

**State Fiscal Year
2006/07**



LOUISIANA
Department of Health and Hospitals
MEDICAID
Annual Report



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This public document was published at a total cost of \$4,200.00. 1,000 copies of this public document were published in this first printing at a cost of \$4,200.00. The total cost of all printings of this document including reprints is \$4,200.00. This document was published by the Louisiana Department of Health and Hospitals/Division of Health Economics, P.O. Box 629, Bin #34, Baton Rouge, LA 70821. It was printed in accordance with standards for printing by State Agencies pursuant to R.S. 43:31.



STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



Dear Reader:


It is our pleasure to present to you the State Fiscal Year 2006/07 Medicaid Annual Report, which provides insight into Louisiana's Medicaid program and its many activities and accomplishments throughout the year.

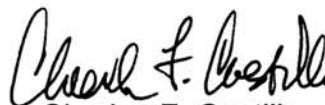
The Louisiana Medicaid program continues to be one of the largest state programs with total expenditures of about \$5.2 billion during State Fiscal Year 2006/07. Of the \$5.2 billion, \$4.1 billion was claim payments paid on behalf of more than 1.2 million Louisianans, which is about 27% of the state population. In addition, Medicaid paid about \$835.4 million as reimbursement of Uncompensated Care cost for the uninsured and underinsured population. Also, the program paid about \$270 million (including \$72.9 million in all state funds for Part-D) to CMS for dual enrollees. Louisiana Medicaid program continuously strives to accomplish its stated mission and goals, *"responding to the health needs of Louisiana's citizens, provide access and quality of care, improve health outcomes of its enrollees through ongoing cost containment efforts and new program initiatives."*

The report covers the first full State Fiscal Year after Hurricanes Katrina and Rita devastated the state of Louisiana. Recovery and restoration efforts were continued from the previous year as we sought to bring back our displaced enrollees and providers across the country. Even though some of our providers and enrollees were still displaced during State Fiscal Year 2006/07, the Louisiana Medicaid program made efforts to sustain accessible and quality health care for its recipients by continuing to relax enrollment renewal and prior authorizations, in addition to expanding services without significantly increasing costs. New initiatives such as the Supports Waiver, the Family Planning Waiver, and the expansion of LaCHIP were implemented throughout the year. In addition, Medicaid increased pay rates for direct support professionals and started the development of Medicaid Information Technical Architecture to help meet the growing needs of Louisianans more efficiently and effectively. With all these efforts Louisiana is better able to provide more of its citizens with quality healthcare.

This year is also the first full State Fiscal Year of Medicare Part-D (Clawback), where the state pays the federal government its state share to help finance Medicare prescription drug coverage offered under Medicare Part-D for dual enrollees.

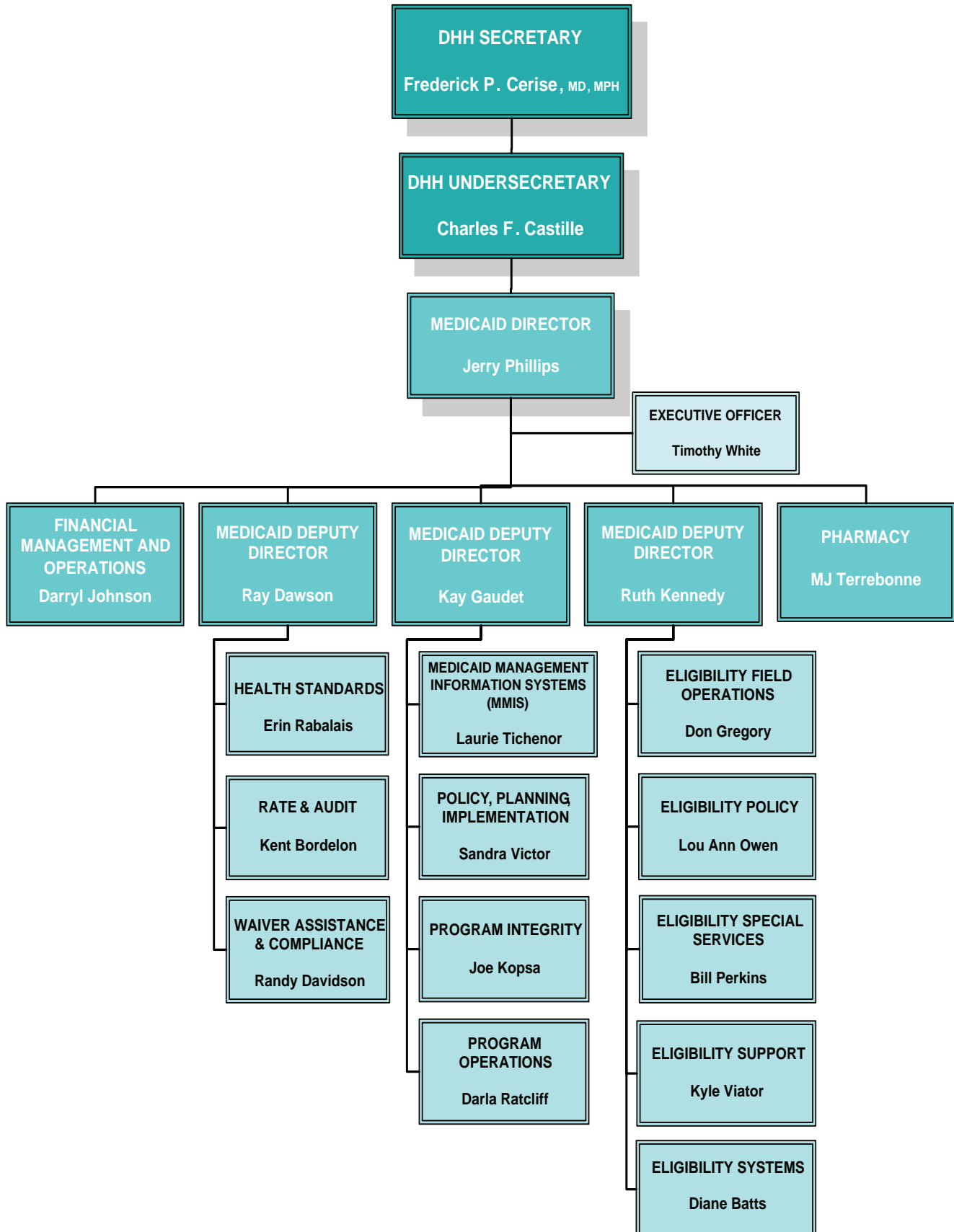
We encourage you to read this report for it provides a comprehensive overview of Louisiana's Medicaid program. Our hope is that you will find it informative and useful.


