

A photograph of the Louisiana State Capitol building, a tall, light-colored stone structure with many windows and a flag on top. In the foreground, there is a well-manicured garden with green hedges, trees, and a paved path. A tall, black lamppost stands on the path. The sky is clear and blue.

Louisiana Medicaid Annual Report

State Fiscal Year
2013/2014

Louisiana Department of Health and Hospitals

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State of Louisiana

Department of Health and Hospitals

Dear Reader:

It is our pleasure to present the State Fiscal Year 2013/14 Medicaid Annual Report, which provides insight into Louisiana's Medicaid Program and its multiple activities and numerous accomplishments throughout the year.

The Louisiana Medicaid Program continues to be one of the largest state programs with total expenditures of about \$7.5 billion during State Fiscal Year 2013/14. This amount includes \$1 billion for uncompensated care costs (UCC) which cover the uninsured and underinsured population. In State Fiscal Year 2013/14, the Louisiana Medicaid Program served about 1.4 million Louisianans, almost 30 percent of the state population. The Louisiana Medicaid Program continuously strives to accomplish its stated mission and goals: "respond to the health needs of Louisiana's residents, provide access and quality of care, and improve health outcomes of its enrollees through ongoing cost containment efforts and program initiatives."

During the State Fiscal Year 2013/14, the Louisiana Medicaid Program directed much of its efforts to improving access to sustainable, quality health care for its enrollees. Some of the notable initiatives include the expansion of Bayou Health and the Louisiana Behavioral Health Partnership and the implementation of Applied Behavioral Analysis therapy services. These and other improvements to the Medicaid Program outlined herein have already produced positive results in access to care, and we look forward to seeing continued improvements in years to come.

This report provides a comprehensive overview of Louisiana's Medicaid Program, and we encourage you to read it. Our intent is that you will find it informative and useful.

A handwritten signature in cursive script, reading "Kathy Kliebert".

Kathy H. Kliebert
Secretary, DHH

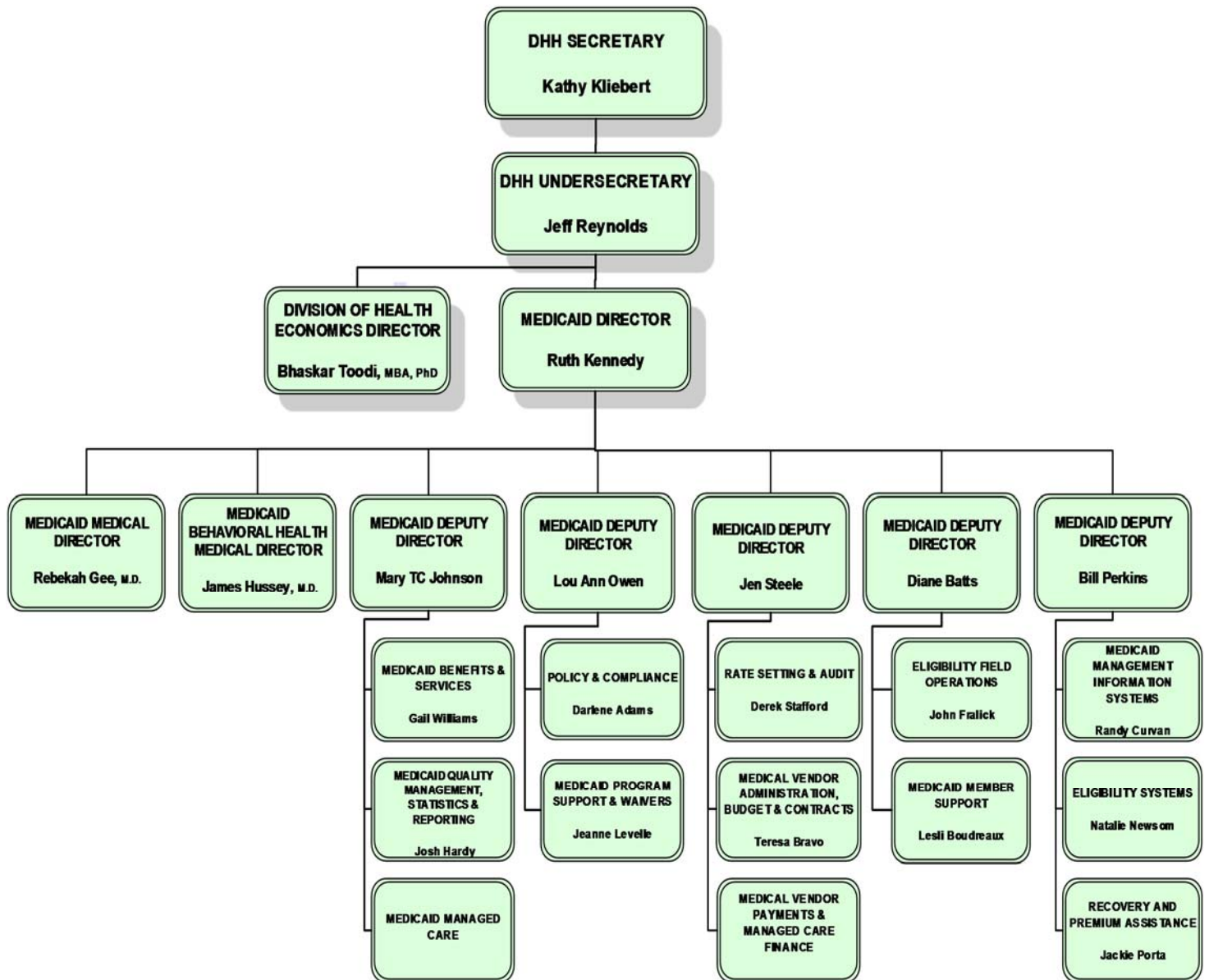
A handwritten signature in cursive script, reading "W. Jeff Reynolds".

W. Jeff Reynolds
Undersecretary, DHH

A handwritten signature in cursive script, reading "J. Ruth Kennedy".

J. Ruth Kennedy
Medicaid Director, DHH

Organizational Chart



Agency Overview

The **Secretary** of the Louisiana Department of Health and Hospitals', who is appointed by the Governor, provides leadership and overall support services while maximizing resources to fulfill the mission of the Department.

The **Undersecretary** of the Louisiana Department of Health and Hospitals is responsible for the management of the **Office of Management and Finance** (OMF) and is also appointed by the Governor. The Undersecretary reports to the Secretary and oversees several administrative bureaus and divisions, including the Bureau of Health Services Financing (Medicaid).

The **Medicaid Director** is a classified civil service position that reports to the Undersecretary and is responsible for administering the Medicaid program including, eligibility, program operations, financial management and policy implementation and support. See organizational chart on page 2.

The **Bureau of Health Services Financing** (BHSF) is the state agency responsible for the Medicaid Program, with regional offices (see inside front cover) that provide in-person assistance with Medicaid eligibility applications and information along with numerous application centers throughout Louisiana.

The **Division of Health Economics** (DHE) reports directly to the Undersecretary and provides support services to the Department's executive level managers. DHE is responsible for the Medicaid Monthly Financial Forecast Report, economic analysis and financial research and planning for the agency, as well as databases required for management of Medicaid expenditures, eligibility and utilization.

For additional agency information, please visit the Louisiana Department of Health and Hospitals website at www.dhh.louisiana.gov.

Mission Statement

The mission of the Bureau of Health Services Financing, which administers Medicaid in Louisiana, 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 compliance with federal and state laws and regulations.

Goals

The goals of the Bureau of Health Services Financing are to:

- ◆ *Improve health outcomes by emphasizing primary care and reducing the number of uninsured persons in Louisiana,*
- ◆ *Expand existing and develop additional community-based services as an alternative to institutional care,*
- ◆ *Ensure cost effectiveness in the delivery of health care services by using efficient management practices and maximizing revenue opportunities,*
- ◆ *Assure the integrity and accountability of the health care delivery system in an effort to promote the health and safety of Louisiana citizens, and*
- ◆ *Implement measures that will constrain the growth in Medicaid expenditures while improving services to secure alternative sources of funding for health care in Louisiana.*

*This annual report was produced by
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This report can be viewed at <http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/1699>

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Division of Health Economics

The Division of Health Economics (DHE) provides decision support services to the Department's executive level managers and policy makers with insightful, accurate and timely analysis based on high quality research and planning. DHE's support is provided through economic analysis, forecasting, and health care research and planning.

Among the most important products DHE prepares are the Louisiana Medicaid Expenditure Forecast Monthly Report, Medicaid Year End Financial Report, and the Medicaid Annual Report. DHE has developed and continues to maintain a Medicaid expenditure forecasting model and a collection of

databases with both historical and current expenditures, eligibility and health services utilization information.

The Division of Health Economics plays a key role in designing and completing materials for presentation to legislative committees and works with Medicaid during the budget cycle to present a complete package of information and analysis for a broad audience. DHE is also frequently called upon to develop materials in response to questions from providers, Legislators and their staff, the press and the general public.

Highlights of State Fiscal Year 2013/14

Applied Behavioral Analysis

In February 2014, licensed Board Certified Behavioral Analysts became eligible to enroll in Medicaid as Other Licensed Practitioners. At the same time, Applied Behavioral Analysis (ABA) services became available to all individuals under 21 years of age who have been diagnosed by a qualified health care professional as having a condition for which ABA-based therapy services are recognized as therapeutically appropriate. Previously this service was limited to members of the Children's Choice waiver who were Chisholm class members and were diagnosed with an Autism Spectrum Disorder. These changes were designed to improve access to care for affected members

Bayou Health Performance

In December 2013, DHH earned high marks on the first External Quality Review (EQR) of the Bayou Health program implemented in 2012, with an overall average of 98 percent full and substantial compliance with over 4,000 federal and state requirements.¹ An EQR is the analysis and evaluation by an external quality review organization (EQRO) of aggregated information on quality, timeliness, and access to the health care services that health plans furnish to Medicaid recipients. Specifically, the federally-mandated review includes plan compliance with state standards for access to care, structure and operations, and quality measurement and improvement; validation of performance measures; and validation of performance improvement projects.

Intermediate Care Facilities for Persons with Developmental Disabilities

Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD) provide services to individuals with a severe, chronic physical or mental disability who require 24-hour active treatment in community, group, or residential home settings. In April 2014, the provider fees for intermediate care facilities were increased by \$1.85 from \$14.30 to \$16.15 per day. The fee increase was offset by a corresponding increase in provider reimbursement, allowing providers to maintain current funding for supports and services provided to Medicaid participants while generating additional revenues to support the Medicaid program.

Louisiana Behavioral Health Partnership (LBHP)

In SFY 2013/14, Magellan, the statewide management organization (SMO) for LBHP, entered its third contract year. The LBHP was designed to better coordinate care provided to individuals in need

of behavioral health services through managed care. More than three years ago, before the creation of LBHP, fewer physicians, inpatient facilities and other specialized behavioral health service providers were available to Louisiana residents because many of the provider types and services were not reimbursable by Medicaid, including all substance use disorder services. In the three years since its implementation, the LBHP has provided systemic change to the provision of public behavioral healthcare and expanded access to providers by more than double - from 800 to 1,700 providers. There has also been an 87 percent increase in adult inpatient beds since the LBHP was implemented. A total of 71,457 children and 335,780 adults were served by LBHP in SFY 2013/14. Since implementation, the number of services provided has steadily increased, particularly in the outpatient/community setting. These enhancements, along with improved outcomes such as reduced lengths of stay in hospitals and reduced hospital and substance use facility readmission rates, have set the foundation and established the necessary infrastructure to move toward the next step in the delivery of behavioral healthcare services.

LBHP is on track as it transitions to the next phase of operation. It has so far exceeded its objective of treating 50,000 children and nearly reached the targeted 100,000 adults, and is making improvements in the areas of administration and providing a full network of treatment options. More detailed information on the report can be found at new.dhh.louisiana.gov/index.cfm/page/2094.

Medicaid Eligibility Changes

The implementation of the Affordable Care Act (ACA) on January 1, 2014, required changes in methodology used to determine Medicaid financial eligibility for certain groups. States must now use Modified Adjusted Gross Income (MAGI) to determine financial eligibility for children, pregnant women, parents and caretaker relatives. MAGI provides one set of income eligibility rules across all insurance affordability programs including Medicaid and the Federal Health Insurance Marketplace.

Other changes to Medicaid eligibility include the following:

Disability & Provisional Medicaid

Coverage for Disability Medicaid was terminated December 31, 2013, and supplanted by the Provisional Medicaid (PM) program in February 2014. PM provides

¹ "Bayou Health Plans Earn High Marks from External Review." Department of Health and Hospitals. 19 Dec. 2013. <http://dhh.louisiana.gov/index.cfm/newsroom/detail/2924>.

supplanted by the Provisional Medicaid (PM) program in February 2014. PM provides Medicaid coverage to individuals with disabilities or aged applicants/enrollees who have income below the Federal Benefit Rate (FBR) and resources that meet SSI limits. SSI enrollees are automatically enrolled in Medicaid.

Improved Service Reinstatement

By federal rule, a person can be eligible for Medicaid when incarcerated but Medicaid reimbursement is limited to hospital stays of greater than 23 hours. To assure appropriate payment, Medicaid tracks incarceration status in its eligibility data system, suspending reimbursement for other services to which the person would be entitled if not in jail or prison. To assure immediate access to the full range of covered services upon reentry to the community, Medicaid has updated its system to reinstate benefits to eligible persons upon release from jail or prison.

Medicaid Coverage for Pregnancies

LaMOMS covers pregnancy-related care until two months after the end of the pregnancy. As of January 2014, pregnant women with an income of up to 138 percent of the Federal Poverty Guidelines (FPG) are eligible for the LaMOMS program. Previously the income limit was 200 percent of FPG. Individuals who are no longer eligible for LaMOMS under the new income limit may be eligible for LaCHIP Unborn Option (Phase IV). LaCHIP IV provides prenatal care services, from conception to birth, for low income uninsured mothers who are not otherwise eligible for Medicaid. Since January 2014, LaCHIP Phase IV has covered unborn children of citizens and non-citizens who have an income up to 209 percent of FPG. Initially LaCHIP Phase IV only covered non-citizens.

Hospital-based Enrollment

Hospitals can now submit presumptive eligibility decisions for certain groups of applicants who appear to qualify for benefits. This constitutes inexpensive outreach to uninsured populations and reduces uncertainty surrounding means of payment for both hospital and patient. Required follow-up with the Medicaid Program further ensures the integrity of this innovative enrollment process.

Former Foster Care Adolescents

Due to requirements in the ACA, all former foster care adolescents are now covered by Medicaid up to the age of 26. This means

that those who had aged out under the previous limits, but who are still under 26 years of age, can return to Medicaid coverage.

Application Processing Automation

As prescribed by the ACA, eligibility systems have been modified to meet Modified Adjusted Gross Income and related requirements. Application data is converted into an electronic format, reviewed for discrepancies, and sent through a business rules engine which can automatically determine eligibility for MAGI-related programs. This engine is also in use with MAGI renewal determinations.

Federal Application Referral

Louisiana opted to share its Medicaid eligibility rules for children, pregnant women, and parents/caretaker relatives of minor children with the federal health insurance marketplace, commonly known as Healthcare.gov. When applying for coverage at Healthcare.gov, these Louisiana residents will receive an eligibility decision for Medicaid as well as refundable premium tax credits for private coverage through the marketplace. State residents who are over age 65 or who claim a disability when applying with Healthcare.gov will be referred to the State for a Medicaid decision. The State also refers applicants who were denied for Medicaid to Healthcare.gov for premium tax credits. This ensures each applicant is considered for all programs with a single application.

Post-Eligibility Review

Decisions made by Healthcare.gov based on Louisiana Medicaid eligibility rules must be transferred into Louisiana Medicaid data systems via a secure external process. The integrity of received data is verified by a dedicated review unit. These findings are used to identify transmission errors, improve the implementation of the Federal to State exchange, and correct incorrect decisions.

Medicaid Purchase Plan

The Medicaid Purchase Plan (MPP) is a program which provides Medicaid health coverage to working individuals with disabilities. As of January 2014, the MPP is available to individuals with an income of up to 100 percent of the FPG and resources of up to \$10,000. The previous income limit was 250 percent of the FPG and the resource limit was \$25,000. Those who are no longer eligible for the MPP can access premium tax credits for private coverage

through the federal health insurance marketplace.

Public-Private Partnerships

In SFY 2013/14, former Louisiana State University (LSU) hospitals in Louisiana, LSU Medical Center Shreveport, EA Conway Medical Center in Monroe, and Washington St. Tammany Regional Medical Center in Bogalusa began participating in public-private partnership initiatives by privatizing their operations and management. The former Huey P. Long Medical Center participated by transitioning its services to the Rapides Regional Medical Center and Christus St. Frances Cabrini. LSU and DHH have a strong commitment to transforming the hospital system to improve services and access to care. Public-private partnerships are a significant move towards a more efficient and modern healthcare system. They provide long-term support between the State and a private partner to provide comprehensive and efficient health care services.

Developmental Disabilities Services System Transformation

In SFY 2013/14, as part of the DHH's plan for system transformation, the Office for Citizens with Developmental Disabilities (OCDD) continued prior fiscal year activities related to research, development, and implementation of system redesign.

System transformation activities completed in SFY 2013/14 include redesigning of the OCDD web site to ensure ease of navigation, design of enhanced provider freedom of choice information processes, design of new cross-referral intake and information exchange processes to ensure that people with multiple disabilities are correctly referred to and supported to access the Medicaid services they need and the implementation of expanded services in OCDD waivers.

OCDD also implemented improved Request for Services Registry (RFSR) validation processes. The RFSR lists individuals who are waiting for access to developmental disability services under OCDD. As a part of improving the RFSR process, OCDD conducted a survey of 13,047 individuals on the registry, including individuals in nursing homes and private ICFs/DD. The survey showed that 88.39 percent of individuals on the RFSR are Medicaid eligible with access to Medicaid state plan services. The majority of individuals (83 percent) do wish to remain active on the RFSR, indicating at least a future desire to move to a more independent living situation.

OCDD's accomplishments associated with system transformation were validated by the most recent report from United Cerebral Palsy (UCP) "The Case for Inclusion 2014" which ranked Louisiana in 12th place among the 51 states (up 32 places from 2007

ranking). As system components have improved, major outcome areas for people with developmental disabilities (i.e., living and participating in the community; having satisfying lives and social roles; having access and control over supports; and being safe and healthy in the environment which they live) have begun to align. The UPC report noted that Louisiana had a huge improvement in the portion of individuals (from 49 percent to 68 percent) and resources (from 41 percent to 79 percent) dedicated to community services over institutions, closed seven large state institutions and had a large drop in the portion of individuals served in large institutions (from 18 percent to 8 percent).

OCDD continued state-wide implementation of strategies to transform the OCDD-operated resource centers into centers of innovation and hubs of expertise that have a broad impact in the developmental disabilities services system and to local communities. The Resource Center Transformation Workgroup completed pilot projects and monitored the statewide roll out of the triage of referrals to address the waiting list for Resource Center services, crisis and diversion referrals, and oversight of people with high risk behavior related to non-consensual sexual behavior. With these changes, OCDD Resource Centers served over 1,700 individuals across all activities in SFY 2013/14 resulting in improved diversion from institutional care and supporting more individuals to remain in their homes/communities while receiving needed supports.

Expansion of Service Options with Home and Community-Based Services (HCBS) Waivers

During SFY 2013/14, a number of significant service opportunities were added to HCBS waivers affording participants an increased array of options. Permanent Supportive Housing services were added to the New Opportunities Waiver (NOW), Children's Choice (CC) Waiver, and Supports Waiver (SW) so that these waiver participants could subsidize their rent through housing vouchers and could continue to remain in their rental units through housing stabilization services. The NOW also added the Remote Monitoring Service, which allows a participant to have both video and audio oversight in his/her home from a remote location. Also added was Adult Companion Care, which allows a participant to live with his direct support worker and share the costs of an apartment or arrange for payment of the worker's share of the apartment by exchanging his/her services to the participant for his/her portion of the rent. Medical Equipment and Supplies services were added to the CC Waiver to fund these services which were formerly not available in the CC, if not already covered under Early Periodic Screening, Diagnosis, and Treatment (EPSDT) or state plan services. Six alternate therapies (Applied Behavior Analysis; Aquatic Therapy; Art Therapy; Music Therapy; Sensory

Integration; Hippo/Therapeutic Horseback Riding) were added to the CC because they were not originally included in EPSDT or state plan services, not traditionally included in 1915(c) waivers, yet proven to be beneficial to children and highly requested by parents of children in the CC waiver and members of the Louisiana Developmental Disabilities Council. The Self-Direction service delivery option was added to the CC waiver which allows participants/ parents/legal guardians to exercise Employer Authority in the delivery of their Family Support services.

In 2014, OCDD began work on a Five-Year Transition Plan to comply with the CMS setting requirements for vocational service delivery in the Supports Waiver. Any waiver participant who is not already participating in Supported Employment must have career planning activities as an integral component of his/her plan, which will be used to develop learning opportunities and career options consistent with that individual's skills and interests. Prevocational Services are expected to last no longer than four years with employment at the individual's highest level of work in the most integrated setting as the goal and with the job matched to the person's interests, strengths, priorities, abilities and capabilities.

EarlySteps Improved System Performance

In SFY 2013/14, the EarlySteps program achieved "Meets Requirements," the highest performance result attainable, on the 14 U.S. Department of Education, Office for Special Education Programs performance indicators. This represents the fourth year for the designation, a determination that had not been reached prior to the administration of the program in OCDD in 2007. The program achieved one of the primary program purposes in that 43 percent of the children exiting EarlySteps improved in their development such that they were functioning at the level of their typical peers, a seven percent gain in outcomes compared to the previous two years.

Home and Community-Based Services

The Office of Aging and Adult Services (OAAS) consolidated improvements to its home and community-based services and launched a new effort to insure the integrity and sustainability of the programs that provide an alternative to institutional care. OAAS wrapped up its second year of a new, outcome-based approach to assuring quality in the

Community Choices and Adult Day Health Care waivers and was successful in renewing the waiver under this evidence and data-driven approach. The federal Money Follows the Person (MFP) demonstration, entitled "My Place" in Louisiana, transitioned 254 individuals from nursing facilities back into community living in SFY 2013/14, exceeding its benchmark of 230 for the year. Since 2009, My Place has successfully transitioned 773 individuals, saving on average \$16,000 per person in the initial year of transition. In October of 2013, OAAS initiated an extensive data mining and auditing effort of the Long Term Personal Care Services (LT-PCS) program. With funding from Program Integrity, OAAS created the Compliance and Audit Team (CATs) including five field staff who conduct face to face assessments with recipients to ensure the integrity of eligibility determinations and the receipt of LT-PCS. Based on data mining results and complaint reports, the CATs field staff conduct targeted assessments focused on providers with unusual and/or questionable practice patterns. These efforts have resulted in 171 referrals to Medicaid Program Integrity and the Attorney General's Office.

OAAS also led the way in creating tenancy supports for Permanent Supportive Housing as a service in the Community Choices Waiver – a first not just for DHH but in the entire country for coverage under home and community-based waivers.

Pharmacy Changes

The Medicaid Pharmacy program continues to incorporate changes in the Pharmacy Point of Sale (POS) system and the Prior Authorization Program to ensure proper use of pharmacy benefits and to keep expenditures reasonable. As new specialized pharmaceuticals are marketed, the population targeted for use of these agents has narrowed. In order to assist providers in appropriate use of these highly specialized medications, the Pharmacy program has enhanced tools at its disposal to ensure recipients receive the medications suited to their disease state. Prior authorization criteria have evolved to address use of drugs for treatment of hepatitis C, growth deficiency, and neutropenia. In addition, the Medicaid Pharmacy program requires diagnosis information on other drugs that have a limited spectrum of use and are costly. Duration of therapy and quantity limits are other tools used stop treatment when effectiveness of use has probably expired.

Louisiana Medicaid Outcomes

The Louisiana Medicaid program has undertaken the task to promote preventive health care, condition-specific care and improve utilization of services to enhance quality of health care delivery in the state. Pursuant of these goals, Medicaid provides ongoing monitoring and evaluation of quarterly performance measures that assess the quality of health care provided through the Bayou Health Plans. The clinical measures used to show the Health Plans' performance are the Healthcare Effectiveness Data and Information Set (HEDIS) criteria, set by the National Committee for Quality Assurance (NCQA). The HEDIS criteria are standardized performance and report measures on important health issues. These measures are normally expressed as a proportion of the compliant Medicaid population to the eligible Medicaid enrolled population based on date of service.

The HEDIS measures provide useful information on children and adults who are and who are not taking advantage of beneficial and potentially cost-saving preventive medical services. Knowing these measures offers an opportunity for the Department and Health Plans to help educate enrollees about the importance of taking advantage of these preventive services. The use of preventive services could eventually help improve the enrollee's health and longevity of life, as well as reduce costs to tax payers in the long run.

The measures provided below are from HEDIS data collected by each of the five Bayou Health Plans for its Medicaid membership for the 2013 calendar year. Two of the Health Plans, Community Health Solutions and United Healthcare Community, are Shared Savings Plans. The three Prepaid Plans are Amerihealth Caritas of Louisiana, Amerigroup Louisiana and Louisiana Healthcare Connections (see Bayou Health on p.64 for more information on types of Health Plans). Louisiana Legacy Medicaid numbers represent the population enrolled in state Medicaid programs that are not managed by Bayou Health Plans. Where possible, national Medicaid data from the NCQA is also provided.

Childhood Immunization Status

This measure examines the percentage of continuously enrolled Louisiana Medicaid children who reached the age of two within the measurement year and received Combination 2 or Combination 3 immunizations before their second

birthday. Combination 2 is comprised of four doses of DTP or DTaP (diphtheria, tetanus and acellular pertussis), three doses of IPV (polio), one dose of MMR (measles-mumps-rubella), three doses of Hib (haemophilus influenza type b), three doses of hepatitis B, and one dose of VZV (chicken pox). Combination 3 consists of Combination 2 and four doses of PCV (pneumococcal conjugate). These vaccinations help prevent and protect children from potentially serious childhood diseases. In 2013, the rates for children in Louisiana Medicaid who received Combination 2 were:

- Community Health Solutions: 61.58 percent
- United Healthcare Community: 72.02 percent
- Amerihealth Caritas of Louisiana: 43.71 percent
- Amerigroup Louisiana: 75 percent
- Louisiana Healthcare Connections: 40.28 percent
- Legacy Medicaid: 15.02 percent.
- National Medicaid average: 74.0 percentⁱ

Combination 3 immunization rates were:

- Community Health Solutions: 58.74 percent
- United Healthcare Community: 67.4 percent
- Amerihealth Caritas of Louisiana: 40.73 percent
- Amerigroup Louisiana: 73.15 percent
- Louisiana Healthcare Connections: 37.04 percent
- Legacy Medicaid program, 13.73 percent
- National Medicaid rate: 70.8 percentⁱⁱ

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

This measure looks at the percentage of continuously enrolled Louisiana Medicaid children between three to six years of age who received at least one well-child visit within the measurement year. These visits help the Primary Care Provider (PCP) to detect vision, speech and language problems, if any, and provide or recommend the needed therapy or intervention programⁱⁱ. In 2013 the rates of children in Louisiana Medicaid between three and six years of age visiting a PCP were:

- Community Health Solutions: 67.8 percent
- United Healthcare Community: 63.59 percent
- Amerihealth Caritas of Louisiana: 57.17 percent
- Amerigroup Louisiana: 61.34 percent
- Louisiana Healthcare Connections: 57.41 percent
- Legacy Medicaid: 35.45 percent
- National Medicaid rate: 71.5 percentⁱⁱ

ⁱ National Committee for Quality Assurance. 2014 State of Health Care Quality. HMO Medicaid. Retrieved from <http://www.ncqa.org/ReportCards/HealthPlans/StateofHealthCareQuality/2014TableofContents.aspx>

ⁱⁱ National Quality Measures Clearinghouse. National Committee for Quality Assurance. (2014). HEDIS® 2014: Healthcare Effectiveness Data and Information. Retrieved from <http://www.qualitymeasures.ahrq.gov/index.aspx>.

Adolescent Well-Care Visits

This measure assesses the percentage of continuously enrolled Louisiana Medicaid adolescents between 12 and 21 years of age who had a minimum of one comprehensive well-care visit within the measurement year. Adolescent well-care visits help physicians to offer needed/required treatment and counselingⁱ. The rates of adolescents receiving well-care visits in 2013 were:

- Community Health Solutions: 46.62 percent
- United Healthcare Community: 46.72 percent
- Amerihealth Caritas of Louisiana: 43.49 percent
- Amerigroup Louisiana: 40.05 percent
- Louisiana Healthcare Connections: 39.12 percent
- Legacy Medicaid: 25.16 percent
- National Medicaid rate: 50.0ⁱ

Children's Access to Primary Care Providers

This measure looks at the number of continuously enrolled Medicaid children aged 12 to 24 months, within the measurement year, who had a minimum of one ambulatory or preventive care visit with a PCP. Accessibility and utilization of PCPs by children and adolescents help reduce preventable and incidence of illnesses such as asthma and influenza. There is a high utilization rate of PCP services by Louisiana Medicaid children. In 2013, the rates of children aged 12 months to 24 months with access to PCP were:

- Community Health Solutions: 97.33 percent
- United Healthcare Community: 97.28 percent
- Amerihealth Caritas of Louisiana: 94.77 percent
- Amerigroup Louisiana: 95.96 percent
- Louisiana Healthcare Connections: 95.26 percent
- Legacy Medicaid: 94.34 percent
- National Medicaid rate: 96.1 percentⁱ

Cervical Cancer Screening

This measure looks at the percentage of continuously enrolled Louisiana Medicaid women aged 24 to 64 years who had at least one pap test for cervical cancer within the measurement year. Pap tests help detect cell changes in the cervix caused by human papillomavirus (HPV) that might become cancerous in which early detection enables treatmentⁱⁱ. The rates of pap tests in 2013 were as follows:

- Community Health Solutions: 47.98 percent
- United Healthcare Community: 52.80 percent
- Amerihealth Caritas of Louisiana: 49.93 percent
- Amerigroup Louisiana: 52.46 percent
- Louisiana Healthcare Connections: 57.31 percent
- Legacy Medicaid: 61.42 percent

Use of Appropriate Medications for People with Asthma

This measure calculates the percentage of continuously enrolled Louisiana Medicaid enrollees between the ages of five and 50 who have persistent asthma and were appropriately prescribed medications for long-term asthma control during the measurement year. Correct medication has long term benefits for quality of lung function, and helps reduce asthma exacerbation which could become life threateningⁱⁱ. In 2013, the rates of Medicaid enrollees with persistent asthma health problems received long-term asthma control medications were:

- Community Health Solutions: 84.27 percent
- United Healthcare Community: 81.46 percent
- Amerihealth Caritas of Louisiana: 81.75 percent
- Amerigroup Louisiana: 77.47
- Louisiana Healthcare Connections: 77.93 percent
- Legacy Medicaid: 88.64 percent
- National Medicaid rate: 84.1 percentⁱ

Decreasing Emergency Room Utilization

Encouraging appropriate use of Emergency Department (ED) services is a key goal for Louisiana Medicaid and Bayou Health. The Bayou Health Plans in collaboration with DHH have conducted performance improvement projects to decrease ED visits to a level comparable to legacy Medicaid. The Bayou Health Plans as a whole had 71.37 visits per 1,000 member months in 2013. The individual breakdown of visits per 1,000 members for the Health Plans is as follows:

- Community Health Solutions: 78.61
- United Healthcare Community: 66.43
- Amerihealth Caritas: 76.85
- Amerigroup Louisiana: 78.61
- Louisiana Healthcare Connections: 74.73

ⁱ National Committee for Quality Assurance. 2014 State of Health Care Quality. HMO Medicaid. Retrieved from <http://www.ncqa.org/ReportCards/HealthPlans/StateofHealthCareQuality/2014TableofContents.aspx>

ⁱⁱ National Quality Measures Clearinghouse. National Committee for Quality Assurance. (2014). HEDIS® 2014: Healthcare Effectiveness Data and Information. Retrieved from <http://www.qualitymeasures.ahrq.gov/index.aspx>.

Technical Notes

State Fiscal Year and Federal Fiscal Year

Louisiana's State Fiscal Year (SFY) runs from July 1 through June 30 of the following calendar year. The Federal Fiscal Year (FFY) begins October 1 and ends September 30 of the following calendar year. The information presented in this report is based on a SFY basis unless otherwise noted.

Expenditures versus Payments

The data in this report comes from two primary sources. The first source is the overall Medicaid program fiscal amounts drawn from the Integrated State Information System (ISIS), which is the statewide financial system. ISIS reports the program dollar amounts after all claims and financial adjustments have been made. Financial adjustments are amounts often paid in lump-sum that are not necessarily attributable to any specific individual. These financial adjustments could include transactions related to cost settlements, Uncompensated Care Costs (UCC), pharmacy rebates received from pharmaceutical manufacturers and the amounts paid to Centers for Medicare and Medicaid Services (CMS) for Medicare Buy-ins and Part-D. ISIS does not capture recipient and provider-specific information.

To capture detailed recipient and provider related information, we use the second set of sources, the Medicaid Management Information System (MMIS) and Medicare Modernization Act (MMA) Response File from CMS. MMIS has a claims reporting system, known as the Management Administrative Reporting Subsystem (MARS) Data Warehouse, which is managed by the Medicaid program Fiscal Intermediary (FI). Recipient and provider-specific information is drawn from data extracted from MARS Data Warehouse (MDW) and is specifically derived for this Annual Report according to the criteria specified in this technical note. The Medicaid MDW reports paid claims to providers before the application of certain financial adjustments, as discussed under the first source. MMA Response File contains information about recipients on behalf of whom a Medicare Buy-in and/or Part-D/Clawback premium was paid to CMS.

Due to the above differences, dollar amounts drawn from the above two sources may not match exactly. To differentiate amounts reported from different sources in this report, we define the term "EXPENDITURES" as fiscal information derived from ISIS and "PAYMENTS" as information drawn from the other primary sources.

Enrollee, Recipient and Payment Counts

To have a complete perspective of enrollees, recipients and payments, all Medicare Buy-ins and Part-D duals data is included in enrollee and recipient counts and payment amounts in reports from SFY 2007/08 forward.

SFY 2013/14 enrollees, recipients and payments data include LaCHIP Affordable Plan (LAP) and Greater New Orleans Community Health Connection (GNOCHC). Reports prior to SFY 2012/13 do not include these two programs due to their data/information not being captured in the regular Medicaid claims processing system.

With respect to Bayou Health Shared Savings, MDW claims payment show about \$5.6 million less than ISIS expenditures due to Shared Savings paid to the health plans and not reflected in MDW.

In November 2013, about \$23 million were paid as a lump sum in ISIS to comply with the requirements of the Affordable Care Act (ACA) for enhanced Primary Care Physician (PCP) rates for the period January to October 2013. The corresponding adjustments to claims were made in MDW over the period of February to August 2014. Therefore, some expenditures made during SFY 2013/14 are not reflected as payments in MDW data.

Payment Adjustments

SFY 2013/14 numbers for Physician use appears higher than normal due to the Affordable Care Act recycling a number of claims. As a result, some claims which occurred in SFY 2012/13 were counted in SFY 2013/14, artificially increasing the payment, recipient, and provider counts.

Year in Review

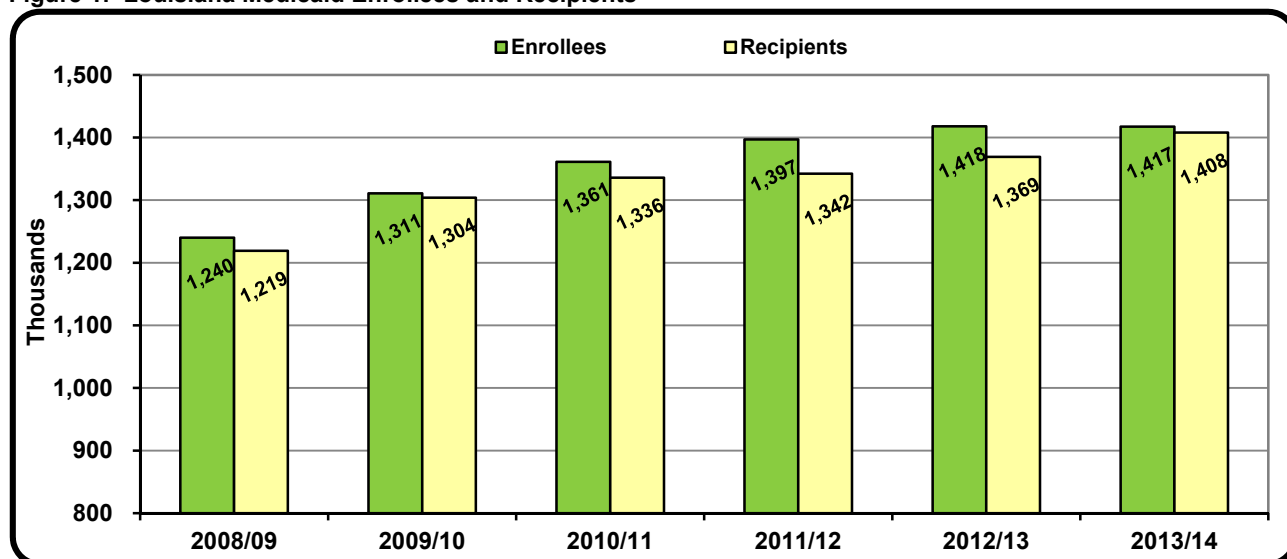
Enrollees and Recipients

During SFY 2013/14, 1,417,304 people, about 31 percent of Louisiana's populationⁱ of 4,625,470, were enrolled in the Medicaid program and payments were made on behalf of 1,407,815 recipients (Figure 1). Since the previous year, there has been no significant change in the percentage of the population enrolled in Medicaid, although total enrollment decreased by 0.2 percent. The number of recipients increased by 3 percent, indicating that more enrollees used Medicaid care in SFY 2013/14.

Payments

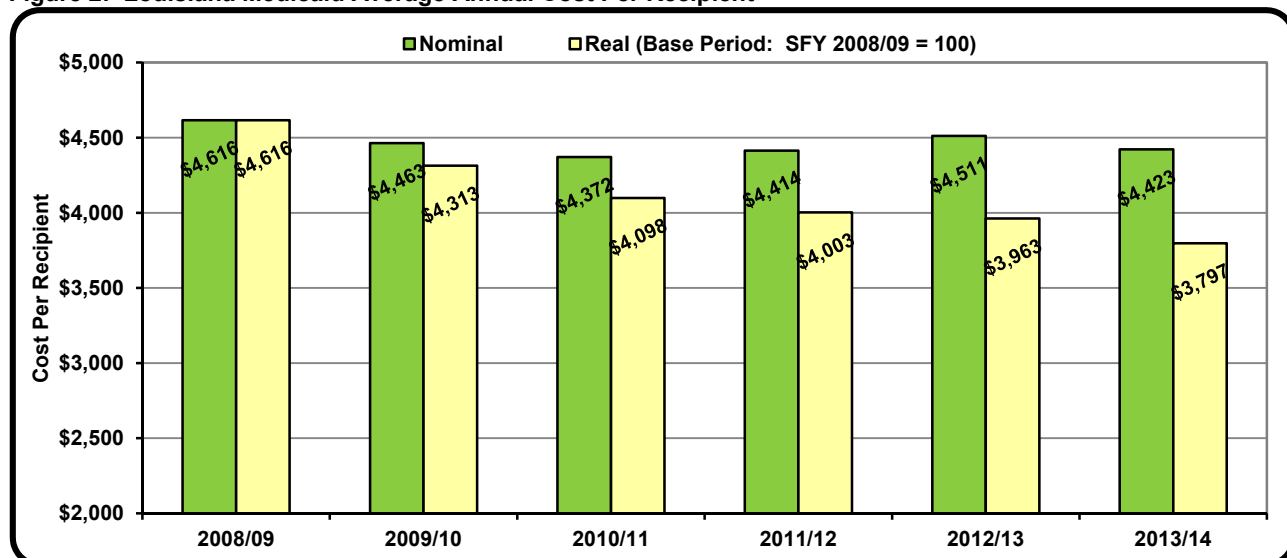
During SFY 2013/14, over \$6.2 billion payments were made on behalf of about 1.4 million Medicaid recipients, averaging about \$4,423 per recipientⁱⁱ, which is about 2 percent less than the previous SFY (Figure 2). Real average overall annual payment per recipient (adjusted for inflation with SFY 2008/09 as the base period) was about \$3,687 for SFY 2013/14, which is a 4.2 percent decrease from SFY 2012/13 and a 16.5 percent decrease compared to SFY 2008/09.

