. Amendments to the State Plan must be submitted to CMS for review and approval no later than the end of the quarter in which the amendment becomes effective. Federal financial participation (FFP) for any added costs is not available to the state until the amendment is approved.

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

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

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

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

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

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



## Appendix B: Acronyms

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

## Appendix C: Medicaid Parish Offices - Contact Information

	Parish	Address	City, State	ZIP	Phone	Fax
1	Acadia	1113 East Northern Avenue	Crowley, LA	70527	(337) 788-7610	(337) 788-7621
2	Allen	437 North Market Street	Jennings, LA	70546	(337) 824-2014	(337) 824-0842
3	Ascension	1532 S. Burnside Ave., Bldg. 2	Gonzales, LA	70737	(225) 644-3700	(225) 647-8743
4	Assumption	1222 Tiger Drive	Thibodaux, LA	70301	(985) 449-5021	(985) 449-5161
5	Avoyelles	457 West Waddil Street	Marksville, LA	71351	(318) 253-5946	(318) 253-4060
6	Beauregard	1808 Highway 190 West - Suite C	DeRidder, LA	70634	(337) 463-9131	(337) 463-3929
7	Bienville	1285 Pine Street - Suite 102	Arcadia, LA	71001	(318) 263-9477	(318) 263-2009
8	Bossier	3020 Knight Street, Suite 100	Shreveport, LA	71105	(318) 862-9875	(318) 862-9903
9	Caddo	3020 Knight Street, Suite 100	Shreveport, LA	71105	(318) 862-9875	(318) 862-9903
10	Calcasieu	2300 Broad Street	Lake Charles, LA	70601	(337) 491-2439	(337) 491-2785
11	Caldwell	2406 West Street	Winnsboro, LA	71295	(318) 435-2930	(318) 435-2149
12	Cameron	2300 Broad Street	Lake Charles, LA	70601	(337) 491-2439	(337) 491-2785
13	Catahoula	1305 Fourth Street	Jonesville, LA	71343	(318) 339-4213	(318) 339-9969
14	Claiborne	3020 Knight Street, Suite 100	Shreveport, LA	71105	(318) 862-9875	(318) 862-9903
15	Concordia	1305 Fourth Street	Jonesville, LA	71343	(318) 339-4213	(318) 339-9969
16	DeSoto	430 Dixie Plaza	Natchitoches, LA	71457	(318) 357-2466	(318) 357-7059
17	East Baton Rouge	2521 Wooddale Boulevard	Baton Rouge, LA	70806	(225) 922-1542	(225) 925-6909
18	East Carroll	702 East Jefferson Street	Oak Grove, LA	71263	(318) 428-2222	(318) 428-9009
19	East Feliciana	Feliciana Parishes Medicaid Office, 12486 Feliciana Dr.	Clinton, LA	70722	(225) 683-4757	(225) 683-9618
20	Evangeline	1008 West LaSalle Street	Ville Platte, LA	70586	(337) 363-4262	(337) 363-4251
21	Franklin	2406 West Street	Winnsboro, LA	71295	(318) 435-2930	(318) 435-2149
22	Grant	207 East North Street	Winnfield, LA	71483	(318) 648-9189	(318) 648-9190
23	Iberia	1217 Adrian Street	New Iberia, LA	70560	(337) 373-0062	(337) 373-0138
24	Iberville	24710 Plaza Drive	Plaquemine, LA	70764	(225) 692-7014	(225) 692-7086
25	Jackson	1102 East Georgia, Suite B	Ruston, LA	71270	(318) 251-5049	(318) 251-5056
26	Jefferson Davis	437 North Market Street	Jennings, LA	70546	(337) 824-2014	(337) 824-0842
27	Jefferson, East Bank	3229 36th Street, Suite 210	Metairie, LA	70001	(504) 846-6960	(504) 846-6967
28	Jefferson, West Bank	Harvey Building, 2150 West Bank Expressway, 4th Floor	Harvey, LA	70058	(504) 361-6973	(504) 361-6978