Frederick P. Cerise, MD, MPH
Secretary, DHH


Charles F. Castille
Undersecretary, DHH


Jerry Phillips
Medicaid Director, DHH

Louisiana Medicaid Organizational Chart



Agency Overview

The Louisiana Department of Health and Hospitals' **Office of the Secretary** serves as the administrative arm of the Department. The Secretary, who is appointed by the Governor, provides leadership and technical 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 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) and the Division of Health Economics.

The **Medicaid Director** is a classified civil service position which reports to the Undersecretary and is responsible for administering the Medicaid program including eligibility, program operations, financial management, and policy issues (see organizational chart on page 2).

The **Bureau of Health Services Financing** (BHSF) is the administrative operation responsible for the Medicaid program with nine regional offices overseeing its state-wide activities. In addition, most parishes have a BHSF office and there are also numerous application centers assisting with Medicaid applications and information. Contact information can be found in Appendix D.

The **Division of Health Economics** (DHE) reports directly to the Undersecretary and provides support services to the department's executive level managers. This division is responsible for the Medicaid Monthly Financial Forecast Report, economic analysis, and financial research and planning for the department, 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://www.dhh.state.la.us/reports.asp?Detail=12>

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Technical Note

State Fiscal Year and Federal Fiscal Year

Louisiana's State Fiscal Year (SFY) runs from July through June. Therefore, most of the data in this report is presented on this basis. The Federal Fiscal year (FFY) begins in October and ends in September. Tables, graphs, and text are presented on a SFY basis unless otherwise noted.

Source of Estimates

The data in this report is from two primary sources. Budget and overall Medicaid Program expenditures are drawn from the financial system of the Integrated State Information System (ISIS). ISIS reports the program expenditures after all claims and financial adjustments have been made. Payments for recipients and for specific provider groups are drawn from data sets produced by the Medicaid Program's fiscal intermediary, Unisys. The data sets were specially derived for the annual report according to the criteria specified in this technical note. The Unisys data set was drawn from the claims reporting system, which reports paid claims to providers before the application of certain financial adjustments. The provider payments reported in this data set will therefore differ from

expenditure reports based on ISIS. In this report, the term "expenditures" refers to fiscal information derived from ISIS. "Payments" refers to information derived from Unisys, the claims-based data.

Recipient Counts Compared to Eligible Counts

In some categories (e.g. within a parish), the number of recipients reported may exceed the number of eligibles for two main reasons. One reason is that claims from a case closed at the end of SFY 2005/06 can still be paid in SFY 2006/07. Thus, when a claim is paid for a person who received a service in SFY 2005/06, she or he will be counted as a recipient in SFY 2006/07 although this person is no longer eligible for Medicaid. The second reason may be due to providers delaying 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 2006/07 to be for a service rendered in SFY 2004/05. The payment could, therefore, occur long after the person identified as the recipient on the claim has left the program.

Highlights of State Fiscal Year 2006/07

State Fiscal Year 2006/07 was the first full year after Hurricanes Katrina and Rita had made landfall in Louisiana. During this time, Medicaid continued recovery and restoration efforts from the previous year to help bring back displaced enrollees and providers across the country. Even though some providers and enrollees remained displaced during State Fiscal Year 2006/07, the Louisiana Medicaid program made efforts to sustain accessible and quality health care for its recipients by continuing to relax enrollment renewal and prior authorizations, in addition to expanding services without significantly increasing costs. Also, Medicaid implemented new programs to provide more citizens with an opportunity to quality healthcare.