Figure 1: Louisiana Medicaid Enrollees and Recipients



SFY 2012/13 & 2013/14 enrollee and recipient counts include LAP and GNOCHC, whereas previous years do not. See technical note on page 13 for a detailed explanation.

Figure 2: Louisiana Medicaid Average Annual Cost Per Recipient



Average annual real cost per recipient is calculated based on Consumer Price Index (CPI). CPI source: Bureau of Labor Statistics. (2013). Consumer Price Index – All Urban Consumers – U.S. Medical Care, Series ID: CUUR0000SAM. Retrieved from <http://data.bls.gov/cgi-bin/surveymost?cu>

ⁱ U.S. Census Bureau, Population Division. (March 2013). Annual Estimates of the Resident Population for Counties of Louisiana: April 1, 2010 to July 1, 2013. Retrieved from <http://www.census.gov/popest/data/counties/totals/2013/index.html>

ⁱⁱ Simple average, not a weighted average.

Medicaid Finances

Means of Finance

Medicaid is a means-tested, open-ended entitlement public assistance program established in 1965 by Title XIX of the Social Security Act, often referred to as “Title XIX”. Being an entitlement program, the federal and state governments cannot limit the number of eligible people who meet the established criteria and enroll into the various eligibility categories in Medicaid.

The Medicaid program is funded through federal and state funds. The federal share is based on Federal Medical Assistance Percentages (FMAP), which are updated each Federal Fiscal Year (FFY). State FMAPs normally range from 50 percent to 83 percent of program cost based on their latest available three year average Per Capita Personal Income (PCPI) in relation to the national average. During SFY 2013/14, Louisiana’s regular blended FMAP was 61.05 percent. However, due to hurricanes/disasters, the effective enhanced disaster FMAP for July 2013 to September 2013 was 65.51 percent, while October 2013 to June 2014 was 62.11 percent, causing the states blended FMAP to be 62.96 percent. The federal government also offers an enhanced FMAP for recipients in the State Children’s Health Insurance Program (SCHIP). Louisiana’s SCHIP program, known as LaCHIP, had a blended enhanced FMAP of 74.07 percent during SFY 2013/14.

Financial Factors

Being an entitlement program, Medicaid enrollment numbers and corresponding expenditures are impacted by economic and demographic (age, gender, etc.) factors. Examining these factors can help project future enrollment and financial characteristics of the Medicaid population.

The percentage of population living in poverty, defined by the Federal Poverty Guidelines (FPG), influences the level of state population reliant on Medicaid program services. Based on the Current Population Survey’s 2012-2013 average, 20.1 percent of the Louisiana population was considered living under 100 percent of the FPG, while 38.3 percent were living below 200 percent of the FPG (Table 1). These percentages compare to 14.7 percent and 31.6 percent respectively for the U.S. population, which categorizes Louisiana as a low income state. In comparison to the 2012-2013 poverty averages, Louisiana’s percentages decreased from 21.1 percent and 40.9 percent respectively. About 31 percent of Louisiana’s population was enrolled in Medicaid during SFY 2013/14.

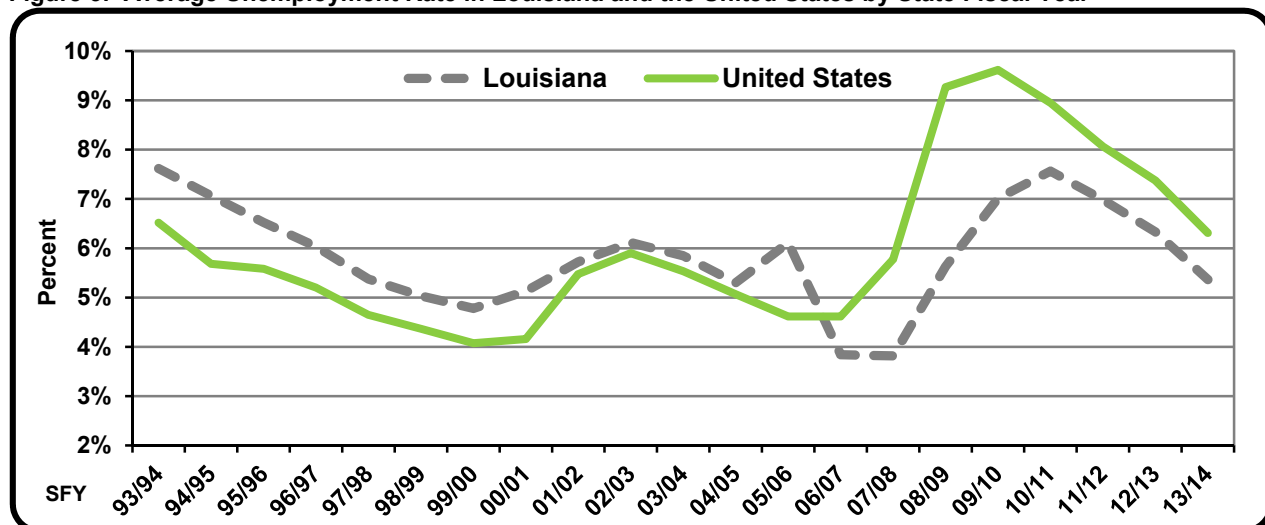
In addition to poverty rates, unemployment rates are also a major factor in the state population reliant on Medicaid programs. Since Medicaid serves mostly low-income individuals, an increase in unemployment could result in more people being eligible for Medicaid. Figure 3 shows average unemployment rates in Louisiana compared to the U.S. average over time. After tracking above the national average for two decades, the Louisiana rate started tracking more closely to the national average in SFY 2001/02 and finally dipped below the national rate in SFY 2006/07. This dip below the U.S. average unemployment rate could be attributed to Hurricanes Katrina and Rita bringing rebuilding jobs to Louisiana. For SFY 2013/14, Louisiana’s average unemployment rate was 5.4 percent, which was less than the national average unemployment rate of 6.3 percent. Overall, in SFY 2013/14 Louisiana’s average unemployment rate decreased compared to the previous SFY most likely due to some improvement in the economy, similar to the national economy.

Table 1: Population Poverty Status for All Income Levels, Average of Calendar Years 2012 and 2013

Poverty Level	Louisiana	United States
≤ 100% of Poverty	20.15%	14.75%
101% to 125% of Poverty	6.55%	4.70%
126% to 135% of Poverty	2.95%	2.45%
136% to 150% of Poverty	2.05%	2.55%
151% to 185% of Poverty	3.80%	4.40%
186% to 200% of Poverty	2.80%	2.75%
Total ≤ 200% of Poverty	38.30%	31.60%
Remainder of Population	61.70%	68.40%

U.S. Census Bureau. (2013). Current Population Survey: 2013 Annual Social and Economic Supplement, POV46 – Poverty Status by State: 2012. Retrieved from http://www.census.gov/hhes/www/cpstables/032013/pov/pov46_001.htm and (2014) Current Population Survey, Annual Social and Economic Supplement. Income and Poverty in the United States: 2013. Retrieved from <http://www.census.gov/hhes/www/cpstables/032014/pov/toc.htm>

Figure 3: Average Unemployment Rate in Louisiana and the United States by State Fiscal Year



U.S. Department of Labor, Bureau of Labor Statistics. (2013). Not Seasonally Adjusted Unemployment Rate. Series ID: LNU04000000 retrieved from <http://data.bls.gov/timeseries/LNU04000000> for United States and LAUST22000003 retrieved from <http://data.bls.gov/timeseries/LAUST22000003> for Louisiana

Louisiana State University (LSU), through the Louisiana Population Data Center, projected the state population for every five years from 2010 to 2030ⁱ. LSU projected that Louisiana's population will increase on average about 3 percent every five years. In addition to the increase in population, the population age mix is predicted to change greatly. The percentage growth of the 65+ age group is projected to increase while the other age groups are projected to decrease. As the 65+ age group continues to increase over the years, there could be a greater demand for Medicaid due to the increased need for health care services. Also, many of the services required by the 65+ age group are more expensive than that of other age groups, leading to increased Medicaid expenses in the future.

The 2013 Louisiana's Uninsured Population Report conducted by the LSU Public Policy Research Labⁱⁱ for the Department of Health and Hospitals showed that 4.4 percent of Louisiana children (under the age of 19) and 22.0 percent of non-elderly (age 19 to 64) adults were uninsured in 2013. For children under the age of 19, this rate represented an increase from the 3.5 percent rate in 2011 and was a decrease in coverage for more than 9,900 children. For the adults age 19 to 64, the uninsured rate represented a decrease from the 2011 estimate of 22.7 percent, which was an increase in coverage for more than 11,900 adults.

Medicaid Expenditures

As previously stated, the Medicaid program is jointly funded by federal and state funds with applicable FMAPs. The following discusses how the Louisiana Medicaid Program is funded and where the money is spent.

Medicaid expenditures are grouped into two types, Medical Vendor Program (MVP) and Medical Vendor Administration (MVA). The means of finance for Medicaid MVP expenditures, excluding MVA expenditures is presented in Table 2. For this report, unless otherwise stated, Medicaid numbers include Medicaid Title XIX and LaCHIP Title XXI. Out of \$7.5 billion total MVP expenditures, the effective overall state match rate came to be about 35.68 percent while federal match rate came to be about 64.32 percent for SFY 2013/14. The actual state share of Medicaid expenditures varies based on qualified expenditures, and ranges from 100 percent Federal Funds for items such as HIT (Health Information Technology) Electronic Health Records incentive payments, to 100 percent State Match for Clawback payments.

SFY 2013/14 Medicaid MVP expenditures by state appropriation are presented in Table 3. The private provider program accounts for about 54.21 percent of total Medicaid MVP expenditures. Public provider program represents 3.34 percent, buy-ins and supplements program represents 29.11 percent, and UCC accounts for 13.35 percent of MVP expenditures.

ⁱ Louisiana State University. Louisiana Population Projections to 2030. Retrieved from http://www.louisiana.gov/Explore/Population_Projections/

ⁱⁱ Barnes, Stephen, Kirby Goidel, and Dek Terrell. (2013). Louisiana's Uninsured Population: A Report from the 2013 Louisiana Health Insurance Survey. (November 2013). Retrieved from <http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/1586>

Table 4 presents the MVA expenditures. During SFY 2013/14, total Medicaid MVP expenditures were about \$7.5 billion for health care services delivery. To administer this \$7.5 billion MVP, about \$220

million was spent on MVA. This means that, taking both MVA and MVP into account, about 97 cents of every Medicaid dollar went directly to the delivery of health care services.

Table 2: Medical Vendor Program Expenditures Means of Finance by State Fiscal Year

Financing Category	2011/12		2012/13		2013/14	
	Expenditures (\$)	Percent	Expenditures (\$)	Percent	Expenditures (\$)	Percent
State General Fund	\$1,335,319,929	20.13%	\$1,424,860,360	20.03%	\$1,787,722,480	23.59%
Other Finance	595,362,800	8.97%	759,560,138	10.68%	916,334,518	12.09%
Total State Match	1,930,682,729	29.10%	2,184,420,498	30.71%	2,704,056,998	35.68%
Federal Funds	4,703,030,529	70.90%	4,928,921,444	69.29%	4,873,605,784	64.32%
Total	\$6,633,713,258	100.00%	\$7,113,341,942	100.00%	\$7,577,662,782	100.00%

Table 3: Medical Vendor Program Expenditures for Budget Programs by State Fiscal Year

Program	2011/12		2012/13		2013/14	
	Expenditures (\$)	Percent	Expenditures (\$)	Percent	Expenditures (\$)	Percent
Private Providers	\$4,484,850,415	67.61%	\$4,238,824,147	59.59%	\$4,107,732,217	54.21%
Public Providers	726,790,470	10.96%	441,694,864	6.21%	253,116,134	3.34%
Buy-Ins/Supplements	757,510,816	11.42%	1,967,657,802	27.66%	2,205,490,313	29.11%
Uncompensated Care	664,561,556	10.02%	465,165,129	6.54%	1,011,324,118	13.35%
Total	\$6,633,713,258	100.00%	\$7,113,341,942	100.00%	\$7,577,662,782	100.00%

Table 4: Medical Vendor Administration Expenditures Means of Finance by State Fiscal Year

Financing Category	2011/12		2012/13		2013/14	
	Expenditures (\$)	Percent	Expenditures (\$)	Percent	Expenditures (\$)	Percent
State General Fund	\$77,063,236	31.36%	\$83,688,259	38.10%	\$85,630,353	38.83%
Other Finance	11,023,397	4.49%	3,369,360	1.53%	1,266,686	0.57%
Total State Match	88,086,633	35.84%	87,057,619	39.64%	86,897,039	39.41%
Federal Funds	157,660,521	64.16%	132,576,469	60.36%	133,623,254	60.59%
Total	\$245,747,154	100.00%	\$219,634,088	100.00%	\$220,520,293	100.00%

Major Budget Categories

The Appropriations Act allocates Medicaid MVP funds into four broad budget programs:

A. Private Providers

Payments to non-state owned providers and facilities, including city and parish owned.

B. Public Providers

Payments to state owned providers and facilities, including certain local government entities and school boards.

C. Medicare Buy-Ins & Supplements

Payments to CMS on behalf of dual eligibles for Part A, Part B and Clawback, and for other agencies/entities for Medicaid enrollee's health care coverage and/or coordination. It also

includes reimbursement for claims paid by another entity on behalf of Medicaid recipients as well as Electronic Health Record (EHR) incentive payments paid to providers that participate in the EHR technology program.

D. Uncompensated Care Costs (UCC)

Payments toward compensation for care given in qualifying hospitals to uninsured individuals and those eligible for Medicaid with Medicaid reimbursement lower than the cost of service, and payments for GNOCHC waiver recipients who are otherwise ineligible for Medicaid.

Each of these broad budget programs are classified into separate Budget Categories of Service (BCOS) and are presented in Table 5 along with their respective expenditures.

Table 5: Expenditures by Budget Category of Service

A:	Private Providers	Expenditures (\$)
A_01	Adult Dentures	3,447,381
A_02	Ambulatory Surgical Clinics	2,528,951
A_03	Applied Behavioral Analysis	115,281
A_04	Case Management Services	6,369,685
A_05	Durable Medical Equipment	15,483,503
A_06	EPSDT (Screening and Early Diagnosis)	193,385,141
A_07	EarlySteps	6,915,423
A_08	Family Planning	10,568,212
A_09	Federally Qualified Health Centers	17,714,974
A_10	Hemodialysis Services	19,993,198
A_11	Home Health Services	30,809,496
A_12	Hospice Services	56,554,523
A_13	Hospital - Inpatient Services	439,892,449
A_14	Hospital - Outpatient Services	198,927,608
A_15	ICF/DD Community Homes	259,694,654
A_16	Laboratory and X-Ray Services	50,413,688
A_17	LT - PCS	235,415,937
A_18	Mental Health - Inpatient Services	1,248,480
A_19	Nursing Homes	903,967,402
A_20	PACE	9,862,582
A_21	Pharmaceutical Products and Services	105,924,779
A_22	Physician Services	304,088,749
A_23	Rural Health Clinics	31,461,592
A_24	Transportation: Emergency-Ambu	19,750,938
A_25	Transportation: Non-Emergency-Ambu	11,654,783
A_26	Transportation: Non-Emergency-Non-Ambu	10,012,027
A_27	Waiver: Adult Day Health Care	9,303,062
A_28	Waiver: Children's Choice	12,088,889
A_29	Waiver: Community Choices/EDA	109,648,768
A_30	Waiver: Family Planning	11,971,257
A_31	Waiver: NOW DD-Community Services	435,715,197
A_32	Waiver: Residential Options	916,705
A_33	Waiver: Supports	12,413,447
A_34	Other Private Providers	2,048,221
A_35	Supplemental Payments	567,425,236
Total Private Providers		\$4,107,732,217

B:	Public Providers	Expenditures (\$)
B_01	LSU - HCSD	35,424,952
B_02	LSU - EA Conway	5,212,165
B_03	LSU - Huey P. Long	1,377,128
B_04	LSUMC - Shreveport	37,427,367
B_05	DHH - State DD Facilities	115,954,325
B_06	DHH - State Nursing Homes	16,574,582
B_07	DHH - Office of Public Health	6,507,872
B_08	DHH - Community Mental Health	6,634
B_09	DHH - Psychiatric Free Standing Units	176,716
B_10	DHH - Local Governance Entities	57,843
B_11	State - Education	15,362,705
B_12	Local Education Agencies for SBH Services	19,033,845
Total Public Providers		\$253,116,134
C: Buy-Ins and Supplements		
C_01	Medicare Premiums & Supplements	283,966,623
C_02	Part-D Clawback	115,419,774
C_03	HIT - Electronic Health Records	42,079,870
C_04	Bayou Health	1,434,485,927
C_05	Louisiana Behavioral Health Partnership	329,538,118
Total Buy-Ins and Supplements		\$2,205,490,313
D: Uncompensated Care Costs		
D_01	LSU - HCSD	37,210,588
D_02	LSU - EA Conway	5,271,403
D_03	LSU - Huey P. Long	10,138,875
D_04	LSUMC - Shreveport	7,819,060
D_05	DHH - Psychiatric Free Standing Units	66,685,799
D_06	DHH - Villa Feliciana	0
D_07	Private Hospitals	857,932,502
D_08	GNOCHC - 1115 Waiver	26,265,891
Total Uncompensated Care Costs		\$1,011,324,118
Grand Total Medical Vendor Program		\$7,577,662,782

Private Providers

Figure 4 presents the top ten private provider programs by Medicaid expenditures excluding supplemental payments. The top four provider programs—nursing facilities, hospital services (inpatient and outpatient), New Opportunities Waiver and physician services—together account for about 64.4 percent of the private provider expenditures. The top ten private provider programs account for about 91.6 percent of private spending. An overview of each private BCOS is provided below.

A_01. Adult Dentures: A limited program of dentures, relines, and repairs for adults. Services are limited in scope and frequency and are subject to prior authorization.

A_02. Ambulatory Surgical Clinics: Provides surgical services not requiring hospitalization where expected stay of recipient does not exceed 24 hours.

A_03. Applied Behavioral Analysis: Provides behavioral therapy to persons under 21 years of age who have been diagnosed with a condition for which ABA-based therapy services are recognized as therapeutically appropriate, including autism spectrum disorder.

A_04. Case Management Services: Assists the recipient in prioritizing and defining desired personal outcomes, defining appropriate supports and services, and accessing these supports and services.

A_05. Durable Medical Equipment (DME): Medically necessary equipment, appliances and supplies. DME providers must obtain prior authorization.

A_06. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) & Related Services: The child-specific component of Louisiana Medicaid

designed to make health care available and accessible to children. The Health Services component of EPSDT provides evaluation and treatment for children with disabilities, primarily through school-based and early intervention services providers. The Louisiana screening component of EPSDT provides a framework for routine health, mental health and developmental screening of children from birth to age 21 as well as evaluation and treatment for illness, conditions or disabilities.

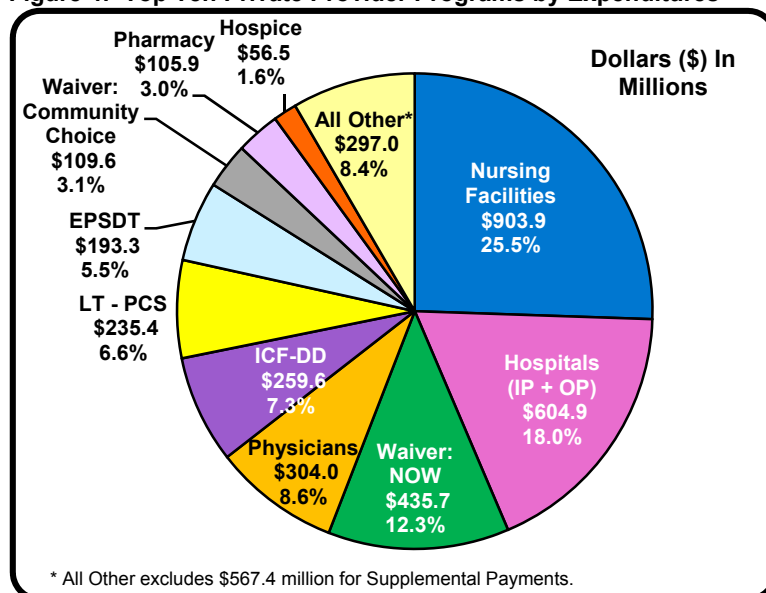
A_07. Early Steps: Louisiana's Early Intervention System that provides services to families with infants and toddlers from birth to three years who have a medical condition likely to result in or have a developmental delay. Services include family support coordination, occupational therapy, physical therapy, speech therapy, psychology and audiology.

A_08. Family Planning: Services to female Medicaid recipients for routine family planning services including doctor's visit, counseling, contraceptives, and certain lab services.

A_09. Federally Qualified Health Center (FQHC) Services: Physician or professional services and designated services and supplies incident to the physician or other professional services. Commonly known as community health centers, migrant health centers and health care for the homeless programs. FQHCs must meet federal requirements of the U.S. Department of Health and Human Services (DHHS) prior to Medicaid enrollment.

A_10. Hemodialysis Services: Dialysis treatment (including routine laboratory services), medically necessary non-routine laboratory services and medically necessary injections reimbursed to free-standing End Stage Renal Disease (ESRD) facilities.

Figure 4: Top Ten Private Provider Programs by Expenditures



A_11. Home Health Services: Intermittent or part-time skilled nursing services, personal care services, and physical, occupational and speech therapy services provided by a licensed home health agency in accordance with the plan of treatment ordered by a physician. Certain services may require prior authorization.

A_12. Hospice: Palliative care for the terminally ill patient and support for the family.

A_13. Hospital Inpatient Services: Inpatient hospital care and services. Inpatient services must be pre-certified in most instances if provided by an in-state hospital.

- A_14. Hospital Outpatient Services:** Outpatient hospital care and services. Some outpatient services must be prior authorized.
- A_15. Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) Community Homes:** Homes for the long-term care of developmentally disabled recipients.
- A_16. Laboratory and X-Ray Services:** Diagnostic testing performed by an independent laboratory or physician's office.
- A_17. Long Term Personal Care Services (LT-PCS):** Optional services for elderly or disabled recipients over age 21 who qualify for nursing facility level of care. Personal care services are defined as services that provide assistance with the Activities of Daily Living (ADL) and the Instrumental Activities of Daily Living (IADL).
- A_18. Mental Health – Inpatient Services:** Mental health evaluation, treatment and counseling services provided in an inpatient clinic.
- A_19. Nursing Homes:** Facilities that provide professional nursing and rehabilitation services on a 24-hours-a-day basis.
- A_20. PACE – Program for All Inclusive Care for the Elderly:** A service model that provides all Medicare and Medicaid services, as well as in-home supports to individuals who are 55 years of age or older, meet certain qualifications, and choose to participate.
- A_21. Pharmaceutical Products and Services:** Prescription services for prescriptions issued by a licensed physician, podiatrist, certified nurse practitioner or dentist.
- A_22. Physician Services:** Physician and other professional services, including those of the following professionals: physicians (including specialists), certified registered nurse anesthetists, nurse midwives, nurse practitioners, optometrists and podiatrists.
- A_23. Rural Health Clinics:** Provides physician or professional services and designated services and supplies incident to the physician or other professional services. Rural health clinics must meet federal requirements of the U.S. DHHS prior to Medicaid enrollment.
- A_24. Transportation Emergency – Ambulance:** Transportation provided by an ambulance for an unforeseen combination of circumstances which demands immediate attention at a medical facility to prevent serious impairment or loss of life. All services are subject to review for medical necessity of ambulance transportation.
- A_25. Transportation Non-Emergency – Ambulance:** Transportation provided by an ambulance in which no other means of transportation is available and/or the recipient is unable to ride in any other type of

vehicle. All services are subject to review for medical necessity of ambulance transportation.

- A_26. Transportation Non-Emergency – Non-Ambulance:** Transportation to and from routine medical appointments.
- A_27. Waiver¹ – Adult Day Health Care (ADHC):** Provides supervised care, through health and social services, to adults with disabilities or elders in a licensed day care facility, during part of the day.
- A_28. Waiver – Children's Choice (CC):** Provides supplemental support to children with developmental disabilities in their homes. Includes support coordination, center-based respite, environmental accessibility adaptations, and family training and family support.
- A_29. Waiver – Community Choices (CCW):** Provides services to elderly and disabled adults in their homes as an alternative to nursing home placement. Includes support coordination, personal assistance services, environmental modifications, adult day health care, home delivered meals and household supports.
- A_30. Waiver – Family Planning:** Provides females with family planning services to reduce unplanned pregnancies, thus improving quality of life and promoting better health practices for women.
- A_31. Waiver – New Opportunities (NOW) Developmentally Disabled – Community Services:** Provides home and community-based care services to individuals, age 3 and older, with developmental disabilities as an alternative to institutional care. Includes individual/family support, center-based respite, community integration and development, environmental accessibility adaptations, specialized medical equipment and supplies, and others.
- A_32. Waiver – Residential Options (ROW):** Allows recipients to utilize the principles of self-determination and supplements the family and/or the community supports that are available to maintain the individual in the community rather than institutional care. Includes support coordination, community living supports, companion care, host home, shared living, transitional services and others.
- A_33. Waiver – Supports (SW):** Provides focused, individualized vocational services to individuals age 18 and older as an alternative to institutional care. Includes support coordination, day habilitation, prevocational services, respite, habilitation and personal emergency response system.
- A_34. Other Private Provider Services:** Audiology, chiropractic, expanded dental program for pregnant women, personal care attendant, physical and occupational therapy, prenatal clinics, psychology, social work and other services.

¹ For more information and statistics concerning waivers, please refer to the HCBS Waivers Section on page 58.

A_35. Supplemental Payments: Payments that the federal government allows states to reimburse set provider types (hospitals, physicians and ambulance) for certain uncompensated care provided under Medicaid at an amount equal to what Medicare would have paid for the same service.

Public Providers

Payments to the public provider program include:

B_01. LSU – HCSD: Health Care Services Division is comprised of seven hospitals: Earl K. Long Medical Center (Baton Rouge), Lallie Kemp Medical Center (Independence), Leonard J. Chabert Medical Center (Houma), LSU HSC-HCSD (New Orleans), University Medical Center (Lafayette), Washington-St. Tammany Medical Center (Bogalusa) and Walter O. Moss Medical Center (Lake Charles).

B_02. LSU – EA Conway Medical Center (Monroe)

B_03. LSU – Huey P. Long Medical Center (Pineville)

B_04. LSU Medical Center (Shreveport)

B_05. DHH – State Developmentally Disabled (DD) Facilities: State DD facilities, includes Special School District #1.

B_06. DHH – State Nursing Home: Villa Feliciana Medical Complex.

B_07. DHH – Office of Public Health

B_08. DHH – Community Mental Health Clinics

B_09. DHH – Psychiatric Free Standing Units

B_10. DHH – Local Governance Entities (Districts)

B_11. State Education: Louisiana Special Education Center, Special School District #1 and Louisiana School for the Deaf.

B_12. Local Education Agencies for School Based Health Services: School Boards reimbursements.

Buy-Ins and Supplements

C_01. Medicare Premiums and Supplements: Permits the state, as part of its total assistance plan, to provide medical insurance protection to designated categories of needy individuals who are eligible for Medicaid and also meet the Medicare eligibility requirements. It has the effect of transferring some medical costs for this population from the Title XIX

Medicaid Program, which is partially state-financed, to the Title XVIII Medicare program, which is financed and managed by the federal government agency CMS. Matched federal money is available through the Medicaid program to assist the state with the premium payments for certain buy-in enrollees.

C_02. Part-D Clawback: Mandatory state dollars paid to the federal government beginning in January 2006 to help finance Medicare prescription drug coverage offered under Medicare Part-D for certain dual eligibles. The amount a state must pay depends on set guidelines the federal government has established under the Medicare Modernization Act of 2003 (MMA).

C_03. Health Information Technology (HIT) – Electronic Health Records: Incentive payments paid to eligible medical professionals and hospitals for adopting, implementing or upgrading certified EHR technology.

C_04. Bayou Health: Louisiana Medicaid state plan core benefits and services provided through Medicaid managed care program including three Prepaid Health Plans and two Shared Savings Health Plans.

C_05. Louisiana Behavioral Health Partnership (LBHP): Specialized behavioral health services provided through a system of care managed by Magellan Health Services for adults and children.

Uncompensated Care Costs

The following hospitals receive UCC payments:

D_01. LSU – HCSD: Health Care Services Division (For included hospitals refer to number B_01 under 'public providers').

D_02. LSU – EA Conway Medical Center (Monroe)

D_03. LSU – Huey P. Long Medical Center (Pineville)

D_04. LSU Medical Center (Shreveport)

D_05. DHH – Psychiatric Free Standing Units

D_06. DHH – Villa Feliciana Medical Complex

D_07. Qualifying Private Hospitals

D_08. Greater New Orleans Community Health Connection (GNOCHC): An 1115 Waiver established to provide primary and behavioral health services to those that live in the Greater New Orleans Area who are otherwise ineligible for Medicaid.

Medicaid Enrollment

Medicaid provides funding for health care to individuals and families who meet the eligibility criteria established by the state and approved by CMS. This report provides an overview of Louisiana Medicaid eligibility. For further details about the Louisiana Medicaid Program please visit our website at www.medicaid.dhh.louisiana.gov. The Medicaid Eligibility Manual is available online at <http://bhsfweb.dhh.la.gov/onlinemanualspub/>. Information is also available when calling the toll-free line at 1-888-342-6207 or 1-877-252-2447.

Eligibility Requirements and the Enrollment Process

Medicaid is an entitlement program that pays for health care on behalf of those who meet the established criteria and are enrolled. Louisiana is a Section 1634 state, which means that all individuals who receive Supplemental Security Income (SSI) are automatically enrolled in Medicaid. In addition, families who get financial assistance from the Economic Stability Office (ESO) through Louisiana's Temporary Aid to Needy Families (TANF) program, known as Family Independence Temporary Assistance Program (FITAP), are Medicaid eligible.

For an individual or family who does not get SSI or FITAP (TANF), the eligibility process begins with the completion of a Medicaid application form. Either the prospective beneficiary or an authorized representative may apply online, by mail, at a local Medicaid office or at a Medicaid Application Center. A face-to-face interview is not required. Contact information for local offices is listed in the inside front cover of this report with regional offices listed on the back cover.

Individuals who are not automatically eligible and apply for Medicaid must criteria and meet all of the eligibility requirements of one or more programs. An overview of the Medicaid programs offered in Louisiana is presented in Table 7 on pages 24 and 28 of this document.

Each state sets an income limit within federal guidelines for Medicaid eligibility groups and determines what income counts toward that limit. Part of the financial qualification for Medicaid is based upon the family size and relation of monthly income to the Federal Poverty Guidelines (FPG). Federal Poverty Guidelines are legislated by the federal government regarding what is considered the poverty level standard of living. Table 6 shows 2014 Federal Poverty Guidelines, with annual and monthly incomes according to family size. For

example, a four person family was considered living at 100 percent of FPG if the household income was \$23,850 annually (\$1,998 per month) and at 200 percent of FPG if the household income was \$47,700 annually (\$3,975 per month).

Figure 5 summarizes income requirements for many of the Medicaid programs. The major qualifying categories are listed along the bottom of the chart. Along the left axis of the chart is income as a percentage of the FPG. As shown in the eligibility chart, maximum income levels for different groupings of eligibility, such as age, disability and parental status, allow access to the Medicaid program depending upon the group in which the individual falls. While most eligibility categories allow access to the full array of Medicaid services, the individual's economic and medical circumstances may assign an enrollee to a more limited set of benefits. Table 7 includes a listing and description of the programs that make up the five major eligibility groupings:

1. **Children** (under age 19),
2. **Families** (Parents/Caretaker Relatives and Children),
3. **Women** (Pregnant and Breast or Cervical Cancer),
4. **Aged** (age 65 or older), **Blind** (corrected vision no better than 20/200) **and Disabled** (meet Social Security Administration's (SSA) disability criteria and have a physical or mental condition that is expected to prevent employment for a period of 12 consecutive months or that will result in death, and
5. **Other**

Eligibility determination is a federally approved process which is operated in the same manner throughout the state. In Louisiana, caseworkers in each of the nine regions of the Department of Health and Hospitals determine an individual's eligibility for Medicaid in accordance with standardized written policy. Processing times for applications vary depending on the coverage group and program under consideration, the amount of information the person is able to provide and how quickly all needed information is made available to Medicaid staff. Eligibility can be retroactive up to three months prior to the date of application. Eligibility is reviewed annually for most cases but more often in some programs. Decisions must be made within 45 days (90 days if a disability determination by the agency is required) from the date of application in most cases. Eligible individuals and families enrolled in the Louisiana Medicaid Program are issued a plastic Medicaid identification card.

Table 6: 2013 Federal Poverty Guidelines for All States (Except Alaska and Hawaii)

Family Size	Annual and Monthly Income in Dollars ¹										
		75%	100%	120%	133%	135%	150%	185%	200%	250%	300%
1	Annual	8,753	11,670	14,004	15,521	15,755	17,505	21,590	23,340	29,175	35,010
	Monthly	729	973	1,167	1,293	1,313	1,459	1,799	1,945	2,431	2,918
2	Annual	11,798	15,730	18,876	20,921	21,236	23,595	29,101	31,460	39,325	47,190
	Monthly	983	1,311	1,573	1,743	1,770	1,966	2,425	2,622	3,277	3,933
3	Annual	14,843	19,790	23,748	26,321	26,717	29,685	36,612	39,580	49,475	59,370
	Monthly	1,237	1,649	1,979	2,193	2,226	2,474	3,051	3,298	4,123	4,948
4	Annual	17,888	23,850	28,620	31,721	32,198	35,775	44,123	47,700	59,625	71,550
	Monthly	1,491	1,988	2,385	2,643	2,683	2,981	3,677	3,975	4,969	5,963
5	Annual	20,933	27,910	33,492	37,120	37,679	41,865	51,634	55,820	69,775	83,730
	Monthly	1,744	2,326	2,791	3,093	3,140	3,489	4,303	4,652	5,815	6,978
6	Annual	23,978	31,970	38,364	42,520	43,160	47,955	59,145	63,940	79,925	95,910
	Monthly	1,998	2,664	3,197	3,543	3,597	3,996	4,929	5,328	6,660	7,993
7	Annual	27,023	36,030	43,236	47,920	48,641	54,045	66,656	72,060	90,075	108,090
	Monthly	2,252	3,003	3,603	3,993	4,053	4,504	5,555	6,005	7,506	9,008
8 ²	Annual	30,068	40,090	48,108	53,320	54,122	60,135	74,167	80,180	100,225	120,270
	Monthly	2,506	3,341	4,009	4,443	4,510	5,011	6,181	6,682	8,352	10,023

¹ U.S. Department of Health and Human Services. (2014). 2014 Poverty Guidelines. Federal Register, Vol. 79, No. 14, January 22, 2014, pp. 3593-3594.

Retrieved from <http://aspe.hhs.gov/poverty/figures-fed-reg.shtml>

² For family units more than eight members, add \$4,060 annually and \$338 monthly for each additional member.

Figure 5: Louisiana Medicaid Coverage Groups and Income Eligibility Requirements

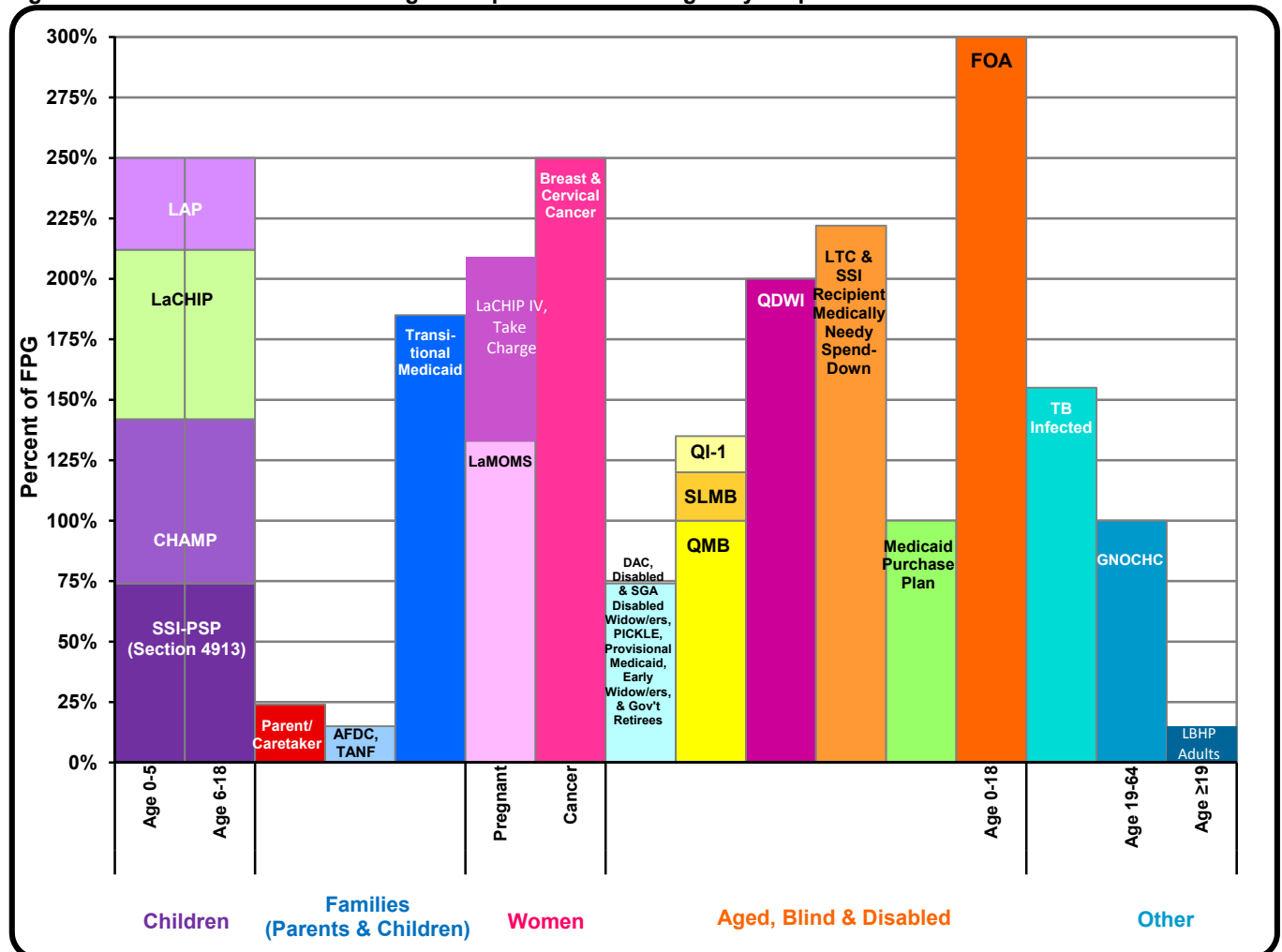


Table 7: Louisiana Medicaid Coverage Groups and Income Eligibility Requirements by Program

Program		Description	Income Limit
A. Children	A1. SSI-PSP (Section 4913)	Individuals under age 18 denied SSI cash because of a change in the definition of childhood disability	74% of poverty (+\$20); Assets limit: \$2,000 for individual
	A2. CHAMP – Low Income Children	Ages 0 to 5	142% of poverty*; No assets test
		Ages 6 to 18 (through 19 th birthday) Previously a LaCHIP population.	142% of poverty*; No assets test.
	A3. LaCHIP (Title XXI)	Ages 0 to 5	> 142% and up to 212% of poverty*; No assets test
		Ages 6 to 18 (through 19 th birthday)	> 108% and up to 212% of poverty*; No assets test
	A4. LaCHIP Affordable Plan (LAP)	Ages 0 to 18 (through 19 th birthday)	> 212% and up to 250% of poverty*; Some cost sharing involved; No assets test
	A5. Deemed Eligible Child	Age 0 (through first birthday)	Infants born to Medicaid eligible pregnant women
B. Families - Parents and Children	A6. CWO Children	Children under age 18 in Foster Care programs through the Department of Children & Family Services' Child Welfare Office (CWO)	Eligibility determined by the Child Welfare Office
	B1. Parent/Caretaker Relative Group*	Parent/Caretaker relative who lives with a dependent child*	19% of poverty*; No assets test
	B2. AFDC – Related Medically Needy	Children and families who have more income than allowed for LIFC	15% of poverty (individuals and couples); No assets test
	B3. AFDC – Related Spend down Medically Needy	Children and families who have more income than allowed but qualify once the amount spent on medical expenses is considered	No Limit. All income over 15% of poverty considered available to meet medical expenses for quarter; No assets test
	B4. TANF Recipients	Recipients of cash assistance as determined by the Department of Children & Family Services	15% of poverty; Assets limit: \$2,000
C. Women	B5. Transitional Medicaid	Continues coverage for families who lost LIFC or TANF eligibility because of an increase in earnings	No limit for first six months and 185% of poverty for coverage in seventh through twelfth month of transitional eligibility period; No assets test
	C1. CHAMP/LaMOMS – Pregnant Woman	Covers each month of a verified pregnancy and 2-month postpartum period	133% of poverty*; No assets test
	C2. LaCHIP IV (Title XXI)	Covers conception to birth for low-income, pregnant, non-Medicaid eligible mothers	209% of poverty*; No assets test
	C3. Take Charge – Family Planning Program	Women between ages 19 and 44 for family planning related services only	210% of poverty*; No assets test
D. Aged, Blind and Disabled	C4. Breast and Cervical Cancer	Women under 65 diagnosed with breast or cervical cancer, in a precancerous condition or early stage cancer	200% of poverty; No assets test
	D1. Disabled Adult Child (DAC)	Individuals over age 18 who become blind or disabled before age 22, and lost SSI eligibility on or after 7/1/87, as a result of entitlement to or increase in Social Security benefits	Social Security benefits are disregarded in determining countable income with limit 74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D2. Disabled Widows/Widowers	Individuals who lost SSI because of the 1984 Social Security Widow's/er's re-computation	Social Security 1984 Widow's/er's adjustment is disregarded in determining countable income with limit 74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D3. SSI Recipients	Aged and disabled recipients of federal SSI cash payments as determined by SSA	74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple

*Current regulation implemented in January 2014.