29	Lafayette	117 Production Drive	Lafayette, LA	70508	(337) 262-1424	(337) 262-1671
30	Lafourche	1222 Tiger Drive	Thibodaux, LA	70301	(985) 449-5021	(985) 449-5161
31	LaSalle	3683 South First Street	Jena, LA	71342	(318) 992-5320	(318) 992-5422
32	Lincoln	1102 East Georgia, Ste. B	Ruston, LA	71270	(318) 251-5049	(318) 251-5056
33	Livingston	29849 South Magnolia Street, Suite B	Livingston, LA	70754	(225) 686-2558	(225) 686-2820
34	Madison	121 Ellington Drive	Rayville, LA	71269	(318) 728-0344	(318) 728-9348
35	Morehouse	240 Holt Street	Bastrop, LA	71220	(318) 556-7014	(318) 283-0864
36	Natchitoches	430 Dixie Plaza	Natchitoches, LA	71457	(318) 357-2466	(318) 357-7059
37	Orleans	1010 Common Street, 4th Floor	New Orleans, LA	70112	(504) 599-0656	(504) 599-0528
38	Ouachita	3100 Kilpatrick Blvd.	Monroe, LA	71201	(318) 362-3300	(318) 362-0411
39	Plaquemines	Harvey Building, 2150 West Bank Expressway, 4th Floor	Harvey, LA	70058	(504) 361-6973	(504) 361-6978
40	Pointe Coupee	1919 Hospital Road, Suite B	New Roads, LA	70760	(225) 638-6584	(225) 638-6586
41	Rapides	1505 Washington Street	Alexandria, LA	71301	(318) 487-5670	(318) 487-5924
42	Red River	430 Dixie Plaza	Natchitoches, LA	71457	(318) 357-2466	(318) 357-7059
43	Richland	121 Ellington Drive	Rayville, LA	71269	(318) 728-0344	(318) 728-9348
44	Sabine	430 Dixie Plaza	Natchitoches, LA	71457	(318) 357-2466	(318) 357-7059
45	St. Bernard	1010 Common Street, 4th Floor	New Orleans, LA	70112	(504) 599-0656	(504) 599-0528
46	St. Charles	Tri-Parish Medicaid, 421 West Airline Highway, Suite H	LaPlace, LA	70068	(985) 651-4809	(985) 651-4818
47	St. Helena	29849 South Magnolia Street, Suite B	Livingston, LA	70754	(225) 686-2558	(225) 686-2820
48	St. James	Tri-Parish Medicaid, 421 West Airline Highway, Suite H	LaPlace, LA	70068	(985) 651-4809	(985) 651-4818
49	St. John	Tri-Parish Medicaid, 421 West Airline Highway, Suite H	LaPlace, LA	70068	(985) 651-4809	(985) 651-4818
50	St. Landry	6069 I-49 Service Road, Suite B	Opelousas, LA	70570	(337) 942-0155	(337) 948-0371
51	St. Martin	508 East Bridge Street	St. Martinville, LA	70582	(337) 394-3228	(337) 394-8918
52	St. Mary	15213 LA Highway 182 West	Franklin, LA	70538	(337) 828-2611	(337) 828-2656
53	St. Tammany	21454 Koop Drive, Suite B	Mandeville, LA	70471	(985) 871-1359	(985) 871-1369
54	Tangipahoa	121 Robin Hood Drive	Hammond, LA	70403	(985) 543-4216	(985) 543-4221
55	Tensas	2406 West Street	Winnsboro, LA	71295	(318) 435-2930	(318) 435-2149
56	Terrebonne	5593 Highway 311	Houma, LA	70360	(985) 873-2030	(985) 873-2042
57	Union	3100 Kilpatrick Blvd	Monroe, LA	71201	(318) 362-3300	(318) 362-0411
58	Vermillion	1820-A Veterans Memorial Drive	Abbeville, LA	70510	(337) 898-2854	(337) 898-3827
59	Vernon	1100 Nolan Trace	Leesville, LA	71446	(337) 238-7022	(337) 238-6496
60	Washington	521 Ontario Avenue	Bogalusa, LA	70427	(985) 732-6844	(985) 732-6835
61	Webster	3020 Knight Street, Suite 100	Shreveport, LA	71105	(318) 862-9875	(318) 862-9903
62	West Baton Rouge	24710 Plaza Drive	Plaquemine, LA	70764	(225) 692-7014	(225) 692-7086
63	West Carroll	702 East Jefferson Street	Oak Grove, LA	71263	(318) 428-2222	(318) 428-9009
64	West Feliciana	Feliciana Parishes Medicaid Office, 12486 Feliciana Dr.	Clinton, LA	70722	(225) 683-4757	(225) 683-9618
65	Winn	207 East North Street	Winnfield, LA	71483	(318) 648-9189	(318) 648-9190