Hurricane Katrina Related Medicare Wage Index Stabilization Grants

In SFY 2006/2007, the Department of Health and Human Services (DHHS), Centers for Medicare and Medicaid Services (CMS) awarded grant funds to Louisiana totaling \$97,856,532 under the authority of section 6201 of the Deficit Reduction Act of 2005 (DRA). The state was directed to make these grant payments to all Medicare participating general, acute care hospitals, inpatient psychiatric facilities (IPF), community mental health centers (CMHC) and skilled nursing facilities (SNF) that are paid under a Medicare prospective payment system (PPS) and are located in an impacted community. DHHS defined the Medicare PPS as inpatient PPS for inpatient services provided in general acute care hospitals, IPF PPS for inpatient psychiatric facilities, the outpatient PPS for outpatient mental health services provided in CMHCs and the SNF PPS for extended care services provided in SNFs. DHHS also defined an impacted community as parishes that the Federal Emergency Management Authority (FEMA) designated to receive both individual and public assistance for Hurricane Katrina relief, as authorized by section 408 of the Robert T. Stafford Act. These funds were to assist qualifying Medicare participating general acute care hospitals, IPFs, CMHCs and SNFs with the financial pressures that resulted from increased wage rates in those impacted communities until the Medicare PPS methodologies (the inpatient PPS wage index) could reflect post-storm wage rates paid in these areas.

Louisiana's approved grant payment methodology, which was developed with provider input, disbursed the grant funding as follows:

- 1) SNFs – \$6,749,134 paid to 146 providers
- 2) Hospitals – Inpatient General Acute – \$89,602,726 paid to 60 providers
- 3) IPFs – Inpatient Psychiatric – \$953,527 paid to 44 providers
- 4) CMHCs – \$551,145 paid to 36 providers

Medicare Payments

Under the DRA two grants were also issued from CMS to Louisiana for Medicare inflation. The first CMS stabilization grant dispersed \$5,046,867 to nursing homes located in the hurricane impacted parishes on April 20, 2007. Each operating nursing home was paid its proportionate share of the pool based on its Medicare inpatient acute prospective payments for dates of service in 2005 calendar year. A total of 144 nursing homes received payments from the first grant. The second CMS stabilization grant also dispersed \$1,702,267 to the nursing homes located in the 31 hurricane affected parishes on June 27, 2007. A total of 146 operating nursing homes received payments based on its Medicare inpatient acute prospective payments for dates of service in calendar years 2005 through 2006.

Direct Support

In January 2007, the DHH received approval from the Joint Legislative Committee on the Budget for a \$2.00 per hour wage pass through for direct support professionals. Due to the crisis situation that resulted from an insufficient direct support workforce, DHH promulgated emergency rules to allow the money to be utilized in an expedient fashion. The \$2 wage enhancement benefited all providers of home and community based waiver services as well as private providers of ICF/DDs, nursing homes, Personal Care Services, and EPSDT services. This wage adjustment was implemented to assist in retention and recruitment of direct support workers. The increased rates paid to providers allowed them to increase the wages of their employees and to compete with other companies and organizations that were forced to increase their wage rates to compete for the limited skilled labor force, especially after the hurricanes.

Implementation of New Supports Wavier

The new Medicaid Supports Waiver was implemented in July 2006, to assist people with developmental disabilities in need of vocational services. Previously, the Office for Citizens with Developmental Disabilities (OCDD) provided vocational services for approximately 1,600 individuals through 100% state funding. With the conversion to the Supports Waiver, Medicaid receives federal match funds allowing the number of individuals to receive vocational services to expand to more than 2,000. The additional capacity has significantly decreased the number of individuals who are in need of vocational services on the NOW Waiver Registry. The Supports Waiver offers a more diversified service menu and includes incentives for increased community integration and lower staff-participant ratio.

Level of Care Screening Tool

In December 2006, DHH implemented a standardized level of care screening tool for all long term care programs using nursing facility level of care as an eligibility criterion. Prior to this, entry into these programs was based on a physician's interpretation of nursing facility level of care. That process allowed for a wide variety of interpretations, often resulting in inconsistency in eligibility determinations. The standardized screening tool, a recommendation of the Long Term Care Reform Plan, offers an even playing field for all applicants of long term care services; they are all asked the same questions and determined by the same program eligibility standards.

Expansion of Waiver Opportunities

For the SFY 2006/07, a total of 2,488 slots were added to the Home and Community-Based Waiver programs. Out of the 2,488 slots, 2,388 were allocated to the developmental disability waivers (300 slots for NOW and 2,088 for Supports) and 100 were allocated to the Elderly waivers (100 for EDA). With the additional slots, the waiver program offered a total of 11,533 slots for all programs with an overall fill rate of 88.8%.

Submission of Application of the Residential Opportunities Waiver

In fall 2006 and spring 2007, the Office of Citizens with Developmental Disabilities (OCDD) initiated efforts to design and develop a Residential Options Waiver (ROW) application for a 1915(c) waiver to address Louisiana's need for community-based residential alternatives, and for the flexible supports needed by people with developmental disabilities to live successfully in community settings of their choice. The application was submitted by Medicaid to CMS in April 2007. ROW was specifically designed to include innovative, cost-effective living options to provide alternatives to institutional care, promote conversion of ICFs/DD to shared waiver living arrangements, and provide alternative settings to adults and children with developmental disabilities currently residing in nursing homes.