Table 7: Continued

Program		Description	Income Limit
D. Aged, Blind and Disabled	D4. SGA Disabled Widows/Widowers / Surviving Divorced Spouse	Individuals who are not entitled to Part A and lost SSI because of receipt of Social Security Disabled Widows/ers benefits	All cost of living raises and Social Security Disabled Widow's/er's benefits are disregarded in determining countable income with 74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D5. PICKLE	Former SSI Recipients of two different groups of aged, blind and disabled who lost SSI eligibility due to SSI cost of living increase	All cost of living raises are disregarded in determining countable income with limit 74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D6. Provisional Medicaid*	Aged and disabled individuals who meet SSI criteria without first having a SSI determination made by SSA	74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D7. Early Widows/ Widowers	Individuals who lost SSI because of receipt of Social Security early widow's/widower's benefits	Social Security Early Widow's/er's benefits are disregarded in determining countable income with limit 74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D8. QMB – Qualified Medicare Beneficiary	Pays Medicare Part A and B premiums, deductibles and co-insurance	100% of poverty; Asset limit: \$7,160 individual and \$10,750 couple
	D9. SLMB – Specified Low-Income Medicare Beneficiary	Pays Medicare Part-B premium only	> 100% and up to 120% of poverty; Assets limit: \$7,160 individual and \$10,750 couple
	D10. QI-1 – Qualified Individual Category 1	Pays Medicare Part-B premium only	> 120% and up to 135% of poverty; Assets limit: \$7,160 individual and \$10,750 couple
	D11. QDWI – Qualified Disabled Working Individual	Pays Medicare Part-A for non-aged individuals who lost SSI disability benefits and premium free Part-A coverage	200% of poverty; Assets limit: \$4,000 individual and \$6,000 couple
	D12. Long Term Care (Home and Community Based Services and Institutions)	Recipients who meet criteria for institutional level of care, residing in medical institutions such as nursing homes and ICF/DD or who receive care in their own home or in the community	222% of poverty (3 times the limit for SSI recipients); Assets limit: \$2,000 individual and \$3,000 couple (both reside in an institution); A "community" spouse (one not residing in an institution) can retain assets up to \$117,240
	D13. SSI Recipient – Medically Needy Spend-Down	Qualified individuals and families who may have "too much" income to qualify for regular Medicaid	All income over 15% of poverty is considered available to meet medical expenses for quarter – For Long Term Care (institutions only) all income over 222% of poverty; Assets limit: \$2,000 individual and \$3,000 couple
	D14. Medicaid Purchase Plan (MPP)	Working individuals that are age 16 to 64 with disabilities that matches SSA standards that can buy health coverage offered by Louisiana Medicaid	100% of poverty*; Assets limit: \$10,000 individual/couple
	D15. Family Opportunity Act (FOA)	Offers Medicaid Buy-in to families for children under age 19 with disabilities who are not eligible for SSI disability benefits due to income	300% of poverty; Families above 200% of poverty must pay a premium; No assets test
E. Other	E1. TB infected	Persons who have been diagnosed as, or are suspected of being infected with tuberculosis	155% of poverty*; No assets test
	E2. Greater New Orleans Community Health Connection (GNOCHC)	Individuals age 19 to 64 who are residents of Greater New Orleans Area and have been uninsured for at least 6 months; eligible for a limited set of services	100% of poverty*; No assets test
	E3. Emergency Services for Illegal/Ineligible Aliens	Coverage of illegal/undocumented aliens and documented aliens under the Medicaid 5-year bar for life-threatening emergency situations and labor/delivery of newborns	Must meet all requirements of another Medicaid program except for U.S. citizenship
	E4. Youth Aging Out of Foster Care	Individuals age 18 to 21 released from the Foster Care program due to turning age 18	No income or assets test
	E5. Louisiana Behavioral Health Partnership Adults	Individuals age 19 and older meeting categorical requirement and a behavioral health level of need but not otherwise eligible for Medicaid; coverage limited to certain behavioral health services	15% of poverty (individual) or when incurred medical expenses exceed any income over 15% of poverty; No assets test
	E6. Former Foster Children	Individuals age 18 to 26 released from the Foster Care program due to turning age 18	No income or assets test

*Current regulation implemented in January 2014.

Enrollment Statistics

Before presenting the statistical data, it is important to establish the difference between the terms Medicaid eligible, enrollee and recipient used in this report. These terms can seem interchangeable, but technically, especially in this report, they are not.

A **'Medicaid eligible'** is a person who fits the established eligibility criteria of the program, whether or not the person applied for Medicaid.

On the other hand, a **'Medicaid enrollee'** is a Medicaid eligible person who applied for and was approved by the Medicaid program to receive benefits regardless of whether he or she received any service and/or any claims were filed on his or her behalf.

Finally, a **'Medicaid recipient'** is an enrollee with at least one processed claim during the time period involved, in this case during SFY 2013/14 (July 1, 2013 to June 30, 2014), whether or not he or she was enrolled on the date the claim was paid, but was enrolled at the time the service for the claim was provided, as well as any person with Medicare Buy-in and Part-D premiums paid on his or her behalf. For example, there may be a processed claim during this particular period for services that were provided in a prior period for an individual though his or her eligibility ended before this SFY.

In regards to data, in some categories (e.g. within a parish) the number of recipients reported may exceed the number of enrollees for two main reasons. Firstly, an enrollee's case may have closed before SFY 2013/14 but a claim was paid on his or her behalf during SFY 2013/14. Thus, when a claim was paid in SFY 2013/14 for a person who received a service before SFY 2013/14, she or he will be counted as a recipient in SFY 2013/14 although this person is no longer eligible for Medicaid in SFY 2013/14. Secondly, providers may delay the submission of claims for many months. Medicaid's timely filing rule gives providers up to one year to

submit a claim and up to two years for payment of the timely filed claim. Thus, it is possible for a claim paid in SFY 2013/14 to be for a service rendered before SFY 2013/14. The payment could, therefore, occur long after the person identified as the recipient on the claim has left the program and is no longer an enrollee.

There are many ways to interpret enrollment under Medicaid, which will be discussed in the following sections.

Percentage of the Population

The percentage of the population enrolled in Louisiana Medicaid has consistently increased through the years (Table 8). During SFY 2013/14, about 30.6 percent of Louisianans were enrolled in Medicaid.

Table 9 presents total population, enrollees, percentage of the population enrolled in Medicaid, recipients, payments and payments per recipient by parish during SFY 2013/14. Parishes with low income per capita¹ seem to have large percentages of Medicaid enrollment, especially in the northeast parishes with East Carroll, Franklin, Madison, Morehouse, Richland, and Tensas all having 40 percent or more of their population enrolled in Medicaid, along with the parishes of Avoyelles, Bienville, Evangeline, Orleans, Red River, St. Bernard, and St. Landry, as shown in the map (Figure 6). Cameron Parish had the smallest percentage of Medicaid enrolled with only 10% of the parish's population enrolled in Medicaid. Tables 10 and 11 show population, enrollment, recipients and payment in each parish by race. The "Other" column includes individuals of two or more races as well as white and non-white Hispanics.

East Baton Rouge Parish had the highest payments paid on behalf of their recipients at about \$560 million, while Cameron Parish had the least amount paid on behalf of their recipients at about \$2 million.

Table 8: Enrollment, Population and Percentage of Population Enrolled by State Fiscal Year

SFY	Population Estimate ¹	Medicaid Enrollment ²	Percent of Population Enrolled
2008/09	4,435,586	1,238,470	27.9%
2009/10	4,491,648	1,307,952	29.1%
2010/11	4,544,125	1,346,504	29.6%
2011/12	4,574,766	1,362,410	29.7%
2012/13	4,601,893	1,414,370	30.7%
2013/14	4,625,470	1,417,304	30.6%

¹ Population estimates are based on the beginning of the SFY. U.S. Census Bureau, Population Division. (September 2011). Intercensal Estimates of the Resident Population for Counties of Louisiana: April 1, 2010 to July 1, 2013. Retrieved from <http://www.census.gov/popest/data/intercensal/county/CO-EST00INT-01.html>, and (March 2014) Annual Estimates of the Resident Population for Counties of Louisiana. Retrieved from <http://www.census.gov/popest/data/counties/totals/2013/index.html>

² Enrollment data was obtained in November 2014 from MARS Data Warehouse. Enrollment will vary depending on the date extracted due to processing. Enrollment counts are **unduplicated** for each SFY.

³ U.S. Census Bureau, 2009-2013 American Community Survey. (2013). Selected Economic Characteristics. Retrieved from <http://factfinder2.census.gov/>.

Table 9: Population, Enrollees Recipients and Payments by Parish

Parish		2013 Population ¹	Medicaid Enrollees ²	Enrollees/Population		Medicaid Recipients ²	Payments ³ (\$)	\$ per Recipient
				Ratio	Rank			
1	Acadia	62,204	22,356	36%	23	23,832	\$102,960,432	\$4,320
2	Allen	25,537	7,963	31%	40	8,486	35,772,403	4,215
3	Ascension	114,393	25,845	23%	60	27,172	98,338,788	3,619
4	Assumption	23,187	6,582	28%	50	7,008	29,882,190	4,264
5	Avoyelles	41,299	16,904	41%	11	17,699	88,078,351	4,976
6	Beauregard	36,167	11,073	31%	42	11,756	41,510,108	3,531
7	Bienville	13,981	5,669	41%	12	6,023	28,363,947	4,709
8	Bossier	123,823	29,187	24%	59	30,221	125,650,490	4,158
9	Caddo	254,887	86,270	34%	32	86,960	372,518,578	4,284
10	Calcasieu	195,296	59,481	30%	43	60,132	253,545,817	4,216
11	Caldwell	9,989	3,813	38%	19	3,976	19,856,894	4,994
12	Cameron	6,744	701	10%	64	700	1,904,301	2,720
13	Catahoula	10,238	3,941	38%	17	4,150	19,834,855	4,779
14	Claiborne	16,650	5,014	30%	45	5,273	23,411,784	4,440
15	Concordia	20,442	8,051	39%	14	8,320	35,290,700	4,242
16	De Soto	27,083	8,853	33%	34	9,020	34,445,619	3,819
17	East Baton Rouge	445,227	126,756	28%	49	129,566	560,224,267	4,324
18	East Carroll	7,529	3,837	51%	1	3,961	25,275,642	6,381
19	East Feliciana	19,728	6,528	33%	33	6,764	48,455,522	7,164
20	Evangeline	33,578	13,989	42%	8	14,631	71,428,050	4,882
21	Franklin	20,571	8,516	41%	9	8,811	45,578,998	5,173
22	Grant	22,030	7,034	32%	37	7,497	29,805,076	3,976
23	Iberia	73,878	27,177	37%	21	28,690	119,375,069	4,161
24	Iberville	33,367	11,468	34%	29	11,869	51,333,524	4,325
25	Jackson	16,112	4,434	28%	52	4,608	25,911,572	5,623
26	Jefferson	434,767	149,246	34%	31	142,059	482,291,797	3,395
27	Jefferson Davis	31,301	10,157	32%	35	10,497	46,960,539	4,474
28	Lafayette	230,845	56,740	25%	57	58,641	240,144,495	4,095
29	Lafourche	97,141	24,792	26%	56	26,072	103,412,146	3,966
30	La Salle	14,777	4,080	28%	51	4,312	24,098,089	5,589
31	Lincoln	47,414	12,528	26%	54	12,814	62,582,786	4,884
32	Livingston	134,053	34,766	26%	55	36,170	119,527,236	3,305
33	Madison	11,927	5,230	44%	5	5,331	24,882,347	4,667
34	Morehouse	27,057	11,863	44%	6	12,389	62,039,950	5,008
35	Natchitoches	39,138	14,012	36%	24	14,429	58,089,557	4,026
36	Orleans	378,715	155,258	41%	10	144,125	511,449,113	3,549
37	Ouachita	156,220	54,223	35%	28	54,673	237,282,518	4,340
38	Plaquemines	23,550	6,890	29%	47	6,634	23,164,623	3,492
39	Pointe Coupee	22,499	7,096	32%	38	7,339	36,350,720	4,953
40	Rapides	132,723	46,674	35%	27	47,522	365,908,316	7,700
41	Red River	8,894	3,597	40%	13	3,653	14,786,272	4,048
42	Richland	20,857	8,714	42%	7	8,906	50,830,511	5,707
43	Sabine	24,235	7,441	31%	41	7,681	32,277,844	4,202
44	St. Bernard	43,482	19,680	45%	2	18,320	50,875,237	2,777
45	St. Charles	52,617	12,683	24%	58	13,434	43,222,649	3,217
46	St. Helena	10,875	2,925	27%	53	3,150	14,164,418	4,497
47	St. James	21,752	6,624	30%	44	6,912	24,080,869	3,484
48	St. John	43,761	16,000	37%	22	16,494	53,136,089	3,222
49	St. Landry	83,454	37,373	45%	3	38,302	174,298,958	4,551
50	St. Martin	52,936	16,531	31%	39	16,841	66,714,985	3,961
51	St. Mary	53,543	19,752	37%	20	20,478	70,384,921	3,437
52	St. Tammany	242,333	52,479	22%	62	53,833	198,114,957	3,680
53	Tangipahoa	125,412	48,070	38%	18	48,507	216,942,557	4,472
54	Tensas	4,908	2,180	44%	4	2,232	9,350,698	4,189
55	Terrebonne	112,749	36,406	32%	36	36,989	136,518,524	3,691
56	Union	22,344	7,978	36%	25	7,898	31,282,471	3,961
57	Vermilion	59,253	17,403	29%	46	17,729	73,110,964	4,124
58	Vernon	52,606	11,749	22%	61	12,135	42,470,081	3,500
59	Washington	46,419	18,130	39%	16	18,612	83,218,552	4,471
60	Webster	40,678	14,497	36%	26	14,567	63,427,430	4,354
61	West Baton Rouge	24,573	7,017	29%	48	7,119	25,601,183	3,596
62	West Carroll	11,465	4,489	39%	15	4,467	21,990,648	4,923
63	West Feliciana	15,444	2,727	18%	63	2,761	17,380,280	6,295
64	Winn	14,813	5,090	34%	30	5,164	25,131,190	4,867
State Total		4,625,470	1,417,304	31%		1,407,815	\$6,226,249,493	\$4,423

¹ Population estimates are based on the beginning of the SFY. U.S. Census Bureau, Population Division. (March 2014) Annual Estimates of the Resident Population for Counties of Louisiana. Retrieved from <http://www.census.gov/popest/data/counties/totals/2013/index.html>

² Individual parish enrollee and recipient counts may not sum to the total state count due to movement between parishes during the SFY; the state figures are **unduplicated** for entire state, while numbers are **unduplicated** within the parish.

³ Payments are based on recipient parish payments.

Table 10: Population and Enrollees by Race and Parish

Parish		2013 Population ¹				Enrollees ²			
		African-American	White	Other ³	Total	African-American	White	Other	Total
1	Acadia	11,268	48,553	2,383	62,204	7,370	13,581	1,405	22,356
2	Allen	5,866	18,030	1,641	25,537	1,982	5,402	579	7,963
3	Ascension	25,756	80,055	8,582	114,393	10,606	11,643	3,596	25,845
4	Assumption	6,849	15,421	917	23,187	3,570	2,576	436	6,582
5	Avoyelles	12,050	27,238	2,011	41,299	6,838	8,728	1,338	16,904
6	Beauregard	4,714	28,765	2,688	36,167	1,855	8,389	829	11,073
7	Bienville	5,857	7,631	493	13,981	2,997	2,325	347	5,669
8	Bossier	26,060	84,638	13,125	123,823	11,536	13,518	4,133	29,187
9	Caddo	121,445	118,983	14,459	254,887	59,271	20,512	6,487	86,270
10	Calcasieu	48,695	134,554	12,047	195,296	23,229	31,054	5,198	59,481
11	Caldwell	1,686	7,883	420	9,989	800	2,823	190	3,813
12	Cameron	140	6,279	325	6,744	33	626	42	701
13	Catahoula	3,245	6,741	252	10,238	1,594	2,135	212	3,941
14	Claiborne	8,402	7,716	532	16,650	3,436	1,246	332	5,014
15	Concordia	8,232	11,667	543	20,442	4,487	3,205	359	8,051
16	De Soto	10,232	15,540	1,311	27,083	5,092	3,134	627	8,853
17	East Baton Rouge	203,210	204,571	37,446	445,227	92,097	20,650	14,009	126,756
18	East Carroll	5,081	2,177	271	7,529	3,156	531	150	3,837
19	East Feliciana	8,698	10,376	654	19,728	3,694	2,464	370	6,528
20	Evangeline	9,453	22,756	1,369	33,578	5,915	7,219	855	13,989
21	Franklin	6,447	13,586	538	20,571	4,128	4,074	314	8,516
22	Grant	3,422	16,989	1,619	22,030	1,230	5,334	470	7,034
23	Iberia	23,522	44,334	6,022	73,878	13,833	10,845	2,499	27,177
24	Iberville	16,088	16,002	1,277	33,367	7,556	3,269	643	11,468
25	Jackson	4,695	10,877	540	16,112	1,937	2,193	304	4,434
26	Jefferson	113,711	237,715	83,341	434,767	63,924	48,348	36,974	149,246
27	Jefferson Davis	5,317	24,535	1,449	31,301	2,753	6,713	691	10,157
28	Lafayette	59,487	154,027	17,331	230,845	27,215	22,851	6,674	56,740
29	Lafourche	13,000	75,011	9,130	97,141	7,828	13,765	3,199	24,792
30	La Salle	1,790	12,297	690	14,777	583	3,183	314	4,080
31	Lincoln	19,453	25,117	2,844	47,414	7,525	3,811	1,192	12,528
32	Livingston	7,927	119,006	7,120	134,053	3,710	27,797	3,259	34,766
33	Madison	7,376	4,185	366	11,927	4,197	794	239	5,230
34	Morehouse	12,841	13,465	751	27,057	7,293	4,080	490	11,863
35	Natchitoches	16,100	20,917	2,121	39,138	8,393	4,608	1,011	14,012
36	Orleans	223,742	117,377	37,596	378,715	122,858	14,322	18,078	155,258
37	Ouachita	57,565	91,682	6,973	156,220	31,631	19,541	3,051	54,223
38	Plaquemines	4,659	15,737	3,154	23,550	2,246	3,440	1,204	6,890
39	Pointe Coupee	7,965	13,675	859	22,499	4,176	2,476	444	7,096
40	Rapides	42,148	81,960	8,615	132,723	22,135	20,240	4,299	46,674
41	Red River	3,492	5,166	236	8,894	2,014	1,373	210	3,597
42	Richland	7,417	12,701	739	20,857	4,662	3,641	411	8,714
43	Sabine	4,049	16,598	3,588	24,235	2,237	4,408	796	7,441
44	St. Bernard	9,125	28,129	6,228	43,482	6,258	10,583	2,839	19,680
45	St. Charles	13,638	34,636	4,343	52,617	5,869	5,310	1,504	12,683
46	St. Helena	5,731	4,833	311	10,875	1,998	732	195	2,925
47	St. James	10,694	10,451	607	21,752	4,970	1,264	390	6,624
48	St. John	23,745	16,842	3,174	43,761	10,959	3,579	1,462	16,000
49	St. Landry	34,195	46,242	3,017	83,454	20,349	14,425	2,599	37,373
50	St. Martin	16,096	34,294	2,546	52,936	8,105	7,202	1,224	16,531
51	St. Mary	17,225	30,378	5,940	53,543	8,570	8,452	2,730	19,752
52	St. Tammany	28,607	193,243	20,483	242,333	12,751	33,631	6,097	52,479
53	Tangipahoa	37,639	80,273	7,500	125,412	22,965	21,181	3,924	48,070
54	Tensas	2,674	2,075	159	4,908	1,603	475	102	2,180
55	Terrebonne	21,043	76,810	14,896	112,749	11,208	19,043	6,155	36,406
56	Union	5,815	15,326	1,203	22,344	3,293	3,933	752	7,978
57	Vermilion	8,662	46,581	4,010	59,253	4,934	10,839	1,630	17,403
58	Vernon	7,334	37,037	8,235	52,606	2,088	8,476	1,185	11,749
59	Washington	13,996	30,701	1,722	46,419	7,415	9,664	1,051	18,130
60	Webster	13,622	25,474	1,582	40,678	7,062	6,458	977	14,497
61	West Baton Rouge	9,265	14,217	1,091	24,573	3,996	2,470	551	7,017
62	West Carroll	1,804	9,166	495	11,465	1,060	3,209	220	4,489
63	West Feliciana	7,052	8,001	391	15,444	1,570	985	172	2,727
64	Winn	4,482	9,738	593	14,813	2,026	2,769	295	5,090
State Total		1,481,596	2,756,980	386,894	4,625,470	722,170	536,294	158,840	1,417,304

¹ Population estimates are based on the beginning of the SFY. U.S. Census Bureau, Population Division. (March 2013). Annual Estimates of the Resident Population for Counties of Louisiana by Sex, Race, and Hispanic Origin: July 1, 2013. Retrieved from <http://www.census.gov/popest/data/counties/asrh/2013/index.html>

² Individual parish enrollee and recipient counts may not sum to the total state count due to movement between parishes during the SFY; the state figures are **unduplicated** for entire state, while numbers are **unduplicated** within the parish.

³ "Other" category includes Hispanic and mixed-race individuals.

Table 11: Recipients and Payments by Race and Parish

	Parish	Recipients ¹				Payments ²			
		African-American	White	Other	Total	African-American	White	Other	Total
1	Acadia	7,822	14,547	1,463	23,832	31,916,223	61,502,230	9,541,978	102,960,432
2	Allen	2,094	5,789	603	8,486	9,439,514	23,470,685	2,862,204	35,772,403
3	Ascension	11,257	12,227	3,688	27,172	40,386,349	44,941,616	13,010,822	98,338,788
4	Assumption	3,783	2,775	450	7,008	15,084,497	12,320,343	2,477,350	29,882,190
5	Avoyelles	7,072	9,224	1,403	17,699	32,538,330	46,172,057	9,367,964	88,078,351
6	Beauregard	1,945	8,958	853	11,756	8,150,724	30,073,557	3,285,827	41,510,108
7	Bienville	3,175	2,474	374	6,023	13,698,144	11,751,253	2,914,550	28,363,947
8	Bossier	11,998	14,064	4,159	30,221	46,387,622	64,978,018	14,284,850	125,650,490
9	Caddo	59,749	20,830	6,381	86,960	229,282,870	109,047,939	34,187,769	372,518,578
10	Calcasieu	23,513	31,486	5,133	60,132	94,508,471	137,217,014	21,820,333	253,545,817
11	Caldwell	827	2,966	183	3,976	4,378,531	14,313,394	1,164,969	19,856,894
12	Cameron	36	620	44	700	113,959	1,700,145	90,198	1,904,301
13	Catahoula	1,681	2,258	211	4,150	7,621,914	10,698,074	1,514,867	19,834,855
14	Claiborne	3,598	1,340	335	5,273	15,774,099	5,994,268	1,643,417	23,411,784
15	Concordia	4,635	3,312	373	8,320	20,536,076	12,631,422	2,123,203	35,290,701
16	De Soto	5,177	3,222	621	9,020	20,759,795	10,996,576	2,689,248	34,445,619
17	East Baton Rouge	94,067	21,682	13,817	129,566	369,798,585	129,037,629	61,388,053	560,224,267
18	East Carroll	3,240	570	151	3,961	20,377,029	3,224,270	1,674,343	25,275,642
19	East Feliciana	3,804	2,592	368	6,764	25,092,903	18,849,294	4,513,325	48,455,522
20	Evangeline	6,090	7,652	889	14,631	30,649,342	33,932,126	6,846,582	71,428,050
21	Franklin	4,242	4,254	315	8,811	20,300,790	23,033,642	2,244,566	45,578,998
22	Grant	1,305	5,694	498	7,497	6,442,494	20,226,144	3,136,438	29,805,076
23	Iberia	14,534	11,550	2,606	28,690	57,941,227	50,166,318	11,267,524	119,375,069
24	Iberville	7,810	3,414	645	11,869	31,031,353	15,962,532	4,339,639	51,333,524
25	Jackson	1,997	2,301	310	4,608	10,221,179	13,541,800	2,148,593	25,911,572
26	Jefferson	62,168	45,459	34,432	142,059	197,749,500	184,359,195	100,183,103	482,291,797
27	Jefferson Davis	2,829	6,959	709	10,497	10,792,130	31,536,598	4,631,811	46,960,539
28	Lafayette	28,153	23,792	6,696	58,641	104,466,468	105,924,226	29,753,802	240,144,495
29	Lafourche	8,205	14,552	3,315	26,072	28,693,654	63,491,980	11,226,512	103,412,146
30	La Salle	613	3,363	336	4,312	3,640,785	17,324,764	3,132,540	24,098,089
31	Lincoln	7,682	3,934	1,198	12,814	37,861,711	19,928,820	4,792,255	62,582,786
32	Livingston	3,937	28,903	3,330	36,170	11,108,469	97,783,512	10,635,256	119,527,236
33	Madison	4,278	809	244	5,331	19,368,548	4,201,702	1,312,097	24,882,347
34	Morehouse	7,545	4,340	504	12,389	34,519,040	23,450,704	4,070,207	62,039,950
35	Natchitoches	8,627	4,792	1,010	14,429	34,386,071	19,065,980	4,637,505	58,089,557
36	Orleans	115,588	12,252	16,285	144,125	390,712,008	59,462,578	61,274,528	511,449,113
37	Ouachita	31,934	19,778	2,961	54,673	128,536,837	94,354,731	14,390,950	237,282,518
38	Plaquemines	2,179	3,368	1,087	6,634	7,389,545	12,331,292	3,443,786	23,164,623
39	Pointe Coupee	4,293	2,609	437	7,339	20,271,694	13,093,744	2,985,282	36,350,720
40	Rapides	22,505	20,674	4,343	47,522	138,464,697	193,232,789	34,210,831	365,908,316
41	Red River	2,018	1,420	215	3,653	8,022,931	5,411,678	1,351,663	14,786,272
42	Richland	4,724	3,769	413	8,906	26,279,883	21,302,317	3,248,312	50,830,511
43	Sabine	2,289	4,591	801	7,681	10,129,074	18,943,579	3,205,191	32,277,844
44	St. Bernard	5,847	9,859	2,614	18,320	15,552,677	28,509,265	6,813,296	50,875,237
45	St. Charles	6,244	5,636	1,554	13,434	17,903,296	20,134,880	5,184,473	43,222,649
46	St. Helena	2,146	795	209	3,150	9,836,185	3,290,644	1,037,589	14,164,418
47	St. James	5,205	1,333	374	6,912	16,504,811	5,819,899	1,756,159	24,080,869
48	St. John	11,361	3,671	1,462	16,494	35,036,950	13,313,581	4,785,559	53,136,089
49	St. Landry	20,780	14,874	2,648	38,302	88,153,041	68,537,819	17,608,098	174,298,958
50	St. Martin	8,245	7,373	1,223	16,841	30,933,593	30,095,758	5,685,634	66,714,985
51	St. Mary	8,875	8,823	2,780	20,478	30,935,960	30,756,245	8,692,716	70,384,921
52	St. Tammany	13,098	34,608	6,127	53,833	44,577,246	131,205,701	22,332,009	198,114,957
53	Tangipahoa	23,097	21,524	3,886	48,507	92,348,954	107,793,081	16,800,522	216,942,557
54	Tensas	1,639	490	103	2,232	7,309,057	1,585,165	456,477	9,350,698
55	Terrebonne	11,439	19,380	6,170	36,989	42,818,982	73,727,923	19,971,619	136,518,524
56	Union	3,270	3,874	754	7,898	13,055,073	15,949,219	2,278,179	31,282,471
57	Vermilion	5,008	11,036	1,685	17,729	17,238,914	46,935,279	8,936,771	73,110,964
58	Vernon	2,132	8,784	1,219	12,135	7,350,013	30,851,134	4,268,934	42,470,081
59	Washington	7,649	9,902	1,061	18,612	33,736,254	44,219,256	5,263,042	83,218,552
60	Webster	7,043	6,562	962	14,567	29,848,975	28,566,778	5,011,678	63,427,430
61	West Baton Rouge	4,086	2,493	540	7,119	14,304,535	9,021,964	2,274,684	25,601,183
62	West Carroll	1,062	3,191	214	4,467	4,876,140	15,786,262	1,328,246	21,990,648
63	West Feliciana	1,571	1,011	179	2,761	8,778,919	7,693,246	908,115	17,380,280
64	Winn	2,065	2,799	300	5,164	10,303,439	12,935,263	1,892,488	25,131,190
State Total		715,635	539,017	153,163	1,407,815	2,946,228,075	2,617,710,893	662,310,526	6,226,249,493

¹ Individual parish enrollee and recipient counts may not sum to the total state count due to movement between parishes during the SFY; the state figures are **unduplicated** for entire state, while numbers are **unduplicated** within the parish.

² Payments are based on recipient parish payments.

Figure 6: Percentage of Population Enrolled in Medicaid by Parish

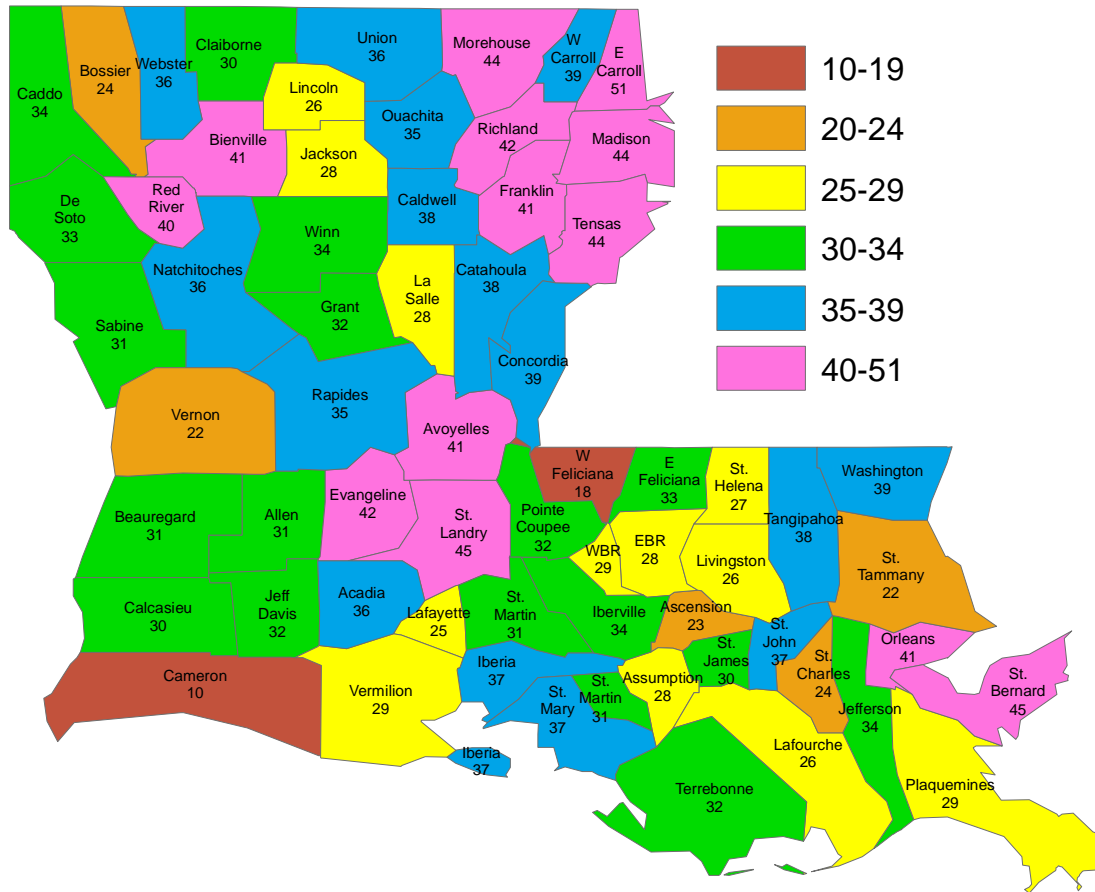


Figure 7: Payments per Recipient by Parish

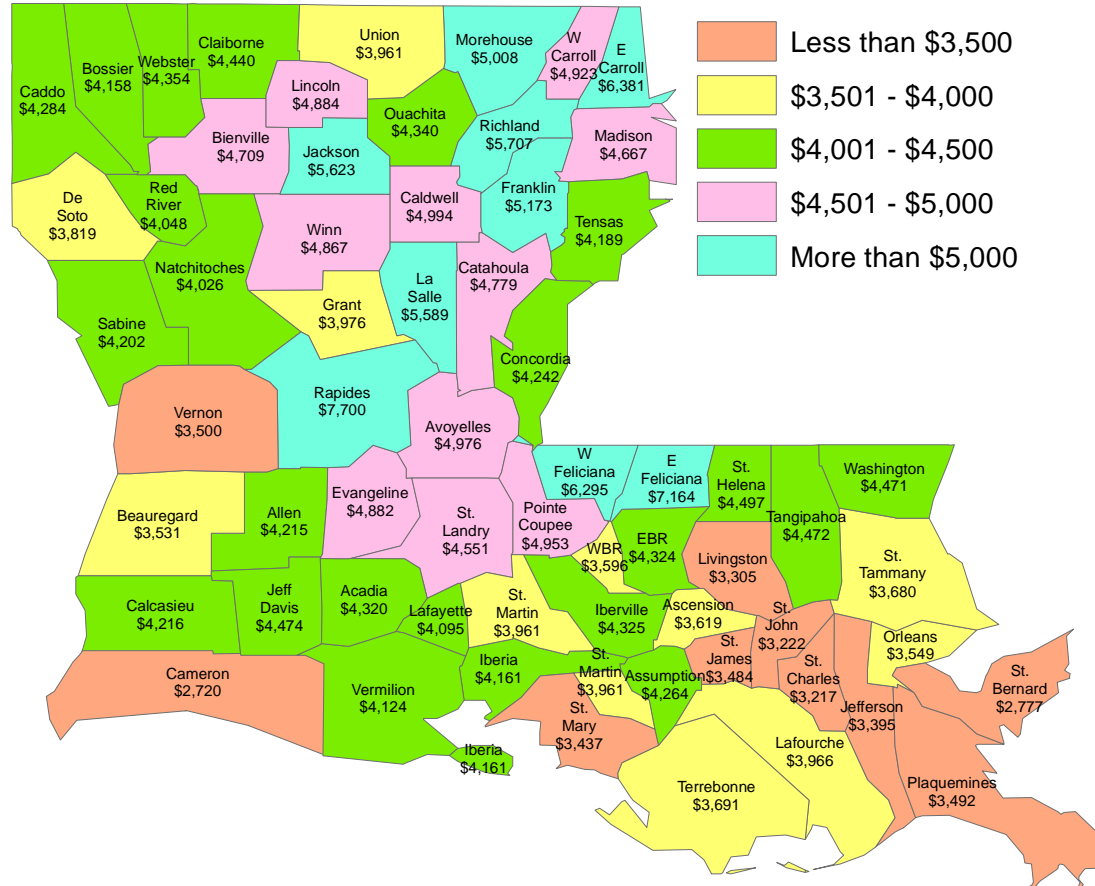


Table 12 presents total population, enrollees, percentage of population enrolled, recipients, payments and payments per recipient by region during SFY 2013/14. Greater New Orleans Area had the largest percentage of population enrolled in Medicaid at 37 percent followed by Northeast Louisiana at 35 percent. The Capital Area had the smallest percentage of population enrolled in Medicaid at 27 percent.

The Greater New Orleans Area had the highest payments paid on behalf of their recipients at about \$1,067 million, while Southwest Louisiana had the least amount paid on behalf of their recipients at about \$379 million.

Tables 13, 14, and 15 break down the number of payments, enrollees and recipients for each region by race and gender.

Table 12: Population, Enrollees Recipients and Payments by Region

Region	2013 Population ¹	Medicaid Enrollees ²	Enrollees/Population		Medicaid Recipients ²	Payments ³ (\$)	\$ per Recipient
			Ratio	Rank			
1 - Greater New Orleans Area	880,514	322,104	37%	1	299,174	1,067,780,771	\$3,569
2 - Capital Area	75,231	184,035	27%	9	187,777	837,684,284	4,461
3 - South Central Louisiana	404,750	120,445	30%	7	123,698	460,637,386	3,724
4 - Acadiana	596,148	184,712	31%	4	189,004	848,032,953	4,487
5 - Southwest Louisiana	295,045	87,831	30%	6	89,469	379,693,169	4,244
6 - Central Louisiana	308,928	101,483	33%	3	103,916	630,616,658	6,069
7 - Northwest Louisiana	549,369	168,772	31%	5	170,414	752,971,520	4,418
8 - Northeast Louisiana	356,393	124,285	35%	2	125,410	616,865,033	4,919
9 - Northshore Area	559,092	153,659	27%	8	156,202	631,967,719	4,046
State Total	4,625,470	1,417,304	31%		1,407,815	\$6,226,249,493	\$4,423

Table 13: Payments by Region, Race and Gender³

Region	African-American			White		
	Male	Female	Total	Male	Female	Total
1 - Greater New Orleans Area	\$261,154,201	350,249,529	611,403,730	123,517,549	161,144,780	284,662,329
2 - Capital Area	228,479,705	281,184,633	509,664,338	105,015,362	133,584,663	238,600,026
3 - South Central Louisiana	75,243,573	111,734,577	186,978,149	85,648,663	133,916,187	219,564,850
4 - Acadiana	144,822,224	216,476,585	361,298,808	160,423,134	236,670,622	397,093,757
5 - Southwest Louisiana	55,984,208	67,020,590	123,004,798	94,276,555	129,721,443	223,997,998
6 - Central Louisiana	106,052,921	120,844,826	226,897,747	162,081,780	181,989,866	344,071,646
7 - Northwest Louisiana	178,051,895	230,237,686	408,289,581	111,516,708	163,239,361	274,756,069
8 - Northeast Louisiana	139,633,749	187,450,067	327,083,816	103,319,785	147,352,240	250,672,025
9 - Northshore Louisiana	83,086,724	108,520,385	191,607,109	161,862,393	222,429,800	384,292,193
State Total	\$1,272,509,198	\$1,673,718,877	\$2,946,228,075	\$1,107,661,930	\$1,510,048,963	\$2,617,710,893

Table 13: Payments by Region, Race and Gender (Continued)

Other			Total			Region
Male	Female	Total	Male	Female	Total	
\$75,324,341	96,389,771	171,714,712	459,996,691	607,784,080	1,067,780,771	1 - Greater New Orleans Area
39,484,962	49,934,959	89,419,920	372,980,029	464,704,255	837,684,284	2 - Capital Area
22,517,201	31,577,186	54,094,387	183,409,437	277,227,949	460,637,386	3 - South Central Louisiana
34,890,133	54,750,254	89,640,388	340,135,491	507,897,462	848,032,953	4 - Acadiana
13,426,260	19,264,113	32,690,373	163,687,023	216,006,146	379,693,169	5 - Southwest Louisiana
26,868,076	32,779,189	59,647,265	295,002,777	335,613,882	630,616,658	6 - Central Louisiana
28,960,910	40,964,960	69,925,870	318,529,513	434,442,007	752,971,520	7 - Northwest Louisiana
16,022,496	23,086,697	39,109,193	258,976,030	357,889,003	616,865,033	8 - Northeast Louisiana
24,533,267	31,535,150	56,068,417	269,482,384	362,485,335	631,967,719	9 - Northshore Louisiana
\$282,028,247	\$380,282,247	\$662,310,526	\$2,662,199,375	\$3,564,050,119	\$6,226,249,493	State Total

¹ Population estimates are based on the beginning of the SFY. U.S. Census Bureau, Population Division. (March 2014) Annual Estimates of the Resident Population for Counties of Louisiana. Retrieved from <http://www.census.gov/popest/data/counties/totals/2013/index.html>

² Individual region enrollee and recipient counts may not sum to the total state count due to movement between regions during the SFY; the state figures are **unduplicated** for entire state, while numbers are **unduplicated** within the region.