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

## Medicare and Medicaid

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

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

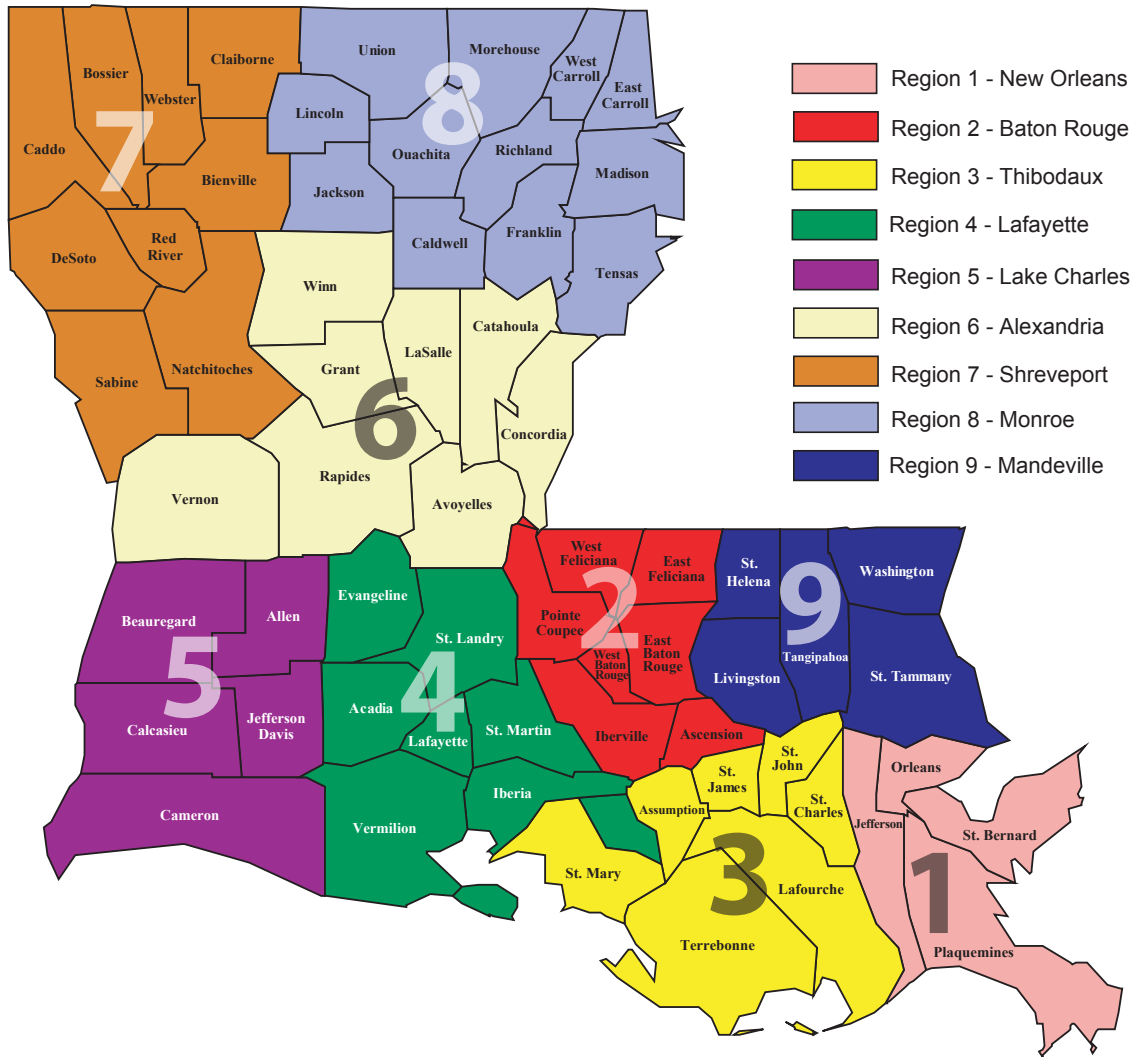
Medicare Type	Provided Services
<b>Medicare Part-A</b>	Provides coverage of inpatient hospital services, skilled nursing facilities, home health services and hospice care
<b>Medicare Part-B</b>	Helps pay for the cost of physician services, outpatient hospital services, medical equipment and supplies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

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

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

# Department of Health and Hospitals

## Administrative Regions



### REGION 1 – NEW ORLEANS

3229 36<sup>th</sup> St., Suite 210  
Metairie, LA 70001  
**Mail to:** P.O. Box 1521  
Metairie, LA 70004-1521  
**PHONE:** (504) 846-6960  
**FAX:** (504) 846-6967

### REGION 4 – LAFAYETTE

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

### REGION 7 – SHREVEPORT

3020 Knight Street – Suite 100  
Shreveport, LA 71105  
**PHONE:** (318) 862-9875  
**FAX:** (318) 862-9903  
**TTD:** (318) 862-9714 or  
1-888-838-2351

### REGION 2 – BATON ROGUE

2521 Wooddale Boulevard  
Baton Rouge, LA 70806  
**Mail to:** P.O. Box 91248  
Baton Rouge, LA 70821-9248  
**PHONE:** (225) 925-6505  
**FAX:** (225) 925-6525

### REGION 5 – LAKE CHARLES

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

### REGION 8 – MONROE

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

### REGION 3 – THIBODAUX

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

### REGION 6 – ALEXANDRIA

3600 Jackson Street  
Dunbar Plaza – Suite 113  
Alexandria, LA 71303  
**Mail to:** P.O. Box 13316  
Alexandria, LA 71315-3316  
**PHONE:** (318) 487-5147  
**FAX:** (318) 484-2410

### REGION 9 – MANDEVILLE

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