"Money Follows the Person" Demonstration

Louisiana has had a steady trend of rebalancing spending on developmental disabilities and long term care services. Rebalancing is a national movement to focus service provision on cost-effective, needs-based service models, such as the 1915(c) waiver, rather than on institutional services. The "Money Follows the Person" (MFP) Rebalancing Demonstration (2007-2011) was awarded to DHH in April 2007 and provided the department with an opportunity to enact capacity shifting using "Money Follows the Person" methodology. The MFP Rebalancing Demonstration will utilize targeting strategies for persons of all ages in both nursing facilities and ICFs/DD and will offer

the home and community based waiver opportunities to those who wish to move to the community.

Medicaid Information Technical Architecture

The Louisiana Medicaid staff has begun work on the new CMS initiative called the Medicaid Information Technology Architecture (MITA). MITA is an IT business process intended to stimulate an integrated business and IT transformation affecting the Medicaid enterprise in all states. Louisiana along with all states has been given the directive to pursue this initiative and demonstrate a plan for completing the MITA State Self Assessment (SSA), as outlined in the MITA Framework 2.0 manual. Louisiana must comply with this initiative in order to continue to qualify for enhanced federal funding. This is of paramount importance as Medicaid moves towards the release of a Solicitation for Proposal (SFP) for the new Medicaid Management Information System (MMIS) replacement system, which is required for administration and operation of the Medicaid Program.

In order to achieve the CMS MITA mandate, the Louisiana Medicaid MITA staff has developed a MITA SSA and Project Management Tool. This tool is to manage and document the SSA process, develop organizational and business relationships, and document Medicaid goals and objectives.

Family Planning Waiver in Action

The DHH received approval from CMS and began implementation of a Section 1115 Medicaid Family Planning Waiver during SFY 2006/07. Called *Take Charge*, this single service waiver provides family planning services to women between the ages of 19 and 44 who have household income below 200% FPL and are otherwise ineligible for Medicaid. Medicaid worked closely with the Office of Public Health Family Planning Clinics throughout the state to transition women receiving state funded family planning services to the waiver for which CMS pays enhanced FMAP of 90%. In addition, pregnant woman certifications are reviewed at the end of the two-month post partum eligibility period and if eligible are certified for Family Planning. By the end of SFY 2006/07, enrollment in Take Charge had reached 20,239.

Disability Medicaid Coverage

Disability Medicaid was implemented in April 2007, to provide Medicaid coverage for disabled, blind, and aged individuals who met all eligibility requirements of the Supplemental Security Income (SSI) program. This allowed enrollees to have a Medicaid-only determination without having a prior SSI determination made by the Social Security Administration (SSA). This program helps provide immediate health care to individuals who would otherwise have to wait for a Social Security Administration decision to receive Medicaid benefits in order to obtain necessary medical care.

Year in Review

Enrollment

Enrollment in the Medicaid programs continued to increase for State Fiscal Year (SFY) 2006/07, even though many evacuees from the 2005 Hurricanes Katrina and Rita remained displaced. During SFY 2006/07, 1,151,764 people, about 27% of Louisiana's population¹, were enrolled and payments were made on behalf of 1,121,205 recipients in the Medicaid program (Figure 1). Several factors contribute to the continued increase in Medicaid enrollment over the last six years. These factors include eligibility expansions of LaCHIP to 200% Federal Poverty Level (FPL) and Pregnant Women to 200% FPL, and improved retention at renewal of eligible individuals, in addition to economic and demographic factors which in turn affects Medicaid enrollment.

Payments

During SFY 2006/07, just above \$4 billion (excluding Uncompensated Care Costs (UCC) payments for uninsured) was paid as claims on behalf of about 1.1 million Medicaid recipients, averaging about \$3,745 per recipient² (Figure 2). Nominal average annual Medicaid cost per recipient has increased by about 1.9% since SFY 2001/02 and about 4.4% from SFY 2005/06. Real average annual payment per recipient (adjusted for inflation with SFY 2001/02 as base period) was about \$3,045 in the Medicaid program, which is a decline of about 17% for Medicaid recipients over the last six years. This might be the result of more efficient and individualized means of healthcare such as CommunityCARE and KIDMED programs. Also, children, who are less expensive, continue to increase as a proportion to total Medicaid enrollment. In Medicaid, about 64.5% of enrollees were children 18 and under during SFY 2006/07.

