



Louisiana Medicaid

OCDD Summit 2026

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Overview

- Medicaid Basics
- Medicaid Eligibility
- Managed Care Delivery Model
- Benefits and Services
- How to Apply for Louisiana Medicaid
- Holding Ourselves Accountable
- Community Engagement Requirements



Medicaid Basics

What is Medicaid?

- Created by the Social Security Act of 1965.
- An entitlement program that provides health coverage to millions of Americans with low and middle income.
- Administered by states, according to federal requirements.
- Eligibility is based on individuals meeting income and categorical requirements.
- Some programs are mandatory, while others are optional.
- States and the federal government jointly fund spending.



Medicaid Eligibility

Non-Financial Eligibility (categorical requirements)

- State Residency
- Citizen or qualified immigration status
- Social Security Number
- Assignment of rights to medical payments from third parties
- Work requirements (coming soon)

Financial Factors Affecting Eligibility

- Income
- Resources (for disability-related programs)
- Medical expenses (for spend-down programs)

Medicaid Programs at a glance

- Medicaid Purchase Plan (MPP) - The Medicaid Purchase Plan helps employed people with disabilities get affordable health coverage, allowing them to work without losing essential benefits like prescriptions, doctor visits, and hospital visits, even if their earnings would normally disqualify them for full Medicaid.
- ACT 421/Children's Medicaid Option (CMO) - Act 421/Children's Medicaid Option covers individuals younger than 19 with qualifying disabilities, even if their parents earn too much to qualify for regular Medicaid.
- Family Opportunity Act (FOA) Program - The Family Opportunity Act Medicaid provides health coverage to uninsured or underinsured children with disabilities whose families have too much income to qualify for regular Medicaid or LaCHIP.

Medicaid Programs with Premiums

Medicaid Program	Premium Amount
LaCHIP Affordable Plan	\$50/month per family
Family Opportunity Act	\$12, \$15, \$30, or \$35/month, depending on income and whether the family has other insurance
Medicaid Purchase Plan	\$131/month for members over 150% FPL

Source: Medicaid Eligibility Policy <https://ldh.la.gov/medicaid/medicaid-eligibility-manual>

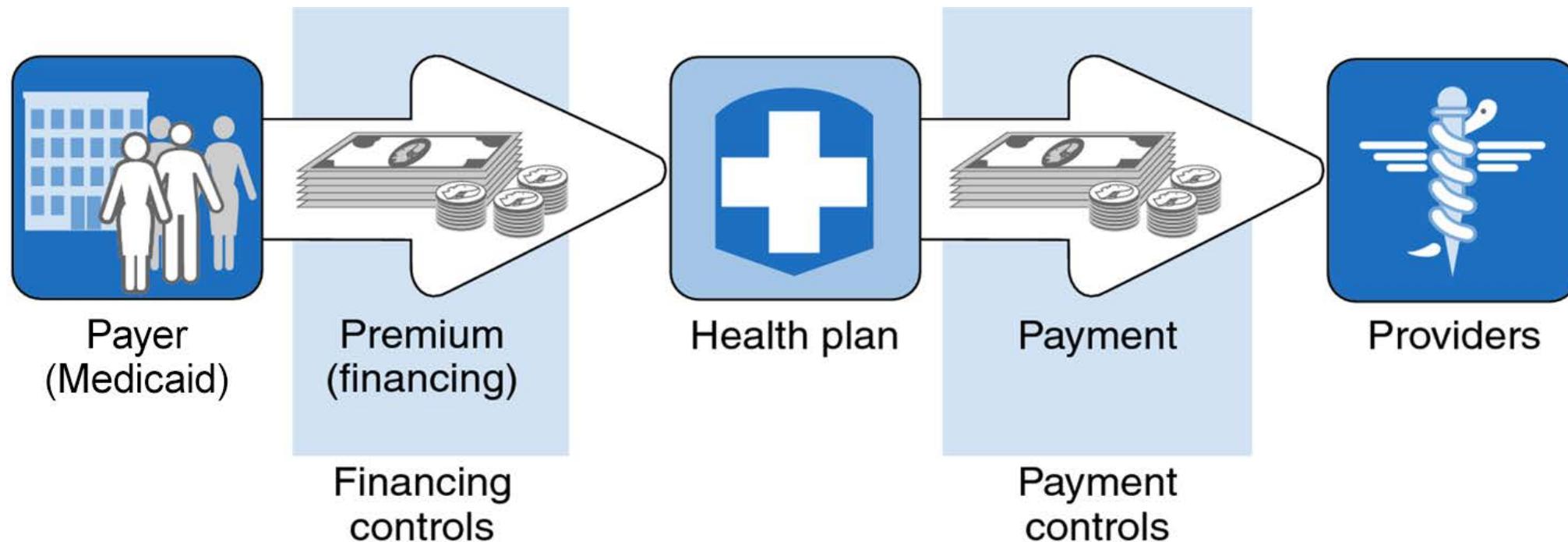


Managed Care Delivery Model

Managed Care Basics

- Manages costs, utilization, and quality.
- Medicaid pays a contracted Managed Care Organization (MCO/health plan) a set capitation rate (per-member-per-month fee).
- MCOs manage financing, insurance, delivery, and payment for a defined population.
- Shifts Monetary Risks.
- Makes cost projections more predictable.

