

**DEPARTMENT OF HEALTH
LOUISIANA MEDICAID PROGRAM
BUREAU OF HEALTH SERVICES FINANCING**

**FORECAST REPORT
STATE FISCAL YEAR 2016/17**

February 2017



LOUISIANA MEDICAID PROGRAM
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Table-1: Revenue Forecast - Means of Finance - SFY 2016/17

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Financing Category	Budget Appropriation (1.1) A	Forecast Revenue Collections B	Over / (Under) C = B - A	Percent Difference D = (C/A)*100
State General Fund	2,109,238,041	2,109,238,041	0	0.0
Interagency Transfers	35,573,960	30,573,960	(5,000,000)	(14.1)
Self Generated Revenue	332,224,531	332,224,531	0	0.0
Statutory Dedications	776,594,020	776,594,020	0	0.0
State Total	3,253,630,552	3,248,630,552	(5,000,000)	(0.2)
Federal	7,140,713,613	7,140,713,613	0	0.0
Total Means of Finance	10,394,344,165	10,389,344,165	(5,000,000)	(0.0)
Contingency State General Fund	17,000,000	0	(17,000,000)	(100.0)
Revised Means of Finance	10,411,344,165	10,389,344,165	(22,000,000)	(0.2)

Table-2: Expenditure Forecast by Budget Program - SFY 2016/17

Program	Budget Appropriation (1.1) A	Current Forecast (2) B	(Over) / Under C = A - B	Percent Difference D = (C/A)*100
Private Providers	8,749,228,826	9,093,815,397	(344,586,571)	(3.9)
Public Providers	215,495,865	192,960,990	22,534,875	10.5
Buy-Ins & Supplements	471,154,777	463,749,727	7,405,050	1.6
Uncompensated Care	958,464,697	943,464,697	15,000,000	1.6
Total Program	\$10,394,344,165	\$10,693,990,811	(\$299,646,646)	(2.9)
Contingency Private Providers	17,000,000	0	17,000,000	100.0
Revised Total Program	\$10,411,344,165	\$10,693,990,811	(\$282,646,646)	(2.7)

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Table-3: Expenditure Forecast by Budget Category of Service - SFY 2016/17

		Initials (1,2)	Current Forecast (2)	Difference	State Match (3)
		A	B	C = A - B	D
A: Private Providers Sub-programs					
Ambulatory Surgical Clinics	A_01	1,877,613	1,847,959	29,654	11,191
Applied Behavioral Analysis (4)	A_02	24,512,388	28,166,392	(3,654,004)	(1,379,021)
Case Management Services	A_03	7,178,445	6,914,759	263,686	99,515
Durable Medical Equipment	A_04	10,276,481	10,687,913	(411,432)	(155,275)
EPSDT (Screening and Early Diagnosis)	A_05	23,430,182	21,940,378	1,489,804	562,252
Early Steps	A_06	9,142,384	9,135,258	7,126	2,690
Family Planning	A_07	1,077,154	478,190	598,964	59,896
Federally Qualified Health Centers	A_08	2,150,484	1,784,701	365,783	138,047
Hemodialysis Services	A_09	17,913,116	18,444,790	(531,674)	(200,654)
Home Health Services	A_10	21,156,393	19,083,374	2,073,019	782,357
Hospice Services	A_11	60,210,427	60,389,004	(178,577)	(67,395)
Hospital - Inpatient Services	A_12	156,485,281	176,265,112	(19,779,831)	(7,464,908)
Hospital - Outpatient Services	A_13	47,252,522	50,075,794	(2,823,272)	(1,065,503)
ICF-DD Community Homes	A_14	266,256,347	251,250,567	15,005,780	5,663,181
Laboratory and X - Ray Services	A_15	6,956,904	6,342,024	614,880	232,056
Long Term Personal Care Services (LT - PCS)	A_16	153,712,748	157,732,406	(4,019,658)	(1,517,019)
Mental Health - Inpatient Services	A_17	6,976,435	7,086,044	(109,608)	(41,366)
Nursing Homes	A_18	1,025,252,214	1,013,723,079	11,529,135	4,351,096
Program for All Inclusive Care for the Elderly (PACE)	A_19	16,974,365	14,864,767	2,109,598	796,162
Pediatric Day Health Care (PDHC)	A_20	3,352,863	3,098,368	254,495	96,047
Pharmacy Payments	A_21	93,306,433	76,457,703	16,848,730	6,358,711
Physician Services	A_22	31,837,654	32,016,411	(178,757)	(67,463)
Rural Health Clinics	A_23	4,049,838	3,981,335	68,503	25,853
Transportation: Emergency-Ambulance	A_24	6,336,518	5,967,068	369,450	139,430
Transportation: Non-Emergency-Ambulance	A_25	1,079,904	994,616	85,288	32,188
Waiver: Adult Day Health	A_26	8,946,888	8,380,077	566,811	213,915
Waiver: Children's Choice	A_27	13,047,011	11,897,276	1,149,735	433,910
Waiver: Community Choices	A_28	110,149,222	108,508,814	1,640,408	619,090
Waiver: New Opportunities (NOW)	A_29	448,175,964	446,838,827	1,337,137	504,635
Waiver: Residential Options (ROW)	A_30	2,982,380	1,304,042	1,678,338	633,405
Waiver: Supports	A_31	13,287,511	12,856,331	431,180	162,727
Other Private Providers	A_32	3,514,396	784,127	2,730,269	1,030,404
Supplemental	A_33	171,434,281	171,434,281	0	0
Sub-Total Traditional Private Providers		2,770,292,746	2,740,731,788	29,560,958	10,990,153
Managed Care Organizations					
Managed Care - Regular *	A_34	4,514,670,323	4,468,508,074	46,162,249	421,633
Managed Care - Expansion	A_35	1,679,793,158	2,075,758,789	(395,965,631)	(13,858,797)
Dental Benefit Program - Regular	A_36	158,114,632	160,032,355	(1,917,723)	(723,749)
Dental Benefit Program - Expansion	A_37	9,910,376	11,461,872	(1,551,496)	(54,302)
Behavioral Health Partnership	A_38	42,530,591	49,388,793	(6,858,202)	(4,856,858)
Sub-Total MCOs		6,405,019,080	6,765,149,882	(360,130,802)	(19,072,074)
Pharmacy Rebates: YTD (\$211,269,542)		(426,083,000)	(412,066,274)	(14,016,726)	13,340,618
Total Private Providers		8,749,228,826	9,093,815,397	(344,586,571)	5,258,697