Figure 1: Louisiana Medicaid Enrollees and Recipients

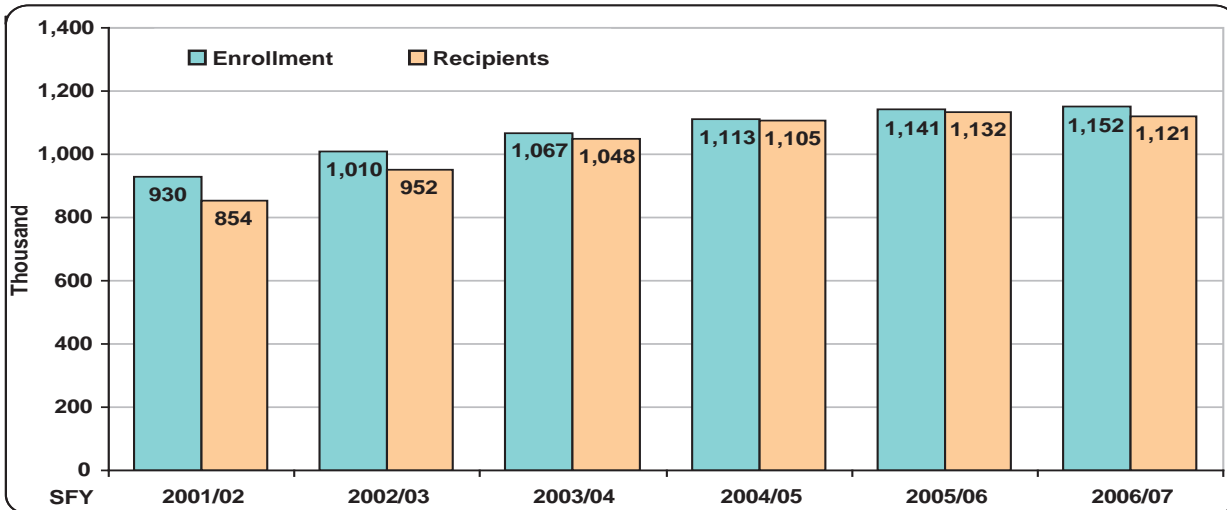
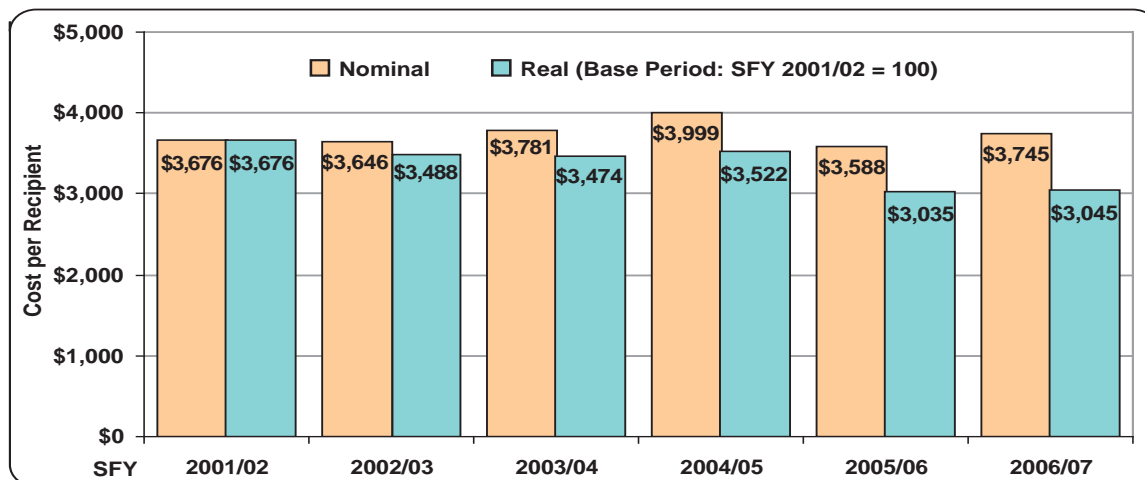


Figure 2: Louisiana Medicaid Average Annual Cost per Recipient



CPI Source: U.S. Department of Labor: Bureau of Labor Statistics, Consumer Price Index-Medical Care, Series ID: CUUR0000SAM, December 2007

¹ U.S. Census Bureau, Population Estimates Program. Annual Population Estimates for Louisiana Parishes for July 1, 2006. Retrieved January 24, 2008 from http://factfinder.census.gov/servlet/GCTTable?_ds_name=PEP_2006_EST&-mt_name=PEP_2006_EST_GCTT1_ST2&-geo_id=04000US22&-format=ST-2&-tree_id=806&-context=gct

² This is a simple average, not a weighted average.

Medicaid Finance

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". Entitlement program means that the federal government and states do not limit the number of eligible people who can enroll in Medicaid's various established categories of eligibility. Medicaid program pays for services covered under the program for those who meet the criteria.

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). National FMAP ranges from 50% to 83% of program cost based on each state's latest three year average per capita income in relation to the United States per capita income. Table 1 shows the historical FMAP matching for medical services in Louisiana. During SFY 2006/07, Louisiana's FMAP was 69.72% for regular Medicaid and 78.8% for LaCHIP.

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

The percentage of population living under the Federal Poverty Level (FPL) influences the level of

state reliance on Medicaid program services. As of July 1, 2006, 17% of the Louisiana population was considered living under 100% of the FPL (about \$21,000 annually for a family of four), while 37.9% were living below 200% of the FPL. This compares to 12.3% and 30.5% respectively for the U.S. population (Table 2), categorizing Louisiana as a low income state. Though Louisiana's population poverty status is greater than the U.S., Louisiana's percentages did drop from previous SFY of 18.4% and 39.2% respectively. About 27% of Louisiana's population was enrolled in Medicaid during SFY 2006/07.

In addition to poverty rates higher than the national average, Louisiana's unemployment rate has also been higher than the national average for many years. Since Medicaid serves mostly low-income individuals, an increase in unemployment could result in more people being eligible for Medicaid. Figure 3 shows unemployment rates in Louisiana compared to the U.S. average over time. After tracking above the national average for two decades, the Louisiana rate has tracked more closely to the national rate from SFY 2001/02 until the SFY 2005/06, when the rate started deviating from that of the national average. This difference could be attributable to the effects of Hurricanes Katrina and Rita. For SFY 2006/07, Louisiana's seasonally adjusted unemployment rate was 4.0%, which is actually less than the national rate of 4.5%. This drop below the national average could be due to the many jobs created in the rebuilding of the cities destroyed by Hurricane's Katrina and Rita.

