

Healthy Louisiana Data Book

State of Louisiana

Louisiana Department of Health

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Introduction

Purpose of this Data Book

The purpose of this data book is to provide relevant background information to managed care organizations (MCOs) responding to the Healthy Louisiana Request for Proposal (RFP) for high quality health care services statewide to Medicaid enrollees in the State of Louisiana's (State) Medicaid managed care program. Summarized historical data with regard to cost and utilization patterns, by Medicaid-eligible category, is provided for use by the responding MCOs. This document also provides information on the sources of historical data and provides an overview of the process used to summarize the data.

Background

As of February 1, 2016, Healthy Louisiana MCOs received a single, comprehensive capitation payment per enrollee. In particular, capitation rates covering enrollees receiving physical health (PH) services through an MCO encompass PH, specialized behavioral health (SBH), and non-emergent medical transportation (NEMT) services. For enrollees who are not eligible for PH services or elect not to receive PH services through an MCO, the capitation payment for an enrollee covers SBH and NEMT services.

Effective July 1, 2016, the State of Louisiana expanded Medicaid coverage under the Affordable Care Act. The Expansion program's covered services include PH, SBH, and NEMT services.

This data book has been produced by the State's contractor, Mercer Government Human Services Consulting (Mercer), as part of Mercer Health & Benefits LLC.

Contents of this Data Book

This data book contains historical demographic, cost, and utilization data related to Healthy Louisiana covered populations and services using encounter data reported from the State's Healthy Louisiana program.

Users of this data book are cautioned that it is not appropriate to make direct comparisons between the information presented in this data book and raw encounter data. Mercer has applied several adjustments to the raw data, which are described in Section 5.

The encounter data in this data book is summarized for calendar year (CY) 2018 with claims incurred from January 1, 2018 through December 31, 2018, and CY 2019 with claims incurred from

January 1, 2019 through December 31, 2019, and paid and processed as of December 31, 2020. Both years of data are displayed in this data book for historical reference. The encounter data in this data book is net of third-party liability (TPL) and fraud, waste, and abuse (FWA) recoveries, since Louisiana Department of Health (LDH) ensures the encounters within the Medicaid Management Information System (MMIS) reflect a denied status for TPL and FWA claims.

MCOs are liable for all claims incurred during a retroactive eligibility period. Eligible members are granted retroactive eligibility, based on their eligibility for Healthy Louisiana, for up to 12 months prior to enrollment in an MCO. The MCO selected by these members receive one capitation payment per month of retroactive enrollment. Retroactive eligibility and claims are present in this data book.

The reader is advised this data book summarizes historical Healthy Louisiana experience only. Changes to Healthy Louisiana covered populations, services, and other programmatic or contractual requirements described in the RFP have not been evaluated in this data book; they will be reflected in Healthy Louisiana capitation rates through adjustments in the rate development process.

Information Reliance and Disclosure

In preparing this data book, Mercer has used and relied upon enrollment, eligibility, claim, reimbursement level, benefit design, and financial data and information supplied by the State and its vendors. The State and its vendors are solely responsible for the validity and completeness of this supplied data and information. Mercer has reviewed the summarized data and information for internal consistency and reasonableness, but did not audit them. In Mercer's opinion, it is appropriate for the intended rate setting purposes, as well as for the purpose of assisting prospective bidders in understanding historical Healthy Louisiana program experience. However, if the data and information are incomplete/inaccurate, the values shown in this report may differ significantly from values that would be obtained with accurate and complete information.

Because modeling all aspects of a situation or scenario is not possible or practical, Mercer may use summary information, estimates, or simplifications of calculations to facilitate the modeling of future events in an efficient and cost effective manner. Mercer may also exclude factors or data that are immaterial in its judgment. Use of such simplifying techniques does not, in Mercer's judgment, affect the reasonableness, appropriateness, or attainability of the results for the Medicaid program. Moreover, actuarial assumptions may be changed from one rate period to the next because of changes in mandated requirements, program experience, changes in expectations about the future, and other factors. A change in assumptions is not an indication that prior assumptions were unreasonable, inappropriate, or unattainable when they were made.

This data book assumes the reader is familiar with the Louisiana Medicaid program, the Healthy Louisiana Program, Medicaid eligibility rules, and actuarial rating techniques. It has been prepared exclusively for the State, the Centers for Medicare & Medicaid Services (CMS), and prospective bidders of the RFP, and should not be relied upon by third parties. Other readers should seek the advice of actuaries or other qualified professionals competent in the area of actuarial rate projections

to understand the technical nature of these results. Mercer is not responsible for, and expressly disclaims liability for, any reliance on this report by third parties.

The actuaries responsible for preparing this report are Rogelio Figueroa, ASA, MAAA, Han Lu, ASA, MAAA, and Adam Sery, FSA, MAAA.