* The SGF projected deficit for the Managed Care Non-Expansion line results from the absence of \$17 million in state general fund that is contingent revenue as identified in Act 17 of the 2016 regular legislative session.

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Table-3: Expenditure Forecast by Budget Category of Service - SFY 2016/17.. Continued

		Initials (1.2)	Current Forecast (2)	Difference	State Match (3)
		A	B	C = A - B	D
B: Public Providers Sub-Programs					
LSU - Facilities	B_01	3,294,291	4,547,341	(1,253,050)	(472,901)
LSU - Physicians	B_02	14,889,037	9,252,739	5,636,298	2,127,139
DHH - State Developmental Facilities	B_03	104,244,899	112,375,520	(8,130,621)	(3,068,496)
LDH - Villa Feliciana Nursing Home	B_04	18,057,109	17,729,258	327,851	123,731
LDH - Office of Public Health	B_05	9,610,204	353,623	9,256,581	3,493,434
LDH - Office of Behavioral Health	B_06	3,429,479	3,308,743	120,736	45,566
LDH - Human Services Districts	B_07	549,175	469,106	80,069	30,218
State - Education	B_08	18,668,912	16,198,313	2,470,599	932,404
Local Education Agencies	B_09	42,752,759	28,726,346	14,026,413	0
Total Public Providers		\$215,495,865	\$192,960,990	\$22,534,875	\$3,211,094
C: Buy-Ins & Supplements Sub-Programs					
Medicare Premiums & Supplements	C_01	329,866,939	345,978,326	(16,111,387)	(6,080,437)
Part-D Clawback (5)	C_02	141,287,838	117,771,402	23,516,436	23,516,436
Total Buy-Ins		\$471,154,777	\$463,749,727	\$7,405,050	\$17,435,999
D: Uncompensated Care Sub-Programs					
LSU - Facilities	D_01	17,072,737	17,072,737	0	0
DHH - Office of Behavioral Health	D_02	74,841,407	74,841,407	0	0
Private Hospitals	D_03	863,461,441	848,461,441	15,000,000	(8,255,567)
GNOCHC - 1115 Waiver	D_04	3,089,112	3,089,112	0	0
Total Uncompensated Care		\$958,464,697	\$943,464,697	\$15,000,000	(\$8,255,567)
Grand Total Medical Vendor Program		\$10,394,344,165	\$10,693,990,811	(\$299,646,646)	\$17,650,223

