



09-305 Bureau of Health Services Financing Medical Vendor Administration

Vision

We envision a future where the people of Louisiana are healthier through accessible, quality and comprehensive health care services with emphasis on efficiency and cost effectiveness in community-based settings.

Mission

Our mission 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 concurrence with federal and state laws and regulations.

Philosophy

Our philosophy is to administer the Medicaid program in an equitable manner, while continuing to seek ways of providing effective and innovative customer service.

Executive Summary

The direction of health care on both the national and state level has been toward more cost-effective, comprehensive, accessible, community-based, and individualized services. Louisiana has taken steps to shift from overall higher-cost institutional to lower cost preventive, primary and home and community-based long-term care. It has expanded Medicaid eligibility through the LaCHIP program and other initiatives. Louisiana completed statewide expansion of the primary care case management program, CommunityCARE, which provides access to a medical home for more than 75% of the Medicaid population. Medicaid now focuses on the quality of care provided to our population. To accomplish this, the Bureau uses the Health Plan Employer Data and Information Set (HEDIS) tools currently deployed by more than 90 percent of America's health plans measuring performance on important care and service dimensions. Additionally, we enhance healthcare access, quality and efficiency with pay for performance initiatives. As technology moves medical care forward, Medicaid administrative staff and providers must utilize electronic tools to streamline work processes resulting in increased program operation efficiencies and to provide improved delivery of healthcare services. In the event of another national disaster, the Bureau administration and provider community must be prepared by having implemented tools facilitating continuity of operations regardless of the patient's geographical location.

Strategic Links

Vision 2020: Vision 2020 is directly linked to Medical Vendor Administration as follows:

Goal Three: *To achieve a standard of living among the top ten states in America.*

Objective 3.3: *To ensure quality healthcare for every Louisiana citizen.*

Objective 3.4: *To improve the quality of life of Louisiana's children.*

Benchmark 3.4.1 relates to the LaCHIP program.

Children's Cabinet: In general child/adolescent services identified in this budget unit are indirectly linked to the Children's Cabinet via the Children's Budget. The Children's Budget reflects funding and expenditures for a broad range of Medicaid services for children under 21 years of age. The specific links to the recommended funding priorities for the Children's Cabinet are as follows:

Priority 1. Improve access to Mental Health Care

Priority 2. Fund or increase parent education.

Priority 3. Early prevention and intervention targeting children ages 0-5

Healthy People 2010: Linkage to Healthy People 2010 is through

Goal 1: *Improve access to comprehensive, high-quality health care services.*

1-1 *Increase the proportion of persons with health insurance.*

1-4 *Increase the proportion of persons who have a specific source of ongoing care.*

1-5 *Increase the proportion of persons with a usual primary care provider.*

Human Resource Policies Beneficial to Women and Families: This agency supports Act 1078 by insuring the provision of healthcare services to women and families. The Bureau of Health Services Financing is committed to providing health and medical services for the prevention of disease for the citizens of Louisiana, particularly those individuals who are indigent and uninsured, persons with mental illness, persons with developmental disabilities and those with addictive disorders.

Goal I

To improve health outcomes by emphasizing primary care and reducing the number of uninsured persons in Louisiana.

Goal II

To expand existing and develop additional community-based services as an alternative to institutional care.

Goal III

To ensure cost effectiveness in the delivery of healthcare services by using efficient management practices and maximizing revenue opportunities.

Goal IV

To assure the integrity and accountability of the health care delivery system in an effort to promote the health and safety of Louisiana citizens.

Goal V

To streamline work processes and increase productivity through technology by expanding the utilization of electronic tools for both the providers and the Medicaid Administrative staff.

Program A: Medical Vendor Administration

Program A Mission

The mission of Medical Vendor Administration is to administer the Medicaid Program and ensure operations are in accordance with federal and state statutes, rules and regulations.

Program A Goals

- I. To process claims from Medicaid providers within state and federal regulations.
- II. To process Medicaid applications within state and federal regulations.
- III. To license and survey health care facilities providing services to Louisiana citizens.
- IV. To enroll and provide health care coverage for uninsured children.

Objective I: Through the Medicaid Management Information System, to operate an efficient Medicaid Claims Processing System by processing at least 98% of submitted claims within 30 days of receipt and editing 100% of nonexempt claims for Third Party Liability (TPL) and Medicare coverage each year through June 30, 2013.

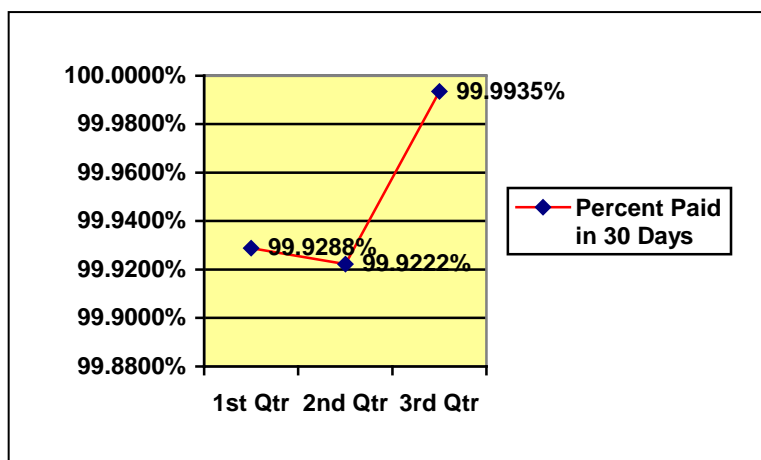
Strategies:

- 1.1 Monitor and supervise the UNISYS contract operations.
- 1.2 Ensure recovery of TPL payments in accordance with federal regulations.

