

Louisiana Health Insurance Premium Payment Program

Case Status Detail Report

From: 04/01/2014 To: 04/28/2014

Status: ACTIVE

| <u>PIER ID</u> | <u>Status</u> | <u>Status Change Date</u> | <u>Source</u> | <u>Investigation time(Days)</u> | <u>Policy Holder Name</u> | <u>SSN</u> | <u>Payment Type</u> | <u>MCD Eligibles</u> |
|----------------|---------------|-----------------------------------|---------------|-------------------------------------|---------------------------|------------|-------------------------|--------------------------|
|----------------|---------------|-----------------------------------|---------------|-------------------------------------|---------------------------|------------|-------------------------|--------------------------|

Louisiana Health Insurance Premium Payment Program
Case Status Summary Report

Count From : 03/24/2014 To: 03/28/2014 Status: ACTIVE

Total Count as of: 03/28/2014

Status: ACTIVE

| <u>Status</u> | <u>Cases</u> | <u>MCD</u> <u>Eligibles</u> | <u>Covered</u> <u>Lives</u> | <u>ACH</u> | <u>Check</u> | <u>Status</u> | <u>Cases</u> | <u>MCD</u> <u>Eligibles</u> | <u>Covered</u> <u>Lives</u> | <u>ACH</u> | <u>Check</u> |
|---------------|--------------|--------------------------------|--------------------------------|------------|--------------|---------------|--------------|--------------------------------|--------------------------------|------------|--------------|
|---------------|--------------|--------------------------------|--------------------------------|------------|--------------|---------------|--------------|--------------------------------|--------------------------------|------------|--------------|

Louisiana Health Insurance Premium Payment Program

Renewal Report

Open Enrollment Date Range of Report 04/01/2014 - 04/30/2014

As of 04/28/2014

Open Renewals at Start of Month: 53*

| Renewals | Count |
|--------------------------------|----------|
| Starting Count for APRIL | 53* |
| Cases added to this report | 2 |
| Cases removed from this report | - 2 |
| Total | <hr/> 53 |

| Renewal Status | Count |
|--------------------|----------|
| Open Renewals | 28 |
| Certified Renewals | 5 |
| Cases Terminated | 20 |
| Total | <hr/> 53 |

*NOTE: Total for month can change if PIER receives a new enrollment or if there is a change to date the policyholder starts open enrollment. This changes the original total of cases.

Report Name: HIPP-O-003

Run Date:3/28/2014 5:41:34 PM

State of Louisiana
Department of Health and Hospitals
Bureau of Health Service Financing
MMIS Section - LaHIPP Program
Overpaid Case Report

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| LaHIPP Policy # Case ID | Group # | Policy Holder | Employer | Payee | Payee Address | Balance | Current | Balance Age | | |
|----------------------------|---------|---------------|----------|-------|---------------|---------|---------|-------------|---------|-----------|
| | | | | | | | | 30 Days | 60 Days | 90 Days + |

Report Name: HIPP-O-002

Run Date:3/28/2014 5:36:48 PM

State of Louisiana
Department of Health and Hospitals
Bureau of Health Service Financing
MMIS Section - LaHIPP Program
Check Write Report
03/01/2010

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| LaHIPP Case ID | Payee | Payee Address | Check Summary | Policy # | Group # | 3/1/2010 Check Amt | Prior Month Check Amt |
|-------------------|-------|---------------|---------------|----------|---------|-----------------------|--------------------------|
|-------------------|-------|---------------|---------------|----------|---------|-----------------------|--------------------------|

Louisiana Health Insurance Premium Payment Program
Mailed Letter Detail Report

From 04/01/2014 To: 04/05/2014
Sub Address City

Total Cases = 254

Pier ID First Name

Last Name Address

State Zip Code Mail Date Letter Type

Louisiana Health Insurance Premium Payment Program
Mailed Letter Summary Report

From: 03/24/2014 To: 03/28/2014

| <u>Notice Type</u> | <u>Count</u> |
|-----------------------------|--------------|
| APPLICATION | 16 |
| BABY BILL LETTER | 26 |
| CERTIFICATION LETTER | 8 |
| DENIAL LETTER | 10 |
| LOST CHECK AFFIDAVIT LETTER | 1 |
| MEMBER RENEWAL LETTER | 1 |
| MISSING INFORMATION LETTER | 1 |
| QUALIFYING EVENT LETTER | 2 |
| Total | 65 |

Louisiana Health Insurance Premium Payment Program

Activation Change Detail Summary

From: 01/01/2014 To: 01/31/2014 Value: ALL

| Month and Year | Activations | | |
|--------------------------------|-------------|---|--|
| January 2014 | | | |
| | 12 | Y | RECEIVE CREDIT |
| | 1 | P | RECEIVE CREDIT IF IT WAS ACTIVE MORE THAN 6 MONTHS AGO |
| | 10,813 | N | DO NOT RECEIVE CREDIT |
| January 2014 Total Activations | 13 | | |

Louisiana Health Insurance Premium Payment Program

Statistical Report

As of 03/28/2014

Current Reporting Month: March 28, 2014

Case Data for Month

Active Cases

Eligible Recipients

Covered Lives

Medicaid Certified Eligible Recipients

CHIP Eligible Recipients

New Families Covered for Month

Active Cases

Eligible Recipients

Covered Lives

Renewal Data for Month

Initial Cases to be Renewed

Additional Cases to be Renewed

Cases no longer in Open Enrollment

Total

Current Reporting Year:

03/01/2014 to 03/28/2014

Case Data for Reporting Year

Active Cases

Eligible Recipients

Covered Lives

Medicaid Certified Eligible Recipients

CHIP Eligible Recipients

New Case Data for Reporting Year

Active Cases

Eligible Recipients

Covered Lives

Eligible Recipient Months

Renewal Data for Reporting Year

Cases to be Renewed

Additional Cases to be Renewed

Cases no longer in Open Enrollment

Total

Louisiana Health Insurance Premium Payment Program Statistical Report

Cases needing renewal notices sent

Cases Pending Renewal Notice
 Cases Pending Decision
 Cases Renewed
 Cases Suspended
 Cases Terminated or to be Terminated
 Total

Cases needing renewal notices sent

Cases Pending Renewal Notice
 Cases Pending Decision
 Cases Renewed
 Cases Suspended
 Cases Terminated or to be Terminated
 Total

Premium Reimbursements for the Month

| <u>Type</u> | <u>Issued</u> | <u>Amount</u> | <u>Voided</u> | <u>Amount</u> |
|-------------|---------------|---------------|---------------|---------------|
| Check | | | | |
| ACH | | | | |
| Total | | | | |

| <u>Type</u> | <u>Issued Amount</u> | <u>Voided Amount</u> |
|--------------------|----------------------|----------------------|
| Medicaid Certified | | |
| CHIP | | |
| Total | | |

Premium Reimbursements for the Year

| <u>Type</u> | <u>Issued</u> | <u>Amount</u> | <u>Voided</u> | <u>Amount</u> |
|-------------|---------------|---------------|---------------|---------------|
| Check | | | | |
| ACH | | | | |
| Total | | | | |

| <u>Type</u> | <u>Issued Amount</u> | <u>Voided Amount</u> |
|--------------------|----------------------|----------------------|
| Medicaid Certified | | |
| CHIP | | |
| Total | | |

Louisiana Health Insurance Premium Payment Program Statistical Report

| <u>Lead Sources</u> | <u>Count</u> | <u>%</u> | <u>Lead Sources</u> | <u>Count</u> | <u>%</u> |
|---|--------------|----------|---|--------------|----------|
| MEDS TPLU REFERRAL | | | MEDS TPLU REFERRAL | | |
| MEDS TPL REFERRAL | | | MEDS TPL REFERRAL | | |
| MEDS FEED | | | MEDS FEED | | |
| HOSPITAL REFERRAL | | | HOSPITAL REFERRAL | | |
| NON-CERTIFIED | | | NON-CERTIFIED | | |
| | | | | | |
| <u>Activation Sources</u> | <u>Count</u> | <u>%</u> | <u>Activation Sources</u> | <u>Count</u> | <u>%</u> |
| Program information mailed to my home | | | Program information mailed to my home | | |
| Other | | | Other | | |
| MEDS FEED | | | MEDS FEED | | |
| HOSPITAL REFERRAL | | | HOSPITAL REFERRAL | | |
| OUTREACH-RECIPIENT W/ POTENTIAL TPL | | | OUTREACH-RECIPIENT W/ POTENTIAL TPL | | |
| | | | | | |
| <u>Termed</u> | <u>Count</u> | <u>%</u> | <u>Termed</u> | <u>Count</u> | <u>%</u> |
| INSURANCE NOT COST EFFECTIVE | | | INSURANCE NOT COST EFFECTIVE | | |
| EMPLOYER INFORMATION NOT RECEIVED | | | EMPLOYER INFORMATION NOT RECEIVED | | |
| JOB CHANGE | | | JOB CHANGE | | |
| VERIFICATION OF PREMIUM PAYMENT NOT RECEIVED FOR OVER 60 DAYS | | | VERIFICATION OF PREMIUM PAYMENT NOT RECEIVED FOR OVER 60 DAYS | | |
| DISENROLLED IN ESI | | | DISENROLLED IN ESI | | |

Louisiana Health Insurance Premium Payment Program Statistical Report

| <u>Denied</u> | <u>Count</u> | <u>%</u> | <u>Denied</u> | <u>Count</u> | <u>%</u> |
|--|--------------|----------|--|--------------|----------|
| AGE DENIAL | | | AGE DENIAL | 27 | |
| INSURANCE NOT COST EFFECTIVE | | | INSURANCE NOT COST EFFECTIVE | | |
| NO ACCESS TO ESI | | | NO ACCESS TO ESI | | |
| NO MEDICIAD | | | NO MEDICIAD | | |
| EMPLOYER INFORMATION NOT RECEIVED | | | EMPLOYER INFORMATION NOT RECEIVED | | |
| | | | | | |
| <u>New Cases Task Summary</u> | <u>Count</u> | <u>%</u> | <u>New Cases Task Summary</u> | <u>Count</u> | <u>%</u> |
| {NEW CASE} HAS CASE BEEN REFERRED FROM STATE SYSTEM? | | | {NEW CASE} HAS CASE BEEN REFERRED FROM STATE SYSTEM? | | |
| 1. PREGNANCY UPDATE | | | 1. PREGNANCY UPDATE | | |
| 2. UPDATED MEMBER | | | 2. UPDATED MEMBER | | |
| 3. UPDATED ELIGIBILITY | | | 3. UPDATED ELIGIBILITY | | |
| UPDATED ADDRESS | | | UPDATED ADDRESS | | |

Louisiana Health Insurance Premium Payment Program

Activation Change Details

From: 03/01/2014 To: 03/28/2014 Value: ALL

| <u>PIER ID</u> | <u>Policy Holder Name</u> | <u>Old Status</u> | <u>New Status</u> | <u>Value</u> | <u>Status Change Date</u> |
|----------------|---------------------------|-------------------|-------------------|--------------|---------------------------|
|----------------|---------------------------|-------------------|-------------------|--------------|---------------------------|