Written inquiries regarding the content of this report must be submitted to the RFP coordinator by the date and time specified in the RFP.

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Healthy Louisiana Populations

This data book is summarized according to the rate cell structure listed below.

Rate Cell Structure

The Healthy Louisiana program has two major populations:

1. Individuals who meet the eligibility criteria for the Healthy Louisiana PH program; their PH, SBH, and NEMT services are the responsibility of the MCO. This population is referred to as the Healthy Louisiana PH program and includes those eligible for Louisiana’s Medicaid Expansion starting July 1, 2016.
2. Individuals who do not meet the eligibility criteria for the Healthy Louisiana PH program, yet remain eligible to receive SBH services through the Medicaid program; only their SBH and NEMT services are the responsibility of the MCO. This population is referred to as the Healthy Louisiana SBH program.

Within each program, one or more rate cells have been established as appropriate.

Healthy Louisiana PH Program

Mercer summarized the PH, SBH, and NEMT services data for the Healthy Louisiana PH program rating category by rate cell. Historical claim costs vary by age and eligibility category, and 16 separate rate cells were developed accordingly to reflect differences in risk. In addition, a Maternity Kick Payment is paid to the MCOs for each delivery that takes place; there are separate kick payments for the Non-Expansion and Expansion populations.

Table 1: Healthy Louisiana PH program

Healthy Louisiana PH Program Rate Cell Structure	
Supplemental Security Income (SSI)	
Newborn, 0–2 Months, Male and Female	Child, 1–20 Years, Male and Female
Newborn, 3–11 Months, Male and Female	Adult, 21+ Years, Male and Female
Family and Children (Temporary Assistance for Needy Families [TANF])	
Newborn, 0–2 Months, Male and Female	Child, 1–20 Years, Male and Female
Newborn, 3–11 Months, Male and Female	Adult, 21+ Years, Male and Female
Home- and Community-Based Services (HCBS) Waiver	
20 and Under, Male and Female	21+ Years, Male and Female

Healthy Louisiana PH Program Rate Cell Structure
Foster Care Children (FCC)
All Ages, Male and Female
Breast and Cervical Cancer (BCC)
All Ages, Female
Chisholm Class Members (CCM)
All Ages, Male and Female
LaCHIP Affordable Plan (LAP)
All Ages, Male and Female
Non-Expansion Maternity Kick Payment
Non-Expansion Maternity Kick Payment
Non-Expansion Maternity Kick Payment – Early Elective Delivery (EED)
Medicaid Expansion
Age 19–64, Male and Female
Medicaid Expansion – High Needs
Age 19–64, Male and Female
Medicaid Expansion – Maternity Kick Payment
Medicaid Expansion – Maternity Kick Payment
Medicaid Expansion – Maternity Kick Payment – EED

Covered Populations

Mandatory Populations

Please see Appendix C for more detail on which Aid Category and Type Case combinations are considered Mandatory populations for the PH program.

Voluntary Opt-In Populations

Individuals in a voluntary opt-in population group are not automatically enrolled into the Healthy Louisiana PH program, but they may choose to initially enroll at any time. Likewise, they may choose to disenroll at any time, effective the earliest possible month the action can be administratively handled. Moreover, a voluntary opt-in individual may re-enroll during the annual open enrollment period. Such members include the following:

- Individuals receiving services through any 1915(c) HCBS waiver:
 - Adult Day Health Care (ADHC) waiver
 - New Opportunities waiver

- Children’s Choice waiver
 - Residential Options waiver
 - Supports waiver
 - Community Choices waiver
 - Other HCBS waivers as may be approved by CMS
- Individuals under the age of 21 otherwise eligible for Medicaid who are listed on the Office for Citizens with Developmental Disabilities’ (OCDDs’) Request for Services Registry who are CCM

Excluded Populations

Please see Appendix C for detail on which Aid Category, Type Case, and Adult/Child/All Ages combinations are considered Excluded populations for the PH program.

Healthy Louisiana SBH Program

Mercer summarized the SBH and NEMT only service data for the Healthy Louisiana SBH program rating category by rate cell. Historical SBH costs vary by age and eligibility category and separate rate cells were developed accordingly to reflect differences in risk. Four distinct rate cells were established within this rating category based on Mercer’s review of historical cost and utilization patterns in the available experience.

Dually eligible individuals qualify for both Medicaid and Medicare and have their SBH and NEMT services covered by the Healthy Louisiana SBH program. In addition to Medicare coverage, dually eligible members need to be in the mandatory or voluntary opt-in populations listed in this data book to be eligible for SBH and NEMT services within the Healthy Louisiana program.

SBH program eligible individuals may qualify under more than one rate cell definition; therefore, the classification of logic is applied in a hierarchical manner in the order presented in Table 2.