³ Payments are based on recipient region payments.

Table 14: Enrollees by Region, Race and Gender

Region		1 Greater New Orleans Area	2 Capital Area	3 South Central Louisiana	4 Acadiana	5 Southwest Louisiana	6 Central Louisiana	7 Northwest Louisiana	8 Northeast Louisiana	9 Northshore Louisiana	Total
African-American	Male	76,723	49,411	21,017	34,836	12,291	17,033	40,861	28,423	19,815	294,964
	Female	112,447	72,310	30,958	50,308	17,299	23,418	58,365	41,251	28,380	427,206
	Total	189,170	121,721	51,975	85,144	29,590	40,451	99,226	69,674	48,195	722,170
White	Male	32,070	17,380	21,199	33,376	20,763	21,655	22,249	19,345	37,282	219,665
	Female	42,858	25,410	31,619	49,790	30,236	30,999	32,767	28,000	53,851	316,629
	Total	74,928	42,790	52,818	83,166	50,999	52,654	55,016	47,345	91,133	536,294
Other	Male	25,221	8,286	6,624	6,867	3,026	3,667	6,208	3,078	6,005	67,921
	Female	32,785	11,238	9,028	9,535	4,216	4,711	8,322	4,188	8,326	90,919
	Total	58,006	19,524	15,652	16,402	7,242	8,378	14,530	7,266	14,331	158,840
State Total	Male	134,014	75,077	48,840	75,079	36,080	42,355	69,318	50,846	63,102	582,550
	Female	188,090	108,958	71,605	109,633	51,751	59,128	99,454	73,439	90,557	834,754
	Total	322,104	184,035	120,445	184,712	87,831	101,483	168,772	124,285	153,659	1,417,304

Table 15: Recipients by Region, Race and Gender

Region		1 Greater New Orleans Area	2 Capital Area	3 South Central Louisiana	4 Acadiana	5 Southwest Louisiana	6 Central Louisiana	7 Northwest Louisiana	8 Northeast Louisiana	9 Northshore Louisiana	Total
African-American	Male	70,586	51,515	22,000	36,376	12,733	17,634	42,147	29,283	20,524	295,787
	Female	106,843	72,498	31,324	50,421	17,296	23,632	57,964	40,995	28,271	419,848
	Total	177,429	124,013	53,324	86,797	30,029	41,266	100,111	70,278	48,795	715,635
White	Male	28,455	18,423	22,377	35,070	21,668	22,722	23,197	20,072	38,984	223,829
	Female	40,273	25,997	32,198	50,619	30,555	31,410	32,754	27,911	54,089	315,188
	Total	68,728	44,420	54,575	85,689	52,223	54,132	55,951	47,983	93,073	539,017
Other	Male	22,169	8,358	6,736	6,975	3,051	3,750	6,187	3,062	6,118	65,070
	Female	30,848	10,986	9,063	9,543	4,166	4,768	8,165	4,087	8,216	88,093
	Total	53,017	19,344	15,799	16,518	7,217	8,518	14,352	7,149	14,334	153,163
State Total	Male	121,210	78,296	51,113	78,421	37,452	44,106	71,531	52,417	65,626	584,686
	Female	177,964	109,481	72,585	110,583	52,017	59,810	98,883	72,993	90,576	823,129
	Total	299,174	187,777	123,698	189,004	89,469	103,916	170,414	125,410	156,202	1,407,815

¹ Individual region enrollee and recipient counts may not sum to the total state count due to movement between regions during the SFY; the state figures are **unduplicated** for entire state, while numbers are **unduplicated** within the region.

Age and Gender

The breakdown of enrollees by age groups (Table 16, 17, 18 and 19 and Figure 8) shows that the majority of enrollees are children, with those aged 20 and under making up 58.7 percent of the total. Those between the age 21 and 64 comprised 32.9 percent of the enrolled population and those 65 and over made up the smallest component at 8.4 percent. Also, as expected, statistics reveal that certain age groups absorb more costs than others. The reason for the difference is the medical needs of these age groups tend to require more expensive services.

In general, for all ages groups there are more females than males enrolled in Medicaid (Figure 9). Though children age 18 and under are almost evenly split between female and male, for enrollees of ages 19 and above, women comprised about 71 percent of enrollment. This can probably be explained by the pregnant women program, disproportionate number of female parents in very low income households, and longer life expectancy of females. These trends are true of all racial groups.

Table 16: Enrollees, Recipients and Payments by Age Groups and Gender

Age Groups ¹	Enrollees			Recipients			Payments (\$)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Under 1	34,147	32,735	66,882	31,800	30,612	62,412	\$175,186,257	\$157,804,895	\$332,991,152
1-5	114,118	109,773	223,891	116,971	112,361	229,332	234,122,360	203,493,109	\$437,615,469
6-14	185,783	178,126	363,909	189,227	181,480	370,707	436,535,399	336,676,057	\$773,211,457
15-18	68,124	68,722	136,846	69,458	69,603	139,061	176,467,267	185,519,064	\$361,986,331
19-20	12,157	28,570	40,727	20,377	31,302	51,679	41,844,180	77,275,514	\$119,119,695
21-44	58,392	239,878	298,270	49,460	220,805	270,265	477,873,975	852,134,246	\$1,330,008,220
45-64	72,909	94,643	167,552	68,749	90,878	159,627	752,070,520	867,209,821	\$1,619,280,341
65-84	32,907	66,036	98,943	33,985	67,703	101,688	304,855,166	579,682,899	\$884,538,065
85+	4,013	16,271	20,284	4,659	18,385	23,044	63,244,251	304,254,513	\$367,498,764
Total	582,550	834,754	1,417,304	584,686	823,129	1,407,815	\$2,662,199,374	\$3,564,050,119	\$6,226,249,493

¹ Age as of January 1, 2014

Figure 8: Enrollment by Age Groups

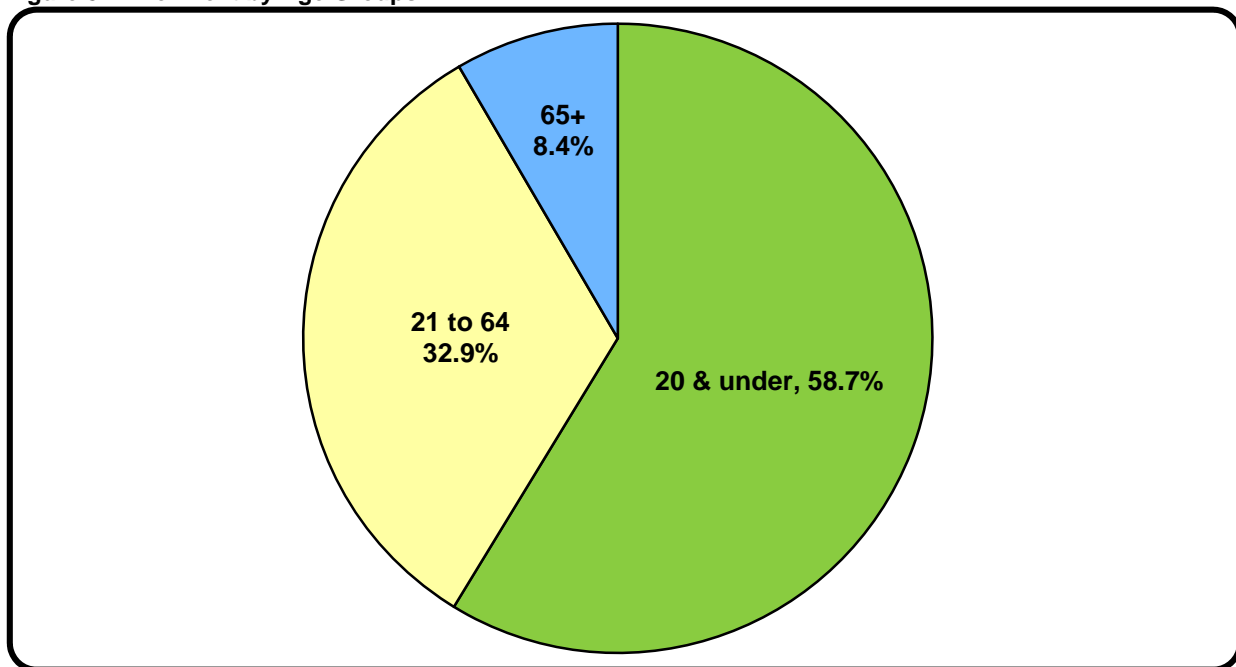


Figure 9: Total Enrollment by Gender

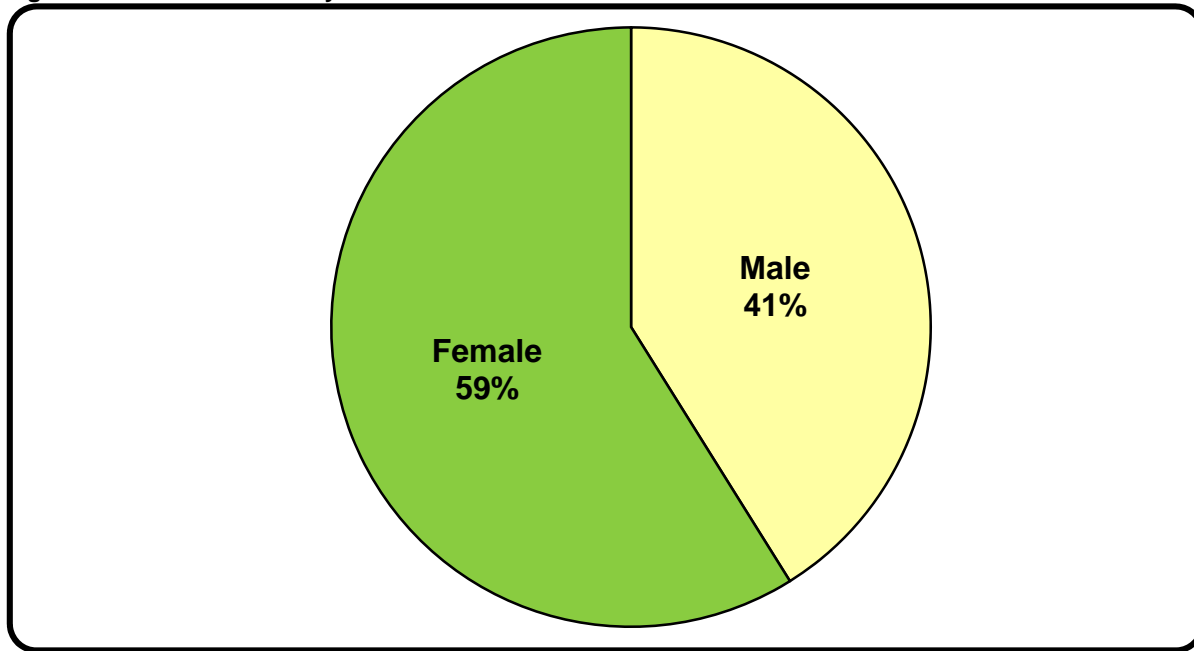


Table 17: Enrollees by Age, Race and Gender

Age Groups ¹	African-American			White			Other			Total
	Male	Female	Total	Male	Female	Total	Male	Female	Total	
Under 1	16,215	15,828	32,043	13,125	12,384	25,509	4,807	4,523	9,330	66,882
1 - 5	56,732	55,103	111,835	43,208	41,084	84,292	14,178	13,586	27,764	223,891
6 - 14	97,388	94,502	191,890	69,482	65,642	135,124	18,913	17,982	36,895	363,909
15 - 18	37,335	37,546	74,881	25,345	25,567	50,912	5,444	5,609	11,053	136,846
19 - 20	6,992	15,711	22,703	3,743	10,227	13,970	1,422	2,632	4,054	40,727
21 - 44	28,974	124,848	153,822	22,182	92,375	114,557	7,236	22,655	29,891	298,270
45 - 64	36,020	49,691	85,711	27,718	35,186	62,904	9,171	9,766	18,937	167,552
65 - 84	13,871	28,324	42,195	13,001	26,307	39,308	6,035	11,405	17,440	98,943
85+	1,437	5,653	7,090	1,861	7,857	9,718	715	2,761	3,476	20,284
Total	294,964	427,206	722,170	219,665	316,629	536,294	67,921	90,919	158,840	1,417,304

Table 18: Recipients by Age, Race and Gender

Age Groups ¹	African-American			White			Other			Total
	Male	Female	Total	Male	Female	Total	Male	Female	Total	
Under 1	15,226	14,859	30,085	12,224	11,640	23,864	4,350	4,113	8,463	62,412
1 - 5	57,681	55,852	113,533	44,883	42,720	87,603	14,407	13,789	28,196	229,332
6 - 14	98,827	95,967	194,794	71,352	67,356	138,708	19,048	18,157	37,205	370,707
15 - 18	38,065	38,066	76,131	26,021	26,037	52,058	5,372	5,500	10,872	139,061
19 - 20	11,617	17,061	28,678	6,930	11,492	18,422	1,830	2,749	4,579	51,679
21 - 44	24,166	115,116	139,282	19,898	85,313	105,211	5,396	20,376	25,772	270,265
45 - 64	34,173	47,661	81,834	26,901	34,495	61,396	7,675	8,722	16,397	159,627
65 - 84	14,371	28,991	43,362	13,460	27,158	40,618	6,154	11,554	17,708	101,688
85+	1,661	6,275	7,936	2,160	8,977	11,137	838	3,133	3,971	23,044
Total	295,787	419,848	715,635	223,829	315,188	539,017	65,070	88,093	153,163	1,407,815

¹ Age as of January 1, 2014

Table 19: Payments by Age, Race and Gender

Age Groups ¹		Under 1	1 - 5	6 - 14	15 - 18	19 - 20	21 - 44
African-American	Male	\$93,118,293	114,487,567	223,045,059	88,920,571	17,111,988	220,006,085
	Female	85,089,500	104,999,950	170,285,619	92,314,926	37,829,962	421,718,792
	Total	178,207,793	219,487,517	393,330,678	181,235,497	54,941,950	641,724,878
White	Male	60,202,468	91,214,619	176,991,892	68,025,171	14,601,881	204,406,847
	Female	52,541,827	75,025,583	135,235,643	72,012,513	27,224,612	355,032,359
	Total	112,744,294	166,240,201	312,227,536	140,037,684	41,826,493	559,439,206
Other	Male	21,865,496	28,420,175	36,498,449	19,521,525	10,130,312	53,461,042
	Female	20,173,569	23,467,576	31,154,795	21,191,626	12,220,940	75,383,095
	Total	42,039,065	51,887,751	67,653,244	40,713,151	22,351,251	128,844,137
Total		332,991,152	437,615,469	773,211,457	361,986,331	119,119,695	1,330,008,220

Table 19: Payments by Age, Race and Gender (Continued)

45 - 64	65 - 84	85+	Total	Age	
369,227,175	126,665,079	19,927,381	\$1,272,509,198	Male	African-American
445,703,457	231,157,163	84,619,508	\$1,673,718,877	Female	
814,930,631	357,822,242	104,546,890	\$2,946,228,075	Total	
322,843,227	136,619,383	32,756,443	\$1,107,661,930	Male	White
357,061,032	264,560,110	171,355,284	\$1,510,048,963	Female	
679,904,259	401,179,493	204,111,727	\$2,617,710,893	Total	
60,000,118	41,570,704	10,560,427	\$282,028,247	Male	Other
64,445,332	83,965,626	48,279,720	\$380,282,279	Female	
124,445,451	125,536,330	58,840,147	\$662,310,526	Total	
1,619,280,341	884,538,065	367,498,764	\$6,226,249,493	Total	

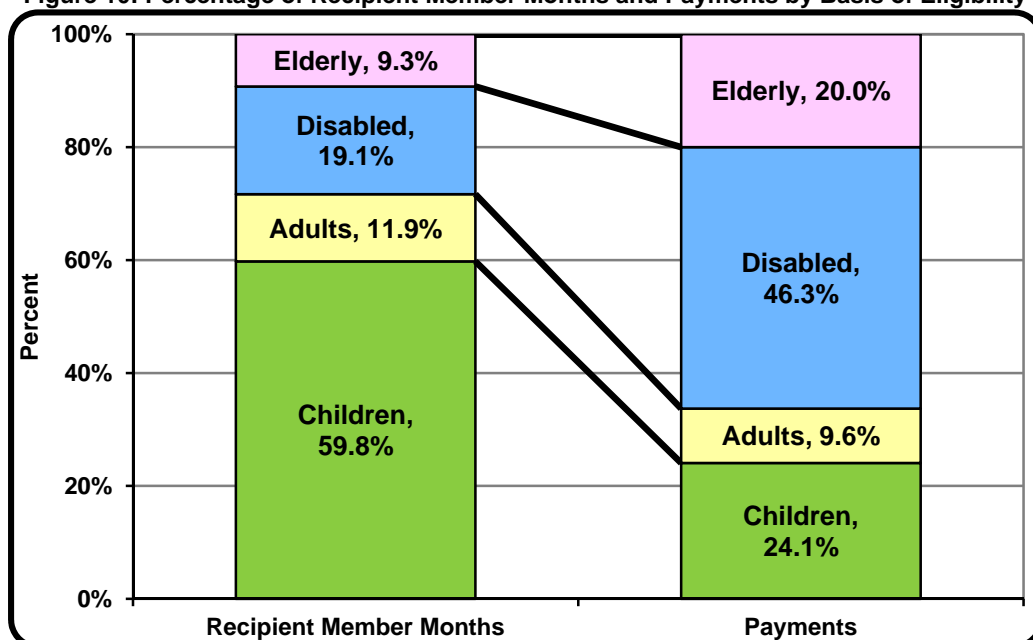
¹ Age as of January 1, 2014

Basis of Eligibility

During SFY 2013/14, total unduplicated Medicaid recipients were 1,407,815. Based on total recipient member months by basis of eligibility category (Figure 10), about 59.8 percent were children, 11.9 percent were adults, 19.1 percent were disabled and 9.3 percent were elderly.

Though children and adults together made up 71.7 percent of total recipient member months, only 33.7 percent of Medicaid payments were associated with them. Conversely, the elderly category and disabled category collectively accounted for 28.4 percent of recipient member months, while making up 66.3 percent of payments.

Figure 10: Percentage of Recipient Member Months and Payments by Basis of Eligibility



Enrollment data for the last two state fiscal years by Basis of Eligibility (BOE) are presented in Table 20. Monthly and SFY total enrollment numbers are unduplicated for their respective periods of time. All

categories except Elderly saw their enrollment numbers decrease in SFY 2013/14. Overall enrollment decreased by less than 1 percent.

Table 20: Monthly Enrollment by Basis of Eligibility for SFY 2012/13 and SFY 2013/14¹

SFY 2012/13					
Month	Elderly	Disabled	Children	Adults	Total
July '12	107,078	228,232	698,888	225,552	1,255,924
August	107,319	228,612	699,289	226,970	1,258,526
September	107,475	228,940	699,003	228,021	1,259,882
October	107,571	229,726	700,960	230,613	1,265,063
November	107,557	229,818	699,360	230,123	1,263,211
December	107,509	230,040	698,041	229,699	1,261,705
January '13	107,590	230,793	699,061	231,791	1,265,518
February	107,488	231,049	697,669	230,354	1,262,918
March	107,545	231,447	697,122	229,077	1,261,574
April	107,570	231,847	696,155	227,780	1,259,761
May	107,571	232,064	694,943	226,085	1,257,142
June	107,569	232,340	693,923	224,581	1,255,019
Total SFY 2012/13	120,071	257,558	774,214	294,588	1,417,891
SFY 2013/14					
Month	Elderly	Disabled	Children	Adults	Total
July '13	107,698	233,018	695,031	224,602	1,256,645
August	108,059	233,557	696,610	225,074	1,259,523
September	108,335	233,428	697,420	225,694	1,261,118
October	108,557	233,139	698,633	225,104	1,261,652
November	108,630	232,345	697,122	224,533	1,259,331
December	108,622	232,263	698,820	227,578	1,263,907
January '14	108,238	225,220	699,326	221,517	1,251,251
February	108,323	226,335	701,491	223,158	1,256,146
March	108,452	226,533	705,729	227,549	1,265,071
April	108,561	226,396	709,415	230,418	1,271,691
May	108,554	226,063	712,955	232,844	1,277,512
June	108,482	225,704	716,125	235,449	1,283,080
Total SFY 2013/14	121,066	255,784	773,679	291,693	1,417,304
Total Percent Change from Previous SFY	0.83%	-0.69%	-0.07%	-0.98%	-0.04%

¹ Monthly totals may not equal the sum of monthly basis of eligibility categories due to movement across categories. Both are pure **unduplicated** enrollee counts. Also, SFY enrollee total counts may not equal the sum of monthly counts due to duplication across months. SFY enrollee total is pure **unduplicated** enrollees.

Tables 21 through 23 present BOE based on race and gender. Table 23 shows the payments for each BOE based on race and gender. The highest portion of payments went to disability with \$2,882,645,078, while the lowest went to adults with \$599,447,634, despite both having similar numbers of recipients.

Children account for the highest number of enrollees in the Medicaid program, with 773,679 in SFY 2013/14, more than the other three categories combined. Payments for children totaled \$1,499,173,271.

Table 21: Enrollees by BOE, Race and Gender¹

BOE	African-American			White			Others			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Elderly	15,668	34,536	50,204	15,081	34,576	49,657	6,880	14,325	21,205	37,629	83,437	121,066
Disabled	73,133	67,280	140,413	44,552	46,503	91,055	13,453	10,863	24,316	131,138	124,646	255,784
Children	194,268	199,990	394,258	148,038	145,107	293,145	41,232	45,044	86,276	383,538	390,141	773,679
Adults	17,181	134,634	151,815	14,498	96,040	110,538	7,244	22,096	29,340	38,923	252,770	291,693
Total	294,964	427,206	722,170	219,665	316,629	536,294	67,921	90,919	158,840	582,550	834,754	1,417,304

Table 22: Recipients by BOE, Race and Gender¹

BOE	African-American			White			Others			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Elderly	16,355	35,829	52,184	15,774	36,411	52,185	7,102	14,822	21,924	39,231	87,062	126,293
Disabled	74,332	68,247	142,579	45,800	47,409	93,209	13,450	10,969	24,419	133,582	126,625	260,207
Children	200,765	206,745	407,510	154,355	151,778	306,133	41,541	41,353	82,894	396,661	399,876	796,537
Adults	10,861	119,901	130,762	11,472	86,238	97,710	3,936	22,452	26,388	26,269	228,591	254,860
Total	295,787	419,848	715,635	223,829	315,188	539,017	65,070	88,093	153,163	584,686	823,129	1,407,815

¹ Enrollee and recipient counts may not sum to the total due to movement between BOE categories during the SFY; the figures are **unduplicated** for each BOE, while numbers are **unduplicated** for total enrollee and recipient count.

Table 23: Payments by BOE, Race and Gender

BOE	African-American			White		
	Male	Female	Total	Male	Female	Total
Elderly	\$145,284,240	314,271,199	459,555,439	167,529,687	434,065,918	601,595,605
Disabled	746,724,598	708,000,566	1,454,725,164	597,589,199	554,443,553	1,152,032,752
Children	368,705,895	366,253,051	734,958,946	321,890,276	296,067,482	617,957,758
Adults	11,794,465	285,194,060	296,988,526	20,652,768	225,472,010	246,124,778
Total	1,272,509,198	1,673,718,877	2,946,228,075	1,107,661,930	1,510,048,963	2,617,710,893

Table 23: Payments by BOE, Race and Gender (Continued)

Other			Total			BOE
Male	Female	Total	Male	Female	Total	
52,039,434	131,793,034	183,832,467	364,853,360	880,130,151	1,244,983,512	Elderly
151,251,808	124,635,353	275,887,161	1,495,565,605	1,387,079,472	2,882,645,078	Disabled
74,351,179	71,905,388	146,256,567	764,947,349	734,225,922	1,499,173,271	Children
4,385,826	51,948,504	56,334,330	36,833,060	562,614,574	599,447,634	Adults
282,028,247	380,282,279	662,310,526	2,662,199,375	3,564,050,119	\$6,226,249,493	Total

Recipients Ranked by Payments

Medicaid provides health care coverage to elderly, disabled and low income families. Since Medicaid is an entitlement program, Louisiana cannot limit the number of enrollees in Medicaid nor can they be selective in who is allowed to get services as long as the Medicaid eligibility requirements are met. Figure 11 shows the percentage of recipients and payments ranked by payments. During SFY 2013/14, of all Medicaid recipients, only 3 percent of all recipients accounted for about 41 percent of all payments. The cumulative top 50 percent of recipients accounted for about 92 percent of total payments, while the least expensive recipients, the other 50 percent, only made up about 8 percent of total payments.

Table 24 presents the number of recipients and payments based on payment group. The top payment group consists of seven recipients, each of whom had over \$1 million in payments made on their behalf. The bottom payment group consists of 440,386 recipients, each of whom had less than

\$1,000 in payments made on their behalf. The total payments for the top payment group was \$12,994,850 and the total for the bottom payment group was \$155,206,952. Table 25 breaks down the top 3 percent of recipients based on their top 10 type cases. The majority of payments on behalf of this group go to Long-Term Care (LTC) or waiver services.

Figure 12 shows the Medicaid Long-Term Care (LTC) recipient percentages ranked by payment. LTC services provide Medicaid support and long-term care support to eligible people who, because of their medical conditions, require assistance with activities of daily living. In SFY 2013/14, the top 3 percent of LTC patients accounted for 14 percent of the total payments. The cumulative top 45 percent of recipients accounted for 83 percent of all LTC payments, while the lower 55 percent only accounted for 17 percent. LTC payments made up 37 percent of total Medicaid payments. Table 26 breaks down the recipients and payments by payment group for LTC-related services only.

Figure 11: Percentage of Recipients and Payments Ranked by Payments

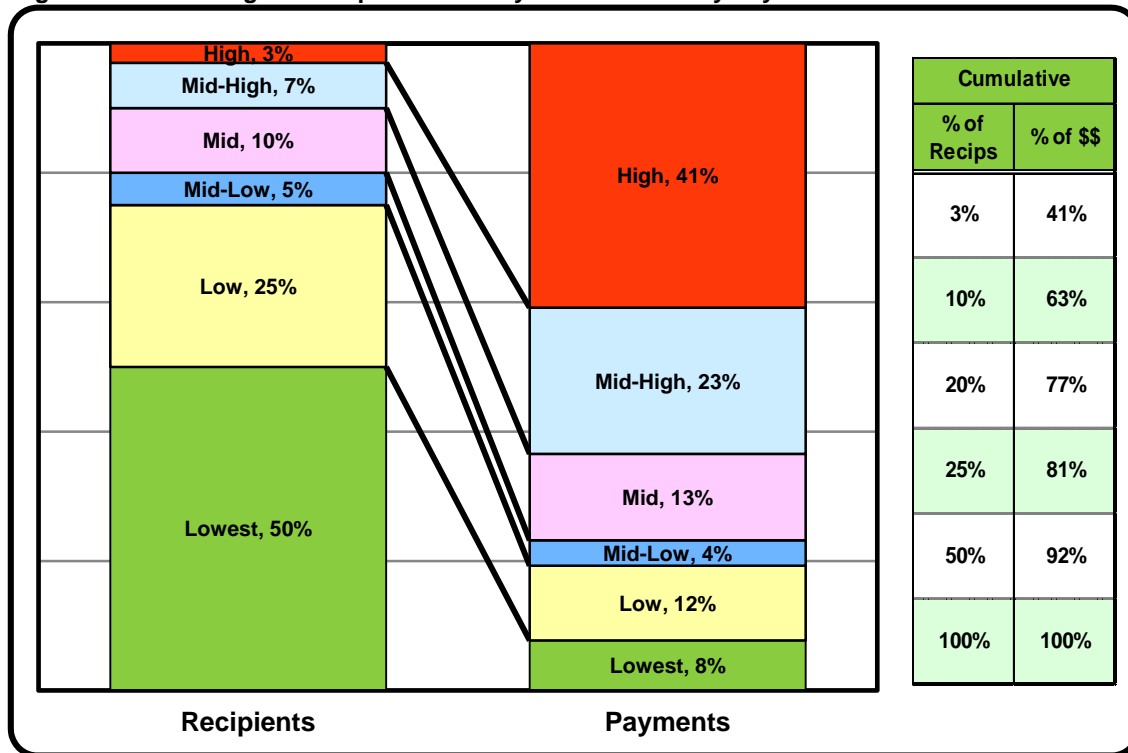


Table 24: Number of Recipients and Payments Ranked by Payment Group

Payment Groups	Recipients	Payments (\$)	Cumulative Recipients	Cumulative Payments (\$)
≥ \$1M	7	\$12,994,850	7	\$12,994,850
\$500K to < \$1M	13	8,822,734	20	21,817,584
\$250K to < \$500K	517	157,264,760	537	179,082,344
\$100K to < \$250K	3,278	430,551,549	3,815	609,633,893
\$50K to < \$100K	17,410	1,113,348,979	21,225	1,722,982,872
\$10K to < \$50K	97,995	2,031,521,276	119,220	3,754,504,148
\$1K to < \$10K	848,209	2,316,538,393	967,429	6,071,042,541
< \$1K	440,386	155,206,952	1,407,815	6,226,249,493

Table 25: Top 10 Type Cases for Top 3 Percent of Recipients¹

Type Cases	Recipients	Provider Types (\$)						Total (\$)
		Nursing Facility	PCA-Waiver	ICF/DD	Hospitals	Pharmacy	All Others	
LTC	16,287	\$673,613,659	1,025	21,054	17,529,160	9,005,552	47,598,278	747,768,727
SSI	6,648	308,995	144	83,204	107,035,552	64,641,806	111,594,591	283,664,292
SSI/LTC	3,024	137,640,494		2,812	14,409,179	14,778,304	11,936,737	178,767,526
SSI/New Opportunities Waiver	2,835	72,383	153,437,925	249,967	3,059,377	8,823,133	36,947,639	202,590,424
Private ICF/DD	2,613	1,898	154	149,115,213	483,500	1,240,308	694,973	151,536,047
SSI/Private ICF/MR ²	1,725	9,746		108,640,576	2,378,429	9,731,129	1,907,820	122,667,700
New Opportunity Waiver-Fund/SSI	1,681	87,577	74,427,600	232,300	2,357,614	5,861,711	21,009,043	103,975,844
Community Choices Waiver	1,642	677,679	40,018,178		1,450,925	660,780	6,308,915	49,116,477
Deemed Eligible	1,594				73,518,580	3,568,432	13,147,793	90,234,805
New Opportunities Waiver	1,381	26,655	75,044,109	161,474	461,043	1,131,379	16,071,407	92,896,068
Buy Ins/Part D ³	25,245						55,575,254	55,575,254
Total (\$)		812,412,430	267,885,027	258,345,126	222,222,317	118,311,156	251,145,788	2,078,793,164

¹ Table only includes the Top 3 percent of Medicaid Recipients based on Payments during the SFY.

² Intensive Care Facilities for Mental Retardation

³ Buy-ins includes premiums and payments

Figure 12: Percentage of Long-Term Care¹ Recipients Ranked by Payment

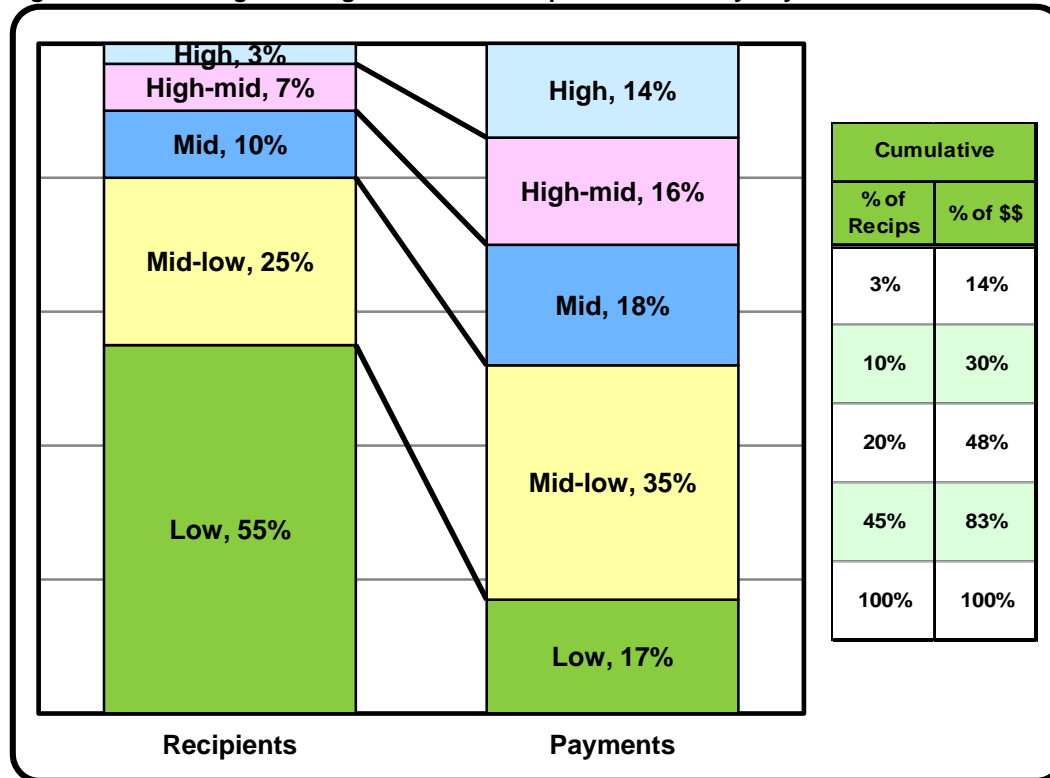


Table 26: Number of Long-Term Care Recipients and Payments Ranked by Payment Group²

Payment in SFY 2013/14	Bracket		Payments in SFY 2013/14	Cumulative			
	Recipients	Payments		Recipients	%	Payments	%
\$250K to <\$500K	374	\$107,804,306	≥ 250K	374	0.5%	\$107,804,306	4.7%
\$100K to <\$250K	1,638	\$198,826,117	≥ 100K	2,012	2.8%	\$306,630,423	13.3%
\$50K to <\$100K	13,505	\$822,139,740	≥ 50K	15,517	21.6%	\$1,128,770,163	49.1%
\$10K to <\$50K	42,409	\$1,115,122,956	≥ 10K	57,926	80.6%	\$2,243,893,119	97.6%
\$1K to <\$10K	10,827	\$56,246,550	≥ 1K	68,753	95.7%	\$2,300,139,669	100.0%
<\$1K	3,100	\$22,060	All	71,853	100.0%	\$2,300,161,729	100.0%

¹ LTC include Hospice, NH, ICF, LT-PCS, PACE and all HCBS Waivers

² Payments and Recipient Counts are based on claims information, LBHP Adults & Children FFS encounter claims and Clawbacks and Buy Ins.

Medicaid Programs

Medicaid Data

Medicaid data can be presented either by “**Date of Payment**” or “**Date of Service**,” in which results may differ based on the methodology employed. The difference between the two types of methodologies is given below.

- “**Date of Payment**” (**DOP**): Reported data, such as payments, services, recipients, etc., reflects claims that are paid during the period (July 2013 to June 2014) irrespective of the time the services were provided. Some of the payments made during this time period may be for services provided in the previous SFY. DOP is typically used for budget and financial analysis and is also known as “cash basis accounting.”
- “**Date of Service**” (**DOS**): Reported data reflects the services provided during the period irrespective of the time payments were paid. Services may be provided during this particular period but payments may be paid during a subsequent period, say after one year. DOS is typically used for clinical/policy interventions and is also known as “accrual accounting.”

Both approaches are valid and examine similar data, but each has a specific function in terms of analyzing results. Because they are set in different time frames, the analytical results may be different and the disparity may simply be that the data sets are obtained using different underlying methodologies.

In general, most of the Medicaid budgetary/financial statistics that are published are based on “**Date of Payment**”; therefore, most of the data in this report is presented on DOP methodology unless otherwise stated.

Medicaid Programs

The Louisiana Medicaid Program serves a wide range of the population, from children to pregnant women to persons with disabilities. This section will describe some of the Medicaid programs offered in Louisiana and will provide some statistical data.

Information in this document is general in regards to Medicaid programs. For detailed information about Louisiana Medicaid Programs please visit our website, www.medicaid.dhh.louisiana.gov, or call the toll free Medicaid Customer Service line at 1-888-342-6207.

Applied Behavioral Analysis

Applied Behavioral Analysis (ABA) services were made available through Medicaid in 2014. The program provides community-based behavioral and psychological services to individuals under 21 years old who have been diagnosed with a condition for which ABA services are considered appropriate, such as autism spectrum disorders. ABA services are highly specialized intervention programs which improve socially significant behavior in patients. Prior authorization by a physician must be obtained for any service deemed medically necessary. In 2013/14 ABA services were provided to 18 recipients, with a total of \$135,871 in payments.

Family Opportunity Act

The Family Opportunity Act (FOA) Medicaid Buy-In Program was created through the Federal Deficit Reduction Act (DRA) of 2005. The program grants Medicaid access to children through age 18 for families up to 300 percent FPG who have a disability and are ineligible for Supplemental Security Income (SSI), Medicaid or LaCHIP because of parent income or private health insurance. Some cost sharing is associated with FOA through monthly premiums. The program offers full Medicaid benefits, though most of FOA enrollees have other health care coverage and only use the Medicaid coverage for wrap-around of services and benefits not covered through their private plan. FOA enrollees are required to keep employer sponsored insurance if the employer is paying at least 50 percent of the total annual premium. During SFY 2013/14, a total of \$99,872 was collected in premiums charged to these families for their children’s coverage and a total of 1,099 children received services at total payments of \$4,908,408.

Family Planning Waiver - Take Charge

The Family Planning Waiver was implemented under Section 1115 and is known as Take Charge in Louisiana. Take Charge provides family planning services to women between the ages of 19 and 44 who have household income below 200 percent FPG. Local Medicaid and Office of Public Health staff throughout the state are involved with outreach efforts to review women seen in Parish Medicaid Offices and OPH Family Planning clinics for Take Charge. The review process is automatic, meaning they do not have to request to be covered by the program. In addition, pregnant women may have their cases renewed the second month following the anticipated end of the pregnancy to allow continuity of services. For SFY 2013/14, a total of 49,700 women received services under Take Charge with total payments of \$13,459,678.

GNOCHC

Beginning in October 2010, Louisiana Medicaid implemented the Greater New Orleans Community Health Connection (GNOCHC) Waiver which is a 1115 Waiver Program that aims to provide primary care and behavioral health services to a population ineligible for existing Medicaid programs. The service area encompasses the Greater New Orleans area, which is still in the process of rebuilding its medical care capabilities in the wake of Hurricanes Katrina and Rita. In addition to extending medical services to area residents, GNOCHC helps to ensure that access to medical care is readily available by working with its provider base while ensuring that they have the funds needed to continue and expand their business practices. Finally, by sustaining a means to obtain primary care, GNOCHC hopes to reduce the amount of unnecessary ER visits. A total of \$19,036,417 was paid on behalf of 30,205 GNOCHC recipients during SFY 2013/14.

LaMOMS Program

The Medicaid program for pregnant women was renamed LaMOMS in 2003. The LaMOMS program increases access to pre-natal care, to improve birth outcomes and to ultimately reduce the state's infant mortality rate. Medicaid pays for pregnancy-related services, delivery and care up to 60 days after the pregnancy ends, including doctor visits, lab work, lab tests, prescriptions and hospital care. LaMOMS covers women with an income of up to 138 percent FPG. The program provided services to 79,318 recipients in SFY 2013/14 with total payments of \$ 237,262,684.