Performance Indicators:

- Percentage of total claims processed within 30 days of receipt
- Average processing time in days
- Number of TPL claims processed
- Percentage of TPL claims processed through edits
- TPL Trauma recovery amount

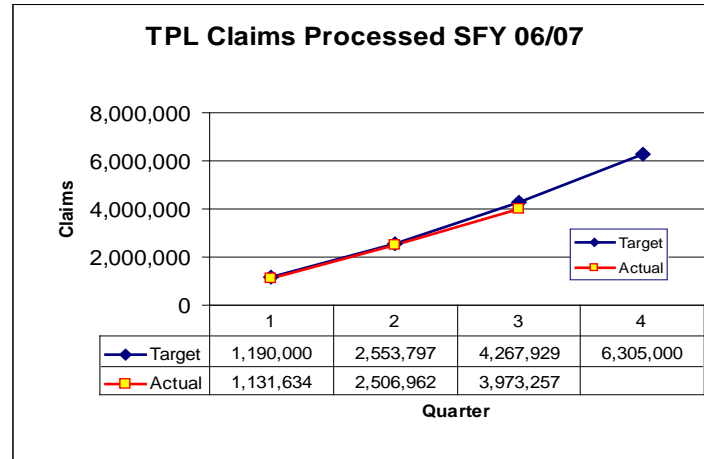
This indicator measures the Fiscal Intermediary's efficiency against the CMS and FI contract requirement that all "clean" claims be processed within 30 days. The target set for this PI is 98% of submitted claims. The chart shows the target was met for each quarter.



% of Claims Processed within 30 Days - Data Source: CP-0-21 FY 06-07

General Performance Indicators:

- Total number of claims processed
- Number of claims available for TPL processing
- Percentage of TPL claims processed and cost avoided
- Number of providers using Electronic Applications/Tools



Total Number of Claims Processed With Third Party Coverage

Objective II: Through the [Rate and Audit Review](#) activity, to annually perform a minimum of 95% of the planned monitoring visits to school systems/boards participating in the Medicaid School-based Administrative Claiming Program through June 30, 2013.

Strategies:

- 2.1 Ensure through detailed monitoring reviews that school boards are billing Medicaid for administrative costs within established state and federal regulations.
- 2.2 Verify that school boards are compliant with the minimum participation requirements of the program.

Performance Indicators:

- Number of school boards quarterly claims targeted for monitoring
- Percent of targeted school boards monitored

General Performance Indicators:

- Number of claims adjusted as a result of monitoring activities
- Amount identified as over claimed as a result of monitoring

Objective III: Through the Medicaid Eligibility Determination activity, to provide Medicaid eligibility determinations and administer the program within federal regulations by processing 98.5% of applications timely each year through June 30, 2013.

Strategies:

- 3.1 Maintain directly and through contractual relationships out-stationed eligibility functions.
- 3.2 Provide statewide direction and guidance of application of new and established eligibility policy and procedures.
- 3.3 Monitor and update, as needed, the automated notice system.

Performance Indicators:

- Percentage of applications processed timely
- Number of applications processed timely

General Performance Indicators:

- Number of recipients eligible for program (eligibles)
- Number of program recipients
- Average number of eligibles per month
- Average number of recipients per month
- Number of applications taken annually
- Number of application centers

Objective IV: Through the Health Standard activity to perform at least 90% of required state licensing and at least 95% of complaint surveys of health care facilities and federally mandated certification of health care providers participating in Medicare and/or Medicaid through June 30, 2013.

Strategies:

- 4.1 Enforce Federal and State laws, rules, and regulations through on-site surveys and complaint investigations, utilization review and monitoring of services provided to clients/residents and recipients.
- 4.2 Maintain a complaint tracking system for Medicaid and Medicare intake, for Licensing complaints of health care facilities and for compliance with state, federal and Medicaid standards for payment.
- 4.3 Operate a complaint desk and use a standardized method of documenting and reporting complaint investigations, follow-ups, and referrals.
- 4.4 Establish, maintain, review, and revise licensing and certification participation standards for health care providers

Performance Indicators:

- Percentage of complaint investigations conducted within 30 days after receipt by the Health Standards section of Medical Vendor Administration
- Percentage of abuse complaint investigations conducted within two days after receipt by the Health Standards section of Medical Vendor Administration
- Percentage of licensing surveys conducted
- **Number of waiver participants whose services are monitored**

General Performance Indicators:

- Total number of facilities (unduplicated)

- Number of licensing surveys conducted
- Number of certified facilities
- Number of licensed facilities
- Number of facilities out of compliance
- Number of facilities terminated
- Percentage of facilities out of compliance
- Number of facilities sanctioned

Objective V: Through the LaCHIP Program, to achieve and maintain 90% or greater enrollment of children (birth through 18 years of age) who are potentially eligible for services under Title XIX and Medicaid expansion under Title XXI of the Social Security Act each year through June 30, 2013.

Strategies:

- 5.1 Expand outreach efforts using new methodology.
- 5.2 Streamline and simplify processes for enrollment of Medicaid Eligible children.

Performance Indicators:

- Number of children potentially eligible for coverage under Medicaid or LaCHIP
- Number of children enrolled as Title XXI eligibles (LaCHIP)
- Number of children enrolled as Title XIX eligibles
- Total number of children enrolled
- Percentage of potential children enrolled
- Number of eligible children remaining uninsured
- Average cost per Title XXI enrolled per year
- Average cost per Title XIX enrolled per year
- Percentage of procedural closures at renewal