Table 2: Healthy Louisiana SBH Program

Healthy Louisiana SBH Program Rate Cell Structure	
SBH – Dual Eligibles and LaHIPP	
Non-Expansion, All Ages, Male and Female	Expansion Adults, Male and Female
SBH – HCBS Waiver	
20 and Under, Male and Female	21+ Years, Male and Female
SBH – CCM	
Non-Expansion, All Ages, Male and Female	Expansion Adults, Male and Female
SBH – Other	

Healthy Louisiana SBH Program Rate Cell Structure	
Non-Expansion, All Ages, Male and Female	Expansion Adults, Male and Female

Covered Populations

Mandatory Populations

Please see Appendix C for more detail on which Aid Category, Type Case, and Adult/Child/All Ages combinations are considered Mandatory populations for the SBH program.

Excluded Populations

Please see Appendix C for more detail on which Aid Category, Type Case, and Adult/Child/All Ages combinations are considered Excluded populations for the SBH program.

Regional Groupings

This data book summarizes information for four regions as defined by the Healthy Louisiana program since February 1, 2015. Costs and member months (MMs) are summarized into the four regions based on the Parish of the individual's Medicaid eligibility. Statewide information is also provided. The Parish-to-Region assignments are shown in Table 4 below.

Table 3: Regional Groupings

Region Description	Associated Parishes
Gulf	Assumption, Jefferson, Lafourche, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John, St. Mary, and Terrebonne
Capital	Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, St. Tammany, Tangipahoa, Washington, West Baton Rouge, and West Feliciana
South Central	Acadia, Allen, Avoyelles, Beauregard, Calcasieu, Cameron, Catahoula, Concordia, Evangeline, Grant, Iberia, Jefferson Davis, Lafayette, La Salle, Rapides, St. Landry, St. Martin, Vermilion, Vernon, and Winn
North	Bienville, Bossier, Caddo, Caldwell, Claiborne, DeSoto, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Natchitoches, Ouachita, Red River, Richland, Sabine, Tensas, Union, Webster, and West Carroll

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Healthy Louisiana Services

Covered Services

Appendices A and B list the services the Healthy Louisiana MCOs must provide. The MCOs also have the ability to develop creative and innovative solutions to care for their members (i.e., provide other cost effective alternative services), as long as the contractually-required Medicaid services are covered. Costs of alternative services are expected to be funded through savings on the contractually-required services for which these services are a cost effective substitute.

New Services

Outside the contents of this data book, there are known new services that were added or will be added at a later effective date subsequent to the time period covered in the data book. These known services are listed below:

- **Medication Assisted Therapy (MAT)** – Effective January 20, 2020, Healthy Louisiana began covering MAT provided by credentialed Opioid Treatment Program providers.
- **Tobacco Cessation** – Effective February 20, 2020, Healthy Louisiana began covering counseling services and pharmacotherapy for cessation of tobacco use by pregnant women.
- **Peer Support Services** – Effective February 1, 2021, Healthy Louisiana began offering peer support services to assist members with their recovery from mental illness and/or substance abuse.
- **Community Health Workers** – Effective January 1, 2022, Healthy Louisiana will provide services performed by individuals in the community who provide social support, navigation, and coaching if approved.
- **Endovascular Revascularization** – Effective January 1, 2022, Healthy Louisiana will provide these services and anticipates some reduction in the procedures as a result, if approved.
- **Skin Substitute Benefit** – Effective January 1, 2022, Healthy Louisiana will provide these services, if approved.

This data book does not include any of these new services, which may impact the January 1, 2022 rates. Any necessary rating adjustments related to the addition of these services will be reflected in the rate certification.

Medicare Crossover Claims

For dually eligible individuals, Medicare “Crossover” claims (claims that include primary payment from Medicare) for Inpatient, Outpatient, Emergency Room (ER), and Professional services are excluded from this data book. These services will be paid directly by the State after coordinating with Medicare.

In order to exclude Crossover claims from the data book, Mercer identified claims submitted to the State and coded with claim type “14” (Medicare Crossover Institutional) or claim type “15” (Medicare Crossover Professional). This includes claims with a Medicare qualifying Electronic Media Claim submitter ID and claim format 837-I (Institutional) or 837-P (Professional), as well as hard copy claims with an Explanation of Benefits from Medicare attached. Mercer identified records in which the Medicare paid field (CLQ_Medicare_Amt) indicated an amount greater than zero dollars. Mercer removed all records fitting the criteria above from our base data.

