

DEPARTMENT OF HEALTH AND HOSPITALS

**LOUISIANA CHILDREN'S
HEALTH INSURANCE
PROGRAM**

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Contact:

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EXECUTIVE SUMMARY

The Louisiana Children’s Health Insurance Program (LaCHIP) is an optional Medicaid program that provides healthcare coverage to uninsured children up to age 19 and enrollees in the LaCHIP Unborn Option (Phase IV) which provides prenatal care services, from conception to birth, for low income uninsured mothers who are not otherwise eligible for Medicaid. This program was created by Congress in the Balanced Budget Act of 1997, and enacted on August 5, 1997, under Title XXI of the Social Security Act. In Louisiana, LaCHIP was authorized by Senate Bill 78 of the First Extraordinary Session of 1998. Louisiana implemented the first phase of LaCHIP as a Medicaid expansion program in November of 1998. Phase I provides coverage to children and youth in families with income up to 133% of the Federal Poverty Income Guidelines (FPIG). Since 1998, there have been four additional phases of LaCHIP:

Phase II	150% FPIG	October 1999
Phase III	200% FPIG	January 2001
Phase IV	200% FPIG ¹	May 2007
Phase V	250% FPIG ²	June 2008

Since the inception of LaCHIP, there have been **484,988** children and Phase IV enrollees in LaCHIP, which has allowed them to receive much needed healthcare services.

LACHIP STATUS REPORT

PROGRAM OVERVIEW

To be eligible for LaCHIP Phases I, II, III, and V, children must be under 19 years old, residents of Louisiana, and must meet citizenship and income requirements. The services covered include doctors, hospitals, prescriptions, mental health, and immunizations. For Phase IV, pregnant women must be non-citizens, residents of Louisiana, and uninsured. Coverage is provided through their date of delivery. Dental benefits are currently covered for Phases I, II, III, IV and V. Vision benefits are also covered for Phases I, II, and III.

Act 407 of 2007 authorized the addition of Phase V. Known as the LaCHIP Affordable Plan, this program provides coverage to children in families with moderate incomes at a minimal cost, \$50.00 per family per month. To be eligible, these children must not have access to any other employer-sponsored health insurance. The claims payment and premium collection functions are administered by the Office of Group Benefits and enrollees have the benefit of OGB’s extensive Preferred Provider Organization network. The income limits for LaCHIP Phases I-IV and V are provided below.

¹Prenatal care services from conception to birth for low income uninsured non-citizen women.

²LaCHIP Affordable Plan – \$50.00 per family, per month premium plus cost sharing.

Monthly Income Limits³

FAMILY SIZE	Phase I	Phase II	Phase III	Phase IV	Phase V
1	\$1,239	\$1,397	\$1,862	\$1,862	\$2,328
2	\$1,677	\$1,892	\$2,522	\$2,522	\$3,153
3	\$2,116	\$2,387	\$3,182	\$3,182	\$3,978
4	\$2,555	\$2,882	\$3,842	\$3,842	\$4,803
5	\$2,994	\$3,377	\$4,502	\$4,502	\$5,628
6	\$3,433	\$3,872	\$5,162	\$5,162	\$6,453
7	\$3,872	\$4,367	\$5,822	\$5,822	\$7,278
8	\$4,311	\$4,862	\$6,482	\$6,482	\$8,103
More than 8⁴	+\$439	+\$495	+\$660	+\$660	+\$825

DHH staff and contractors have done a superb job of providing information about LaCHIP to the public and ensuring that DHH has the most up-to-date information on children to ensure their continued coverage. The efforts include securing partnerships with community-based organizations with missions to provide access to health care for children and providers, as well as going into the community to meet families where they spend their time like retail outlets, restaurants, shopping centers, malls, and civic events. As a result of this concerted effort, only 3.5% of Louisiana’s children are uninsured.⁵ In addition, those children with public health coverage retain that coverage almost 100% of the time.

Louisiana’s success in providing health coverage to uninsured children through a combination of technical and policy improvements has been studied by national organizations and used as a model for other states’ children’s public health coverage programs. A report by Health Management Associates based upon extensive information gathering and site visits revealed the following about the management of LaCHIP⁶:

- Louisiana has leveraged both technological and policy solutions to create customer-oriented, simplified enrollment and renewal processes.
- An integrated culture of and sustained commitment to continuous quality improvement has helped Louisiana repeatedly simplify the steps families and workers follow in enrolling and renewing coverage.