Louisiana Children's Health Insurance Program

Louisiana Children's Health Insurance Program (LaCHIP) is Louisiana's version of the federal State Children's Health Insurance Program (SCHIP) authorized by Title XXI of the Social Security Act. CMS pays enhanced FMAP for both services and program administration costs. LaCHIP is set up as a combination of a Medicaid expansion model for

LaCHIP I, II & III, and a separate SCHIP model for LaCHIP IV and LaCHIP V (LAP).

DHH initiated the expansion LaCHIP model in 1998 to provide quality health care coverage to additional uninsured children below 212 percent FPG and up to age 19 who are not covered by health insurance. In May 2007, Louisiana implemented a SCHIP expansion program, LaCHIP IV, to extend coverage for children from conception to birth whose mothers are otherwise ineligible for Medicaid. As of 2013/14 LaCHIP IV covers unborn children of citizens and non-citizens with an up to 209 percent FPG.

In June 2008, through an expansion SCHIP model, Louisiana expanded coverage for children up to age 19 between 212 percent and 250 percent FPG, known as the LaCHIP Affordable Plan (LAP) or LaCHIP V. Some cost sharing is associated with LAP through monthly premiums. In SFY 2013/14 a total of \$1,287,301.34 (Office of Group Benefits Reporting) was collected in premiums charged to these families for their children's coverage. LaCHIP enrollees have the same enrollment process and benefit package as Title XIX Medicaid. To ensure stability of coverage and reduce "churning" the program provides twelve months continuous eligibility with the exception of LaCHIP IV in which coverage is based on the pregnancy.

Table 27 presents Regular Medicaid (XIX) children and LaCHIP enrollees, recipients and payments by major age groupings. Of the age groups, those between the age 6 and 14 had the most enrollees making up about 44 percent of the total enrolled Medicaid children under the age of 19.

Also, Regular Medicaid children and LaCHIP enrollees, recipients and payments by parish are presented in Table 28. For SFY 2013/14, LaCHIP provided services to 168,484 recipients with total payments of \$242,838,058 (refer to technical note on page 13 in regards to underestimation).

Table 27: Regular Medicaid Children and LaCHIP Enrollees, Recipients and Payments by Age Group

Age Groups ¹	LaCHIP (XXI) ²			Regular Medicaid Children (XIX)			Total (XXI & XIX Children)		
	Enrollees ³	Recipients ³	Payments (\$)	Enrollees ³	Recipients ³	Payments (\$)	Enrollees ³	Recipients ³	Payments (\$)
Under 1	997	787	\$904,920	6,429	62,154	\$332,086,232	66,882	62,412	\$332,991,152
1 to 5	22,961	25,838	32,048,340	207,642	217,055	405,567,129	223,891	229,332	437,615,469
6 to 14	79,656	86,494	123,137,994	297,383	310,671	650,073,463	363,909	370,707	773,211,457
15 to 18	35,909	39,095	66,026,611	105,716	109,487	295,959,720	136,846	139,061	361,986,331
Under 19	139,523	152,214	222,117,864	677,170	699,367	1,683,686,544	791,528	801,512	1,905,804,408
19 to 20	9,981	16,270	20,720,193	37,066	43,916	114,629,035	45,876	57,448	135,349,228
Total	149,504	168,484	242,838,058	714,236	743,283	1,798,315,579	837,404	858,960	2,041,153,637

¹ Age as of January 1, 2014.

² LaCHIP recipient counts and payments are underestimated due to LAP's former payment methodology. Refer to technical note on page 13 for a detailed explanation. Also, LaCHIP includes the pregnant women who qualify for LaCHIP IV prenatal care services and those over the age 18 with continuous twelve month coverage.

³ Enrollee and recipient counts of LaCHIP and Regular Medicaid may not sum to the total Medicaid children count due to movement between the two types of Medicaid during the SFY; the figures are **unduplicated** for each Medicaid type, while numbers are **unduplicated** for total Medicaid children.

Table 28: Regular Medicaid Children and LaCHIP Enrollees, Recipients and Payments by Parish

Parish	LaCHIP (XXI) ¹			Regular Medicaid Children (XIX)			Total (XXI & XIX Children)		
	Enrollees ²	Recipients ²	Payments (\$)	Enrollees ²	Recipients ²	Payments (\$)	Enrollees ²	Recipients ²	Payments (\$)
1 Acadia	2,493	2,881	\$4,059,612	11,443	12,661	\$27,870,267	13,513	14,590	\$31,929,880
2 Allen	816	974	1,230,013	4,116	4,516	9,271,459	4,815	5,203	10,501,472
3 Ascension	3,699	4,225	5,569,087	14,225	15,577	34,216,202	17,309	18,583	39,785,289
4 Assumption	613	740	1,007,363	3,174	3,466	8,372,252	3,683	3,991	9,379,615
5 Avoyelles	1,533	1,762	2,664,502	8,173	8,809	23,539,843	9,415	9,999	26,204,344
6 Beauregard	1,264	1,482	2,087,876	5,940	6,559	13,318,029	7,005	7,561	15,405,905
7 Bienville	454	524	692,414	2,808	3,059	6,942,847	3,178	3,396	7,635,261
8 Bossier	3,206	3,607	4,660,182	16,335	17,474	35,825,955	19,003	20,033	40,486,137
9 Caddo	7,984	8,776	11,310,057	46,856	48,543	109,246,088	53,458	54,799	120,556,145
10 Calcasieu	6,873	7,501	12,675,334	32,479	33,656	81,636,173	38,195	39,107	94,311,507
11 Caldwell	384	438	743,390	1,909	2,048	5,266,519	2,243	2,384	6,009,908
12 Cameron	80	89	133,943	372	386	701,993	441	451	835,937
13 Catahoula	325	409	627,304	1,929	2,064	4,618,188	2,190	2,343	5,245,493
14 Claiborne	376	458	542,372	2,437	2,621	5,633,513	2,755	2,930	6,175,885
15 Concordia	671	771	1,020,129	4,419	4,650	10,582,625	4,966	5,179	11,602,754
16 De Soto	942	1,031	1,354,628	4,611	4,770	9,645,611	5,398	5,547	11,000,239
17 East Baton Rouge	13,934	15,659	20,649,065	68,322	72,167	173,491,654	80,006	83,135	194,140,719
18 East Carroll	276	304	586,219	2,043	2,166	6,785,172	2,272	2,390	7,371,391
19 East Feliciana	733	824	1,372,000	2,877	3,122	7,465,252	3,509	3,716	8,837,252
20 Evangeline	1,240	1,471	2,006,838	6,850	7,381	15,255,078	7,881	8,362	17,261,915
21 Franklin	742	853	1,119,956	4,365	4,663	10,585,670	4,990	5,269	11,705,626
22 Grant	630	763	1,003,524	3,686	4,071	9,169,909	4,213	4,584	10,173,433
23 Iberia	2,615	3,089	4,644,586	14,860	16,080	32,462,699	16,980	18,082	37,107,286
24 Iberville	1,090	1,269	1,687,271	6,055	6,438	14,135,957	6,954	7,310	15,823,227
25 Jackson	448	510	652,585	2,202	2,363	5,845,203	2,571	2,712	6,497,788
26 Jefferson	17,264	19,915	28,157,735	65,937	69,930	147,008,418	80,251	83,580	175,166,153
27 Jefferson Davis	1,115	1,247	1,763,858	5,256	5,540	12,999,132	6,174	6,417	14,762,990
28 Lafayette	6,717	7,735	9,738,950	30,715	32,682	74,142,348	36,264	38,049	83,881,298
29 Lafourche	2,718	3,143	4,750,362	12,617	13,714	28,756,407	14,875	15,883	33,506,769
30 La Salle	421	456	787,877	2,000	2,164	5,306,637	2,352	2,502	6,094,514
31 Lincoln	1,104	1,260	1,664,266	6,760	7,052	20,763,825	7,675	7,969	22,428,091
32 Livingston	4,877	5,505	7,942,115	18,687	20,127	44,039,369	22,738	23,939	51,981,484
33 Madison	345	380	609,105	3,017	3,132	8,062,749	3,295	3,405	8,671,854
34 Morehouse	923	1,102	1,957,742	6,160	6,612	16,276,633	6,910	7,352	18,234,375
35 Natchitoches	1,118	1,293	1,623,020	7,710	8,189	17,024,249	8,630	9,077	18,647,269
36 Orleans	10,541	12,263	14,841,154	64,191	67,357	141,160,875	72,744	75,215	156,002,029
37 Ouachita	5,237	5,864	8,097,738	30,127	31,383	79,659,019	34,405	35,408	87,756,758
38 Plaquemines	749	830	1,034,634	3,187	3,354	6,931,428	3,811	3,949	7,966,062
39 Pointe Coupee	733	852	1,113,744	3,531	3,748	8,477,663	4,133	4,335	9,591,407
40 Rapides	4,834	5,449	7,707,459	23,876	25,014	79,478,546	27,923	28,869	87,186,005
41 Red River	289	307	375,861	2,008	2,090	4,080,552	2,238	2,293	4,456,413
42 Richland	882	998	1,378,194	4,495	4,663	12,527,436	5,232	5,384	13,905,630
43 Sabine	609	720	973,349	3,897	4,078	7,612,205	4,395	4,597	8,585,554
44 St. Bernard	1,908	2,119	2,906,299	9,063	9,487	18,728,736	10,607	10,853	21,635,035
45 St. Charles	1,688	2,034	2,669,050	6,843	7,543	15,224,056	8,246	8,911	17,893,106
46 St. Helena	255	305	445,959	1,420	1,559	3,464,309	1,633	1,776	3,910,267
47 St. James	764	859	1,161,580	3,395	3,701	7,311,618	4,035	4,290	8,473,197
48 St. John	1,834	2,071	2,534,575	8,624	9,235	18,541,817	10,156	10,663	21,076,392
49 St. Landry	3,889	4,414	5,771,442	19,124	20,022	43,148,639	22,394	23,149	48,920,081
50 St. Martin	1,956	2,189	2,825,763	8,591	9,030	17,899,667	10,219	10,551	20,725,430
51 St. Mary	2,170	2,582	3,569,179	10,504	11,159	22,135,815	12,316	12,918	25,704,994
52 St. Tammany	7,505	8,415	12,396,303	27,299	29,059	64,218,925	33,533	34,906	76,615,228
53 Tangipahoa	4,809	5,283	8,043,017	25,127	25,828	58,682,967	29,046	29,540	66,725,983
54 Tensas	160	176	283,780	1,109	1,151	3,001,421	1,244	1,282	3,285,201
55 Terrebonne	3,663	4,147	6,255,806	19,390	20,163	45,456,890	22,415	23,066	51,712,696
56 Union	788	881	1,361,288	4,130	4,207	9,825,137	4,776	4,829	11,186,425
57 Vermilion	1,955	2,227	3,004,826	9,061	9,442	19,032,343	10,696	11,012	22,037,168
58 Vernon	1,277	1,451	2,210,779	6,373	6,729	13,857,867	7,446	7,785	16,068,646
59 Washington	1,727	1,936	3,399,109	8,859	9,341	22,115,299	10,336	10,714	25,514,408
60 Webster	1,272	1,419	1,699,549	7,411	7,617	15,948,807	8,449	8,625	17,648,356
61 West Baton Rouge	788	877	1,179,240	3,628	3,817	7,937,573	4,308	4,457	9,116,813
62 West Carroll	505	527	1,043,484	2,262	2,335	6,166,292	2,685	2,738	7,209,776
63 West Feliciana	334	384	494,623	1,359	1,453	3,323,190	1,620	1,692	3,817,813
64 Winn	493	557	964,994	2,572	2,663	6,102,567	2,981	3,065	7,067,560
Grand Total	149,504	168,484	\$242,838,058	714,236	743,283	\$1,798,315,579	837,404	858,960	\$2,041,153,637

¹ LaCHIP recipient counts and payments are underestimated due to LAP's former payment methodology. Refer to technical note on page 13 for a detailed explanation. Also, LaCHIP includes the pregnant women who qualify for LaCHIP IV prenatal care services and those over the age 18 with continuous twelve month coverage.

² Individual parish enrollee and recipient counts may not sum to the total state count due to movement between parishes during the SFY; the state figures are **unduplicated** for the entire state, while numbers are **unduplicated** within the parish. Also, LaCHIP and Regular Medicaid enrollee and recipient counts may not sum to the total Medicaid children parish counts due to movement between the two types of Medicaid during the SFY.

Medicaid Purchase Plan

The Medicaid Purchase Plan (MPP), implemented in January 2004, allows working individuals with disabilities access to Louisiana Medicaid health coverage. This optional Medicaid program was authorized by the Ticket to Work Act and Work Incentives Improvement Act of 1999. This plan

provides full medical coverage including prescription drugs, hospital care, doctor visits, medical equipment and supplies, medical transportation and other services. During SFY 2013/14, there were 3,973 recipients receiving services in the program with total payments of \$22,160,672 (Table 29).

Table 29: Medicaid Purchase Plan Enrollees, Recipients, Payments and Premiums Collected

SFY	Enrollees	Recipients	Payments (\$)	Premiums Collected ¹	
				Enrollees Paying Premium	Amount Collected
2009/10	2,678	2,561	\$20,373,597	318	\$149,255
2010/11	3,181	3,261	\$22,955,014	356	\$165,176
2011/12	3,420	3,536	\$23,598,373	384	\$206,290
2012/13	3,477	3,584	\$23,704,687	395	\$222,950
2013/14	3,452	3,973	\$22,160,672	291	\$110,529

¹ Data comes from the Office of Group Benefits' (OGB) Medicaid Purchase Plan Premium Files.

Medicare Buy-in and Medicare Savings Program

Medicare Buy-in results in major cost avoidance for Louisiana Medicaid by making Medicare the primary payer for people who have both Medicare and Medicaid ("full" dual eligibles). Medicare Part-B premiums are paid directly to CMS for certain low income "full" dual eligibles. Medicare Part-A premiums are also paid for those Medicaid enrollees receiving Supplemental Security Income (SSI) payments who become entitled to Medicare at age 65. Medicaid sends a monthly Clawback payment to CMS for individuals receiving Part-D who are dual eligible.

The Medicare Savings Program also provides Medicare Buy-in benefits to people with Medicare who are not eligible for full Medicaid services but have limited income and assets. Depending on income, an individual may be classified as a Qualified Medicare Beneficiary (QMB), which covers both the Medicare Part A and B premiums and some co-payments and deductibles; Specified Low Medicare Beneficiary (SLMB), which covers the

Medicare Part-B premium only; or Qualified Individual (QI-1), which covers the Medicare Part-B premium through 100 percent federal dollars. All three programs automatically entitle the enrollee to Low Income Subsidy (LIS) or "Extra Help" status for the Medicare Prescription Drug Plan (Part-D).

Medicare standard base premium and deductible amounts are presented in Table 30. Due to the cost efficiency of having Medicare as the first payer, a concerted effort is ongoing to ensure that anyone meeting the Medicare Savings Program eligibility criteria is enrolled. All recipients must be currently enrolled in Part-A Medicare to receive assistance on Part-B premiums.

Table 31 presents the income eligibility requirements for each buy-in program. During SFY 2013/14, Louisiana Medicaid paid premiums for 9,040 individuals for Part-A and 198,782 individuals for Part-B, and Part-D expenditures (all state funds) for 116,001 individuals (Table 32).

Table 30: Medicare Premiums and Deductibles¹

Calendar Year	Part-A Monthly Premiums ²		Part-A Deductible	Part-B Monthly Premium	Part-B Deductible	Part-D Average Monthly Premium	Part-D Deductible
	Eligible Work History						
	< 7½ Years	7½ to 10 years					
2012	\$451	\$248	\$1,156	\$99.90	\$140	\$31.08	\$320
2013	\$441	\$243	\$1,184	\$104.90	\$147	\$31.17	\$325
2014	\$426	\$234	\$1,216	\$104.90	\$147	\$32.42	\$310

¹ 2014 Annual Report of the Board of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds. (2014). Retrieved from <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ReportsTrustFunds/downloads/tr2014.pdf>

² Part A is free to those who have worked for more than 10 years of Medicare-covered employment.

Table 31: Medicare Buy-In Program Requirements and Coverage

Eligible Group	Coverage	Income Requirement	Asset Limit
Qualified Medicare Beneficiary (QMB)	Medicaid payment of Medicare Part-A ¹ and Part-B premiums; deductible, copayment and co-insurance for Medicare covered services; and Medicare Prescription Drug Plan monthly premium	Up to 100% of poverty	Less than \$7,080 for individual and \$10,620 for couple
Specified Low Income Beneficiary (SLMB)	Medicaid payment of Medicare Part-B premium and Medicare Prescription Drug Plan monthly premium	100% to 120% of poverty	
Qualified Individual (QI-1)	Medicaid payment of Medicare Part-B premium and Medicare Prescription Drug Plan monthly premium	120% to 135% of poverty	

¹ Part A is paid for only those who have not worked for more than 10 years of Medicare-covered employment.

Table 32: Medicare Buy-In Program Recipients and Expenditures by Type

SFY	Part-A		Part-B		Part-D ¹	
	Recipients ²	Expenditures (\$)	Recipients ²	Expenditures (\$)	Recipients ²	Expenditures (\$)
2011/12	8,571	\$38,675,959	188,606	\$224,949,346	114,118	\$91,459,174
2012/13	8,760	\$39,759,731	194,063	\$221,070,791	115,456	\$105,101,793
2013/14	9,040	\$39,526,415	198,782	\$232,926,716	116,001	\$115,419,774

¹ Part-D expenditures are all state funds.

² Recipient data comes from MMA Response File from CMS and is **unduplicated** by each type.

Spend-Down Medically Needy

The Medically Needy Program (MNP) provides Medicaid coverage to individuals or families whose income is not sufficient to meet their medical needs despite being too high to qualify for categorical assistance programs. Within the MNP there are two groups of individuals or families whose medical expenses spend down (reduce) their income to levels at or below the Medically Needy Income Eligibility Standards (MNIES). The first of these is Spend-down Medically Needy, which can apply to Children, Parents and Caretaker Relatives as well as individuals who are aged, blind, or have a disability and are not institutionalized. The second Spend-down group is Long Term Care Spend-down Medically Needy, which is available to individuals or couples residing in Medicaid LTC facilities whose resources are within Medicaid limits but whose income exceeds the special income limit. Similar to regular Spend-down Medically Needy, LTC Spend-down applicants must have a reduced income due to medical expenses. During SFY 2013/14 there were 9,535 recipients in the Spend-down Medically Needy group, with payments of \$43,520,135. The LTC Spend-down Medically Needy group provided services to 1,988 recipients with payments of \$35,561,513.

Provisional Medicaid

Provisional Medicaid was implemented in February 2014 to cover individuals with disabilities and those

age 65 and older who meet criteria for Supplemental Security Income (SSI) but are not currently receiving it. This program allows individuals to receive full Medicaid services while their application for SSI is being considered by the Social Security Administration (SSA). Provisional Medicaid covers individuals with incomes of up to 74 percent of the FPG and assets of up to \$2,000 (\$3,000 for couples). In SFY 2013/14, there were 2,020 people enrolled in Provisional Medicaid. In SFY 2013/14 there were no payments made for recipients in the Provisional Medicaid program. Any services rendered in SFY 2013/14 will be paid in SFY 2014/15.

Women Diagnosed with Breast or Cervical Cancer

The Breast and Cervical Cancer Program provides full Medicaid benefits to uninsured women who are identified through the Centers for Disease Control (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP). These women have been diagnosed with breast or cervical cancer or a pre-cancerous condition and are in need of treatment. The Medicaid program does not have income or resource limits, but the CDC requires that the income be less than 200 percent of the federal poverty guidelines. During SFY 2013/14, a total of \$23,238,467 payments were made on behalf of 1,780 recipients.

Medicaid Providers

During SFY 2013/14, over 26,000 providers participated and offered services to Louisiana Medicaid enrollees.

Figure 13 represents total payments to public and private providers (excluding managed care). The hospital category includes inpatient and outpatient services. Nursing facility payments rank at the top with 19.4 percent, hospital payments in second with 14.4 percent and pharmacy payments in third place with 10.4 percent of total payments.

Top ten provider types of total Medicaid payments grouped by in-state and out-of-state (OOS) are

presented in Table 33 in addition to managed care payments. About \$4.3 billion (90.2 percent) of the total \$4.7 billion in payments (excluding managed care payments) were paid to providers within Louisiana, while about \$464.4 million (9.8 percent) of payments were made to OOS providers. The “all others” OOS category includes payments to CMS for Medicare Buy-ins and Part-D premiums. Managed care payments accounted for \$1.5 billion for SFY 2013/14 which is about 24 percent of the total \$6.2 billion payments. Other than Table 33, all provider tables in this section exclude managed care payments.

Figure 13: Top Ten Provider Types (Public and Private) Based on Total Payments

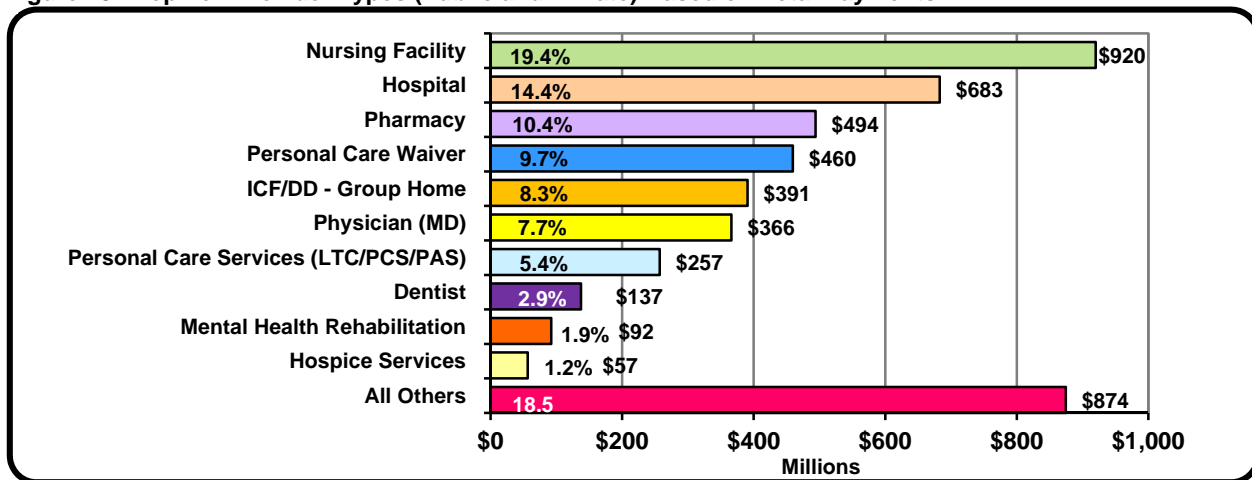


Table 33: Payments by In-State and Out-of-State for the Top Ten Provider Types Based on Payments and Managed Care

Provider Type	Payments (\$)			Ratio of each Program			Ratio Between In-State & OOS	
	In-State	Out-of-State	Total	In-State	OOS	Total	In-State	OOS
Payments (Excluding Managed Care)								
Nursing Facility	\$919,955,989		\$919,955,989	21.6%	0.0%	19.4%	100%	0%
Hospital	659,195,834	23,633,612	682,829,446	15.5%	5.1%	14.4%	97%	3%
Pharmacy	473,170,432	20,831,278	494,001,710	11.1%	4.5%	10.4%	96%	4%
Personal Care Waiver Services	459,634,692		459,634,692	10.8%	0.0%	9.7%	100%	0%
ICF/DD - Group Home	390,662,003		390,662,003	9.2%	0.0%	8.3%	100%	0%
Physician (MD)	365,033,694	1,129,742	366,163,436	8.6%	0.2%	7.7%	100%	0%
Personal Care Services (LTC/PCS/PAS)	257,220,778		257,220,778	6.0%	0.0%	5.4%	100%	0%
Dentist	137,353,059	26,533	137,379,592	3.2%	0.0%	2.9%	100%	0%
Mental Health Rehabilitation	92,192,469		92,192,469	2.2%	0.0%	1.9%	100%	0%
Hospice Services	56,528,412		56,528,412	1.3%	0.0%	1.2%	100%	0%
All Others	455,546,732	418,796,006	874,342,738	10.7%	90.2%	18.5%	52%	48%
Total	\$4,266,494,094	\$464,417,170	\$4,730,911,264	100%	100%	100%	90.2%	9.8%
Managed Care Payments								
Bayou Health – Prepaid	\$1,308,267,089		\$1,308,267,089	95.5%	0.0%	87.5%	100%	0%
Bayou Health - Shared	61,169,462		61,169,462	4.5%	0.0%	4.1%	100%	0%
LBHP – Prepaid		125,901,678	125,901,678	0.0%	100.0%	8.4%	0%	100%
Total	\$1,369,436,551	\$125,901,678	\$1,495,338,229	100%	100%	100%	91.6%	8.4%
Grand Total	\$5,635,930,645	\$590,318,848	\$6,226,249,493	100%	100%	100%	90.5%	9.5%

Table 34 presents the number of participating in-state and OOS providers grouped by top ten provider types based on total payments. Physician provider type accounted for 11,727 (44.7 percent) of the 26,254 total participating providers. With respect to in-state and OOS provider distribution, about 7.9 percent of participating providers are from OOS.

The OOS category “all others” (507 providers) includes CMS along with 506 other providers.

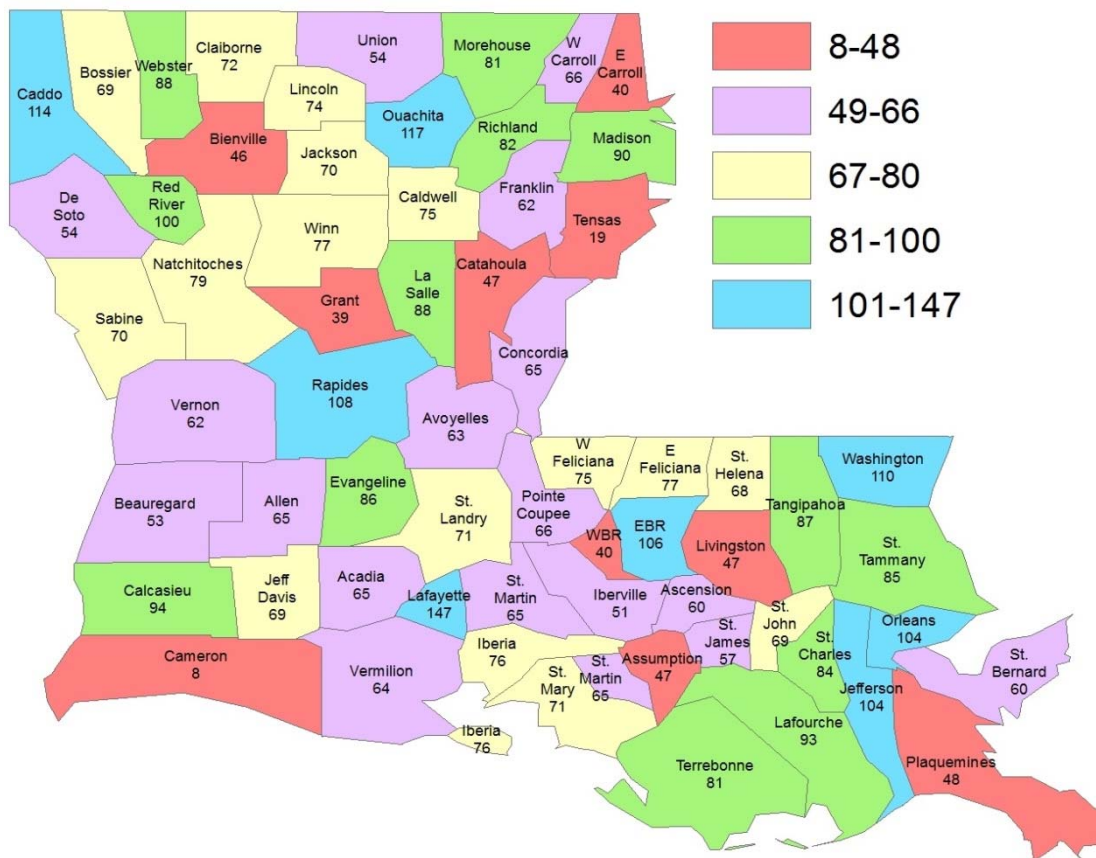
Figure 14 shows a map of the ratios of provider parish payments to recipient parish payments from Table 22 for SFY 2013/14. This relationship gives a perspective on how well a parish is meeting the medical needs of their Medicaid recipients.

Table 34: Number of Providers by In-State and Out-of-State for the Top Ten Provider Types Based on Payments

Provider Type	Number of Providers ¹			Ratio of each Program			Ratio Between In-State & OOS	
	In-State	Out-of-State	Total	In State	OOS	Total	In State	OOS
Nursing Facility	260		260	1.1%	0.0%	1.0%	100%	0%
Hospital	197	649	846	0.8%	31.2%	3.2%	23%	77%
Pharmacy	1,254	59	1,313	5.2%	2.8%	5.0%	96%	4%
Personal Care Waiver Services	534		534	2.2%	0.0%	2.0%	100%	0%
ICF/DD – Group Home	526		526	2.2%	0.0%	2.0%	100%	0%
Physician (MD)	10,879	863	11,727	45.0%	41.4%	44.7%	93%	7%
Personal Care Services (LTC/PCS/PAS)	532		532	2.2%	0.0%	2.0%	100%	0%
Dentist	975	5	980	4.0%	0.2%	3.7%	99%	1%
Mental Health Rehabilitation	106		106	0.4%	0.0%	0.4%	100%	0%
Hospice Services	132		132	0.5%	0.0%	0.5%	100%	0%
All Others	8,803	507	9,306	36.4%	24.3%	35.4%	95%	5%
Total	24,190	2,083	26,254	100%	100%	100%	92.1%	7.9%

¹ Total number of providers may not sum to the total count due to providers offering services in more than one state during the SFY; the total counts are **unduplicated** for the entire state, while other numbers are **unduplicated** for each provider type.

Figure 14: Provider Participation Ratios by Parish*



*More than 100 means Provider payments are greater than Recipient payments

Table 35: Provider Payments and Participation Ratios

	Parish	A. Provider Parish Payments (\$) ¹	B. Recipient Parish Payments (\$)	C. Ratio $C=(A/B)*100$
1	Acadia	\$51,558,258	\$79,016,463	65.3
2	Allen	7,719,790	27,309,392	64.9
3	Ascension	44,494,152	74,173,540	60.0
4	Assumption	10,976,084	23,109,004	47.5
5	Avoyelles	41,604,693	66,371,097	62.7
6	Beauregard	16,246,841	30,454,011	53.3
7	Bienville	10,222,880	22,455,562	45.5
8	Bossier	68,130,786	98,262,204	69.3
9	Caddo	314,615,509	276,640,234	113.7
10	Calcasieu	193,148,859	204,516,549	94.4
11	Caldwell	12,406,148	16,471,022	75.3
12	Cameron	123,149	1,471,380	8.4
13	Catahoula	6,964,841	14,750,380	47.2
14	Claiborne	12,564,732	17,475,063	71.9
15	Concordia	14,909,657	22,922,626	65.0
16	De Soto	14,579,017	26,928,683	54.1
17	East Baton Rouge	464,095,901	436,817,210	106.2
18	East Carroll	9,066,924	22,655,896	40.0
19	East Feliciana	32,290,574	41,714,722	77.4
20	Evangeline	47,854,029	55,632,155	86.0
21	Franklin	22,898,537	36,715,446	62.4
22	Grant	8,038,285	20,805,237	38.6
23	Iberia	67,250,434	88,296,942	76.2
24	Iberville	20,014,819	39,393,739	50.8
25	Jackson	15,319,709	21,833,308	70.2
26	Jefferson	374,333,354	359,329,068	104.2
27	Jefferson Davis	28,042,297	40,544,353	69.2
28	Lafayette	264,551,538	180,085,509	146.9
29	Lafourche	74,448,838	80,259,336	92.8
30	La Salle	18,097,322	20,480,859	88.4
31	Lincoln	38,317,276	51,696,476	74.1
32	Livingston	42,391,347	89,245,930	47.5
33	Madison	17,634,394	19,645,292	89.8
34	Morehouse	37,539,343	46,201,052	81.3
35	Natchitoches	32,421,009	41,119,680	78.8
36	Orleans	369,751,514	355,786,880	103.9
37	Ouachita	203,382,845	173,471,302	117.2
38	Plaquemines	8,653,437	18,018,484	48.0
39	Pointe Coupee	18,747,219	28,303,436	66.2
40	Rapides	328,322,332	303,200,529	108.3
41	Red River	11,718,238	11,709,106	100.1
42	Richland	35,476,230	43,313,064	81.9
43	Sabine	16,795,589	24,044,324	69.9
44	St. Bernard	21,151,911	35,329,340	59.9
45	St. Charles	24,753,128	29,549,238	83.8
46	St. Helena	7,381,612	10,830,939	68.2
47	St. James	9,941,692	17,574,294	56.6
48	St. John	25,061,541	36,306,109	69.0
49	St. Landry	94,978,169	133,622,413	71.1
50	St. Martin	31,607,538	48,992,763	64.5
51	St. Mary	30,834,546	43,735,107	70.5
52	St. Tammany	122,717,443	143,883,574	85.3
53	Tangipahoa	148,719,631	171,601,413	86.7
54	Tensas	1,281,944	6,764,432	19.0
55	Terrebonne	87,451,536	107,341,734	81.5
56	Union	13,751,206	25,379,158	54.2
57	Vermilion	35,962,971	55,798,103	64.5
58	Vernon	18,325,824	29,613,791	61.9
59	Washington	63,916,369	58,342,789	109.6
60	Webster	43,828,009	50,086,861	87.5
61	West Baton Rouge	7,654,430	19,006,936	40.3
62	West Carroll	13,138,600	19,960,929	65.8
63	West Feliciana	11,041,658	14,745,984	74.9
64	Winn	15,275,609	19,798,816	77.2
In-State Total		\$4,266,494,094	\$4,730,911,264	90.2
Out-of-State Total		\$464,417,170	\$0	
Total		\$4,730,911,264	\$4,730,911,264	100.0

Table 35 presents (A) Provider Parish Payments which represent payments made to providers located in a parish regardless of the recipients' residing parish; (B) Recipient Parish payments which represent payments made on behalf of recipients residing in that parish regardless of where they received services; and (C) The ratio of provider parish payments to recipient parish payments times 100.

A ratio of 100 indicates that the sum of payments made to the providers of the parish is equal to the sum of payments made on behalf of recipients of that parish.

A ratio of less than 100 means that some of the payments made on behalf of the recipients of that parish went to providers outside of their respective parish. For example, a ratio of 95 indicates that about 5% of payments made on behalf of recipients of the parish are going out of that parish.

A ratio greater than 100 implies that providers of that parish received some payments made on behalf of recipients of other parishes. For example, a ratio of 120 implies that about 20% of payments made to the providers of that parish are made on behalf of recipients from other parishes.

¹ Provider parish is based on service provider's enrolled location on file at the time of payment.

Table 36 shows a regional comparison of payments made on behalf of the top ten provider types based on total payments. For the remainder of this section, unless otherwise stated, all data is based on the service providers' enrolled location (parish/region/state) on file at the time of payment. The Greater New Orleans Area ranked number one, with about \$773.9 million in payments going into the region. Payments to the top ten providers in each region will differ according to a variety of factors (e.g., availability of providers, medical need of the population, etc.).

Table 37 reports payment distribution across provider parishes to the top ten provider types in the state based on total payments. East Baton Rouge Parish ranked number one with about

\$464 million in payments going into the parish, while Cameron Parish ranked last with \$123,149 in payments going into the parish.

Table 38 presents the number of service providers by parish, Table 39 presents the number of recipients by parish and Table 40 presents payments per recipient by parish for the top ten provider types based on payments during this SFY.

Tables 37–39 have artificially high numbers in column 6: Physician (MD). The data for SFY2013/14 includes ACA recycles, which carried over claims from SFY 2012/13. As a result, the numbers for physician codes include providers and payments from SFY 2012/13.