Excluded Services

Healthy Louisiana MCOs are not responsible for providing PH services and other Medicaid services not identified in Appendices A and B, including the following services:

- Dental services, with the exception of Early and Periodic Screening & Diagnosis Treatment (EPSDT) varnishes provided in a Primary Care setting
- Intermediate care facilities for the developmentally disabled (ICF/DD) services
- Personal Care services 21 and older
- Institutional Long-Term Care (LTC) Facility/Nursing Home services
- School-Based Individualized services
- Education Plan services provided by a school district and billed through the intermediate school district, or School-Based services funded with certified public expenditures, including school nurses
- HCBS waiver services
- Targeted Case Management services
- Services provided through LDH’s Early-Steps program
- Coordinated System of Care (CSoC) services previously covered under 1915(c) or 1915(b)(3) waiver authority

- Medicare Crossover services
- Services covered under a non-CSoC 1915(c) waiver

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Exhibit Description

The exhibits included in the Excel data book sheets of this data book provide cost and utilization data for the covered populations. The applicable population is displayed at the top of each table. Only data for populations that are allowed to enroll in the Healthy Louisiana program, as defined in Appendix C, have been included.

Demographic information, including category of aid, gender, age, and rating region, is provided at the top of the page. Additional key data elements contained in the exhibits include:

- MMs – Number of MMs for the CY 2018 and CY 2019 period, respectively
- Category of Service (COS) – Services that fall under the responsibility of the Healthy Louisiana Plan, as defined in Appendices A and B
- Raw Base Data:
 - Dollars – Total, unadjusted paid amount, summarized on date of service and paid claims through December 31, 2020
 - Number of Units – Total, unadjusted number of units, summarized on date of service and paid claims through December 31, 2020
 - Utilization per 1,000 – Computed as the total units divided by MMs and multiplied by 12,000
 - Average Unit Cost – Computed as the total paid amount divided by the total number of units
 - Per Member Per Month (PMPM) – Computed as the total paid amount divided by the MMs
- Base Adjustments:
 - Non-Claims and Financial Reporting – Please see Section 5
 - Incurred but not Reported (IBNR) – Please see Section 5
- Final Base Data:
 - Total Paid – Total paid amount, including the adjustments described in Section 5, summarized on date of service and claims paid and processed as of December 31, 2020

- Number of Units – Total number of units, including the adjustments described in Section 5, summarized on date of service and claims paid and processed as of December 31, 2020
- Annualized Utilization per 1,000 – Computed as the total base-adjusted units divided by MMs multiplied by 12,000
- Average Unit Cost – Computed as the total base-adjusted paid amount divided by the total number of units
- PMPM – Computed as the total base-adjusted paid amount divided by the base-adjusted MMs

Users of this data book are advised to review the information in Sections 5 regarding adjustments made to the data within this data book.

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Adjustments Reflected in this Data Book

The following adjustments have been made to the historical data contained in the data book exhibits.

Non-Claims and Financial Reporting Adjustments

Non-Claims and Financial Reporting adjustments reflect comparisons of Louisiana MMIS encounters to quarterly financial reports. The adjustment is MCO specific at the major COS level by PH and SBH program and by Non-Expansion and Expansion population. It aligns allowable service expenditures with MCO encounter data to reflect expenses incurred during the data period. For example, encounters related to subcapitated services are grossed up to reflect service expenditures reported in the MCO financial lag reports. Provider value-based payments tied to the Louisiana Medicaid quality strategy, which are not included in claims payments, are included as an upward adjustment. Provider payments outside of the claims system that are not tied to the quality strategy, along with member value added services, are not included within the non-claims and financial reporting adjustment. Table 6 summarizes the non-claims and financial reporting factors, by year, applied to CY 2018 and CY 2019 expenses.

Table 6: Non-Claims and Financial Reporting adjustment

COS	Non-Expansion PH Program	Non-Expansion SBH Program	Expansion PH Program
CY 2018			
Prescribed Drugs	1.0155		1.0244
Transportation and SBH	1.0076	1.0596	1.0651
All Other	1.0404		1.0674
All Services	1.0290	1.0596	1.0550
Non-Rx	1.0332	1.0596	1.0670
CY 2019			
Prescribed Drugs	0.9819		1.0254
Transportation and SBH	0.9696	1.0220	1.0888
All Other	1.0410		1.0908
All Services	1.0153	1.0220	1.0697
Non-Rx	1.0270	1.0220	1.0904

IBNR

This data book is based on claims data for services incurred in CY 2018 and CY 2019 and reflects payments paid and processed as of December 31, 2020. Mercer deemed claims incurred in CY 2018 as complete, as they have at least 24 months of runout. However, Mercer developed IBNR factors for encounters incurred in CY 2019 in order to incorporate consideration for any outstanding claims liability. IBNR category mapping is provided in Appendices A and B. Table 7 summarizes the IBNR factors that were applied to the CY 2019 encounter data.