Managed Care – Flow of Funds



What is a Managed Care Organization (MCO)?

- A health insurance plan that subcontracts with healthcare providers to deliver services to its members.
- Also known as a health maintenance organization (HMO) or health plan.
- All health plans provide the same basic benefits, but each has its own provider network and offers its own incentives and value-added benefits.

MCO Payments to Providers

MCOs have the flexibility to use more payment options than Medicaid does in the FFS fee schedule.

- MCOs may be required to reimburse at or above the FFS fee schedule.
- MCOs must follow federal and state rules, including contractual requirements.

Rates/payment models may include:

- Negotiated fee for service (e.g., physicians, ancillary services, etc.)
- Per diem rates (fixed daily payment for inpatient care in a hospital or SNF)
- Hospital diagnostic related groups (DRGs)
- Alternative Payment Models (APMs) – with a link to quality

Health & Dental Plans

Health Plans

- Aetna
- AmeriHealth Caritas
- Healthy Blue
- Humana Healthy Horizons in Louisiana
- Louisiana Healthcare Connections
- UnitedHealthcare Community Plan

This list is subject to change because contracts with health and dental plans are awarded through a competitive Request for Proposal process and could change depending on the outcome.

Dental Prepaid Ambulatory Health Plans (PAHP)

- DentaQuest
- MCNA Dental

<https://myplan.healthy.la.gov>

Coordinated System of Care (CSoC)

Louisiana has one Behavioral Health Prepaid Inpatient Health Plan (PIHP) - Magellan (approved through June 30, 2026).

Coordination among multiple state agencies (Medicaid, the Office of Behavioral Health, the Department of Children and Family Services, the Department of Education, the Office of Juvenile Justice, the Governor's Office), family, youth, and advocate representatives to establish a service delivery system to ensure that young people with significant behavioral health challenges who are in or at risk of out-of-home placement can receive the supports and services they need.

<https://ldh.la.gov/page/coordinated-system-of-care>

Managed Care Enrollment

- Louisiana implemented a managed care delivery system in 2012.
- In 2024, 92.4% of Louisiana Medicaid members got coverage through health plans.

Source: Medicaid Annual Report page 36 <https://ldh.la.gov/assets/medicaid/AnnualReports/MedicaidAnnualReport2024.pdf>



Benefits and Services

Core Benefits and Services

- Comprehensive primary care and physician services
- Hospital, surgical, & ancillary services
- Durable Medical Equipment (DME)
- Case management and care coordination
- Transportation (emergency and non-emergency medical transportation)
- Pharmacy
- Behavioral health

Benefits and Services

- Addictive Disorders Services
- Adult Denture Services
- Applied Behavioral Analysis
- Audiology
- Behavioral Health
- Chemotherapy
- Chiropractic
- Dental
- Durable Medical Equipment
- Early & Periodic Screening, Diagnostic, and Treatment (EPSDT)
- Family Planning Services
- Hearing Aids
- Hemodialysis
- Home Health
- Hospice
- Hospital (ER, Inpatient, Outpatient)
- Immunizations
- Laboratory Tests & Radiology Services
- Medical Transportation
- Midwife Services
- Occupational Therapy Services
- Optical Services
- Orthodontic Services
- Physical Therapy
- Podiatry
- Pre-natal care
- Prescriptions
- Psychiatric Hospital Care
- Therapy Services
- Transportation

Louisiana Medicaid Benefits and Services page: <https://ldh.la.gov/medicaid/medicaid-services>



How to Apply for Louisiana Medicaid

How to Apply for Medicaid

Online – Visit MyMedicaid.la.gov for the Medicaid Self-Service Portal.

Phone – Call 1-888-342-6207 to complete a telephone application.

Mail – Call 1-888-342-6207 to request a paper application, or print an application at LDH.LA.gov. (Search keywords: Medicaid General Application)

In-person – Visit <https://ldh.la.gov/directory> for a directory of Medicaid offices and application centers.

How to Apply for Long-Term Care/Home and Community Based Services

Call the Long-Term Care Processing Center at 1-800-230-0690 to initiate an application.