Table 36: Payments by Region for the Top Ten Provider Types Based on Payments (1-6)

Region	1	2	3	4	5	6
	Nursing Facility	Hospital	Pharmacy	Personal Care Waiver Services	ICF/DD - Group Home	Physician (MD)
1 - Greater New Orleans Area	\$118,595,508	\$201,095,993	\$89,475,754	\$71,652,988	\$29,759,629	\$89,789,408
2 - Capital Area	133,303,096	110,340,250	56,354,713	69,417,080	29,665,381	57,550,878
3 - South Central Louisiana	61,717,185	30,348,323	39,777,093	33,061,995	10,365,686	25,940,026
4 - Acadiana	139,179,497	67,768,204	66,528,472	71,042,786	22,193,678	53,149,148
5 - Southwest Louisiana	59,274,578	33,741,539	44,177,847	25,521,485	21,021,724	25,426,422
6 - Central Louisiana	86,679,420	37,231,052	31,217,654	40,655,011	173,923,395	17,836,532
7 - Northwest Louisiana	154,704,098	85,929,532	47,704,900	45,633,146	39,893,057	35,359,384
8 - Northeast Louisiana	97,971,546	55,221,298	41,589,635	54,197,734	27,750,832	27,057,659
9 - Northshore Area	68,531,061	37,519,643	56,344,366	48,452,469	36,088,621	32,924,238
Total In-State	\$919,955,989	\$659,195,834	\$473,170,432	\$459,634,692	\$390,662,003	\$365,033,694
Total Out-of-State		\$23,633,612	\$20,831,278			\$1,129,742
Total	\$919,955,989	\$682,829,446	\$494,001,710	\$459,634,692	\$390,662,003	\$366,163,435

Table 36: Continued (7-10)

Region	7	8	9	10			
	Personal Care Services (LTC/PCS/PAS)	Dentist	Mental Health Rehabilitation	Hospice Services	All Others	Grand Total	Overall Rank
1 - Greater New Orleans Area	\$40,481,299	\$26,452,621	\$23,585,819	\$3,956,361	\$79,044,836	\$773,890,216	1
2 - Capital Area	37,391,350	20,566,407	12,672,231	8,801,499	62,275,869	598,338,752	3
3 - South Central Louisiana	11,474,131	8,157,818	4,856,332	3,367,701	34,401,074	263,467,364	8
4 - Acadiana	64,347,539	18,269,292	4,496,894	7,082,319	79,705,107	593,762,937	2
5 - Southwest Louisiana	8,679,293	7,236,485	5,340,814	5,561,113	19,299,636	255,280,936	9
6 - Central Louisiana	16,530,869	8,934,679	6,020,133	6,270,243	26,239,574	451,538,562	5
7 - Northwest Louisiana	28,125,418	14,273,555	17,068,473	9,214,898	46,969,307	524,875,767	4
8 - Northeast Louisiana	33,085,431	14,108,510	10,813,771	7,287,988	51,128,753	420,213,157	6
9 - Northshore Area	17,105,447	19,353,691	7,338,003	4,986,290	56,482,575	385,126,402	7
Total In-State	\$257,220,778	\$137,353,059	\$92,192,469	\$56,528,412	\$455,546,732	\$4,266,494,094	
Total Out-of-State		\$26,533			\$418,796,006	\$464,417,170	
Total	\$257,220,778	\$137,379,592	\$92,192,469	\$56,528,412	\$874,342,738	\$4,730,911,264	

Table 37: Payments by Parish for the Top Ten Provider Types Based on Payments (1-6)

	Parish	Nursing Facility	Hospital	Pharmacy	Personal Care Waiver Services	IDF/DD - Group Home	Physician ¹ (MD)
1	Acadia	\$18,701,854	\$2,512,520	\$10,222,854	\$2,110,743	\$6,448,975	\$2,512,930
2	Allen	7,750,180	1,875,201	1,862,580		847,189	1,101,324
3	Ascension	10,055,444	2,486,992	9,325,335	5,309,158	1,988,238	4,595,963
4	Assumption	3,478,469	694,820	1,175,497	2,198,911	736,437	190,070
5	Avoyelles	20,241,516	2,217,506	5,170,748	3,029,579	328,258	801,838
6	Beauregard	6,130,125	2,924,577	1,999,068	769,374	851,994	1,600,214
7	Bienville	7,668,623	235,657	950,599		318,802	686,824
8	Bossier	19,235,206	3,235,579	6,785,766	7,159,040	18,153,931	3,000,588
9	Caddo	82,479,806	68,365,600	26,427,649	26,283,383	14,370,778	25,282,780
10	Calcasieu	34,845,711	24,527,911	34,875,095	22,927,930	17,913,561	20,498,416
11	Caldwell	2,649,495	2,785,314	1,281,632	2,675,163	367,512	476,044
12	Cameron		34,434	29,590			5,174
13	Catahoula	2,898,276		841,858	1,446,868		15,861
14	Claiborne	4,752,055	1,382,313	962,898	3,084,065		267,365
15	Concordia	5,018,265	2,059,835	1,200,236	2,308,375		552,876
16	De Soto	4,738,176	1,647,773	1,808,104	809,763	594,811	404,670
17	East Baton Rouge	78,616,860	104,801,715	36,809,902	58,247,954	21,419,242	49,074,694
18	East Carroll	3,434,265	1,250,635	1,345,767	654,026	248,828	353,708
19	East Feliciana	20,110,161	173,967	1,216,054	1,458,978	4,319,769	291,314
20	Evangeline	11,537,741	4,574,242	6,623,749	3,758,106	1,857,283	2,831,016
21	Franklin	10,532,255	2,034,081	1,981,651	811,907	1,817,944	815,319
22	Grant	6,120,358		668,044		971,424	61,993
23	Iberia	15,437,493	3,569,246	7,181,877	11,851,339	3,625,343	6,927,748
24	Iberville	7,854,394	29,369	4,580,673	1,295,671	308,273	1,771,728
25	Jackson	8,051,214	1,561,274	1,425,662	1,099,524	737,173	544,746
26	Jefferson	53,712,304	74,271,440	61,117,554	43,629,579	19,696,092	42,665,311
27	Jefferson Davis	10,548,562	4,379,415	5,411,513	1,824,181	1,408,980	2,221,294
28	Lafayette	37,113,093	47,109,355	20,703,769	39,051,450	6,344,412	25,499,788
29	Lafourche	15,338,818	8,392,453	9,095,163	11,653,254	6,265,711	4,951,212
30	La Salle	6,260,253	5,241,829	1,857,520	1,349,245	325,308	1,238,919
31	Lincoln	9,460,556	4,600,317	8,059,384	2,668,524	4,041,645	3,892,096
32	Livingston	10,330,107	55,409	13,806,806	4,057,940	2,004,921	1,244,334
33	Madison	3,776,883	1,667,602	931,087	1,890,486	2,804,703	509,633
34	Morehouse	12,509,940	4,114,974	2,648,960	3,462,720	753,398	2,051,959
35	Natchitoches	9,366,438	3,564,092	3,574,393	3,415,372	655,242	2,037,845
36	Orleans	60,647,569	123,107,944	22,443,677	25,017,044	6,922,637	45,634,104
37	Ouachita	29,106,923	31,037,901	16,390,313	34,157,456	8,086,763	14,187,694
38	Plaquemines	4,235,635		924,662	775,957	1,887,505	618,503
39	Pointe Coupee	8,489,486	1,131,333	1,682,738	1,324,767	498,850	766,081
40	Rapides	34,166,801	22,875,074	17,987,476	29,884,879	168,717,845	11,679,500
41	Red River	3,024,674	2,130,645	1,320,954	1,518,508	601,492	458,797
42	Richland	6,331,618	2,467,780	2,874,734	6,180,292	8,211,841	1,973,384
43	Sabine	7,633,187	1,110,314	2,625,240	941,736	2,059,131	629,449
44	St. Bernard		3,716,609	4,989,862	2,230,407	1,253,394	871,490
45	St. Charles	6,106,852	2,008,263	5,576,467	2,205,973		1,146,936
46	St. Helena	2,022,346	658,431	550,185	1,251,717	471,697	740,953
47	St. James	2,472,971	2,112,709	1,154,053	960,004		967,786
48	St. John	3,963,360	768,997	2,947,053	6,415,313	602,822	1,466,325
49	St. Landry	28,985,791	5,389,801	14,022,666	7,811,003	1,807,937	10,879,020
50	St. Martin	7,921,277	1,310,203	3,590,294	6,123,543	1,329,296	1,635,184
51	St. Mary	8,847,462	3,374,806	6,135,725	2,240,249	683,640	3,088,307
52	St. Tammany	28,506,716	14,484,759	20,355,170	4,887,073	2,912,245	17,142,229
53	Tangipahoa	18,273,659	17,198,063	15,807,645	29,793,720	29,726,960	11,466,723
54	Tensas			391,013			
55	Terrebonne	21,509,255	12,996,275	13,693,136	7,388,291	2,077,076	14,129,390
56	Union	7,161,456	1,529,677	2,243,385		348,608	897,867
57	Vermilion	19,482,248	3,302,837	4,183,263	336,603	780,432	2,863,463
58	Vernon	5,806,740	3,229,948	2,179,707	764,092	2,124,792	2,868,389
59	Washington	9,398,233	5,122,981	5,824,560	8,462,019	972,798	2,329,999
60	Webster	15,805,934	4,257,560	3,249,298	2,421,279	3,138,870	2,591,067
61	West Baton Rouge	3,300,064		1,781,240	497,042	759,078	179,646
62	West Carroll	4,956,940	2,171,743	2,016,048	597,636	332,417	1,355,207
63	West Feliciana	4,876,687	1,716,874	958,770	1,283,511	371,930	871,452
64	Winn	6,167,211	1,606,860	1,312,065	1,871,972	1,455,768	617,156
Total In-State		\$919,955,989	\$659,195,834	\$473,170,432	\$459,634,692	\$390,662,003	\$365,033,694
Total Out-of-State			\$23,633,612	\$20,831,278			\$1,129,742
Total		\$919,955,989	\$682,829,446	\$494,001,710	\$459,634,692	\$390,662,003	\$366,163,435

¹ Due to ACA recycles, numbers are artificially higher than the actual number of payments for this year. Previous SFY payments were included in this year's E&M codes

Table 37: Continued (7-10)

Personal Care Services (LTC/PCS/PAS)	Dentist	Mental Health Rehabilitation	Hospice Services	All Others	Grand Total	Rank	Parish
\$3,966,294	\$1,579,761			\$3,502,327	\$51,558,258	16	Acadia
590	41,625		2,717,077	1,524,024	17,719,790	37	Allen
3,378,515	1,366,564			5,987,943	44,494,152	18	Ascension
1,570,851				931,030	10,976,084	52	Assumption
4,926,563	608,253	606,237	1,110,944	2,563,250	41,604,693	22	Avoyelles
526,168	662,203			783,117	16,246,841	43	Beauregard
153				362,221	10,222,880	54	Bienville
2,382,187	1,107,803	1,530,714	486,636	5,053,338	68,130,786	14	Bossier
15,722,819	11,328,258	11,960,110	6,091,366	26,302,959	314,615,509	5	Caddo
7,656,186	6,438,891	5,340,723	2,537,012	15,587,423	193,148,859	8	Calcasieu
467,361	396,598			1,307,029	12,406,148	51	Caldwell
				53,951	123,149	64	Cameron
934,953	162,912			664,112	6,964,841	61	Catahoula
1,069,711	417,181			629,144	12,564,732	50	Claiborne
1,704,888	1,161,575	277,836	91,079	534,693	14,909,657	44	Concordia
617,958	836,334	757,636	857,433	1,506,360	14,579,017	47	De Soto
27,293,824	17,513,923	12,583,431	8,030,838	49,703,518	464,095,901	1	East Baton Rouge
660,656	508,472			610,568	9,066,924	57	East Carroll
1,930,161	122,962			2,667,211	32,290,574	28	East Feliciana
7,967,633	849,968	1,111,483	163,544	6,579,265	47,854,029	17	Evangeline
797,519	319,966		1,073,540	2,714,355	22,898,537	34	Franklin
	27,354			189,112	8,038,285	59	Grant
8,875,987	2,102,559	123,621	13,980	7,541,242	67,250,434	15	Iberia
1,467,594	516,501	85,903	354,234	1,750,480	20,014,819	35	Iberville
448,369	3,660		701,876	746,210	15,319,709	46	Jackson
16,056,203	14,544,655	5,073,758	3,324,412	40,242,046	374,333,354	2	Jefferson
496,350	93,766	91	307,024	1,351,121	28,042,297	31	Jefferson Davis
18,753,702	9,633,522	2,791,335	5,471,162	52,079,949	264,551,538	6	Lafayette
1,365,604	1,119,071	4,172,930	67,995	12,026,627	74,448,838	13	Lafourche
388,095	73,744		73,918	1,288,490	18,097,322	42	La Salle
399,441	1,674,859		263,677	3,256,777	38,317,276	21	Lincoln
2,021,030	2,619,688	1,971,248	943,816	3,336,049	42,391,347	20	Livingston
3,609,225	188,734		15,026	2,241,016	17,634,394	40	Madison
5,269,540	919,497	500,090	1,173,270	4,134,996	37,539,343	24	Morehouse
4,983,378	476,057	1,831,664	786,758	1,729,770	32,421,009	30	Natchitoches
21,670,751	10,943,956	15,006,008	631,949	37,725,875	369,751,514	3	Orleans
18,224,587	8,239,825	9,837,576	3,318,965	30,794,842	203,382,845	7	Ouachita
	(120)			211,295	8,653,437	58	Plaquemines
2,296,983	747,104	2,896	416,427	1,390,552	18,747,219	38	Pointe Coupee
7,182,259	6,563,338	5,136,060	4,753,306	19,375,792	328,322,332	4	Rapides
785,434	5,941			1,871,794	11,718,238	53	Red River
2,798,374	827,115		741,635	3,069,457	35,476,230	26	Richland
103,803	23,665			1,669,065	16,795,589	41	Sabine
2,754,344	964,131	3,506,053		865,620	21,151,911	39	St. Bernard
303,833	365,022			7,039,783	24,753,128	33	St. Charles
924,103	218,594			543,587	7,381,612	62	St. Helena
729,988	735,639			808,542	9,941,692	55	St. James
2,698,649	697,790	683,402	2,028,770	2,789,060	25,061,541	32	St. John
15,628,632	2,710,139	470,454	1,433,634	5,839,091	94,978,169	11	St. Landry
7,621,567	368,107			1,708,066	31,607,538	27	St. Martin
2,490,516	877,189		305,644	2,791,008	30,834,546	29	St. Mary
1,059,908	11,347,038	3,762,464	3,610,173	14,649,668	122,717,443	10	St. Tammany
9,202,300	3,996,382	1,032,095	432,301	11,789,783	148,719,631	9	Tangipahoa
	95,698	476,105		319,128	1,281,944	63	Tensas
2,314,690	4,363,106		965,292	8,015,024	87,451,536	12	Terrebonne
	688,991			881,220	13,751,206	48	Union
1,533,725	1,025,236			2,455,165	35,962,971	25	Vermilion
157,323	40,469		240,995	913,370	18,325,824	36	Vernon
3,898,106	1,171,989	572,196		26,163,487	63,916,369	23	Washington
2,459,975	78,317	988,349	992,704	7,844,656	43,828,009	19	Webster
364,980	170,775			601,606	7,654,430	60	West Baton Rouge
410,359	245,095			1,053,156	13,138,600	49	West Carroll
659,295	128,579			174,559	11,041,658	56	West Feliciana
1,236,788	297,035			710,754	15,275,609	45	Winn
\$257,220,778	\$137,353,059	\$92,192,469	\$56,528,412	\$455,546,732	\$4,266,494,094		Total In-State
	\$26,533			\$418,796,006	\$464,417,170		Total Out-of-State
\$257,220,778	\$137,379,592	\$92,192,469	\$56,528,412	\$874,342,738	\$4,730,911,264		Total

Table 38: Number of Providers by Parish for the Top Ten Provider Types Based on Payments (1-6)

	Parish	Nursing Facility	Hospital	Pharmacy	Personal Care Waiver Services	IDF/DD - Group Home	Physician ¹ (MD)
1	Acadia	6	3	16	4	6	56
2	Allen	3	2	7		2	30
3	Ascension	3	3	27	10	5	102
4	Assumption	1	1	3	5	2	10
5	Avoyelles	8	2	16	3	1	44
6	Beauregard	3	1	5	2	2	56
7	Bienville	3	1	4		1	12
8	Bossier	6	3	27	6	19	139
9	Caddo	21	9	59	23	27	1,154
10	Calcasieu	9	9	54	21	33	487
11	Caldwell	1	2	2	2	1	12
12	Cameron		1	1			1
13	Catahoula	1		4	1		2
14	Claiborne	3	1	6	2		16
15	Concordia	2	2	6	4		21
16	De Soto	2	1	6	2	2	9
17	East Baton Rouge	21	20	109	80	58	1,412
18	East Carroll	1	1	4	1	1	9
19	East Feliciana	2	2	2	3	5	11
20	Evangeline	4	2	23	7	5	68
21	Franklin	4	1	7	2	5	22
22	Grant	2		3		3	3
23	Iberia	5	3	22	10	9	133
24	Iberville	2	1	12	5	1	21
25	Jackson	2	1	3	2	2	16
26	Jefferson	13	9	127	51	55	1,672
27	Jefferson Davis	3	2	14	2	4	44
28	Lafayette	10	14	74	33	17	876
29	Lafourche	5	3	21	7	14	214
30	La Salle	2	2	6	1	1	43
31	Lincoln	3	3	12	5	9	92
32	Livingston	2	1	31	8	5	39
33	Madison	1	1	4	2	6	11
34	Morehouse	4	3	11	6	2	47
35	Natchitoches	3	2	12	6	2	60
36	Orleans	14	8	72	40	17	1,377
37	Ouachita	9	10	54	38	20	455
38	Plaquemines	1		3	1	2	14
39	Pointe Coupee	2	1	6	3	1	18
40	Rapides	8	7	40	19	67	427
41	Red River	1	2	2	2	2	13
42	Richland	3	2	12	8	19	44
43	Sabine	3	1	9	1	6	37
44	St. Bernard		1	8	7	3	21
45	St. Charles	2	2	14	3		29
46	St. Helena	1	1	3	2	1	20
47	St. James	1	1	6	2		19
48	St. John	1	1	8	12	2	58
49	St. Landry	7	3	30	12	5	212
50	St. Martin	2	1	15	8	4	58
51	St. Mary	3	3	22	4	2	72
52	St. Tammany	8	12	63	6	8	755
53	Tangipahoa	6	8	35	22	29	306
54	Tensas			2			
55	Terrebonne	4	4	28	9	6	259
56	Union	3	2	7		1	25
57	Vermilion	6	2	18	1	2	56
58	Vernon	2	4	9	1	5	59
59	Washington	3	4	20	8	3	132
60	Webster	3	3	9	5	9	62
61	West Baton Rouge	1		8	3	2	9
62	West Carroll	2	1	4	1	1	12
63	West Feliciana	1	1	2	2	1	17
64	Winn	2	2	6	1	3	17
Total In-State ²		260	197	1,254	534	526	10,879
Total Out-of-State			649	59			863
Total ²		260	846	1,313	534	526	11,727

¹ Due to ACA recycles, numbers are artificially higher than the actual number of providers for this year. Previous SFY payments were included in this year's E&M codes

² Individual parish provider counts as well as total in-state and out-of-state may not sum to the total state count due to providers offering services in more than one parish/state during the SFY; the state figures are **unduplicated** for the entire state, while other numbers are **unduplicated** for each parish.

Table 38: Continued (7-10)

Personal Care Services (LTC/PCS/PAS)	Dentist	Mental Health Rehabilitation	Hospice Services	All Others	Grand Total	Rank	Parish
4	16			79	190	24	Acadia
1	3		2	46	96	38	Allen
9	13			116	288	16	Ascension
4				26	52	50	Assumption
4	9	1	2	71	161	27	Avoyelles
2	8			46	125	32	Beauregard
1				20	42	58	Bienville
5	11	2	2	108	328	15	Bossier
23	73	12	11	547	1,959	4	Caddo
18	50	5	5	414	1,105	8	Calcasieu
2	3			24	49	54	Caldwell
				11	14	64	Cameron
1	3			21	33	60	Catahoula
2	2			29	61	47	Claiborne
3	6	1	1	36	82	40	Concordia
2	5	1	1	33	64	45	De Soto
88	93	15	15	1,177	3,085	2	East Baton Rouge
1	1			12	31	61	East Carroll
3	4			35	67	44	East Feliciana
8	11	1	1	62	192	23	Evangeline
2	4		2	51	100	36	Franklin
	1			13	25	62	Grant
12	15	1	1	127	338	14	Iberia
4	6	1	1	47	101	35	Iberville
2	1		1	22	52	50	Jackson
47	113	6	12	1,077	3,181	1	Jefferson
1	6	1	1	44	122	33	Jefferson Davis
33	59	3	10	619	1,746	5	Lafayette
5	12	3	1	163	448	13	Lafourche
1	2		1	22	81	41	La Salle
5	8		1	91	229	18	Lincoln
8	26	1	3	98	222	19	Livingston
3	2		1	24	55	49	Madison
5	5	2	1	55	141	30	Morehouse
6	4	2	2	71	170	26	Natchitoches
39	93	22	7	721	2,409	3	Orleans
38	41	12	10	444	1,131	7	Ouachita
	2			24	47	56	Plaquemines
3	6	1	1	38	80	42	Pointe Coupee
19	38	2	9	400	1,036	9	Rapides
2	2			17	43	57	Red River
7	5		3	75	178	25	Richland
1	3			34	95	39	Sabine
8	11	1		40	100	36	St. Bernard
5	6			65	126	31	St. Charles
3	2			18	51	52	St. Helena
3	3			27	62	46	St. James
10	9	1	1	94	197	22	St. John
12	19	2	3	147	452	12	St. Landry
8	6			59	161	27	St. Martin
5	8		1	81	201	20	St. Mary
9	72	3	13	477	1,426	6	St. Tammany
20	36	1	5	297	765	10	Tangipahoa
	1	1		12	16	63	Tensas
9	27		5	219	570	11	Terrebonne
	4			28	70	43	Union
1	8			62	156	29	Vermillion
1	3		1	36	121	34	Vernon
8	12	2		90	279	17	Washington
4	1	1	1	102	200	21	Webster
1	3			24	51	52	West Baton Rouge
1	1			25	48	55	West Carroll
2	4			10	40	59	West Feliciana
1	3			24	59	48	Winn
532	975	106	132	8,803	24,190		Total In-State ²
	5			507	2,083		Total Out-of-State
532	980	106	132	9,306	26,254		Total ²

Table 39: Number of Recipients by Parish for the Top Ten Provider Types Based on Payments (1-6)

	Parish	Nursing Facility	Hospital	Pharmacy	Personal Care Waiver Services	IDF/DD - Group Home	Physician ¹ (MD)
1	Acadia	624	4,872	10,516	87	107	12,024
2	Allen	265	2,850	3,529		12	7,314
3	Ascension	358	7,680	12,784	188	32	19,278
4	Assumption	113	1,316	1,520	96	14	2,222
5	Avoyelles	644	4,724	6,196	121	6	6,525
6	Beauregard	221	3,314	3,283	37	17	9,448
7	Bienville	305	816	1,874		7	3,331
8	Bossier	676	7,594	11,204	178	248	13,500
9	Caddo	2,698	42,650	30,376	740	261	82,591
10	Calcasieu	1,223	25,453	31,425	644	349	73,269
11	Caldwell	99	1,778	1,851	83	6	1,696
12	Cameron		61	56			111
13	Catahoula	104		1,331	63		229
14	Claiborne	185	1,270	1,465	72		1,925
15	Concordia	191	1,514	2,008	84		3,202
16	De Soto	161	2,324	2,813	33	11	2,118
17	East Baton Rouge	2,605	69,070	54,221	1,601	407	126,333
18	East Carroll	112	1,474	1,877	18	6	1,048
19	East Feliciana	326	51	1,841	53	36	1,872
20	Evangeline	389	9,101	5,915	166	38	15,335
21	Franklin	362	2,916	3,489	33	35	3,845
22	Grant	211		958		18	465
23	Iberia	568	8,881	11,233	319	66	25,479
24	Iberville	260	178	4,997	48	6	6,546
25	Jackson	230	1,698	2,090	31	15	1,706
26	Jefferson	1,901	57,647	59,472	1,253	367	145,100
27	Jefferson Davis	345	3,960	6,433	33	25	10,307
28	Lafayette	1,176	32,315	25,107	1,147	121	83,300
29	Lafourche	552	12,929	13,525	385	87	22,585
30	La Salle	226	3,207	2,163	65	6	5,506
31	Lincoln	355	6,207	7,414	99	78	19,991
32	Livingston	369	96	16,578	151	35	6,735
33	Madison	128	1,761	2,053	84	56	2,327
34	Morehouse	431	3,768	3,888	131	12	12,187
35	Natchitoches	293	3,936	4,941	115	14	9,862
36	Orleans	2,029	62,747	36,509	739	117	131,696
37	Ouachita	1,017	24,798	20,077	960	138	41,556
38	Plaquemines	138		1,319	13	42	2,724
39	Pointe Coupee	240	2,211	2,422	60	8	3,792
40	Rapides	1,136	20,377	18,220	764	1,214	41,474
41	Red River	111	1,959	2,028	42	11	2,814
42	Richland	303	3,701	4,105	193	151	13,521
43	Sabine	264	1,908	4,936	26	38	5,481
44	St. Bernard		3,552	6,909	78	21	4,530
45	St. Charles	224	2,264	4,861	77		7,022
46	St. Helena	84	1,071	1,168	45	6	5,548
47	St. James	96	2,380	2,359	40		4,000
48	St. John	157	2,934	5,493	196	12	8,371
49	St. Landry	927	11,376	16,498	338	34	42,613
50	St. Martin	253	2,595	5,666	206	23	11,010
51	St. Mary	347	5,463	6,404	121	12	11,501
52	St. Tammany	1,004	18,079	21,711	220	56	70,704
53	Tangipahoa	695	20,685	23,678	875	387	49,723
54	Tensas			773			
55	Terrebonne	752	18,759	19,024	241	39	42,198
56	Union	293	2,209	3,001		6	4,853
57	Vermilion	620	4,389	6,768	14	17	13,060
58	Vernon	238	3,477	3,655	22	38	9,295
59	Washington	355	5,771	6,706	235	19	14,282
60	Webster	544	6,422	4,894	83	63	11,168
61	West Baton Rouge	111		3,108	36	15	949
62	West Carroll	173	2,274	2,662	24	6	2,823
63	West Feliciana	142	1,503	1,109	47	6	3,431
64	Winn	234	1,673	1,935	57	24	4,164
Total In-State ²		30,081	459,842	512,594	13,174	4,874	709,247
Total Out-of-State			6,590	6,264			7,769
Total ²		30,081	462,623	514,123	13,174	4,874	710,157

¹ Due to ACA recycles, numbers are artificially higher than the actual number of recipients for this year. Previous SFY payments were included in this year's E&M codes

² Individual parish provider counts as well as total in-state and out-of-state may not sum to the total state count due to providers offering services in more than one parish/state during the SFY; the state figures are **unduplicated** for the entire state, while other numbers are **unduplicated** for each parish.

Table 39: Continued (7-10)

Personal Care Services (LTC/PCS/PAS)	Dentist	Mental Health Rehabilitation	Hospice Services	All Others	Grand Total	Rank	Parish
369	4,450			9,211	26,309	20	Acadia
3	204		204	4,894	13,233	36	Allen
328	6,055			8,594	34,111	15	Ascension
147				1,789	5,309	51	Assumption
429	2,844	124	83	7,487	14,975	32	Avoyelles
51	2,475			4,040	14,309	34	Beauregard
1				2,027	5,561	50	Bienville
254	2,755	404	44	10,764	28,934	18	Bossier
1,485	32,034	3,165	483	46,770	125,883	5	Caddo
675	19,343	1,320	256	34,754	92,321	7	Calcasieu
45	934			2,190	4,217	59	Caldwell
				250	422	64	Cameron
101	678			1,755	3,155	61	Catahoula
97	922			1,516	3,872	60	Claiborne
155	2,984	80	18	2,260	7,453	44	Concordia
62	2,483	137	49	3,449	6,893	46	De Soto
2,493	51,328	3,114	774	88,787	201,057	3	East Baton Rouge
48	1,189			2,309	4,537	56	East Carroll
176	677			3,693	6,491	48	East Feliciana
649	3,524	276	21	6,155	25,366	22	Evangeline
71	1,440		76	6,157	9,442	39	Franklin
	39			609	2,019	62	Grant
808	6,733	42	4	15,719	40,254	13	Iberia
129	2,498	25	28	4,773	14,014	35	Iberville
44	4		40	2,482	4,437	58	Jackson
1,694	50,646	1,021	415	121,628	261,756	1	Jefferson
40	606	1	26	5,130	15,066	31	Jefferson Davis
1,845	32,374	672	582	74,620	155,312	4	Lafayette
142	3,329	1,410	16	17,981	37,357	14	Lafourche
48	210		14	2,802	8,475	41	La Salle
49	4,858		32	8,817	28,695	19	Lincoln
214	7,951	786	83	9,136	29,635	17	Livingston
510	630		3	2,645	5,219	52	Madison
473	3,065	134	98	5,877	18,674	25	Morehouse
448	1,682	627	71	4,491	14,919	33	Natchitoches
1,991	44,055	3,687	73	86,374	226,881	2	Orleans
1,664	23,403	2,058	321	35,083	74,629	9	Ouachita
	3			995	4,720	55	Plaquemines
198	2,010	8	45	3,105	8,721	40	Pointe Coupee
687	22,005	1,479	391	31,661	76,098	8	Rapides
68	59			1,680	4,454	57	Red River
257	3,980		63	7,214	21,252	24	Richland
9	125			3,840	11,613	38	Sabine
288	2,994	1,226		3,426	15,233	30	St. Bernard
38	1,833			6,833	17,581	28	St. Charles
91	1,048			1,108	7,445	45	St. Helena
57	1,547			2,246	8,151	42	St. James
256	2,750	210	270	4,325	16,360	29	St. John
1,335	8,212	116	123	16,780	55,186	12	St. Landry
635	1,353			4,024	18,616	26	St. Martin
247	3,176		30	13,541	25,661	21	St. Mary
188	43,078	914	367	27,554	119,705	6	St. Tammany
934	13,638	146	73	29,048	70,001	10	Tangipahoa
	364	166		1,261	1,865	63	Tensas
250	14,046		118	18,824	56,557	11	Terrebonne
	1,428			2,540	7,964	43	Union
139	4,211			6,452	22,524	23	Vermilion
14	254		26	4,075	12,199	37	Vernon
387	4,130	385		14,891	33,090	16	Washington
243	281	251	80	10,971	18,165	27	Webster
36	583			2,005	5,644	49	West Baton Rouge
31	916			2,369	5,092	53	West Carroll
65	550			571	4,731	54	West Feliciana
99	1,232			2,038	6,651	47	Winn
22,983	391,448	23,090	5,307	556,840	1,011,286		Total In-State ²
	87			335,538	343,495		Total Out-of-State
22,983	391,510	23,090	5,307	700,745	1,078,868		Total ²

Table 40: Payments per Recipient by Parish for the Top Ten Provider Types Based on Payments (1-6)

	Parish	Nursing Facility	Hospital	Pharmacy	Personal Care Waiver Services	ICF/DD - Group Home	Physician (MD)
1	Acadia	\$29,971	\$516	\$972	\$24,261	\$60,271	\$209
2	Allen	29,246	658	528		70,599	151
3	Ascension	28,088	324	729	28,240	62,132	238
4	Assumption	30,783	528	773	22,905	52,603	86
5	Avoyelles	31,431	469	835	25,038	54,710	123
6	Beauregard	27,738	882	609	20,794	50,117	169
7	Bienville	25,143	289	507		45,543	206
8	Bossier	28,454	426	606	40,219	73,201	222
9	Caddo	30,571	1,603	870	35,518	55,060	306
10	Calcasieu	28,492	964	1,110	35,602	51,328	280
11	Caldwell	26,763	1,567	692	32,231	61,252	281
12	Cameron		564	528			47
13	Catahoula	27,868		633	22,966		69
14	Claiborne	25,687	1,088	657	42,834		139
15	Concordia	26,274	1,361	598	27,481		173
16	De Soto	29,430	709	643	24,538	54,074	191
17	East Baton Rouge	30,179	1,517	679	36,382	52,627	388
18	East Carroll	30,663	848	717	36,335	41,471	338
19	East Feliciana	61,688	3,411	661	27,528	119,994	156
20	Evangeline	29,660	503	1,120	22,639	48,876	185
21	Franklin	29,095	698	568	24,603	51,941	212
22	Grant	29,006		697		53,968	133
23	Iberia	27,179	402	639	37,152	54,929	272
24	Iberville	30,209	165	917	26,993	51,379	271
25	Jackson	35,005	919	682	35,469	49,145	319
26	Jefferson	28,255	1,288	1,028	34,820	53,668	294
27	Jefferson Davis	30,576	1,106	841	55,278	56,359	216
28	Lafayette	31,559	1,458	825	34,047	52,433	306
29	Lafourche	27,788	649	672	30,268	72,020	219
30	La Salle	27,700	1,634	859	20,758	54,218	225
31	Lincoln	26,649	741	1,087	26,955	51,816	195
32	Livingston	27,995	577	833	26,874	57,283	185
33	Madison	29,507	947	454	22,506	50,084	219
34	Morehouse	29,025	1,092	681	26,433	62,783	168
35	Natchitoches	31,967	906	723	29,699	46,803	207
36	Orleans	29,890	1,962	615	33,853	59,168	347
37	Ouachita	28,620	1,252	816	35,581	58,600	341
38	Plaquemines	30,693		701	59,689	44,941	227
39	Pointe Coupee	35,373	512	695	22,079	62,356	202
40	Rapides	30,076	1,123	987	39,116	138,977	282
41	Red River	27,249	1,088	651	36,155	54,681	163
42	Richland	20,896	667	700	32,022	54,383	146
43	Sabine	28,914	582	532	36,221	54,188	115
44	St. Bernard		1,046	722	28,595	59,685	192
45	St. Charles	27,263	887	1,147	28,649		163
46	St. Helena	24,076	615	471	27,816	78,616	134
47	St. James	25,760	888	489	24,000		242
48	St. John	25,244	262	537	32,731	50,235	175
49	St. Landry	31,268	474	850	23,109	53,175	255
50	St. Martin	31,309	505	634	29,726	57,795	149
51	St. Mary	25,497	618	958	18,514	56,970	269
52	St. Tammany	28,393	801	938	22,214	52,004	242
53	Tangipahoa	26,293	831	668	34,050	76,814	231
54	Tensas						
55	Terrebonne	28,603	693	720	30,657	53,258	335
56	Union	24,442	692	748		58,101	185
57	Vermilion	31,423	753	618	24,043	45,908	219
58	Vernon	24,398	929	596	34,731	55,916	309
59	Washington	26,474	888	869	36,009	51,200	163
60	Webster	29,055	663	664	29,172	49,823	232
61	West Baton Rouge	29,730		573	13,807	50,605	189
62	West Carroll	28,653	955	757	24,901	55,403	480
63	West Feliciana	34,343	1,142	865	27,309	61,988	254
64	Winn	26,356	960	678	32,842	60,657	148
Total In-State		\$30,583	\$1,434	\$923	\$34,890	\$80,152	\$515
Total Out-of-State		\$0	\$3,586	\$3,326	\$0	\$0	\$145
Total		\$30,583	\$1,476	\$961	\$34,890	\$80,152	\$516

Table 40: Continued (7-10)

Personal Care Services (LTC/PCS/PAS)	Dentist	Mental Health Rehabilitation	Hospice Services	All Others	Grand Total	Rank	Parish
\$10,749	\$355			\$380	\$1,960	31	Acadia
196.52	204.04		13,319.00	311.41	1339	55	Allen
10,300.35	225.69			696.76	1304	57	Ascension
10,686.06				520.42	2067	26	Assumption
11,483.83	213.87	4,889.01	13,384.87	342.36	2778	8	Avoyelles
10,317.01	267.56			193.84	1135	60	Beauregard
153.17				178.70	1838	35	Bienville
9,378.69	402.11	3,788.90	11,059.90	469.47	2355	15	Bossier
10,587.76	353.63	3,778.87	12,611.52	562.39	2499	12	Caddo
11,342.50	332.88	4,046.00	9,910.20	448.51	2092	25	Calcasieu
10,385.81	424.62			596.82	2942	7	Caldwell
				215.80	292	64	Cameron
9,256.96	240.28			378.41	2208	19	Catahoula
11,027.95	452.47			415.00	3245	6	Claiborne
10,999.28	389.27	3,472.95	5,059.94	236.59	2000	28	Concordia
9,967.06	336.82	5,530.19	17,498.64	436.75	2115	24	De Soto
10,948.18	341.22	4,040.92	10,375.76	559.81	2308	17	East Baton Rouge
13,763.66	427.65			264.43	1998	29	East Carroll
10,966.82	181.63			722.23	4975	1	East Feliciana
12,276.78	241.19	4,027.11	7,787.79	1,068.93	1887	33	Evangeline
11,232.66	222.20		14,125.52	440.86	2425	13	Franklin
	701.38			310.53	3981	3	Grant
10,985.13	312.28	2,943.36	3,494.91	479.75	1671	41	Iberia
11,376.70	206.77	3,436.13	12,651.22	366.75	1428	51	Iberville
10,190.21	915.00		17,546.89	300.65	3453	4	Jackson
9,478.28	287.18	4,969.40	8,010.63	330.86	1430	50	Jefferson
12,408.76	154.73	90.73	11,808.63	263.38	1861	34	Jefferson Davis
10,164.61	297.57	4,153.77	9,400.62	697.94	1703	39	Lafayette
9,616.93	336.16	2,959.52	4,249.71	668.85	1993	30	Lafourche
8,085.31	351.16		5,279.88	459.85	2135	22	La Salle
8,151.86	344.76		8,239.90	369.37	1335	56	Lincoln
9,444.07	329.48	2,507.95	11,371.27	365.15	1430	49	Livingston
7,076.91	299.58		5,008.68	847.27	3379	5	Madison
11,140.68	300.00	3,732.02	11,972.14	703.59	2010	27	Morehouse
11,123.61	283.03	2,921.31	11,081.10	385.16	2173	20	Natchitoches
10,884.36	248.42	4,069.98	8,656.84	436.77	1630	43	Orleans
10,952.28	352.08	4,780.16	10,339.46	877.77	2725	9	Ouachita
	(40.07)			212.36	1833	36	Plaquemines
11,600.92	371.69	362.03	9,253.93	447.84	2150	21	Pointe Coupee
10,454.53	298.27	3,472.66	12,156.79	611.98	4314	2	Rapides
11,550.51	100.69			1,114.16	2631	10	Red River
10,888.61	207.82		11,771.99	425.49	1669	42	Richland
11,533.63	189.32			434.65	1446	48	Sabine
9,563.70	322.02	2,859.75		252.66	1389	53	St. Bernard
7,995.61	199.14			1,030.26	1408	52	St. Charles
10,154.97	208.58			490.60	991	62	St. Helena
12,806.81	475.53			359.99	1220	58	St. James
10,541.60	253.74	3,254.30	7,513.96	644.87	1532	46	St. John
11,706.84	330.02	4,055.64	11,655.56	347.98	1721	38	St. Landry
12,002.47	272.07			424.47	1698	40	St. Martin
10,083.06	276.19		10,188.14	206.12	1202	59	St. Mary
5,637.81	263.41	4,116.48	9,836.98	531.67	1025	61	St. Tammany
9,852.57	293.03	7,069.15	5,921.93	405.87	2125	23	Tangipahoa
	262.91	2,868.10		253.08	687	63	Tensas
9,258.76	310.63		8,180.44	425.79	1546	45	Terrebonne
	482.49			346.94	1727	37	Union
11,034.00	243.47			380.53	1597	44	Vermilion
11,237.36	159.33		9,269.04	224.14	1502	47	Vernon
10,072.63	283.77	1,486.22		1,757.00	1932	32	Washington
10,123.35	278.71	3,937.64	12,408.80	715.04	2413	14	Webster
10,138.32	292.92			300.05	1356	54	West Baton Rouge
13,237.39	267.57			444.56	2580	11	West Carroll
10,143.00	233.78			305.71	2334	16	West Feliciana
12,492.80	241.10	31.00		348.75	2297	18	Winn
\$11,192	\$351	\$3,993	\$10,652	\$818	\$4,219		Total In-State
\$0	\$305	\$0	\$0	\$1,248	\$1,352		Total Out-of-State
\$11,192	\$351	\$3,993	\$10,652	\$1,248	\$4,385		Total

Table 41 presents out-of-state providers' payments, as well as the number of providers and recipients by state. In regards to payments, Washington, D.C. out-ranked all other states with \$389.4 million (83.4 percent) due to the CMS payments for Medicare Buy-in and Part-D. If CMS payments were excluded, our neighboring state, Texas, would have had the

highest payments with about \$19.2 million (4.2 percent) followed by Arizona with about \$13.6 million (2.9 percent). Provider participation was represented by almost all of the states in the United States during SFY 2013/14. Next to Washington, D.C., Texas had the highest number of Louisiana recipients due to them being a neighboring state.

Table 41: Payments, Number of Providers and Recipients by State for the Top Ten Provider Types Based on Out-of-State Payments

	State	Payments	Providers	Recipients
1	AK	\$98	1	1
2	AL	4,270,264	33	34,545
3	AR	1,813,366	122	1,082
4	AZ	13,601,481	27	538
5	CA	2,972,729	46	10,183
6	CO	564,069	33	17,299
7	CT	263	2	43
8	DC	389,430,220	3	213,170
9	DE	1,350	1	1
10	FL	763,546	85	10,818
11	GA	1,612,619	39	2,952
12	HI			
13	IA	2,881	5	8
14	ID	494	2	6
15	IL	36,731	29	186
16	IN	21,842	11	62
17	KS	1,274,419	11	179
18	KY	8,290	8	30
19	MA	330,281	15	135
20	MD	47,660	4	44
21	ME	366	1	13
22	MI	48,891	29	353
23	MN	1,327,383	104	7,201
24	MO	1,040,445	31	296
25	MS	6,125,554	473	6,996
26	MT	1,044	1	4
27	NC	1,304,251	29	7,582
28	ND	2,037	1	5
29	NE	423,238	58	36
30	NH	4,755	2	3
31	NJ	1,025,518	11	7,291
32	NM	73,061	9	159
33	NV	92,603	13	57
34	NY	20,502	8	231
35	OH	472,715	31	186
36	OK	34,737	13	105
37	OR	2,888	6	10
38	PA	13,322,770	21	2,834
39	RI	47,223	2	181
40	SC	73,559	11	152
41	SD	2,075	2	5
42	TN	2,635,268	255	2,812
43	TX	19,295,080	436	68,122
44	UT	4,821	13	38
45	VA	165,115	33	1,189
46	VT	3,809	1	6
47	WA	99,379	14	160
48	WI	8,636	3	7
49	WV	5,282	6	15
50	WY	1,561	4	8
Total¹		\$464,417,170	2,083	343,495

¹ State provider counts may not sum to the total out-of state count due to providers offering services in more than one state during the SFY. Also, state recipient counts may not sum to the total out-of-state count due to recipients receiving services in more than one state during the SFY. Total out-of-state figures are **unduplicated** for the entire out-of-state count, while other numbers are **unduplicated** for each state.

Medicaid Home and Community-Based Service Waivers

In 1981, the Federal Government created Title XIX Home and Community-Based Services (HCBS) in order to provide home and community-based services to the elderly and persons with physical disabilities, developmental disabilities and/or mental illnesses. Since this act made an exception to the traditional Medicaid requirements, it required a “waiver.” Waivers allow flexibility for states to develop and test creative alternatives for operating their Medicaid programs that are cost neutral compared to what Medicaid would have paid in absence of the waiver.

The administration of the waiver programs was divided into two offices, Office for Citizens with Developmental Disabilities (OCDD) and Office of Aging and Adult Services (OAAS). OCDD has the responsibility of administering the waiver programs that serve persons with developmental disabilities, which includes Children’s Choice Waiver, New Opportunities Waiver, Residential Options Waiver and Supports Waiver. OAAS has the responsibility of administering the waivers that serve the elderly and persons with adult onset disabilities, which includes the Community Choices Waiver and the Adult Day Health Care Waiver.

These waiver programs allow Louisiana residents to receive Medicaid State Plan benefits while having greater flexibility to choose where they want to live and to choose the waiver services and supports that best suit their needs. They also allow individuals to preserve their independence by staying out of institutional settings and maintaining ties to families and friends. The types of HCBS Waivers available in Louisiana during the SFY 2013/14 included:

Adult Day Health Care (ADHC) Waiver

The ADHC Waiver provides health care services and activities for elderly and disabled adults at a licensed facility for five or more hours per day. This waiver thereby allows family members to assist in the care of the recipient while maintaining employment and other daily responsibilities. Transportation is provided to and from the facility. In SFY 2013/14, a total of 657 slots were filled with total payments of about \$19.6 million for direct waiver and non-waiver services.