Table 7: CY 2019 IBNR factors

IBNR COS	TANF/ FCC/ LAP	SSI/ BCC/ HCBS/ CCM	EXP	JHN	SBH	KI	KX
Inpatient	1.0051	1.0080	1.0074	1.0037			
Outpatient	1.0038	1.0049	1.0046	1.0052			
Physician/Other	1.0039	1.0024	1.0020	1.0019			
Transportation and SBH	1.0034	1.0054	1.0039	1.0033	1.0035		
Prescribed Drugs	1.0000	1.0000	1.0000	1.0000			
Applied Behavioral Analysis	1.0035	1.0055			1.0033		
Maternity Kick Payment						1.0037	1.0033

Appendix A

Medicaid Services Included in the Healthy Louisiana PH and Expansion Programs

Medicaid COS	Units of Measurement	IBNR Category Mapping
Inpatient Hospital	Days	Inpatient
Outpatient Hospital	Claims	Outpatient
Primary Care Physician	Visits	Physician and Other
Specialty Care Physician	Visits	Physician and Other
Federally Qualified Health Center/Rural Health Clinic	Visits	Physician and Other
EPSDT	Visits	Physician and Other
Certified Nurse Practitioners/Clinical Nurse	Claims	Physician and Other
Lab/Radiology	Units	Physician and Other
Home Health	Visits	Physician and Other
Emergency Transportation	Units	Transportation and SBH
NEMT	Units	Transportation and SBH
Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech Therapy)	Visits	Physician and Other
Durable Medical Equipment	Units	Physician and Other
Clinic	Claims	Physician and Other
Family Planning	Visits	Physician and Other
Other	Units	Physician and Other
Prescribed Drugs	Scripts	Prescribed Drugs
ER	Visits	Outpatient
Basic Behavioral Health	Claims	Physician and Other
Hospice	Admits	Inpatient
Personal Care Services (Age 0–20)	Units	Physician and Other
Inpatient Services – Mental Health	Days	Transportation and SBH
ER – Mental Health	Visits	Transportation and SBH

Medicaid COS	Units of Measurement	IBNR Category Mapping
Professional/Other – Mental Health	Units	Transportation and SBH
Applied Behavioral Analysis	Units	Transportation and SBH

Appendix B

Medicaid Services Included in the Healthy Louisiana SBH Program

Medicaid COS	Units of Measurement	IBNR Category Mapping
Inpatient Services – Mental Health	Days	Transportation and SBH
ER – Mental Health	Visits	Transportation and SBH
Professional/Other – Mental Health	Units	Transportation and SBH
NEMT	Units	Transportation and SBH
Applied Behavioral Analysis	Units	Transportation and SBH

Appendix C

Healthy Louisiana Eligibility Designation

Covered Populations

Aid Category Description	Type Case Description	Adult/Child/All Ages	Mandatory	Voluntary Opt-In	SBH & NEMT
CCM ¹				•	•
Dual Eligibles ²					•
ABD					
ABD	Acute Care Hospitals (LOS > 30 days)	All Ages	•		
ABD	ADHC	All Ages		•	
ABD	BPL (Walker versus Bayer)	All Ages	•		
ABD	Children's Waiver – Louisiana Children's Choice	All Ages		•	
ABD	Community Choice Waiver	All Ages		•	
ABD	Disability Medicaid	All Ages	•		
ABD	Disabled Adult Child	All Ages	•		
ABD	Disabled Widow/Widower	All Ages	•		
ABD	Early Widow/Widowers	All Ages	•		
ABD	Excess Home Equity Over SIL and NF Fee (Aged)	Adult			•
ABD	Excess Home Equity Over SIL and NF Fee (Blind and Disabled)	All Ages			•

¹ Individuals under the age of 21 otherwise eligible for Medicaid who are listed on the OCDDs' Request for Services Registry who are CCM.

² Dual eligibles included in Healthy Louisiana for SBH and NEMT services must be in a mandatory, voluntary opt-in, or SBH and NEMT population listed in Appendix C. They must also be eligible for Medicare, which is identified based on the Medicare Duals Eligibility table supplied by the State's fiscal agent. Dually eligible individuals are represented by Dual Status codes 02, 04, and 08.