³Amounts valid from April 1, 2012 through March 31, 2013.

⁴For family units of more than 8 members, add this amount for each additional member.

⁵Stephen Barnes, Kirby Goidel, and Dek Terrell, *A Report from the 2011 Louisiana Health Insurance Survey*, The Public Policy Research Lab and the Division of Economic Development, Louisiana State University (Baton Rouge, LA), January 2012.

⁶ Lisa Duchon, Eileen Ellis, and Rebecca Kelleberg, *Maximizing Enrollment in Louisiana: Results from a Diagnostic Assessment of the State’s Enrollment and Retention Systems for Kids*, Health Management Associates (Washington, D.C.), February 2010.

- Louisiana has made children’s health insurance programs and their management seamless, reducing complexity for families and aligning workers under a single set of goals.

The experiences of families with children enrolled in LaCHIP have been very positive as well. According to information obtained in focus groups conducted by Lake Research Partners in the summer of 2010, parents and caretakers of children enrolled in LaCHIP expressed appreciation that the cost is affordable or free and indicated that they like the services it covers.⁷ These individuals also mentioned access to dental care, specialists, and taking care of chronic health conditions as important advantages of LaCHIP.⁸ DHH staff continues to strive to reach the remaining 3.5 percent of children who are eligible for public health coverage but not enrolled.

To provide support to the growing number of non-English speaking residents of Louisiana, DHH formed the Strategic Enrollment Unit (SEU) in early 2004. It is designed to provide service to non-English speaking LaCHIP and Medicaid enrollees and applicants in their own language. This specialized unit began with two bilingual workers, one Spanish and one Vietnamese, but has grown due to increasing demands and caseloads. It now consists of seven Medicaid Analysts, five Spanish and two Vietnamese, who provide service to all non-English speaking applicants across the state. They provide coverage for the Spanish and Vietnamese Medicaid customer service hotline, which is available Monday through Friday from 7:00 a.m. -5:30 p.m.

Another function of SEU is to increase enrollment by scheduling and attending events that target the non-English speaking population. These types of events have included health fairs, festivals, back-to-school events, and church events. As part of these efforts, a feature has been added to the DHH website to allow applicants to apply online in Spanish. The applications flow instantly into a queue ready to be reviewed by a Medicaid Analyst in SEU.

⁷ Michael Perry, *Insights from Parents Who Recently Enrolled Their Children and Parents Who Failed to Renew*, Lake Research Partners (Chicago, IL), June 30, 2010.

⁸Id.

PROGRAM STATUS

Enrollment

As of June 30, 2012, there were 121,374 children and Phase IV enrollees in LaCHIP.

	SFY10	SFY 11	SFY 12
Phase I	45,652	46,742	46,125
Phase II	29,003	33,090	34,155
Phase III	45,213	39,019	36,591
Phase IV	1,420	1,441	1,347
Phase V	3,268	3,594	3,196
Total	124,556	123,886	121,374

Total Expenditures

	SFY10	SFY11	SFY12
Total	\$218,842,736	\$210,270,500	\$195,909,097

Per Member Per Month Cost

	SFY10	SFY11	SFY12
Total	\$145.30	\$138.74	\$131.28

CONCLUSION

The Louisiana Children’s Health Insurance Program benefits all citizens of Louisiana. Currently, 121,374 children and pregnant women have access to much needed healthcare coverage. National research has shown that healthy children do better in school on many levels. According to the Kaiser Commission on Medicaid and the Uninsured, “Studies of SCHIP’s impact have found an association between enrollment in the program and improved school performance among low-income children. Improvements include increased school attendance, greater ability to pay attention in class, improved reading scores, and increased ability to participate in school and normal childhood activities.”⁹ Work to enroll the remaining uninsured but eligible children in Louisiana continues statewide.

⁹ Caryn Marks, Cathy Hoffman and Julia Paradise, *The Impact of Medicaid and SCHIP on Low-Income Children’s Health*, Kaiser Commission on Medicaid and the Uninsured, Henry J. Kaiser Family Foundation (Washington, D.C.), February 2009.