Community Choices Waiver (CCW)/EDA

The Community Choices Waiver, which was transitioned from the Elderly and Disabled Adult (EDA) Waiver on October 1, 2011, provides a more diverse and flexible array of cost effective services such as home-delivered meals, in-home sensor monitoring, assistive devices/technology, and nursing and skilled maintenance therapies. CCW also provides the services that were offered

under the EDA waiver which included support coordination, transition intensive support coordination, companion services, environmental accessibility adaptations, personal emergency response system, adult day health care and transitional services. The program filled a total of 4,185 slots in SFY 2013/14 with total payments of almost \$136.8 million for direct waiver and non-waiver services.

Children’s Choice Waiver (CC)

The Children’s Choice Waiver is designed to help families who provide in-home care and support for their children with developmental disabilities. The waiver, which is capped at \$16,410 for direct waiver payments per year for each waiver slot, provides family support, support coordination, family training, environmental accessibility adaptations and center based respite to disabled children from birth through age 18. During SFY 2013/14, a total of 1,105 slots were filled with total payments of about \$34.8 million for direct waiver and non-waiver services.

New Opportunities Waiver (NOW)

The New Opportunities Waiver provides individual and family support services, center-based respite, accessibility adaptations modifications, employment training and transportation, community integration and development, day habilitation, emergency response systems and specialized medical equipment to disabled children and adults from age three and up. During SFY 2013/14, a total of 8,442 slots were filled with total payments of about \$487.3 million for direct waiver and non-waiver services.

Supports Waiver (SW)

The Supports Waiver provides supported employment, day habilitation, prevocational services, respite, habilitation and personal emergency response systems to recipients age 18 and older with a developmental disability which manifested prior to age 22. The Supports Waiver filled a total of 1,551 slots in SFY 2013/14 with total payments of about \$22.2 million for direct waiver and non-waiver services.

Residential Options Waiver (ROW)

The Residential Options Waiver provides an opportunity for individuals with developmental disabilities to transition from ICF/DD and provides residential and other comprehensive supports for people with complex needs. Some of the services provided by the waiver are support coordination, community living supports, prevocational services, respite, day habilitation, and supported employment. ROW also focuses to prevent

institutionalization through “crisis diversion” services and to rebalance the system by converting private ICF/DD beds into ROW shared living waiver homes. During SFY 2013/14, a total of 31 slots were filled with total payments of about \$1.9 million for direct waiver and non-waiver services.

Waivers are offered on a first-come, first-serve basis (except for the limited number of emergency slots) through the Request for Services Registry. Each waiver has limitations on the number of participants

and approval for participation is subject to CMS criteria and the availability of state funds.

Table 42 shows the types of HCBS Waivers, with the eligible population description and income limit of each waiver available during SFY 2013/14 in Louisiana. Table 43 shows the number of allocated and filled slots along with the recipients and payments for the last five state fiscal years (Figures 15, 16 and 17). During SFY 2013/14, 15,971 slots were filled under the HCBS waiver programs, continuing the trend of delivering services outside an institutional facility.

Table 42: Home and Community-Based Service Waivers Eligible Populations and Income Limits

Waiver	Eligible Population	Income Limit
Adult Day Health Care Waiver (ADHC)	Age 22 or older with a disability that meets nursing facility level of care	222% of poverty (3 times the SSI amount); Assets limit: \$2,000 for individual, \$3,000 for a couple who needs LTC, and \$117,240 for a community spouse not receiving LTC
Community Choice Waiver (CCW)	Age 21 or older with a disability that meets nursing facility level of care	222% of poverty (3 times the SSI amount); Assets limit: \$2,000 for individual, \$3,000 for a couple who needs LTC, and \$117,240 for a community spouse not receiving LTC
Children's Choice Waiver (CC)	Age birth through age 18; Meets ICF/DD level of care for medical and/or psychological criteria, and meets the Louisiana definition for developmental disability	222% of poverty (3 times the SSI amount); Assets limit: \$2,000 individual
New Opportunities Waiver (NOW)	Age 3 and older with a developmental disability which manifested prior to age 22; Meets ICF/DD level of care for medical and/or psychological criteria, and meets the Louisiana definition for developmental disability	222% of poverty (3 times the SSI amount); Assets limit: \$2,000 individual and \$3,000 for a couple who needs ICF/DD level of care
Supports Waiver (SW)	Age 18 and older with a developmental disability which manifested prior to age 22; Meets ICF/DD level of care for medical and/or psychological criteria, and meets the Louisiana definition for developmental disability	222% of poverty (3 times the SSI amount); Assets limit: \$2,000 individual and \$3,000 for a couple who needs ICF/DD level of care
Residential Options Waiver (ROW)	Age birth and older with a developmental disability which manifested prior to age 22; Meets ICF/DD level of care for medical and/or psychological criteria, and meets the Louisiana definition for developmental disability	222% of poverty (3 times the SSI amount); Assets limit: \$2,000 individual and \$3,000 for a couple who needs ICF/DD level of care

Table 43: Home and Community-Based Service Waiver Slots, Recipients¹ and Payments² by State Fiscal Year

Waiver		2009/10	2010/11	2011/12	2012/13	2013/14
Adult Day Health Care Waiver (ADHC)	Allocated Slots	825	825	825	825	825
	Filled Slots	680	760	663	652	657
	Recipients	902	940	1065	828	854
	Direct Waiver (\$)	\$7,907,572	\$7,996,342	\$9,136,942	\$9,095,900	\$9,394,314
	Non-Waiver (\$)	\$9,028,823	\$9,553,860	\$9,427,585	\$9,626,652	\$10,289,119
	Total Payments (\$)	\$16,936,395	\$17,550,202	\$18,564,526	\$18,722,552	\$19,683,433
Community Choices Waiver (CCW) /EDA	Allocated Slots	4,603	4,603	4,603	4,953	4,953
	Filled Slots	4,071	4,403	4,390	4,406	4,185
	Recipients	4,861	5,211	5,443	5,075	5,038
	Direct Waiver (\$)	\$48,788,385	\$107,069,947	\$110,488,632	\$112,624,068	\$109,392,971
	Non-Waiver (\$)	\$88,973,196	\$25,563,128	\$27,042,969	\$29,113,275	\$29,002,190
	Total Payments (\$)	\$137,761,581	\$132,633,076	\$137,531,601	\$141,737,343	\$138,395,161
Children's Choice Waiver (CC)	Allocated Slots	1,050	1,475	1,475	1,475	1,475
	Filled Slots	999	973	1,360	1,245	1,105
	Recipients	1,090	1,059	1,458	1,394	1,246
	Direct Waiver (\$)	\$11,355,892	\$10,756,228	\$13,210,754	\$14,316,178	\$11,985,194
	Non-Waiver (\$)	\$16,938,240	\$17,144,801	\$22,900,185	\$25,448,927	\$22,719,775
	Total Payments (\$)	\$28,294,133	\$27,901,029	\$36,110,939	\$39,765,105	\$34,704,969
New Opportunities Waiver (NOW)	Allocated Slots	8,682	8,832	8,832	8,832	8,832
	Filled Slots	7,046	7,628	8,425	8,492	8,442
	Recipients	7,097	7,672	8,419	8,680	8,711
	Direct Waiver (\$)	\$385,039,832	\$386,869,733	\$389,907,410	\$426,590,495	\$435,576,634
	Non-Waiver (\$)	\$49,896,331	\$56,621,467	\$67,500,875	\$69,307,496	\$55,793,856
	Total Payments (\$)	\$434,936,163	\$443,491,201	\$457,408,285	\$495,897,991	\$491,370,490
Supports Waiver (SW)	Allocated Slots	2,188	2,188	2,188	2,188	2,050
	Filled Slots	1,703	1,727	1,801	1,665	1,551
	Recipients	1,997	1,950	1,967	1,760	1,640
	Direct Waiver (\$)	\$14,307,206	\$13,389,198	\$13,302,475	\$12,982,865	\$12,393,221
	Non-Waiver (\$)	\$7,974,441	\$7,784,433	\$9,134,521	\$9,956,630	\$9,476,820
	Total Payments (\$)	\$22,281,648	\$21,173,631	\$22,436,996	\$22,939,494	\$21,870,041
Residential Options Waiver (ROW)	Allocated Slots	210	265	265	265	210
	Filled Slots	2	24	27	27	31
	Recipients	0	26	30	26	31
	Direct Waiver (\$)	\$0	\$372,964	\$757,611	\$560,514	\$916,705
	Non-Waiver (\$)	\$0	\$89,787	\$471,815	\$721,649	\$1,041,778
	Total Payments (\$)	\$0	\$462,751	\$1,229,427	\$1,282,163	\$1,958,483

¹ Recipient counts are based on direct waiver services payments.

² Total payments including Medicare Buy-in premiums, Part-D and LBHP are based on Type Case. Direct waiver services payments are based on waiver Budget Category of Service (BCOS) while non-waiver payments represent all other payments other than direct waiver services payments.

Figure 15: Historical Waiver Filled Slots by State Fiscal Year

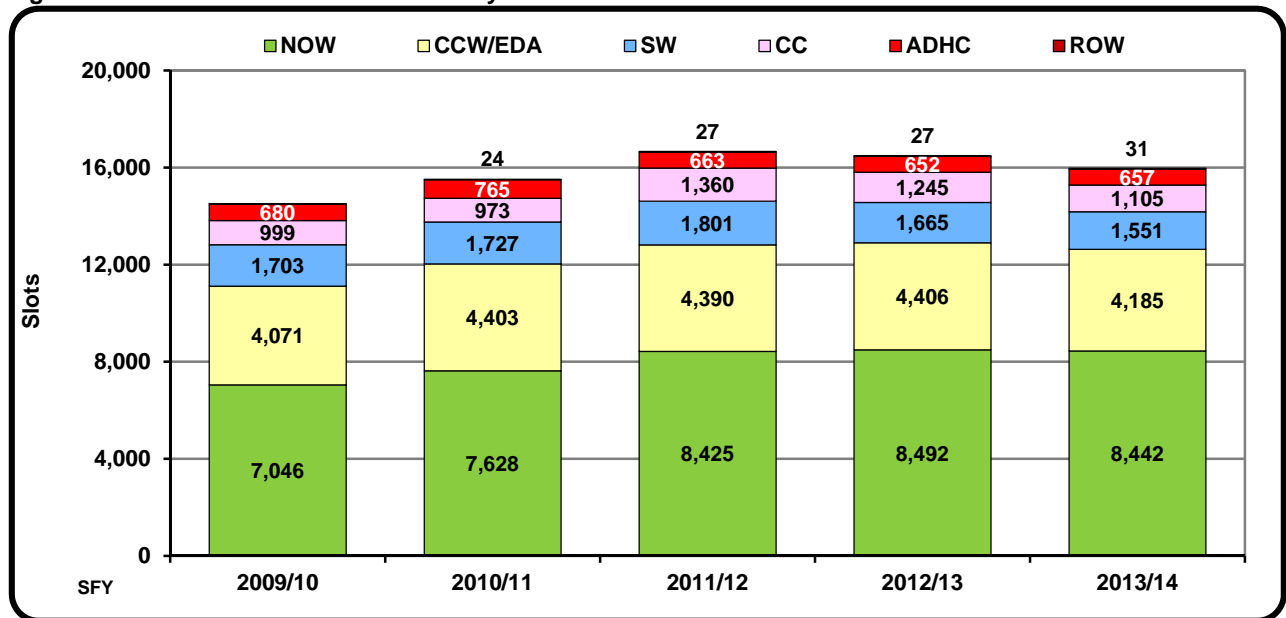


Figure 16: Historical Waiver Recipients by State Fiscal Year

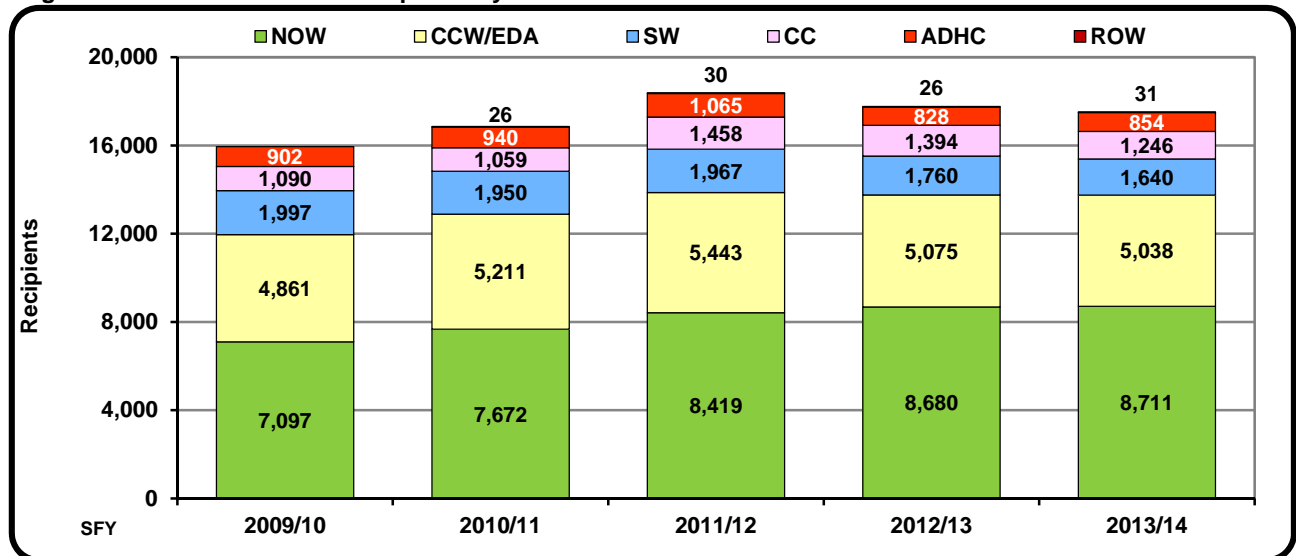
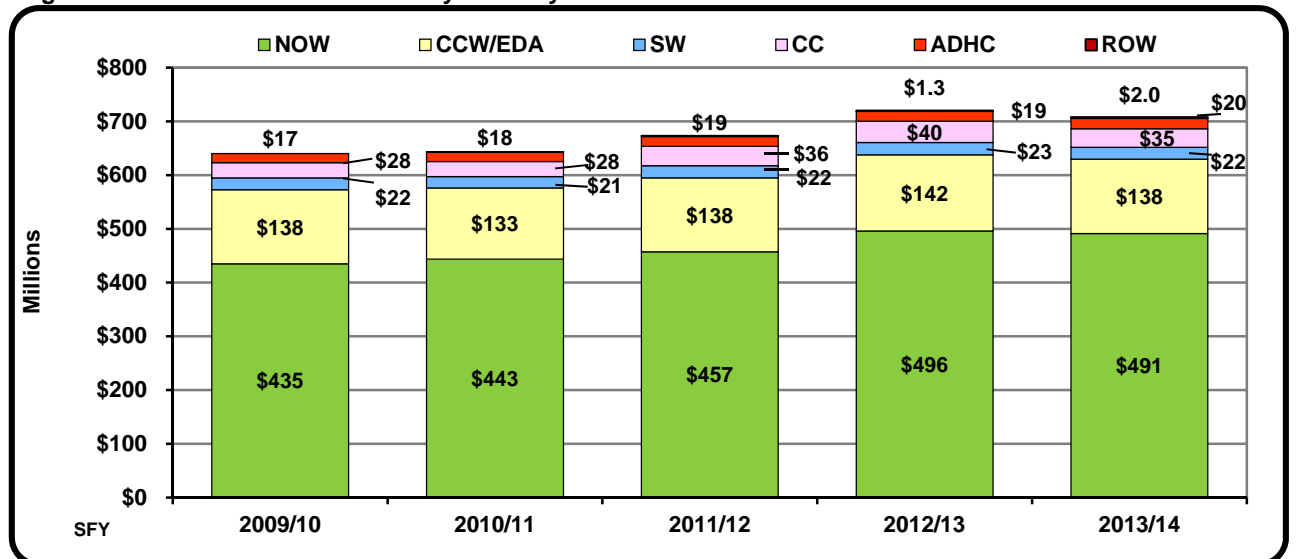


Figure 17: Historical Waiver Total Payments by State Fiscal Year



Bayou Health

In February 2012, Louisiana Medicaid initiated its transition from its legacy fee-for-service program to a managed health care delivery system that provides medical services to many Louisiana Medicaid enrollees. Louisiana's Medicaid program was originally set up with little to no coordination, uneven quality of care, inequitable access to care and unpredictable costs. The Bayou Health program was implemented in an effort to improve health outcomes for Louisiana's Medicaid population eligible to enroll in a Health Plan, while at the same time creating budget sustainability for DHH.

Under Bayou Health, DHH contracted with five different Health Plans that formed networks of health care providers and care managers and are responsible for coordinating health care for their members. There are three Prepaid Health Plans, including Amerigroup Louisiana, Amerihealth Caritas Louisiana (formerly known as LaCare) and Louisiana Healthcare Connections, and two Shared Savings Health Plans which include Community Health Solutions of Louisiana and United Healthcare Community Plan. Prepaid Plans are risk-bearing entities that provide, at a minimum, Medicaid-covered benefits and services to enrolled members in exchange for a monthly capitation payment for each member. Shared Savings Plans coordinate the health care needs of their enrolled members in exchange for a monthly management fee. While all core benefits and services are maintained in all

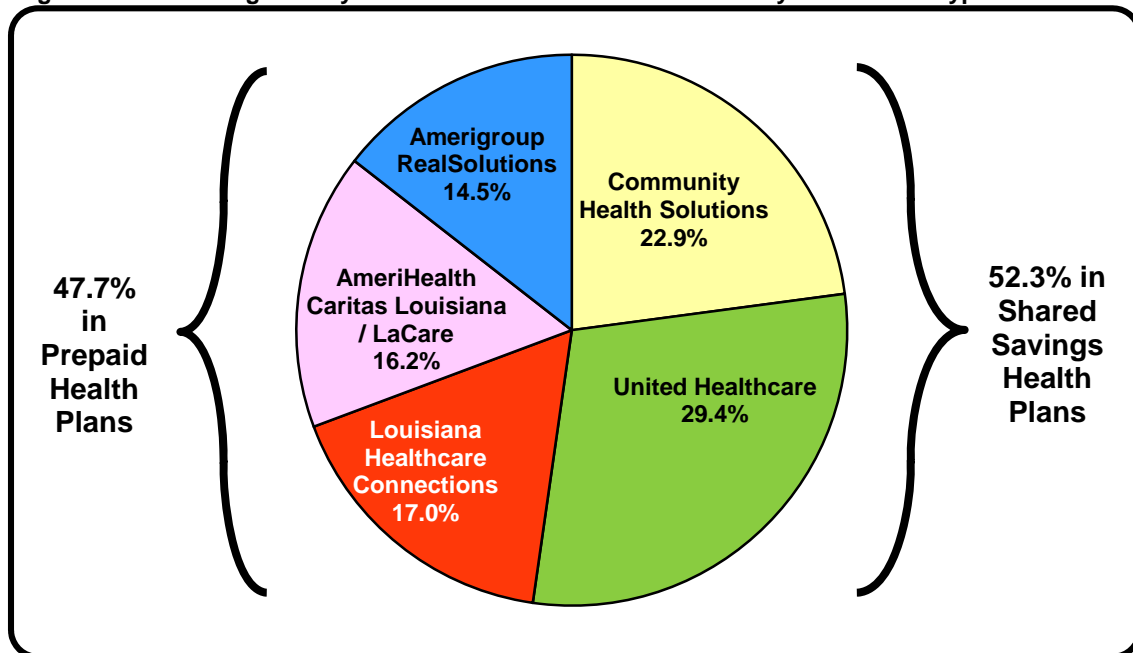
plans, each plan offers a different package of enhanced benefits that includes benefits such as disease management tools and incentives for keeping all preventive well-child visits.

Frequently asked questions regarding Bayou Health are addressed through a series of informational bulletins on the Making Medicaid Better website, www.makingmedicaidbetter.com and also plan comparisons can be found on the Bayou Health website, www.bayouhealth.com.

Table 44 presents the payments made to the Bayou Health Plans by parish, and Table 45 presents enrollees accordingly. During SFY 2013/14, Bayou Health total payments were \$1,369,436,551 which consist of \$1,308,267,089 paid to Prepaid Plans (as PMPMs) on behalf of 499,030 enrollees and \$61,169,462 paid to Shared Plans for the management of 541,102 enrollees¹.

During SFY 2013/14, 1,013,133 Medicaid enrollees were covered by Bayou Health Plans, representing about 71.5 percent of Louisiana's Medicaid enrollment. Of the Bayou Health population, 47.7 percent were covered in Prepaid Health Plans and about 52.3 percent by Shared Savings Health Plans (Figure 18). The number of enrollees in each plan per month is shown in Table 46. Monthly and SFY total enrollment numbers are unduplicated for their respective periods of time.

Figure 18: Percentage of Bayou Health Enrollee Member Months by Health Plan Type



¹ Bayou Health uses enrollees instead of recipients to avoid over-counting because of ACA PCP adjustments. See technical note on page 13.

¹ SFY enrollee total counts may not equal the sum of monthly counts due to duplication across months. SFY enrollee total is pure **unduplicated** enrollees.

Table 44: Bayou Health Payments by Parish and Health Plan

Parish		Prepaid Health Plans				Shared Savings Health Plans ¹			Total
		Amerigroup	AmeriHealth Caritas LA / LaCare	LA Healthcare Connections	Sub-Total	Community Health Solutions	United Healthcare	Sub-Total	
1	Acadia	\$6,846,271	\$7,629,160	\$6,485,817	\$20,961,248	\$410,654	\$520,453	\$931,107	\$21,892,355
2	Allen	2,189,528	2,458,356	2,828,026	7,475,911	164,177	151,527	315,704	7,791,615
3	Ascension	4,214,021	13,632,046	3,313,891	21,159,958	265,783	935,203	1,200,986	22,360,944
4	Assumption	1,804,053	2,506,972	1,446,528	5,757,553	124,657	174,167	298,823	6,056,376
5	Avoyelles	6,932,017	5,881,738	6,532,922	19,346,678	292,252	290,779	583,031	19,929,709
6	Beauregard	3,351,201	2,885,133	3,510,146	9,746,480	238,300	232,713	471,014	10,217,494
7	Bienville	1,338,704	2,365,368	1,357,105	5,061,177	129,673	102,482	232,155	5,293,332
8	Bossier	6,058,300	9,871,955	8,065,323	23,995,579	410,397	760,999	1,171,396	25,166,974
9	Caddo	22,251,916	35,742,020	26,067,659	84,061,595	995,124	2,478,622	3,473,746	87,535,340
10	Calcasieu	13,829,493	14,659,551	12,383,079	40,872,123	3,017,407	490,880	3,508,287	44,380,410
11	Caldwell	948,909	899,407	1,005,833	2,854,148	59,329	122,305	181,633	3,035,782
12	Cameron	107,760	130,469	104,296	342,525	25,733	16,929	42,663	385,188
13	Catahoula	682,723	1,600,279	2,217,617	4,500,619	59,097	80,014	139,110	4,639,729
14	Claiborne	1,471,105	2,286,456	1,480,770	5,238,331	85,719	64,672	150,391	5,388,721
15	Concordia	1,752,045	4,293,851	5,313,550	11,359,447	83,911	102,744	186,655	11,546,101
16	De Soto	1,130,930	2,253,226	2,918,077	6,302,233	93,045	328,077	421,122	6,723,355
17	East Baton Rouge	26,684,424	45,728,332	34,045,722	106,458,478	1,880,864	4,495,918	6,376,782	112,835,260
18	East Carroll	774,043	603,336	585,060	1,962,439	148,892	96,750	245,642	2,208,081
19	East Feliciana	1,624,860	2,556,382	1,562,924	5,744,166	115,385	147,549	262,935	6,007,101
20	Evangeline	4,751,911	4,837,687	4,024,359	13,613,957	187,194	385,704	572,898	14,186,855
21	Franklin	1,804,391	3,190,800	2,733,559	7,728,750	114,183	226,612	340,795	8,069,545
22	Grant	2,087,126	2,822,224	3,187,487	8,096,836	117,219	114,342	231,562	8,328,398
23	Iberia	8,487,505	6,617,573	12,402,823	27,507,901	653,885	443,085	1,096,969	28,604,870
24	Iberville	3,225,240	4,434,599	2,748,081	10,407,920	118,533	355,385	473,917	10,881,837
25	Jackson	720,726	1,629,811	1,081,815	3,432,353	54,069	140,965	195,034	3,627,387
26	Jefferson	36,255,365	35,614,539	35,638,550	107,508,454	1,945,685	3,430,139	5,375,825	112,884,279
27	Jefferson Davis	1,580,773	2,027,656	1,371,423	4,979,852	400,210	203,704	603,914	5,583,766
28	Lafayette	15,647,118	17,079,851	20,786,366	53,513,336	1,070,536	1,063,419	2,133,954	55,647,290
29	Lafourche	9,600,093	5,738,329	4,245,222	19,583,645	639,100	613,243	1,252,343	20,835,988
30	La Salle	770,258	1,045,618	1,212,318	3,028,195	51,478	137,514	188,992	3,217,187
31	Lincoln	2,477,253	3,409,726	3,316,114	9,203,093	133,875	489,185	623,061	9,826,154
32	Livingston	9,250,171	11,285,744	5,676,385	26,212,300	644,905	1,074,383	1,719,288	27,931,588
33	Madison	1,839,302	1,109,700	1,588,584	4,537,586	204,512	31,722	236,234	4,773,820
34	Morehouse	5,459,520	5,134,797	3,659,657	14,253,974	207,809	156,165	363,974	14,617,948
35	Natchitoches	3,473,329	6,743,008	4,955,218	15,171,554	209,231	281,956	491,187	15,662,741
36	Orleans	44,219,195	39,786,450	53,170,673	137,176,318	1,671,167	3,154,769	4,825,936	142,002,255
37	Ouachita	17,955,370	18,825,211	20,553,901	57,334,482	709,902	1,183,448	1,893,350	59,227,832
38	Plaquemines	1,147,152	1,626,483	1,674,273	4,447,907	83,275	180,538	263,812	4,711,720
39	Pointe Coupee	890,620	5,151,182	1,076,917	7,118,719	31,283	224,379	255,662	7,374,380
40	Rapides	15,255,892	19,908,474	21,736,311	56,900,677	676,664	684,544	1,361,208	58,261,885
41	Red River	829,337	1,337,844	419,286	2,586,466	36,638	133,872	170,510	2,756,976
42	Richland	2,038,287	2,513,370	1,940,996	6,492,653	148,347	207,361	355,708	6,848,361
43	Sabine	2,001,445	2,987,017	2,293,346	7,281,808	118,549	130,199	248,749	7,530,557
44	St. Bernard	4,637,189	3,320,100	5,564,068	13,521,357	331,539	429,915	761,454	14,282,811
45	St. Charles	5,618,683	3,870,311	2,795,634	12,284,627	218,911	279,338	498,248	12,782,876
46	St. Helena	1,251,703	1,060,631	580,581	2,892,915	94,992	36,849	131,841	3,024,756
47	St. James	1,169,366	2,579,186	1,904,576	5,653,128	112,746	178,352	291,098	5,944,226
48	St. John	6,454,219	3,993,281	4,424,331	14,871,830	346,147	338,436	684,583	15,556,413
49	St. Landry	10,874,331	10,624,365	13,883,650	35,382,346	394,429	1,227,614	1,622,043	37,004,390
50	St. Martin	4,097,223	4,768,435	6,998,320	15,863,978	285,048	291,531	576,580	16,440,557
51	St. Mary	7,575,111	8,426,547	8,320,269	24,321,927	187,449	391,026	578,474	24,900,402
52	St. Tammany	17,291,332	14,033,716	17,065,492	48,390,540	1,123,392	1,012,479	2,135,870	50,526,410
53	Tangipahoa	15,025,131	13,272,426	10,250,278	38,547,834	2,296,643	275,136	2,571,779	41,119,614
54	Tensas	640,318	940,671	671,009	2,251,998	20,966	71,544	92,509	2,344,507
55	Terrebonne	6,176,964	10,754,922	6,693,402	23,625,289	672,295	1,495,344	2,167,639	25,792,928
56	Union	1,654,760	1,700,709	1,523,351	4,878,819	114,520	272,477	386,996	5,265,816
57	Vermilion	3,951,741	4,496,410	6,717,058	15,165,209	340,185	388,824	729,009	15,894,218
58	Vernon	3,249,948	4,509,309	3,742,256	11,501,512	203,307	242,196	445,503	11,947,016
59	Washington	8,264,629	7,759,655	6,258,037	22,282,321	369,694	207,460	577,154	22,859,475
60	Webster	4,091,312	3,269,777	4,033,652	11,394,741	291,548	295,343	586,892	11,981,632
61	West Baton Rouge	1,534,679	2,343,662	1,857,695	5,736,036	62,720	219,830	282,550	6,018,586
62	West Carroll	551,075	462,023	399,283	1,412,381	232,825	42,725	275,550	1,687,930
63	West Feliciana	621,307	938,462	695,156	2,254,925	61,200	52,576	113,776	2,368,701
64	Winn	1,147,420	1,792,151	1,774,383	4,713,954	67,591	124,258	191,849	4,905,802
Grand Total		\$401,638,122	\$467,758,480	\$438,870,488	\$1,308,267,089	\$26,656,796	\$34,512,666	\$61,169,462	\$1,369,436,551

¹ Shared Savings Plans payments only include the enhanced primary care case management payments paid directly to the plans and do not include any other claims paid on the recipients' behalf.

Table 45: Bayou Health Enrollees by Parish and Health Plan

Parish	Prepaid Health Plans				Shared Savings Health Plans			Total
	Amerigroup	AmeriHealth Caritas LA / LaCare	LA Healthcare Connections	Sub-Total	Community Health Solutions	United Healthcare	Sub-Total	
1 Acadia	2,816	2,786	2,831	8,368	3,931	4,826	8,644	16,442
2 Allen	868	971	1,164	2,984	1,541	1,474	2,986	5,784
3 Ascension	1,843	6,166	1,538	9,455	2,607	8,780	11,259	20,216
4 Assumption	650	822	561	2,019	1,146	1,610	2,710	4,621
5 Avoyelles	2,565	1,833	2,453	6,780	2,799	2,680	5,399	11,668
6 Beauregard	1,410	1,177	1,435	3,943	2,479	2,343	4,781	8,210
7 Bienville	516	975	538	2,011	1,194	934	2,121	4,000
8 Bossier	3,074	4,252	4,102	11,325	3,886	7,286	11,143	22,037
9 Caddo	9,317	13,902	12,031	34,864	8,739	22,024	30,649	64,457
10 Calcasieu	5,413	4,924	4,424	14,587	27,312	4,743	31,771	44,921
11 Caldwell	386	268	461	1,111	567	1,109	1,667	2,735
12 Cameron	36	51	44	131	260	169	423	533
13 Catahoula	269	485	860	1,591	520	694	1,205	2,749
14 Claiborne	626	926	626	2,162	756	628	1,375	3,435
15 Concordia	811	1,322	2,343	4,415	762	925	1,671	5,982
16 De Soto	507	895	1,450	2,834	863	2,851	3,705	6,461
17 East Baton Rouge	8,885	18,716	12,814	39,923	17,530	41,019	57,998	95,191
18 East Carroll	278	173	248	698	1,367	878	2,212	2,777
19 East Feliciana	576	846	672	2,078	1,082	1,422	2,472	4,415
20 Evangeline	2,164	1,732	1,433	5,280	1,727	3,418	5,107	10,037
21 Franklin	800	1,123	1,167	3,070	1,023	2,085	3,081	5,997
22 Grant	854	1,060	1,210	3,093	1,081	1,098	2,162	5,173
23 Iberia	3,286	2,825	4,950	10,905	5,891	4,142	9,989	20,496
24 Iberville	1,351	1,970	1,109	4,385	1,085	3,377	4,427	8,489
25 Jackson	308	635	485	1,414	494	1,348	1,814	3,123
26 Jefferson	16,098	14,951	17,141	47,709	18,140	32,065	50,013	95,620
27 Jefferson Davis	661	788	598	2,031	3,934	1,938	5,734	7,412
28 Lafayette	6,864	6,759	9,244	22,695	10,284	10,496	20,671	42,390
29 Lafourche	3,626	1,982	1,751	7,290	5,886	5,815	11,544	18,166
30 La Salle	369	353	495	1,208	467	1,239	1,702	2,865
31 Lincoln	1,014	1,299	1,403	3,687	1,285	4,613	5,860	9,271
32 Livingston	3,507	5,014	2,706	11,119	6,252	10,312	16,456	26,888
33 Madison	700	399	788	1,865	1,808	329	2,130	3,927
34 Morehouse	2,163	1,770	1,662	5,520	1,918	1,405	3,298	8,559
35 Natchitoches	1,531	2,842	1,973	6,293	1,832	2,505	4,323	10,418
36 Orleans	16,676	13,600	21,783	51,460	14,922	28,260	43,049	92,898
37 Ouachita	7,314	7,566	9,722	24,325	6,907	11,311	18,099	41,177
38 Plaquemines	564	830	765	2,127	798	1,765	2,555	4,589
39 Pointe Coupee	339	2,136	388	2,845	331	2,080	2,401	5,102
40 Rapides	6,413	7,440	7,780	21,406	6,164	6,328	12,451	33,339
41 Red River	365	633	206	1,194	333	1,226	1,553	2,693
42 Richland	930	938	1,116	2,972	1,336	1,968	3,289	6,137
43 Sabine	736	1,413	1,079	3,201	1,085	1,192	2,269	5,394
44 St. Bernard	2,176	1,424	2,722	6,267	3,062	4,090	7,117	13,112
45 St. Charles	2,343	1,558	1,367	5,222	2,046	2,747	4,771	9,788
46 St. Helena	392	354	198	939	902	374	1,270	2,058
47 St. James	445	1,143	796	2,357	1,056	1,648	2,683	4,945
48 St. John	2,677	1,686	1,876	6,178	3,120	3,234	6,322	12,275
49 St. Landry	4,503	3,804	5,118	13,292	3,846	11,165	14,923	27,259
50 St. Martin	1,839	2,038	3,035	6,845	2,738	2,853	5,575	12,180
51 St. Mary	3,540	3,093	3,165	9,710	1,813	3,676	5,453	14,839
52 St. Tammany	7,588	5,171	7,480	20,063	10,459	9,669	20,010	39,174
53 Tangipahoa	5,067	3,888	4,094	12,888	20,871	2,911	23,605	35,475
54 Tensas	255	278	282	805	198	609	801	1,570
55 Terrebonne	2,316	3,414	2,592	8,244	6,264	13,854	19,985	27,301
56 Union	753	714	812	2,257	1,080	2,679	3,713	5,760
57 Vermilion	1,539	1,871	2,836	6,176	3,330	3,732	7,026	12,873
58 Vernon	1,529	1,723	1,590	4,790	2,026	2,292	4,301	8,875
59 Washington	2,670	2,720	2,564	7,874	3,364	1,884	5,219	12,865
60 Webster	1,770	1,562	1,903	5,175	2,663	2,775	5,423	10,332
61 West Baton Rouge	731	1,127	819	2,642	637	2,147	2,754	5,258
62 West Carroll	286	181	229	694	2,088	429	2,508	3,171
63 West Feliciana	213	346	329	887	563	530	1,088	1,922
64 Winn	550	654	756	1,944	638	1,170	1,800	3,650
Total¹	154,837	172,604	177,138	499,030	236,110	308,799	541,102	1,013,133

¹ Parish enrollee counts may not sum to the total state count due to movement between parishes during the SFY. Also, the individual plans enrollee counts may not sum to the total plan type counts nor will the prepaid and shared enrollee counts sum to the total Bayou Health count due to movement between the plans during the SFY. Total state figures are **unduplicated** for the entire state, while other numbers are **unduplicated** for each parish.

Prepaid Eligibility Groups

Bayou Health Prepaid enrollees are grouped into the following Eligibility Groups for payment purposes:

Supplemental Security Income (SSI)-related seniors and people with disabilities

SSI includes individuals who are aged 65 and above as well as individuals of any age with disabilities.

Families and Children

The Families and Children group includes children and teens under the age of 19 whose basis of Medicaid or CHIP eligibility is age, as well as their parents/caregivers. It also includes pregnant women whose sole basis of eligibility for Medicaid is pregnancy. This group does not include children who are eligible based on disability.

Foster Children

Foster Children are those who receive 24-hour substitute care from someone other than their parents or guardians and for whom the Department of Children and Family Services has responsibility for placement and care.

Breast and Cervical Cancer

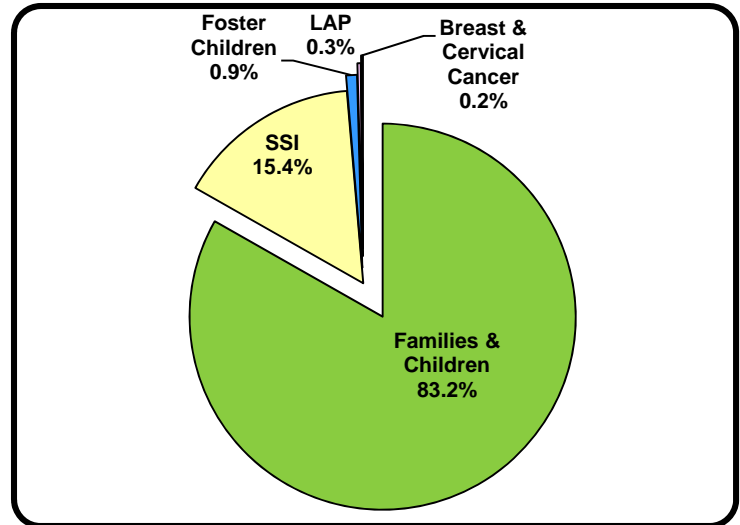
Includes uninsured women who have already been diagnosed by a Centers for Disease Control and Prevention (CDC)-approved screening entity with breast or cervical cancer or a precancerous condition and who are not otherwise eligible for Medicaid.

LaCHIP Affordable Plan (LAP)

The LaCHIP Affordable Plan group includes children and youth under the age of 19 with incomes over the limit of 212 percent of FPG for regular CHIP enrollment but with incomes lower than 250 percent of FPG. Families pay a monthly premium of \$50.

Figure 19 shows the percentage of enrollees in Bayou Health Prepaid plans based on eligibility group. The largest group is Families and Children with 83.2 percent of enrollees. The smallest group is Breast and Cervical Cancer which only makes up 0.2 percent of enrollees.

Figure 19: Bayou Health Prepaid Eligibility Groups



Shared Savings Eligibility Groups

Shared Savings Plan enrollees are divided into two Eligibility groups. The monthly management fee depends on the group designation of the enrollee. The first group covers parents and children whose basis of eligibility is not disability or pregnancy. Bayou Health Plans receive a management fee of \$10.24 per-member per-month for enrollees of this group. The second group covers individuals with disabilities, including children, and pregnant women whose sole basis of eligibility is pregnancy. For this group, plans receive a management fee of \$15.74 per-member per-month.

Table 46: Number of Bayou Health Enrollees per Month by Health Plan Type

Month	Prepaid Health Plans				Shared Savings Health Plans			Total
	Amerigroup	Amerihealth Caritas LA / LA Care	LA Healthcare Connections	Subtotal Prepaid	Community Health Solutions	United Health	Subtotal Shared	
July	129,237	145,240	153,238	427,715	200,134	253,358	453,492	881,207
August	129,101	145,392	153,044	427,537	200,471	254,592	455,063	882,600
September	129,152	145,379	152,669	427,200	200,808	255,520	456,328	883,528
October	129,481	145,729	152,805	428,015	201,618	256,903	458,521	886,536
November	128,847	145,508	152,253	426,608	201,490	257,134	458,624	885,232
December	128,861	145,208	152,110	426,179	201,891	257,610	459,501	885,680
January	127,403	143,212	150,489	421,104	201,093	256,233	457,326	878,430
February	127,183	142,689	149,506	419,378	202,640	260,127	462,767	882,145
March	127,566	142,702	149,540	419,808	203,286	261,132	464,418	884,226
April	126,477	140,919	148,334	415,730	204,873	266,666	471,539	887,269
May	127,522	141,763	149,182	418,467	206,141	268,830	474,971	893,438
June	126,932	141,656	148,344	416,932	209,084	273,255	482,339	899,271
Total	154,837	172,604	177,138	499,030	236,110	308,799	541,102	1,013,133

Louisiana Behavioral Health Partnership

To address the behavioral health needs of Louisiana citizens, Medicaid implemented the Louisiana Behavioral Health Partnership (LBHP) in March 2012. LBHP provides a new approach to both delivering and financing behavioral health services for Louisiana's children and adults through a fully integrated managed care system which draws on the strengths of the private, public and non-profit sectors.