Aid Category Description	Type Case Description	Adult/Child/All Ages	Mandatory	Voluntary Opt-In	SBH & NEMT
ABD	Excess Home Equity SSI Under SIL (Aged)	Adult			•
ABD	Excess Home Equity SSI Under SIL (Blind and Disabled)	All Ages			•
ABD	Excess Home Equity SSI Under SIL-Reg LTC (Aged)	Adult			•
ABD	Excess Home Equity SSI Under SIL-Reg LTC (Blind and Disabled)	All Ages			•
ABD	Family Opportunity Program	All Ages	•		
ABD	Forced Benefits (Aged)	Adult			•
ABD	Forced Benefits (Blind)	All Ages			•
ABD	Former SSI	All Ages	•		
ABD	LaCHIP Phase IV – Non-Citizen Pregnant Women Expansion	All Ages	•		
ABD	LTC (Aged)	Adult			•
ABD	LTC (Blind and Disabled)	All Ages			•
ABD	LTC MNP/Transfer of Resources (Aged)	Adult			•
ABD	LTC MNP/Transfer of Resources (Blind and Disabled)	All Ages			•
ABD	LTC Payment Denial/Late Admission Packet (Aged)	Adult			•
ABD	LTC Payment Denial/Late Admission Packet (Blind and Disabled)	All Ages			•
ABD	LTC Spend-Down MNP (Aged)	Adult			•
ABD	LTC Spend-Down MNP (Blind and Disabled)	All Ages			•
ABD	Medicaid Buy-In Working Disabled (Medicaid Purchase Plan)	All Ages	•		
ABD	New Opportunities Waiver – SSI	All Ages		•	
ABD	New Opportunities Waiver Fund	All Ages		•	
ABD	New Opportunities Waiver, non-SSI	All Ages		•	
ABD	Pickle	All Ages	•		
ABD	Provisional Medicaid	All Ages	•		
ABD	Residential Options Waiver – Non-SSI	All Ages		•	

Aid Category Description	Type Case Description	Adult/Child/All Ages	Mandatory	Voluntary Opt-In	SBH & NEMT
ABD	Residential Options Waiver – SSI	All Ages		•	
ABD	Section 4913 Children	All Ages	•		
ABD	SGA Disabled W/W/DS	All Ages	•		
ABD	SSI	All Ages	•		
ABD	SSI Children's Waiver – Louisiana Children's Choice	All Ages		•	
ABD	SSI Community Choice Waiver	All Ages		•	
ABD	SSI Conversion	All Ages	•		
ABD	SSI Conversion/RCA/LIFC Basic	All Ages	•		
ABD	SSI New Opportunities Waiver Fund	All Ages		•	
ABD	SSI Payment Denial/Late Admission (Aged)	Adult			•
ABD	SSI Payment Denial/Late Admission (Blind and Disabled)	All Ages			•
ABD	SSI Private ICF/DD Transfer of Resources (Blind and Disabled)	Child			•
ABD	SSI Public ICF/DD Transfer of Resources (Blind and Disabled)	Child			•
ABD	SSI Transfer of Resource(s)/LTC (Aged)	Adult			•
ABD	SSI Transfer of Resource(s)/LTC (Blind and Disabled)	All Ages			•
ABD	SSI/ADHC	All Ages		•	
ABD	SSI/LTC (Aged)	Adult			•
ABD	SSI/LTC (Blind and Disabled)	All Ages			•
ABD	SSI/Private ICF/DD (Blind)	Child			•
ABD	SSI/Public ICF/DD (Blind)	Child			•
ABD	Supports Waiver	All Ages		•	
ABD	Supports Waiver SSI	All Ages		•	
ABD	Transfer of Resource(s)/LTC (Aged)	Adult			•
ABD	Transfer of Resource(s)/LTC (Blind and Disabled)	All Ages			•
Families and Children	Breast and/or Cervical Cancer	All Ages	•		

Aid Category Description	Type Case Description	Adult/Child/All Ages	Mandatory	Voluntary Opt-In	SBH & NEMT
Families and Children	CHAMP Child	All Ages	•		
Families and Children	CHAMP Pregnant Woman (to 133% of FPIG)	All Ages	•		
Families and Children	CHAMP Pregnant Woman Expansion (to 185% FPIG)	All Ages	•		
Families and Children	Deemed Eligible	All Ages	•		
Families and Children	ELE – Food Stamps (Express Lane Eligibility-Food Stamps)	All Ages	•		
Families and Children	Forced Benefits	All Ages			•
Families and Children	Former Foster Care children	All Ages	•		
Families and Children	LaCHIP Affordable Plan	All Ages	•		
Families and Children	LaCHIP Phase 1	All Ages	•		
Families and Children	LaCHIP Phase 2	All Ages	•		
Families and Children	LaCHIP Phase 3	All Ages	•		
Families and Children	LaCHIP Phase IV – Non-Citizen Pregnant Women Expansion	All Ages	•		
Families and Children	LIFC Basic	All Ages	•		
Families and Children	LTC	All Ages			•
Families and Children	LTC Spend-Down MNP	All Ages			•
Families and Children	PAP – Prohibited AFDC Provisions	All Ages	•		
Families and Children	Pregnant women with income greater than 118% of FPL and less than or equal to 133% of FPL	All Ages	•		
Families and Children	Public ICF/DD	Child			•
Families and Children	Regular MNP	All Ages	•		