Table 1: Historical Louisiana Federal Medical Assistance Percentages

FFY Federal Percentages ²			SFY Federal and State Percentages				
FFY	Regular Medicaid	Enhanced (LaCHIP) ¹	SFY	Regular (Medicaid)		Enhanced (LaCHIP) ¹	
				Federal	State	Federal	State
2002	70.30	79.21	2001/02	70.36	29.64	79.25	20.75
2003	71.28	79.90	2002/03	71.04	28.96	79.73	20.27
2004	71.63	80.14	2003/04	74.49	25.51	80.08	19.92
2005	71.04	79.73	2004/05	71.19	28.81	79.83	20.17
2006	69.79	78.85	2005/06	70.10	29.90	79.07	20.93
2007	69.69	78.78	2006/07	69.72	30.28	78.80	21.20

* SFY 2002/03 - 2.95% enhanced FMAP for Last Quarter not included. SFY 2003/04 - Includes 2.95% enhanced FMAP.

¹ LaCHIP is Louisiana's State Children's Health Insurance Program (SCHIP). Please see page 25 for additional information.

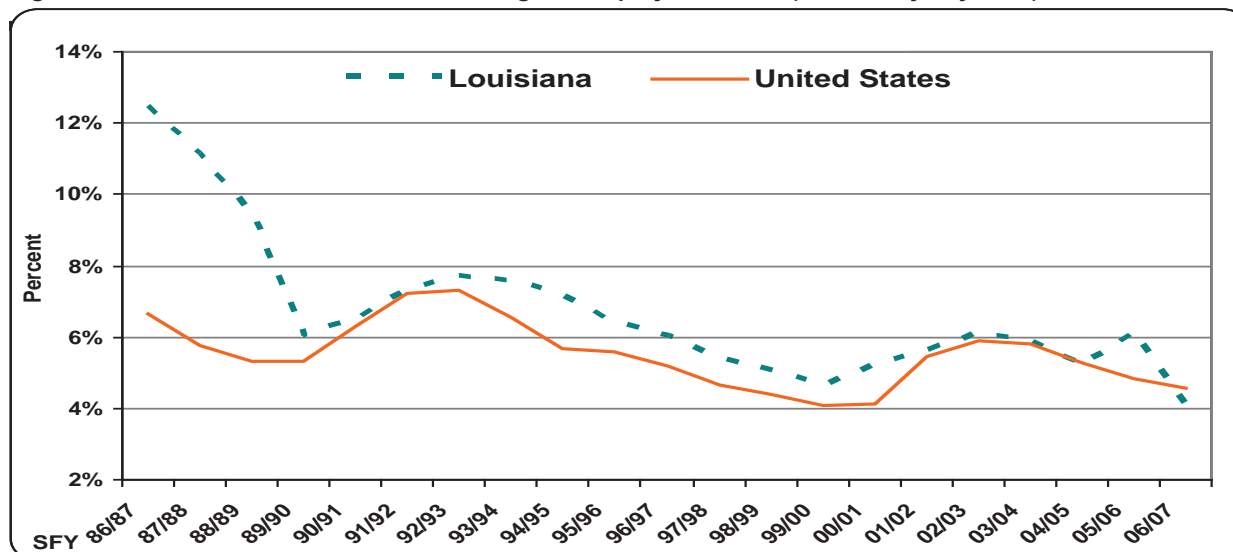
² FFY Federal Percentages Source: U.S. Department of Health and Human Services. Federal Register, Vol. 70, No. 229. Federal Medical Assistance Percentages. Retrieved from <http://aspe.hhs.gov/health/fmap07.pdf>.

Table 2: Population Poverty Status at all Income Levels in Louisiana and United States, 2006

Poverty Level	United States	Louisiana
≤ 100% of Poverty	12.3%	17.0%
101% to 125% of Poverty	4.5%	5.4%
126% to 135% of Poverty	1.5%	2.0%
136% to 150% of Poverty	3.0%	4.1%
151% to 185% of Poverty	6.3%	6.1%
186% to 200% of Poverty	2.9%	3.3%
Rest of Population	69.5%	62.1%

Source: U.S. Census. Current Population Survey: 2007 Annual Social and Economic Supplement, August 2007. Retrieved on December 13, 2007 from http://pubdb3.census.gov/macro/032007/pov/new46_001.htm.

