

# Louisiana Children's Health Insurance Program

*SFY 2017 Report*

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

*Bureau of Health Services Financing*

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September 2017



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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 to 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 the 1998 Louisiana Legislature. 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 percent of the Federal Poverty Income Guidelines (FPIG). Since 1998, there have been four additional phases of LaCHIP:

Program	Income Guideline	Implementation Date
Phase II	150% FPIG	October 1999
Phase III	200% FPIG	January 2001
Phase IV <sup>1</sup>	200% FPIG	May 2007
Phase V <sup>2</sup>	250% FPIG	June 2008
<i>The FPIGs listed above were current at the time of implementation of each program.</i>		

Since the inception of LaCHIP, there have been 607,894 children and Phase IV enrollees in the program, which has allowed them to receive much needed healthcare services.

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<sup>1</sup> Prenatal care services from conception to birth for low-income uninsured women.

<sup>2</sup> LaCHIP Affordable Plan – \$50.00 monthly premium for each enrolled family.

## Section 1 – Program Overview

To be eligible for LaCHIP Phases I, II, III and V, children must be under age 19, residents of Louisiana, and must meet citizenship and income guidelines. The services covered include doctors, hospitals, prescriptions, mental health, dental, vision and immunizations. For Phase IV, pregnant women must be residents of Louisiana and uninsured. Citizenship is not a requirement, and coverage is provided through the date of delivery and subsequent case review to determine if eligibility is met for any other programs.

Act 407 of the 2007 Louisiana Legislature 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 cost of \$50.00 per family per month. To be eligible, these children must not have other insurance coverage and must not have access to the State Employees’ Health Plan. The premium collection functions are administered by the Office of Group Benefits.

The income limits for LaCHIP Phases I-V are provided below.

**Month Income Limits (Effective 3/1/2017)**

<b>FAMILY SIZE</b>	<b>LaCHIP Phase I Monthly Income 147% FPIG</b>	<b>LaCHIP Phases II-III Monthly Income 217% FPL</b>	<b>LaCHIP Phase IV Monthly Income 214% FPL</b>	<b>LaCHIP Phase V Monthly Income 255% FPL</b>
<b>1</b>	\$1,478	\$2,181	\$2,151	\$2,563
<b>2</b>	\$1,990	\$2,937	\$2,897	\$3,451
<b>3</b>	\$2,502	\$3,693	\$3,642	\$4,340
<b>4</b>	\$3,014	\$4,449	\$4,387	\$5,228
<b>5</b>	\$3,526	\$5,205	\$5,133	\$6,116
<b>6</b>	\$4,038	\$5,961	\$5,878	\$7,004
<b>7</b>	\$4,550	\$6,717	\$6,624	\$7,893
<b>8</b>	\$5,062	\$7,473	\$7,369	\$8,781
More each additional household member, add this amount.	\$513	\$756	\$746	\$889

Louisiana Department of Health (LDH) staff and contractors educate the public about LaCHIP while ensuring LDH has the most up-to-date information on children to secure their continued coverage. As a result of this concerted effort, only 3.8 percent of Louisiana’s children are uninsured.<sup>3</sup> In addition, efforts to ensure retention for those who still qualify mean that very few people lose coverage at their annual case review.

<sup>3</sup> Stephen Barnes, Dek Terrell, Stephanie Virgets, and Mike Henderson, 2015 Louisiana Health Insurance Survey, The Economics & Policy Research Group and the Public Policy Research Lab, Louisiana State University (Baton Rouge, LA), 2016.

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 LaCHIP<sup>4</sup>:

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

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.

To provide support to the growing number of residents of Louisiana who have limited or no English proficiency, LDH formed the Strategic Enrollment Unit (SEU) in 2004. The unit provides service to applicants and enrollees in the language that they choose. This unit consists of eight bi-lingual Medicaid Analysts, six Spanish and two Vietnamese, and three Spanish job appointments, who provide services to all applicants and enrollees across the state who choose one of these languages as their primary language. SEU staff also provides community service by attending community events where they may reach current enrollees and educate the public on the availability of CHIP coverage.

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<sup>4</sup> 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.

## Section 2 – Program Status

### Enrollment

As of June 30, 2017, there were 119,934 children and Phase IV enrollees in LaCHIP.

	SFY13	SFY14	SFY15	SFY16	SFY17
<b>Phase I</b>	46,178	45,716	42,126	43,068	44,479
<b>Phase II</b>	34,856	35,384	32,223	23,905	38 <sup>5</sup>
<b>Phase III</b>	35,033	36,716	44,584	52,523	69,072
<b>Phase IV</b>	1,498	2,249	3,405	3,241	3,245
<b>Phase V</b>	3,584	3,285	2,993	2,863	3,100
<b>Total</b>	<b>121,095</b>	<b>123,350</b>	<b>125,331</b>	<b>125,600</b>	<b>119,934</b>

### Total Expenditures

	SFY13	SFY14	SFY15	SFY16	SFY17
<b>Total</b>	\$194,039,282	\$203,027,833	\$249,556,004	\$309,097,750 <sup>6</sup>	\$358,801,150

### Per Member Cost

	SFY13	SFY14	SFY15	SFY16	SFY17
<b>Total</b>	\$131.25	\$139.16	\$163.71	\$201.28 <sup>6</sup>	\$236.18

<sup>5</sup> Under the Affordable Care Act, Phase II and Phase III LaCHIP children are covered under a single State Plan Amendment, eliminating the need for the different case types associated with each phase. In October 2016, the children in the Phase II type case were transferred or flipped to the Phase III type case unless an error occurred. This is reflected in the increased Phase III enrollment for October 2016.

<sup>6</sup> On December 1, 2015, behavioral health services were carved into the Medicaid Managed Care Program. Total Expenditures and the Per Member Per Month (PMPM) Cost for SFY 16 are the first to include behavioral health expenditures for recipients 20 years old or younger in addition to LaCHIP claims.

The SFY16 Expenditures and PMPM in last year's report incorrectly included Louisiana Behavioral Health Program (LBHP) claims for members in programs other than LaCHIP. That has been corrected and updated in this year's report.

## Conclusion

The Louisiana Children’s Health Insurance Program benefits all residents of Louisiana. Currently, 119,934 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.”<sup>7</sup> Work continues statewide to enroll the remaining uninsured but eligible children.

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<sup>7</sup> 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.

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