Aid Category Description	Type Case Description	Adult/Child/ All Ages	Mandatory	Voluntary Opt-In	SBH & NEMT
Families and Children	Transitional Medicaid	All Ages	•		
Families and Children	Youth Aging Out of Foster Care (Chaffee Option)	All Ages	•		
LIFC	Grant Review/Child Support Continuance	All Ages	•		
LIFC	LIFC – Unemployed Parent/ CHAMP	All Ages	•		
LIFC	LIFC Basic	All Ages	•		
LIFC	Transitional Medicaid	All Ages	•		
Medicaid Expansion	Adult Group	All Ages	•		
Medicaid Expansion	Adult Group – High Needs	All Ages	•		
Non-Traditional	CSOC	All Ages	•		
OCS/YOD	CHAMP Child	All Ages	•		
OCS/YOD	CHAMP Pregnant Woman (to 133% of FPIG)	All Ages	•		
OCS/YOD	CHAMP Pregnant Woman Expansion (to 185% FPIG)	All Ages	•		
OCS/YOD	Children's Waiver – Louisiana Children's Choice	All Ages		•	
OCS/YOD	Forced Benefits	Child			•
OCS/YOD	Former SSI	All Ages	•		
OCS/YOD	Foster Care IV-E – Suspended SSI	All Ages	•		
OCS/YOD	IV-E Foster Care	All Ages	•		
OCS/YOD	LaCHIP Phase 1	All Ages	•		
OCS/YOD	LTC	All Ages			•
OCS/YOD	LTC	Child			•
OCS/YOD	New Opportunities Waiver – SSI	All Ages		•	
OCS/YOD	New Opportunities Waiver Fund	All Ages		•	
OCS/YOD	New Opportunities Waiver, non-SSI	All Ages		•	
OCS/YOD	OYD – V Category Child	All Ages	•		
OCS/YOD	Private ICF/DD	Child			•
OCS/YOD	Public ICF/DD	Child			•

Aid Category Description	Type Case Description	Adult/Child/All Ages	Mandatory	Voluntary Opt-In	SBH & NEMT
OCS/YOD	Regular Foster Care Child	All Ages	•		
OCS/YOD	Regular Foster Care Child – MNP	All Ages	•		
OCS/YOD	Residential Options Waiver – non-SSI	All Ages		•	
OCS/YOD	Residential Options Waiver – SSI	All Ages		•	
OCS/YOD	SSI	All Ages	•		
OCS/YOD	SSI Children's Waiver – LA Children's Choice	All Ages		•	
OCS/YOD	SSI New Opportunities Waiver Fund	All Ages		•	
OCS/YOD	SSI/LTC	All Ages			•
OCS/YOD	SSI/LTC	Child			•
OCS/YOD	SSI/Private ICF/DD	Child			•
OCS/YOD	SSI/Public ICF/DD	Child			•
OCS/YOD	YAP (Young Adult Program) (OCS/OYD [XIX])	All Ages	•		
OCS/YOD	YAP/OYD	All Ages	•		
Presumptive Eligible	Adult Group	All Ages	•		
Presumptive Eligible	HPE B/CC	All Ages	•		
Presumptive Eligible	HPE CHAMP	All Ages	•		
Presumptive Eligible	HPE Children under age 19	All Ages	•		
Presumptive Eligible	HPE Former Foster Care	All Ages	•		
Presumptive Eligible	HPE LaCHIP	All Ages	•		
Presumptive Eligible	HPE LaCHIP Unborn	All Ages	•		
Presumptive Eligible	HPE Parent/Caretaker Relative	All Ages	•		
Presumptive Eligible	HPE Pregnant Woman	All Ages	•		
TB	TB	All Ages	•		

Excluded Populations

Aid Category Description	Type Case Description	Adult/Child/ All Ages
ABD	DD Waiver	All Ages
ABD	Denied SSI Prior Period	All Ages
ABD	Disabled Adults authorized for special hurricane Katrina assistance	All Ages
ABD	EDA Waiver	All Ages
ABD	Excess Home Equity Over SIL & NF Fee (Aged)	Child
ABD	Excess Home Equity SSI Under SIL (Aged)	Child
ABD	Excess Home Equity SSI Under SIL-Reg LTC (Aged)	Child
ABD	Forced Benefits (Aged)	Child
ABD	Forced Benefits (Disabled)	All Ages
ABD	Illegal/Ineligible Aliens Emergency Services	All Ages
ABD	LBHP – Adult 1915(i)	All Ages
ABD	LTC (Aged)	Child
ABD	LTC Co-Insurance	All Ages
ABD	LTC MNP/Transfer of Resources (Aged)	Child
ABD	LTC Payment Denial/Late Admission Packet (Aged)	Child
ABD	LTC Spend-Down MNP (Aged)	Child
ABD	LTC Spend-Down MNP (Income > Facility Fee)	All Ages
ABD	PACE SSI	All Ages
ABD	PACE SSI-related	All Ages
ABD	PCA Waiver	All Ages
ABD	Private ICF/DD (Aged and Disabled)	All Ages
ABD	Private ICF/DD (Blind)	Adult
ABD	Private ICF/DD MNP Transfer of Resources (Blind and Disabled)	Adult
ABD	Private ICF/DD Spend-Down Medically Needy Program (Aged and Disabled)	All Ages
ABD	Private ICF/DD Spend-Down Medically Needy Program (Blind)	Adult
ABD	Private ICF/DD Spend-Down MNP/Income Over Facility Fee	All Ages
ABD	Private ICF/DD Transfer of Resources (Blind and Disabled)	Adult
ABD	Public ICF/DD (Aged and Disabled)	All Ages