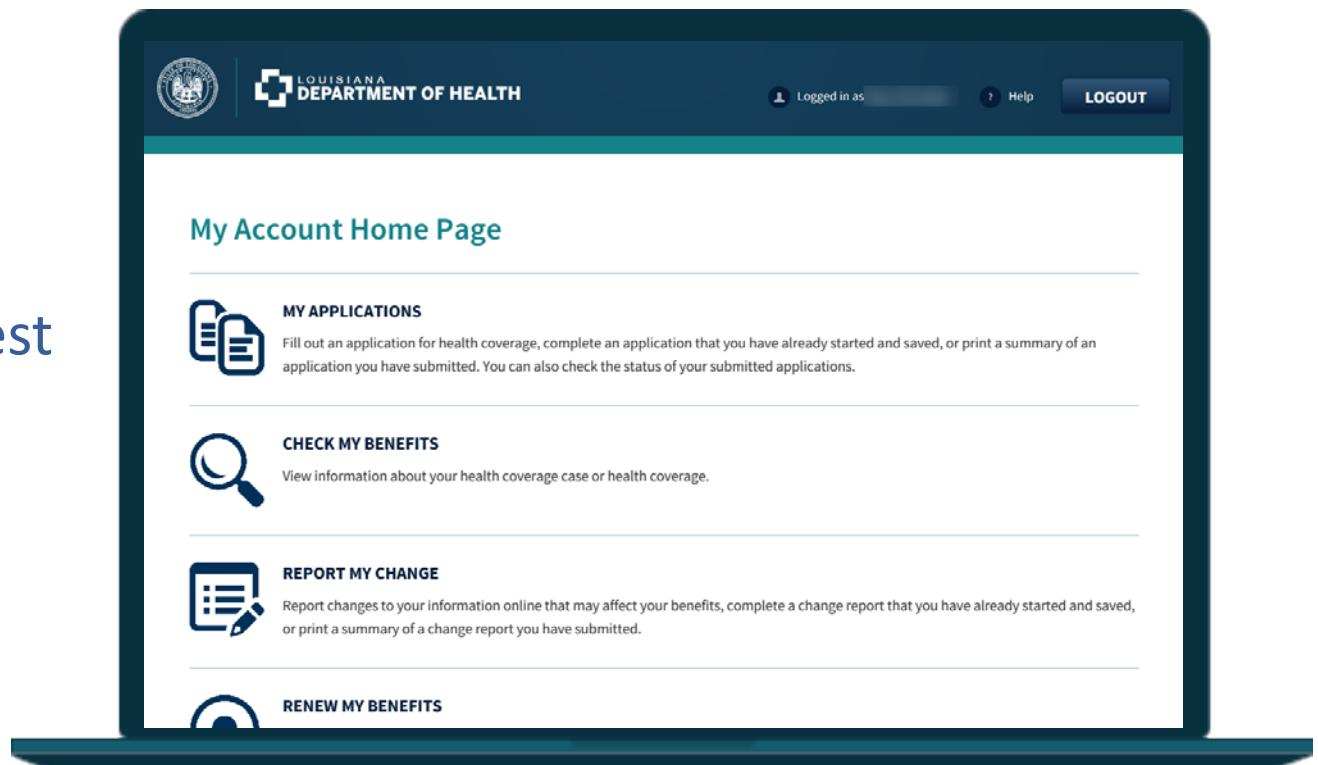
Documents and forms will be mailed to:

6069 I-49 S. Service Road, Suite B
Opelousas, Louisiana 70570

Note: There is no online application option for LTC/HCBS.

Louisiana Medicaid Self-Service Portal (SSP)

- My Applications
- Check My Benefits
- Order Medicaid Card
- Report My Change (including Request a Closure)
- Renew My Benefits
- My Documents
- Manage My Account



www.MyMedicaid.LA.gov

Medicaid Letters/Correspondence

- Decision Letters
 - Initial application (approval/denial)
 - Renewal determination (continued coverage)
 - Increase in benefits
 - Reduction in benefits or closure
- Request for information
- Renewal letter (how to renew)

Electronic Correspondence

UPDATE YOUR NOTIFICATION PREFERENCES

From time to time, LDH will need to send you important notifications regarding your benefits.

* Please select how you would like to receive these messages from the following options:

- Standard U.S. Postal mail (we will use the address we have on file from your case)
- Email
- Text message (you must have provided a cell phone number in the above section)

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Transparency in the Medicaid Program

Holding Ourselves Accountable

- Network Adequacy Requirements
 - Provider directories
 - Network adequacy score transparency
- Prior Authorization Transparency
 - Reporting the full story



Community Engagement

HR-1 Community Engagement

- New federal requirements take effect January 1, 2027, requiring certain adults to participate in work or community engagement activities as a condition of Medicaid eligibility.
- The Department will launch a member outreach campaign prior to implementation.

How can members stay informed?

- Read and respond to all Medicaid letters and messages to stay informed about upcoming changes.
- Keep contact information up to date to ensure you receive important notices and guidance.
- Sign up for Medicaid text alerts to get timely updates and reminders.
- Follow Louisiana Medicaid on Facebook at facebook.com/LouisianaMedicaid for updates and resources.

THANK YOU

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