Figure 3: Louisiana and United States Average Unemployment Rate (Seasonally Adjusted)



Source: U.S. Department of Labor, Bureau of Labor Statistics, Series ID: LNS14000000 and LASST22000003

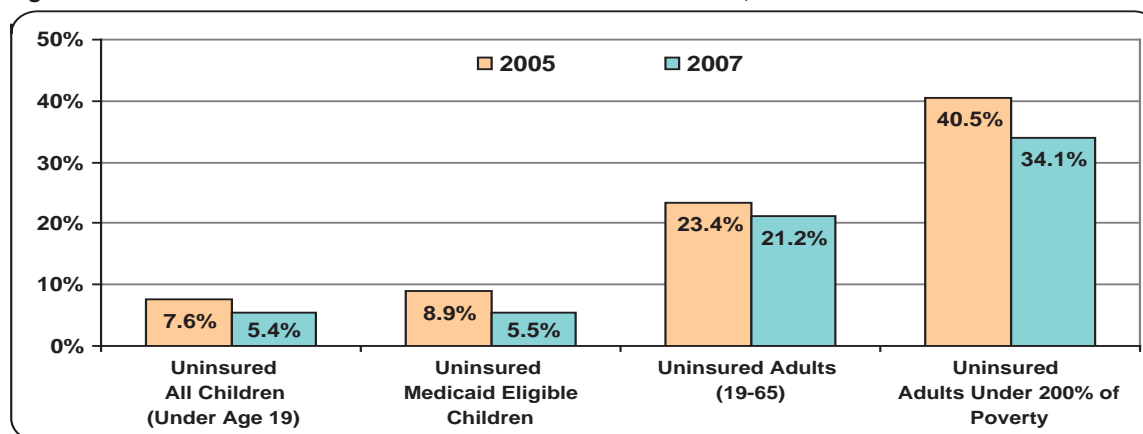
Louisiana State University (LSU) through the Louisiana Population Data Center has projected Louisiana's population out to 2020¹. LSU projects that Louisiana's population will increase about 3% every five years. Even though the Louisiana population is expected to remain stable year to year the age mix is changing greatly. The 65+ age group is projected to increase at a much higher rate than the 20 to 64 age group. As the 65+ age group continues to increase over the years, there could be a greater demand for Medicaid due to the increased need in health care services for this age group. Also, many of the services that the 65+ age group requires are more expensive than the services required by other age groups, leading to increased Medicaid expenses in the future.

The 2007 Louisiana Health Insurance Survey², conducted by the LSU Public Policy Research Lab for the Department of Health and Hospitals, showed that

in 2007 5.4% of Louisiana Children (under the age of 19) and 21.2% of nonelderly (age 19-65) adults were uninsured (Figure 4). For children under the age of 19, this rate represented a reduction from the 7.6% uninsured rate in 2005 and was an increase in coverage for more than 33,000 children for the past two years. For the adults age 19 to 65, the uninsured rate represented a decrease as well from the 2005 rate of 23.4%, which is an increase in coverage for more than 70,000 adults.

Among the survey respondents, there was an increase in those covered by employer provided coverage. Employer provided coverage increased for children from 35.7% to 41.3% and for adults from 46.4% to 53.3%. This increase in employer provided insurance coverage reflects the strength of the Louisiana economy and the relatively tight labor market during the past two years.

Figure 4: Percent of Uninsured Children and Adults in Louisiana, 2007²



¹ Louisiana Population Data Center – Louisiana State University. Louisiana Population Projections to 2020. Retrieved from <http://www.lapop.lsu.edu/data.html>

² Barnes, Stephen, Kirby Goidel, and Dek Terrell. Louisiana's Uninsured Population. A Report from the Louisiana Health Insurance Survey. LSU Public Policy Research Lab. Retrieved from <http://www.dhh.louisiana.gov/reports.asp?ID=92&Detail=526>.

Medicaid Expenditures

As explained earlier, Medicaid is jointly funded by federal and state funds with an FMAP determined each year. The following discusses how the Louisiana Medicaid program is funded and where the money is spent.

The means of finance for Medicaid program expenditures, also known as Medical Vendor Payments (MVP), excluding Medical Vendor Administration (MVA) is presented in Table 3. For this report, unless otherwise stated, Medicaid numbers include LaCHIP Title XXI also. Out of \$5.2 billion total expenditures about 26% is state match and 74% is federal funds for SFY 2006/07.

SFY 2006/07 Medicaid expenditures by state appropriation are presented in Table 4. Private

providers, which include all non-state owned providers, account for about 66.9% of total Medicaid expenditures and about 84.9% of claims payments (excluding UCC and Buy-in). Public providers represent 11.9%, UCC accounts for 16.1%, and Medicare Buy-in premiums and Part-D payments for dual eligibles represent 5.2% of Medical Vendor Expenditures.

Table 5 presents the Medical Vendor Administration (MVA) expenditures. During SFY 2006/07, total Medicaid expenditures (MVP) were over \$5.2 billion for health care services delivery. To administer this \$5.2 billion MVP program about \$173 million was spent as MVA.

Table 3: Louisiana Medical Vendor Expenditure Sources of Finance by State Fiscal Year

Financing Category	2004/05		2005/06		2006/07	
	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent
State General Fund	\$748,667,858	14.5%	\$814,670,843	17.1%	\$764,506,129	14.7%
Other Finance	524,311,752	10.1%	239,870,041	5.0%	600,007,567	11.5%
Total State Match	1,272,979,610	24.6%	1,054,540,884	22.2%	1,364,513,696	26.2%
Federal Funds	3,908,098,303	75.4%	3,701,433,151	77.8%	3,838,269,494	73.8%
Total	\$5,181,077,913	100.0%	\$4,755,974,035	100.0%	\$5,202,783,190	100.0%

Table 4: Louisiana Medical Vendor Expenditures by State Fiscal Year

Financing Category	2004/05		2005/06		2006/07	
	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent
Private Providers	\$3,586,030,598	69.2%	\$3,300,247,709	69.4%	\$3,480,328,801	66.9%
Public Providers	598,396,623	11.5%	610,508,316	12.8%	616,974,819	11.9%
Medicare Buy-Ins and Part-D Payments	142,579,374	2.8%	164,503,255	3.5%	270,113,668	5.2%
Uncompensated Care	854,071,318	16.5%	680,714,755	14.3%	835,365,902	16.1%
Total	\$5,181,077,913	100.0%	\$4,755,974,035	100.0%	\$5,202,783,190	100.0%

* Uncompensated Care expenditures are for non-Medicaid recipients.