Aid Category Description	Type Case Description	Adult/Child/ All Ages
ABD	Public ICF/DD (Blind)	Adult
ABD	Public ICF/DD MNP Transfer of Resources (Blind and Disabled)	Adult
ABD	Public ICF/DD Spend-Down MNP	All Ages
ABD	Public ICF/DD Spend-Down Medically Needy Program (Blind and Disabled)	Adult
ABD	Public ICF/DD Spend-Down MNP/Income Over Facility Fee	All Ages
ABD	Public ICF/DD Transfer of Resources (Blind and Disabled)	Adult
ABD	QI-1 (Qualified Individual – 1)	All Ages
ABD	QI-2 (Qualified Individual – 2) (Program terminated 12/31/2002)	All Ages
ABD	SLMB (Specified Low-Income Medicare Beneficiary)	All Ages
ABD	Spend-Down MNP	All Ages
ABD	Spend-Down Denial of Payment/Late Packet (Aged and Disabled)	All Ages
ABD	Spend-Down Denial of Payment/Late Packet (Blind)	Adult
ABD	SSI DD Waiver	All Ages
ABD	SSI Payment Denial/Late Admission (Aged)	Child
ABD	SSI PCA Waiver	All Ages
ABD	SSI Private ICF/DD Transfer of Resources (Blind and Disabled)	Adult
ABD	SSI Public ICF/DD Transfer of Resources (Blind and Disabled)	Adult
ABD	SSI Transfer of Resource(s)/LTC (Aged)	Child
ABD	SSI/EDA Waiver	All Ages
ABD	SSI/LTC (Aged)	Child
ABD	SSI/Private ICF/DD (Aged and Disabled)	All Ages
ABD	SSI/Private ICF/DD (Blind)	Adult
ABD	SSI/Public ICF/DD (Aged and Disabled)	All Ages
ABD	SSI/Public ICF/DD (Blind)	Adult
ABD	Terminated SSI Prior Period	All Ages
ABD	Transfer of Resource(s)/LTC (Aged)	Child
Families and Children	DD Waiver	All Ages
Families and Children	Grant Review	All Ages

Aid Category Description	Type Case Description	Adult/Child/ All Ages
Families and Children	Illegal/Ineligible Aliens Emergency Services	All Ages
Families and Children	LBHP – Adult 1915(i)	All Ages
Families and Children	Public ICF/DD	Adult
Families and Children	Spend-Down MNP	All Ages
Family Planning	Take Charge Plus	All Ages
GNOCHC		All Ages
Hurricane Evacuees		All Ages
Med Asst/Appeal	Community Choice Waiver	All Ages
Med Asst/Appeal	LTC	All Ages
Med Asst/Appeal	PCA Waiver	All Ages
Med Asst/Appeal	Regular MNP	All Ages
Med Asst/Appeal	State Retirees	All Ages
Non-Traditional	Family Planning, New eligibility/Non-LaMOMS	All Ages
Non-Traditional	Family Planning, Previous LaMOMS eligibility	All Ages
OCS/OYD	DD Waiver	All Ages
OCS/OYD	Forced Benefits	Adult
OCS/OYD	LTC	Adult
OCS/OYD	OCS Child Under Age 18 (State Funded)	All Ages
OCS/OYD	OYD	All Ages
OCS/OYD	Private ICF/DD	Adult
OCS/OYD	Public ICF/DD	Adult
OCS/OYD	SSI DD Waiver	All Ages
OCS/OYD	SSI/LTC	Adult
OCS/OYD	SSI/Private ICF/DD	Adult
OCS/OYD	SSI/Public ICF/DD	Adult
OCS/OYD	YAP (OCS/OYD Child)	All Ages
Presumptive Eligible	HPE Family Planning	All Ages
Presumptive Eligible	HPE Take Charge Plus	All Ages
QMB		All Ages
Refugee Asst	Forced Benefits	All Ages
Refugee Asst	Regular MNP	All Ages
Refugee Asst	SSI Conversion/RCA/LIFC Basic	All Ages

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