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Table-4: Public Private Partnership - Projected Payments - SFY 2016/17

Hospital	UPL	UCC/DSH	Total Payments
Bogalusa (Wash/St. Tamm)	16,362,941	23,049,069	39,412,010
Houma (LJ Chabert)	58,616,970	83,891,316	142,508,286
Baton Rouge - OLOL	135,500,000	0	135,500,000
Baton Rouge - Woman's	9,509,055	0	9,509,055
New Orleans (ILH)	155,876,597	256,121,160	411,997,757
Lafayette (Univ Med Cntr)	55,493,914	68,931,614	124,425,528
Independence (Lallie Kemp)	6,117,224	17,072,737	23,189,961
Lake Charles (WO Moss)	7,500,000	48,472,886	55,972,886
Monroe (EA Conway)	127,436,300	0	127,436,300
Alexandria (Huey P. Long)	0	50,482,811	50,482,811
Shreveport (LSU-HSC)	0	143,532,935	143,532,935
Total	\$572,413,001	\$691,554,528	\$1,263,967,529

Amounts listed in the chart are based on the current appropriation, including the BA-7 approved on October 28, 2016, by the Joint Legislative Committee on the Budget (JLCB).

LOUISIANA MEDICAID PROGRAM State Fiscal Year 2017 Expansion

Table-5: Assumed Distribution of Members vs. Actual Distribution of Members

Rate Cell	Statewide PMPM Avg	Assumed Distribution	Member Months	= PMPM * MM	Update Statewide PMPM Avg	Actual Distribution	Member Months	= PMPM * MM	Difference (Actual - Assumed)
Female, 19-24	362.20	22%	712,084	\$257,915,593	\$361.17	14%	508,836	\$183,774,969	(\$74,140,624)
Male, 19-24	315.73	7%	226,690	\$71,572,618	\$316.75	8%	280,204	\$88,753,744	\$17,181,125
Female, 25-39	478.44	31%	1,001,509	\$479,166,432	\$480.47	27%	970,623	\$466,358,589	(\$12,807,844)
Male, 25-39	435.05	11%	355,072	\$154,473,415	\$442.88	13%	462,382	\$204,777,915	\$50,304,499
Female, 40-49	675.30	9%	282,958	\$191,080,512	\$686.58	11%	386,371	\$265,274,577	\$74,194,065
Male, 40-49	661.30	5%	174,625	\$115,479,118	\$675.35	6%	228,289	\$154,175,977	\$38,696,859
Female, 50-64	780.49	8%	272,610	\$212,768,458	\$799.60	13%	485,375	\$388,103,530	\$175,335,072
Male, 50-64	872.80	6%	208,257	\$181,766,075	\$896.30	9%	329,588	\$295,410,462	\$113,644,387
Kickpayments				\$15,570,936				\$29,129,027	\$13,558,091
Totals			3,233,804	\$1,679,793,158			3,651,667	2,075,758,789	\$395,965,631

Table-6: Medicaid Expansion Enrollment Projections

July-16	Actuals	279,632
August-16	Actuals	301,026
September-16	Actuals	315,209
October-16	Actuals	332,995
November-16	Actuals	352,463
December-16	Actuals	371,320
January-17	Actuals	391,241
February-17	Projection	404,047
March-17	Projection	419,937
April-17	Projection	431,149
May-17	Projection	442,176
June-17	Projection	451,541

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(Numbered Notes to the Monthly Financial Report)

- 1.1 This column represents the Initial Appropriation (Act 17 of the 2016 Regular Legislative Session and Act 14 of the 2016 Second Extraordinary Session) for the Medicaid Program's four (4) budgeted programs: (A) Payments to Private Providers, (B) Payments to Public Providers, (C) Medicare Buy-Ins & Supplements, and (D) Uncompensated Care Costs, plus approved Budget Adjustments (BA-7s).
- 1.2 This column represents initial Appropriation plus approved BA-7s for private provider sub-programs, public providers, Medicare Buy-Ins & Supplements, and Uncompensated care payments.
- 2 This column represents SFY 2016/17 expenditures forecast based on the latest available data/information and reflects projected payments through the end of the State Fiscal Year.
- 3 State Match.
- 4 Applied Behavior Analysis (ABA) services for children age 0-20 pursuant to federal court order in pending lawsuit Chisholm v. Kliebert. ABA services must be provided to class members who have a diagnosis of Autism Spectrum Disorder (ASD), for whom services are determined medically necessary.
- 5 Part-D Clawback Expenditures - All State Funds.