LBHP involves multiple agencies that have historically shared in the delivery of behavioral health services to the citizens of Louisiana. It is operated by a contract through Magellan Health Services, Inc., the selected Statewide Management Organization (SMO). LBHP includes a comprehensive array of rehabilitative behavioral health services and a full continuum of care intended to meet the needs of both children and adults. Through better coordination of services, LBHP is designed to increase access to community-based services, improve quality of care and health outcomes, and reduce unnecessary utilization of crisis-driven services such as emergency departments, hospitalizations, out-of-home placements, and institutionalizations.

LBHP is designed to serve the needs of individuals who comprise one of the following two target populations: (1) Medicaid-eligible individuals consisting of a) children with extensive behavioral health needs either in or at-risk of out-of-home placement, b) children with medically necessary behavioral health needs who need coordinated care, and c) adults with severe mental illness and/or addictive disorders; and (2) non-Medicaid children and adults who have severe mental illness and/or addictive disorders (not included in the following data). LBHP operates under an at-risk capitation

contract to cover adults on a Per Member Per Month (PMPM) basis, with the exception of the Spend-down Medically Needy group. The children's and Spend-down Medically Needy populations have been administrated on a non-risk basis by Magellan and paid on Fee for Service (FFS) basis.

Within the LBHP, the Coordinated System of Care (CSoc) is a specialized program for children and youth with the most complex behavioral health needs who are in or most at risk of out-of-home placement. CSoc offers a comprehensive array of intensive services with the goal of enabling these children to remain in or return to their homes and communities. Wraparound Agencies (WAAs) provide individualized care planning and management through Child and Family Teams (CFTs), which are charged with the development of the plan of care. Family Support Organizations (FSOs) also have been formed to provide both parent and youth support and training.

LBHP has made major strides to expand access to services and has served a total of 405,904 recipients in SFY 2013/14 (28.6 percent of Medicaid recipients). Of these, 71,457 were children (8.5 percent of Medicaid children). 34,909 adults were covered through PMPMs and 871 adults were covered through FFS for a total of 335,780 (57.3 percent of Medicaid adults). Top ten provider types of LBHP Children's claims payments are presented in Table 47. Table 48 presents the top ten provider types of LBHP adult Fee-for-Service (FFS) claims payments. Table 49 shows the parish data for LBHP Children and Adult claims payments and providers along with the respective recipients for SFY 2013/14. Table 50 shows the payments and recipients for each parish in both FFS and Adult PMPM categories.

Table 47: LBHP Children Payments, Number of Providers and Recipients¹ by Top Ten Provider Types Based on Payments

Provider Type	Providers	Recipients	Payments
Mental Health Rehabilitation	105	23,037	\$92,184,184
Mental Health Hospital	24	5,321	19,029,140
Multi-Systemic Therapy	19	5,863	19,019,974
Community Mental Health Center	27	2,112	14,776,134
Mental Health Clinic	39	10,820	11,339,325
Hospital - Distinct Part Psychiatric Unit	29	3,887	6,624,970
Hospital	116	5,818	5,415,954
Physician (MD)	865	15,958	5,363,763
Federally Qualified Health Center	71	9,380	5,097,201
Psychiatric Residential Treatment Facility	3	175	4,083,900
All Others	496	22,474	14,517,570
Total	1,786	71,457	\$197,452,115

¹ Provider type recipient counts may not add up to the state totals due to recipients receiving services from multiple provider types throughout the SFY. Total counts are **unduplicated** for the entire state, while other numbers are **unduplicated** for each provider type.

Table 48: LBHP Adult FFS Payments, Number of Providers and Recipients¹ by Top Ten Provider Types Based on Payments

Provider Type	Providers	Recipients	Payments
Hospital	66	275	\$439,502
Hospital - Distinct Part Psychiatric Unit	23	178	380,001
Mental Health Hospital	27	80	316,974
Physician (MD)	238	297	52,352
Mental Health Clinic	33	223	31,991
Mental Health Rehabilitation	20	36	16,586
Nurse Practitioner	20	46	6,341
School-Based Health Center	3	8	4,568
Federally Qualified Health Center	13	24	3,464
Community Mental Health Center	7	9	3,114
All Others	23	49	6,664
Total	469	871	\$1,261,558

¹ Provider type recipient counts may not add up to the state totals due to recipients receiving services from multiple provider types throughout the SFY. Total counts are **unduplicated** for the entire state, while other numbers are **unduplicated** for each provider type.

Table 49: LBHP Children and Adult Claims Payments by Parish

Parish		Children Claims			Adult Claims			Total LBHP FFS		
		Providers	Recipients	Payments	Providers	Recipients	Payments	Providers	Recipients	Payments
1	Acadia	14	790	\$1,938,816	7	14	\$75,563	16	804	\$2,014,380
2	Allen	9	385	587,115	3	6	3,004	9	391	590,119
3	Ascension	24	1,505	3,670,314	5	18	15,563	25	1,523	3,685,877
4	Assumption	7	409	1,130,619	3	8	18,843	7	417	1,149,463
5	Avoyelles	15	898	2,574,725	5	16	17,535	15	914	2,592,260
6	Beauregard	11	449	908,453	2	9	10,980	11	458	919,433
7	Bienville	3	223	547,267	2	4	31,230	4	227	578,497
8	Bossier	15	1,496	4,768,570	4	16	5,939	16	1,512	4,774,509
9	Caddo	99	4,189	16,418,674	29	32	59,186	104	4,221	16,477,860
10	Calcasieu	115	3,386	9,062,250	32	64	71,865	120	3,450	9,134,115
11	Caldwell	2	230	709,386		4	2,742	2	234	712,128
12	Cameron	1	44	32,653				1	44	32,653
13	Catahoula	1	169	426,225				1	169	426,225
14	Claiborne	3	165	442,892		2	15,136	3	167	458,028
15	Concordia	5	291	779,517		1	118	5	292	779,635
16	De Soto	5	566	1,504,904		3	1,413	5	569	1,506,317
17	East Baton Rouge	223	7,142	21,106,219	52	75	190,239	228	7,217	21,296,458
18	East Carroll	1	232	871,617				1	232	871,617
19	East Feliciana	10	575	696,474	1	6	3,317	10	581	699,791
20	Evangeline	25	412	1,165,171	11	15	10,027	26	427	1,175,199
21	Franklin	6	433	1,341,254	2	5	2,635	6	438	1,343,890
22	Grant	2	395	1,044,252		5	18,568	2	400	1,062,820
23	Iberia	20	1,193	2,493,525	7	28	44,279	21	1,221	2,537,804
24	Iberville	7	562	1,127,381	1	2	1,344	7	564	1,128,725
25	Jackson	3	176	477,311		1	570	3	177	477,881
26	Jefferson	186	6,873	15,616,581	49	69	105,710	191	6,942	15,722,292
27	Jefferson Davis	17	419	1,838,072	4	6	7,037	19	425	1,845,109
28	Lafayette	116	2,437	6,033,608	29	31	59,235	120	2,468	6,092,843
29	LaFourche	41	1,335	3,476,246	17	30	43,915	42	1,365	3,520,160
30	La Salle	15	167	375,083	2	2	10,805	15	169	385,888
31	Lincoln	21	768	6,302,931	8	4	3,814	21	772	6,306,746
32	Livingston	8	2,083	3,401,337	1	37	32,923	8	2,120	3,434,259
33	Madison	6	470	1,899,940	2	4	2,544	6	474	1,902,484
34	Morehouse	11	622	1,654,909	1	5	1,948	11	627	1,656,857
35	Natchitoches	15	768	2,661,639	2	6	11,715	15	774	2,673,354
36	Orleans	226	6,358	19,528,252	45	51	51,511	231	6,409	19,579,763
37	Ouachita	56	3,776	11,878,313	17	36	35,916	57	3,812	11,914,229
38	Plaquemines	2	258	339,917		2	671	2	260	340,588
39	Pointe Coupee	7	323	615,199		2	2,089	7	325	617,288
40	Rapides	75	2,238	6,229,571	22	26	36,844	78	2,264	6,266,415
41	Red River	5	131	427,703	1	2	37,628	5	133	465,331
42	Richland	8	478	1,296,337	3	4	5,263	8	482	1,301,599
43	Sabine	13	297	683,330	4	5	2,763	15	302	686,093
44	St. Bernard	9	1,024	2,139,150	4	9	5,232	9	1,033	2,144,382
45	St. Charles	11	926	1,316,793	3	15	23,768	11	941	1,340,561
46	St. Helena	9	148	328,540	1	3	1,677	9	151	330,217
47	St. James	7	282	648,984	4	4	1,831	7	286	650,814
48	St. John	10	854	1,735,751	2	4	400	10	858	1,736,150
49	St. Landry	33	1,064	2,875,083	11	21	9,280	34	1,085	2,884,363
50	St. Martin	20	792	1,279,094	5	9	3,075	20	801	1,282,168
51	St. Mary	27	928	1,454,320	7	18	6,632	28	946	1,460,952
52	St. Tammany	110	3,972	6,904,456	26	45	59,233	113	4,017	6,963,689
53	Tangipahoa	35	2,508	4,378,774	7	26	9,362	36	2,534	4,388,136
54	Tensas	3	149	559,335		2	435	3	151	559,770
55	Terrebonne	39	2,064	4,786,037	11	28	34,333	40	2,092	4,820,370
56	Union	6	421	1,456,445	2	7	2,653	6	428	1,459,098
57	Vermilion	18	709	1,574,060	4	12	18,820	18	721	1,592,880
58	Vernon	8	348	927,639	2	6	11,224	8	354	938,863
59	Washington	22	1,152	1,352,740	5	3	6,209	23	1,155	1,358,950
60	Webster	17	671	1,822,614	4	7	3,003	18	678	1,825,617
61	West Baton Rouge	1	316	655,373		4	5,281	1	320	660,655
62	West Carroll	1	150	292,367	1	3	2,191	1	153	294,558
63	West Feliciana	4	105	124,765		1	1,783	4	106	126,548
64	Winn	8	258	755,244	2	4	2,710	8	262	757,953
Total In-State		1,759	71,457	197,452,115	469	871	\$1,261,558	1,812	72,328	198,713,673
Total Out-of-State		27						27		
Grand Total		1,786	71,457	\$197,452,115	469	871	\$1,261,558	1,839	72,328	\$198,713,673

¹ Parish recipient counts may not sum to the total state count due to recipient receiving services in more than one parish during the SFY. Parish provider counts may not sum to the total state count due to providers offering services in more than one parish during the SFY. Total state figures are **unduplicated** for the entire state, while other numbers are **unduplicated** for each parish.

Table 50: LBHP FFS and Adult PMPM Payments by Parish

Parish		LBHP FFS		LBHP Adult PMPM		Total LBHP	
		Recipients	Payments	Recipients	Payments	Recipients	Payments
1	Acadia	804	\$2,014,380	6,002	\$2,051,614	6,791	\$4,065,994
2	Allen	391	590,119	2,091	671,396	2,474	1,261,515
3	Ascension	1,523	3,685,877	5,765	1,804,304	7,268	5,490,181
4	Assumption	417	1,149,463	1,945	716,809	2,350	1,866,272
5	Avoyelles	914	2,592,260	4,935	1,777,545	5,836	4,369,805
6	Beauregard	458	919,433	2,603	838,603	3,049	1,758,036
7	Bienville	227	578,497	1,806	615,052	2,027	1,193,549
8	Bossier	1,512	4,774,509	6,778	2,221,312	8,263	6,995,821
9	Caddo	4,221	16,477,860	21,958	8,343,004	26,092	24,820,864
10	Calcasieu	3,450	9,134,115	13,144	4,648,858	16,524	13,782,972
11	Caldwell	234	712,128	1,031	350,090	1,265	1,062,218
12	Cameron	44	32,653	148	47,734	191	80,386
13	Catahoula	169	426,225	1,216	444,746	1,382	870,971
14	Claiborne	167	458,028	1,544	548,000	1,709	1,006,028
15	Concordia	292	779,635	2,071	821,973	2,354	1,601,608
16	De Soto	569	1,506,317	2,236	793,581	2,798	2,299,898
17	East Baton Rouge	7,217	21,296,458	30,114	10,571,797	37,217	31,868,255
18	East Carroll	232	871,617	1,112	411,665	1,342	1,283,282
19	East Feliciana	581	699,791	2,055	733,700	2,629	1,433,491
20	Evangeline	427	1,175,199	4,224	1,609,040	4,640	2,784,239
21	Franklin	438	1,343,890	2,333	794,007	2,760	2,137,896
22	Grant	400	1,062,820	1,897	671,441	2,293	1,734,261
23	Iberia	1,221	2,537,804	6,968	2,473,256	8,157	5,011,060
24	Iberville	564	1,128,725	3,018	1,057,947	3,575	2,186,672
25	Jackson	177	477,881	1,294	450,877	1,467	928,758
26	Jefferson	6,942	15,722,292	30,704	10,078,450	37,538	25,800,742
27	Jefferson Davis	425	1,845,109	2,488	832,420	2,908	2,677,529
28	Lafayette	2,468	6,092,843	13,171	4,411,696	15,591	10,504,539
29	Lafourche	1,365	3,520,160	6,388	2,316,821	7,719	5,836,982
30	La Salle	169	385,888	1,161	400,042	1,327	785,930
31	Lincoln	772	6,306,746	3,134	1,060,156	3,895	7,366,901
32	Livingston	2,120	3,434,259	7,635	2,349,718	9,729	5,783,977
33	Madison	474	1,902,484	1,278	463,234	1,748	2,365,719
34	Morehouse	627	1,656,857	3,313	1,220,950	3,926	2,877,807
35	Natchitoches	774	2,673,354	3,544	1,307,136	4,306	3,980,490
36	Orleans	6,409	19,579,763	36,801	13,659,979	43,059	33,239,742
37	Ouachita	3,812	11,914,229	12,776	4,583,384	16,520	16,497,613
38	Plaquemines	260	340,588	1,475	434,419	1,732	775,007
39	Pointe Coupee	325	617,288	1,957	672,904	2,278	1,290,192
40	Rapides	2,264	6,266,415	11,492	4,445,902	13,720	10,712,317
41	Red River	133	465,331	911	320,189	1,042	785,521
42	Richland	482	1,301,599	2,026	669,086	2,506	1,970,686
43	Sabine	302	686,093	1,927	702,963	2,224	1,389,056
44	St. Bernard	1,033	2,144,382	3,882	1,263,087	4,899	3,407,469
45	St. Charles	941	1,340,561	2,915	890,535	3,839	2,231,096
46	St. Helena	151	330,217	872	308,723	1,019	638,940
47	St. James	286	650,814	1,684	562,349	1,965	1,213,163
48	St. John	858	1,736,150	3,783	1,273,567	4,631	3,009,717
49	St. Landry	1,085	2,884,363	10,010	3,672,155	11,071	6,556,518
50	St. Martin	801	1,282,168	3,907	1,281,665	4,692	2,563,833
51	St. Mary	946	1,460,952	4,748	1,749,412	5,686	3,210,364
52	St. Tammany	4,017	6,963,689	11,296	3,704,972	15,271	10,668,662
53	Tangipahoa	2,534	4,388,136	11,793	4,221,530	14,285	8,609,666
54	Tensas	151	559,770	646	241,760	797	801,530
55	Terrebonne	2,092	4,820,370	8,881	3,383,862	10,925	8,204,231
56	Union	428	1,459,098	1,942	637,497	2,363	2,096,595
57	Vermilion	721	1,592,880	4,174	1,418,644	4,876	3,011,524
58	Vernon	354	938,863	2,642	909,274	2,988	1,848,137
59	Washington	1,155	1,358,950	4,957	2,016,288	6,096	3,375,238
60	Webster	678	1,825,617	3,832	1,358,937	4,501	3,184,554
61	West Baton Rouge	320	660,655	1,679	575,661	1,997	1,236,315
62	West Carroll	153	294,558	1,070	341,789	1,220	636,346
63	West Feliciana	106	126,548	705	265,594	810	392,142
64	Winn	262	757,953	1,328	426,571	1,586	1,184,525
Grand Total		72,328	\$198,713,673	334,909	\$125,901,678	405,904	\$324,615,351

¹ Parish recipient counts may not sum to the total state count due to recipient receiving services in more than one parish during the SFY. Parish provider counts may not sum to the total state count due to providers offering services in more than one parish during the SFY. Total state figures are **unduplicated** for the entire state, while other numbers are **unduplicated** for each parish.

Appendix A: Glossary

Child Health and Maternity Program (CHAMP) –

Child: Medicaid eligibility for poverty-level children under the age of 19 who are eligible for Medicaid if they meet all program requirements.

Child Health and Maternity Program (CHAMP) –

Pregnant Woman: Medicaid eligibility for a CHAMP Pregnant Woman may begin at any time during a medically verified pregnancy and as early as three months prior to the month of the application if all requirements of the program are met.

Centers for Medicare and Medicaid Services

(CMS): The federal agency charged with overseeing and approving states' implementation and administration of the Medicaid and Medicare programs.

Co-payment: A fixed dollar amount paid by a Medicaid enrollee at the time of receiving a covered service from a participating provider.

United States Department of Health and Human

Services (DHHS): DHHS administers many of the "social" programs at the federal level that deal with the health and welfare of citizens of the United States. It is the federal department responsible for the Centers for Medicare and Medicaid Services.

Disproportionate Share (DSH): Payments made by the Medicaid program to hospitals designated as serving a disproportionate share of low-income or uninsured patients. DSH payments are in addition to regular Medicaid payments for providing care to Medicaid beneficiaries. The maximum amount of federally matched funds available annually to individual states for DSH payments is specified in the federal Medicaid statute.

Disabled Adult Child (DAC): Provides Medicaid coverage to individuals over the age of 18 who became blind or disabled before the age of 22 and has lost SSI eligibility on or after July 1, 1987, as the result of entitlement to or increase in Retirement, Survivors and Disability Insurance (RSDI).

Disabled Widows and Widowers: Provides Medicaid coverage to disabled widows/widowers (between the ages of 50 and 59) who would be eligible for SSI had there been no elimination of the reduction factor in the federal formula and no subsequent cost-of-living adjustments.

Deficit Reduction Act of 2005 (DRA): Enacted in February 2006 to reduce the rate of federal and state Medicaid spending growth through new flexibility on Medicaid premiums, cost sharing and

benefits, along with tighter controls on asset transfers in order to qualify for long-term care through Medicaid.

Direct Waiver Payments: Payments made on behalf of HCBS Waiver recipients for services, such as support coordination, assistive devices, home health care, respite care, personal care attendant, supported employment, environmental modifications, personal emergency response systems, companion service, transition and transportation to and from services and/or medical care, etc.

Dual Eligible: Individuals who are entitled to Medicare and are eligible for full or partial Medicaid benefits. Medicaid may pay for all or a portion of Medicare Part A and B premiums, co-payments and deductibles for dual eligibles.

Eligible: A person who is qualified for Medicaid but may or may not be enrolled.

Enrollee: A person who is Medicaid eligible, has applied for and was approved by the Medicaid program to receive benefits regardless of whether he or she received any service and/or any claims were filed on his or her behalf. Refer to the technical note on page 13 for more details.

Expenditure: In this report, expenditure refers to fiscal information derived from the financial system of the Integrated State Information System (ISIS). ISIS reports the program expenditures after all claims and financial adjustments have been taken into account.

Family Independence Temporary Assistance

Program (FITAP): In Louisiana, Temporary Assistance for Needy Families (TANF) is provided under a program known as the FITAP. This program provides temporary assistance for needy pregnant women and families with minor children under Title IV-A of the Social Security Act. The program provides eligible individuals with cash assistance and supportive services if those families meet eligibility requirements and are otherwise complying with FITAP requirements.

Family Opportunity Act (FOA): Implemented in October 2007 under the DRA, FOA is a buy-in program that grants Medicaid access to children who have a disability, but have maxed out their private health insurance or are ineligible for Supplemental Security Income (SSI), Medicaid, or LaCHIP because of parent income or private health

insurance. FOA covers children up to 300 percent of the FPG.

Federal Fiscal Year (FFY): The FFY starts October 1 and ends September 30 of the next calendar year.

Federal Medical Assistance Percentage (FMAP): FMAP is the percentage the federal government will match on state money spent on Medicaid; also known as Federal Financial Participation (FFP).

Financial Eligibility: Limits on the amount of income and the amount of resources an individual is allowed to have in order to qualify for coverage.

Full Dual Eligible: Medicare beneficiary who is eligible for full Medicaid services. Medicaid pays the deductible and co-payments for Medicare services and may cover other Medicaid services not covered by Medicare.

Parents and Caretaker Relative Group: Provides Medicaid coverage to individuals living with and assuming primary responsibility for the care of a dependent child under the age of 18. This group includes individuals with income less than or equal to 19 percent of the FPG.

Personal Care Waiver Services: Services that provide companion services offered by Home and Community-Based Service (HCBS) Waivers.

Inflation: Inflation is an overall general price level increase of goods and services in an economy, usually measured by the Consumer Price Index (CPI) and the Producer Price Index (PPI) by the Bureau of Economic Analysis.

LaMOMS: Medicaid program that provides pregnancy-related services, delivery and care up to 60 days after delivery for pregnant women with income up to 133 percent of the FPG.

Long-Term Care (LTC): An applicant/recipient may be eligible for Medicaid services in the LTC program if he or she requires medical assistance for a defined activity of daily living (ADL) such as dressing, eating, bathing, ambulation, etc. These services may be provided either in a facility, in an individual's home or in the community.

Louisiana Children's Health Insurance Program (LaCHIP): As a result of the Federal Balanced Budget Act of 1997 and the Social Security Act, the federal government has provided states with funding for a state children's health insurance program with enhanced FMAP. In Louisiana, the program is called LaCHIP. LaCHIP is a Medicaid expansion that

covers children less than 19 years old and up to 212 percent of the FPG.

LaCHIP Affordable Plan (LAP): A stand-alone program that provides Medicaid coverage for children under the age of 19 not covered by health insurance and is below 250 percent FPG. Some cost sharing is associated with LAP through monthly premiums and co-payments.

Low Income and Needy Care Collaboration Agreement (LINCCA): Are agreements between private hospitals, and public state and local hospitals, and hospital districts that allow private hospitals to take on services for low-income and needy patients which alleviates the financial strain upon the government entities that can then utilize those funds to supplement the Medicaid program and draw down federal financial participation. There is no legal obligation to contribute funding to the Medicaid supplemental payment program and is done at their sole discretion.

Managed Care: A health care delivery system that manages the delivery of Medicaid services through contracted arrangements between state Medicaid and Managed Care Organizations (MCOs).

Mandatory Services: In order to receive federal Medicaid funding, each state must agree to provide mandatory services to the Medicaid eligible population. Along with mandatory services, states are free to offer optional services and receive federally matched funds for all of them. Some programs are limited by eligibility requirements or service limits, but all Medicaid services must be provided to enrolled children under age 21 if the services are deemed medically necessary.

Medicaid Purchase Plan (MPP): Allows working individuals up to 100 percent of the FPG with disabilities to "buy in" to Louisiana Medicaid health coverage.

Medically Needy Program (MNP): Provides Medicaid coverage in a categorical assistance program when income and resources of the individual or family are sufficient to meet basic needs, but are not sufficient to meet medical needs according to the state's established Medically Needy standards.

Medicare: Like Medicaid, Medicare was created by the Social Security Act of 1965, but the two programs are different. Medicare is a federally paid and administrated insurance program that has four parts of coverage: Part-A, Part-B, Part-C and Part-D.

Medicare Part-A: The hospital insurance portion of Medicare. Part-A covers inpatient hospital care, skilled nursing facility care, some home health agency services and hospice care.

Medicare Part-B: The supplementary or “physicians” insurance portion of Medicare. Part-B covers services of physicians/other suppliers, outpatient care, medical equipment and supplies, and other medical services not covered by the hospital insurance part of Medicare.

Medicare Part-C: Provides for a managed care delivery system for Medicare services.

Medicare Part-D: Provides Medicare beneficiaries with assistance paying for prescription drugs. It was enacted as part of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) and went into effect on January 1, 2006. Unlike coverage in Medicare Parts A and B, Part-D coverage is not provided within the traditional Medicare program. Instead, beneficiaries must affirmatively enroll in one of the many hundreds of Part-D plans offered by private companies.

Non-Waiver Payments: All other payments, besides those for direct waiver services, made on behalf of HCBS Waiver recipients, such as physician, hospital, pharmacy, etc.

Partial dual eligible: Medicare beneficiary who does not qualify for full Medicaid services. Medicare Savings Program serves the partial eligibles by assisting with Medicare premium and cost sharing programs through the Medicaid program.

Payment: Refers to information derived from the claims-based data sets produced by the Medicaid fiscal intermediary and the Medicare Buy-in and Part-D premiums. Refer to the technical note on page 13 for a detailed explanation.

Personal Care Services (LTC/PCS/PAS): Services under the state plan, that offers EPSDT, Long Term Care, Personal Assistance Services and Personal Care Services.

Prepaid Health Plan: An entity that is risk-bearing, Managed Care Organization health care delivery system that is responsible for the provision of specified Medicaid State Plan services.

Prior Authorization: A management tool used to verify whether proposed treatments/services are medically necessary and appropriate for the patient.

Program for All-Inclusive Care for the Elderly (PACE): Program that coordinates and provides all needed preventive, primary, acute and long term care services so that older individuals can continue to live in the community.

Provider: A person, group or agency that provides a covered Medicaid service to a Medicaid recipient.

Qualified Medicare Beneficiary (QMB): Individuals who have income up to 100% of the FPG or less, have resources that do not exceed twice the limit for SSI eligibility. Medicaid pays their Medicare Part-A premiums, if any, Medicare Part-B premiums, Part-D, Medicare deductibles and coinsurance for Medicare services provided by Medicare providers.

Qualifying Individuals – 1 (QI-1): Qualifying Individuals – 1 went into effect January 1, 1998. There is an annual cap on the amount of money available, which may limit the number of individuals in the group. These individuals are entitled to Medicare Part-B, have income of 120% to 135% of FPG, have resources that do not exceed twice the limit for SSI eligibility and are not otherwise eligible for Medicaid.

Recipient: A person is considered a ‘recipient’ if any claims related transaction(s) or Medicare Buy-in or Part-D premium payment(s) occurred on behalf of that person during the state fiscal year. The data for this report is based on a claim’s date of payment (DOP). Refer to the technical note on page 13 for a detailed explanation.

Shared Savings Health Plan: An entity that serves as a primary care manager by providing enhanced primary care case management in addition to contracting with primary care providers for primary care management.

Specified Low-Income Medicare Beneficiary (SLMB): Medicaid pays their Medicare Part-B premium only. The eligibility requirements are the same as for the Qualified Medicare Beneficiary (QMB) except that income limits fall between 100% and 120% of FPG.

Spend-Down: When an individual may qualify for Medicaid coverage even though their countable income is higher than the specified income standard by “spending down.” Under this process, the medical expenses that an individual incurs during a specified period are deducted from the individual’s income during that period. Once the individual’s income has been reduced to a state-specified level, the individual qualifies for Medicaid benefits for the remainder of the period.

State Fiscal Year (SFY): The SFY is a 12-month calendar that begins July 1 and ends June 30 of the following calendar year.

State Plan: The State Plan is the formal agreement between Louisiana and Centers for Medicare and Medicaid Services (CMS) regarding the policies governing the administration of the state's Medicaid program. Amendments to the State Plan must be submitted to CMS for review and approval no later than the end of the quarter in which the amendment becomes effective. Federal financial participation (FFP) for any added costs is not available to the state until the amendment is approved.

Supplemental Payments: Payments that the federal government allows states to reimburse set provider types (hospitals, physicians and ambulance) for certain uncompensated care provided under Medicaid at an amount equal to what Medicare would have paid for the same service.

Supplemental Security Income (SSI): A federal cash assistance program for low-income aged, blind and disabled individuals established by Title XVI of the Social Security Act. States may use SSI income limits to establish Medicaid eligibility.

System of Care: A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community and throughout life.

Temporary Assistance for Needy Families (TANF): TANF, commonly known as welfare, is the

monthly cash assistance program for poor families with children under the age of 18. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) (Pub. L. 104-193), as amended, is the welfare reform law that established the TANF program.

Uncompensated Care Costs (UCC): Payments to hospitals for providing inpatient and outpatient care for uninsured and low income individuals who are not financially capable of paying for the medical services they receive. These hospitals are Disproportionate Share Hospitals (DSH), meaning they provide a certain percentage of their total patient care to the indigent population.

Unduplicated (Eligible/Recipient): An unduplicated eligible/recipient is a uniquely counted eligible/recipient who is counted only once during a given period for any particular category of interest.

Upper Payment Limit (UPL): Payments that the federal government allows states to reimburse hospitals for certain uncompensated care provided under Medicaid at an amount equal to what Medicare would have paid for the same service, which is typically at a higher amount. UPL is financed with both state and federal matched funds.

Waiver: A Medicaid waiver grants states permission to waive certain federal requirements in order to operate a specific kind of program. Federal law allows states to enact two types of Medicaid waivers: 1) Program Waivers [1915 (b), 1915 (c)] and 2) Research and Demonstration Waivers [1115].

Youth Aging Out of Foster Care: Provides Medicaid coverage to youth between the ages of 18 and 21 who are transitioning out of foster care.

Appendix B: Acronyms

ABA	Applied Behavioral Analysis	LTC	Long Term Care
ACA	Affordable Care Act	LT-PCS	Long Term – Personal Care Services
ADHC	Adult Day Health Care	LTSS	Long Term Services and Supports
ADL	Activities of Daily Living	MAGI	Modified Adjusted Gross Income
AFDC	Aid to Families with Dependent Children – now LIFC	MARS	Management Administrative Reporting Subsystem
BCOS	Budget Category of Service	MCO	Managed Care Organization
BHSF	Bureau of Health Services Financing – also Medicaid	MD	Medical Doctor
BOE	Basis of Eligibility	MDW	MARS Data Warehouse
CC	Children's Choice Waiver	MLTSS	Managed Long Term Supports and Services
CCW	Community Choices Waiver	MMA	Medicare Modernization Act of 2003
CDC	Centers for Disease Control	MMIS	Medicaid Management Information System
CHAMP	Child Health and Maternity Program	MNP	Medically Needy Program
CMS	Center for Medicare and Medicaid Services	MPP	Medicaid Purchase Plan
CPI	Consumer Price Index	MSP	Medicare Savings Program
CSoC	Coordinated System of Care	MVA	Medical Vendor Administration
CWO	Child Welfare Office	MVP	Medical Vendor Program
CY	Calendar Year	NBCCEDP	National Breast and Cervical Cancer Early Detection Program
DAC	Disabled Adult Child	NCQA	National Committee for Quality Assurance
DD	Developmentally Disabled	NOW	New Opportunities Waiver
DHE	Division of Health Economics	OAAS	Office of Aging and Adult Services
DHH	Department of Health and Hospitals	OBH	Office of Behavioral Health
DHHS	Department of Health and Human Services	OCDD	Office For Citizens with Developmental Disabilities
DME	Durable Medical Equipment	OGB	Office of Group Benefits
DOE	Department of Education	OLOL	Our Lady of the Lake
DOP	Date of Payment	OMF	Office of Management and Finance
DOS	Date of Service	OOS	Out-of-State
DRA	Deficit Reduction Act of 2005	PACE	Program of All-Inclusive Care for the Elderly
DSH	Disproportionate Share Hospitals	PAS	Personal Assistance Services
ESO	Economic Stability Office	PCCM	Primary Care Case Management
EDA	Elderly and Disabled Adult	PCP	Primary Care Physician/Provider
EHR	Electronic Health Records	PCS	Personal Care Services
EPSDT	Early and Periodic Screening, Diagnosis and Treatment	PMPM	Per Member Per Month
ESRD	End Stage Renal Disease	PSH	Permanent Supportive Housing
FFP	Federal Financial Participation – also FMAP	PSP	Prohibited SSI Provisions
FFS	Fee for Service	QDWI	Qualified Disabled Working Individual
FFY	Federal Fiscal Year	QI	Qualified Individuals
FITAP	Family Independence Temporary Assistance Program	QMB	Qualified Medicare Beneficiary
FMAP	Federal Medical Assistance Percentage	RFP	Request for Proposal
FOA	Federal Opportunity Act	ROW	Residential Options Waiver
FPG	Federal Poverty Guidelines	RSDI	Retirement, Survivors and Disability Insurance
FSO	Family Support Organizations	SBH	School Based Hospital
FQHC	Federally Qualified Health Center	SCHIP	State Children's Health Insurance Program
GNOCHC	Greater New Orleans Community Health Connection	SFY	State Fiscal Year
HCBS	Home and Community-Based Services	SGA	Substantial Gainful Activity
HCSD	Health Care Services Division	SLMB	Specified Low-Income Beneficiary
HEDIS	Healthcare Effectiveness Data and Information Set	SMO	Statewide Management Organization
HIT	Health Information Technology	SSA	Social Security Administration
HSC	Health Sciences Center	SSI	Supplemental Security Income
IADL	Instrumental Activities of Daily Living	SW	Supports Waiver
ICF/DD	Intermediate Care Facility – Developmentally Disabled	TANF	Temporary Aid for Needy Families
ISIS	Integrated State Information System	TB	Tuberculosis
LaCHIP	Louisiana Children's Health Insurance Program	UCC	Uncompensated Care Costs
LaHIPP	Louisiana Health Insurance Premium Payment	UPL	Upper Payment Limit
LAP	LaCHIP Affordable Plan	WAA	Wraparound Agencies
LBHP	Louisiana Behavioral Health Partnership		
LIFC	Low Income Families with Children		
LINCCA	Low Income and Needy Care Collaboration Agreement		
LIS	Low Income Subsidy		
LSU	Louisiana State University		
LSUMC	Louisiana State University Medical Center		

Medicare and Medicaid

	Medicare	Medicaid
Program	Health Insurance or 65+/ Disabled (Title XVIII 1965)	Needs based Entitlement (Title XIX 1965)
Eligibility	Have contributed to system	Must meet categorical income/asset test
Finance	Trust Funds which those covered have paid into	Federal, state and local tax
Cost to Patient	Small premium, co-payments and deductibles	Federal, state and local tax
Coverage	Uniform across the states	Varies by state
Administration	Federal Centers for Medicare and Medicaid Services (CMS)	State/local Government with broad federal guidelines

There are different types of Medicare and each type provides different services. See table below.

Medicare Type	Provided Services
Medicare Part-A	Provides coverage of inpatient hospital services, skilled nursing facilities, home health services and hospice care
Medicare Part-B	Helps pay for the cost of physician services, outpatient hospital services, medical equipment and supplies and other health services and supplies
Medicare Part-C	Provides managed care
Medicare Part-D	Pays for pharmaceuticals for qualified individuals

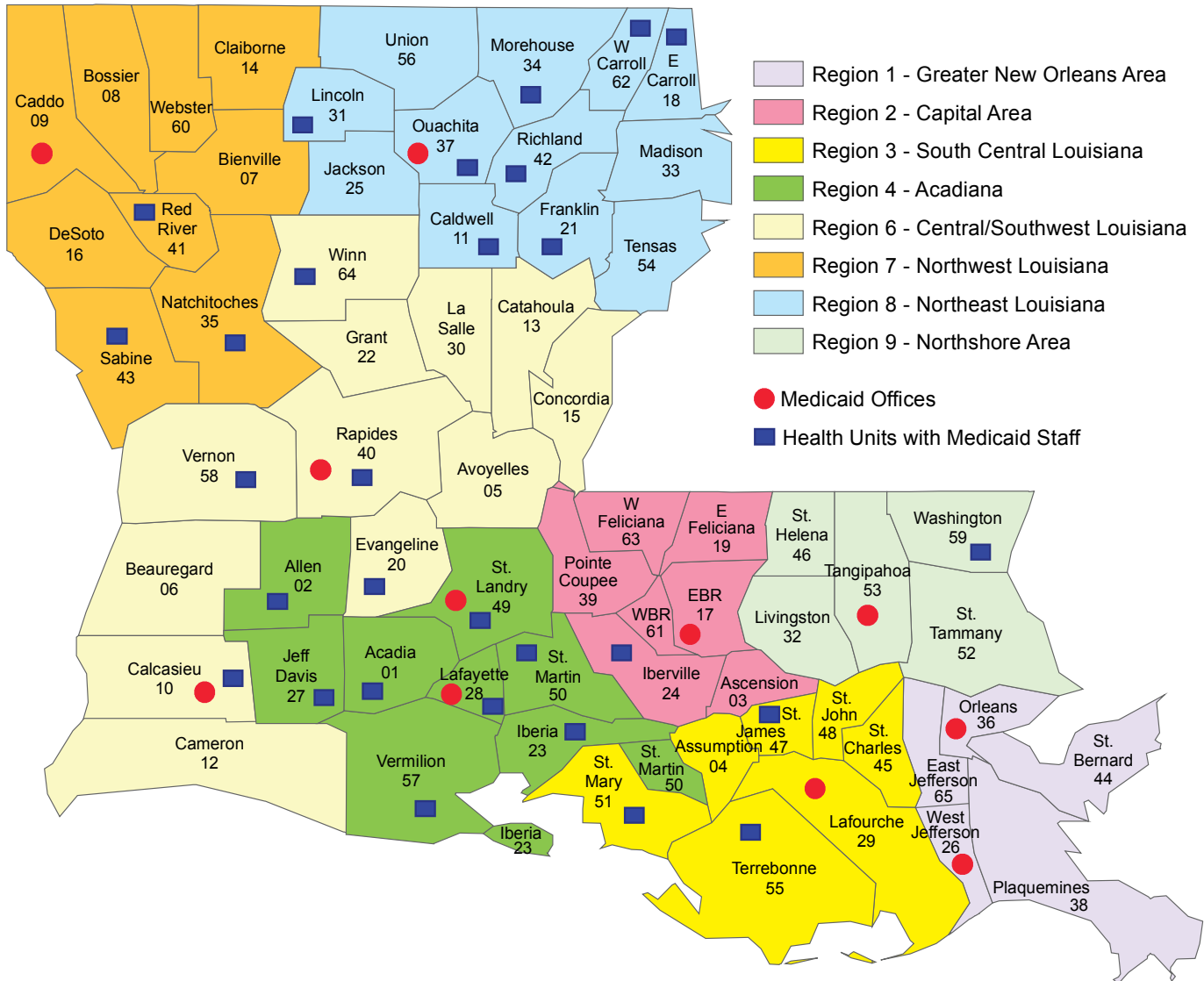
Medicaid is required to provide certain services by CMS, while others are optional. See table below.

Medicaid Mandatory Services	Medicaid Optional Services
Inpatient Hospital	ICF/DD (Community Homes)
Outpatient Hospital	All HCBS Waivers
Rural Health Clinics	Inpatient Mental Health
Lab and X-Ray	Mental Health Rehabilitation
Nursing Facilities	Pharmacy
Early Periodic Screening, Diagnostic and Treatment (EPSDT)	Long Term Personal Care
Physician Services	Hemodialysis
Family Planning	Certified RN Anesthetists
Federally Qualified Health Centers	Adult Dentures
Nurse-Midwife Services	Case Management
Nurse Practitioner	Rehabilitation
Home Health	Ambulatory Surgical
Medical Transportation	Hospice
Pregnancy Related Services	Durable Medical Equipment

Benefits. Centers for Medicaid and Medicare Services. Retrieved Mar. 7, 2016 from <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/medicaid-benefits.html>

Department of Health and Hospitals

Medicaid Regions



REGION 1 - Greater New Orleans Area

Benson Tower, 1450 Poydras St., Suite 1018
New Orleans, LA 70112
Mail to: P.O. Box 60840
New Orleans LA 70160-9941

REGION 2 - Capital Area

2521 Wooddale Blvd.
Baton Rouge, LA 70805
Mail to: P.O. Box 64808
Baton Rouge, LA 70896-4808

REGION 3 - South Central Louisiana

1222 Tiger Drive
Thibodaux, LA 70301

REGION 4 - Acadiana

117 Production Drive
Lafayette, LA 70508
Mail to: P.O. Box 80708
Lafayette, LA 70598-0708

REGION 5 - Southwest Louisiana

Previous Region 5 Parishes have been reorganized into Regions 4 and 6.

REGION 6 - Central Louisiana

1505 Washington St.
Alexandria, LA 71301
Mail to: P.O. Box 13708
Alexandria, LA 71315-3708

REGION 7 - Northwest Louisiana

3020 Knight St. – Suite 100
Shreveport, LA 71105

REGION 8 - Northeast Louisiana

3100 Kilpatrick Blvd.
P.O. Box 14225
Monroe, LA 71207-4225

REGION 9 - Northshore Area

45615 University Park Ave.
Hammond, LA 70401-7061

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