Table 5: Louisiana Medical Vendor Administration Expenditures by State Fiscal Year

Financing Category	2004/05		2005/06		2006/07	
	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent
State General Fund	\$56,791,479	35.1%	\$64,161,020	39.1%	\$72,482,723	41.8%
Other Finance	32,500	0.0%	465,720	0.3%	2,827,565	1.6%
Total State Match	56,823,979	35.2%	64,626,740	39.4%	75,310,288	43.4%
Federal Funds	104,824,290	64.8%	99,418,793	60.6%	98,095,576	56.6%
Total	\$161,648,269	100.0%	\$164,045,533	100.0%	\$173,405,864	100.0%

Major Budget Categories

The Appropriations Act allocates Medicaid Program (Medical Vendor Payments) funds into four broad budget groupings:

1) Private Providers

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

2) Public Providers

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

3) Medicare Buy-Ins, Supplements, and Part-D Payments

Payments of Medicare premiums and other charges for Medicaid recipients having Medicare as the primary payer so that Medicaid is payer of last resort; these recipients are also known

as dual eligible recipients. Part-D represents state payments to the federal government towards Medicare prescription drug coverage offered under Medicare Part-D for certain dual eligibles.

4) Uncompensated Care Costs

Payments toward compensation for care given in hospitals to uninsured individuals and those eligible for Medicaid with Medicaid reimbursements lower than the cost of service. Hospitals must qualify to receive these payments.

Each of these broad budget groupings are classified into separate Budget Categories of Service (BCOS) and are presented in Table 6 along with their respective expenditures.

Table 6: Expenditures by Budget Category of Service

Private Providers		Expenditures (\$)
1	Adult Dentures	\$3,435,959
2	Case Management Services	12,377,448
3	Certified RN Anesthetists (CRNA's)	8,809,588
4	Durable Medical Equipment	16,348,389
5	EPSDT (Screening and Early Diagnosis)	115,173,863
6	Family Planning	12,192,283
7	Federally Qualified Health Centers	19,709,981
8	Hemodialysis Services	29,602,905
9	Home Health Services	26,256,026
10	Hospice Services	37,937,982
11	Hospital - Inpatient Services	690,409,660
12	Hospital - Outpatient Services	210,465,720
13	ICF/DD - Community Homes	194,201,268
14	Laboratory and X-Ray Services	77,001,080
15	LT-PCS	121,164,204
16	Mental Health - Inpatient Services	16,157,803
17	Mental Health Rehabilitation	25,473,106
18	Nursing Homes	655,501,232
19	PACE	0
20	Pharmaceutical Products and Services	474,274,048
21	Physician Services	330,262,594
22	Rural Health Clinics	30,191,655
23	Transportation - Emergency - Ambulance	28,464,721
24	Transportation: Non-Emergency - Ambu.	9,821,747
25	Transportation: Non-Emergency-Non-Ambu.	8,469,975
26	Waiver - Adult Day Health	6,846,248
27	Waiver - Children's	7,271,796
28	Waiver - Elderly & Disabled Adults	37,317,237
29	Waiver - NOW Community Services	258,000,187
30	Waiver - Family Planning	634,951
31	Waiver - Supports	9,650,848
32	Other Private Providers	6,904,293
Sub-Total Private Providers		\$3,480,328,801

Public Providers		Expenditures (\$)
33	LSU - HCSD	\$171,099,731
34	LSU - EA Conway	23,537,037
35	LSUMC - Shreveport	120,017,904
36	DHH - State DD Services	219,661,965
37	DHH - State Nursing Homes	19,933,993
38	DHH - Office of Public Health	18,547,525
39	DHH - Community Mental Health	8,318,757
40	DHH - Public Psychiatric Free Standing Units	562,196
41	DHH - Local Governance Entities	5,914,780
42	State Education	5,445,940
43	Local Education Agencies for SBH Services	23,918,022
44	Other Public Providers	16,969
Sub-Total Public Providers		\$616,974,819
Medicare Buy-Ins, Supplements and Part-D		
45	Medicare Premiums & Supplements	\$197,247,181
46	Part-D Payments	72,866,487
Sub-Total Medicare Buy-Ins & Part-D		\$270,113,668
Uncompensated Care		
47	LSU - HCSD	\$404,204,118
48	LSU - EA Conway	31,622,890
49	LSUMC - Shreveport	122,459,003
50	Public Psychiatric Free Standing Units	97,224,776
51	Villa Feliciana	1,026,992
52	Private Hospitals	178,828,123
Sub-Total Uncompensated Care		\$835,365,902
Total Medical Vendor Program		\$5,202,783,190

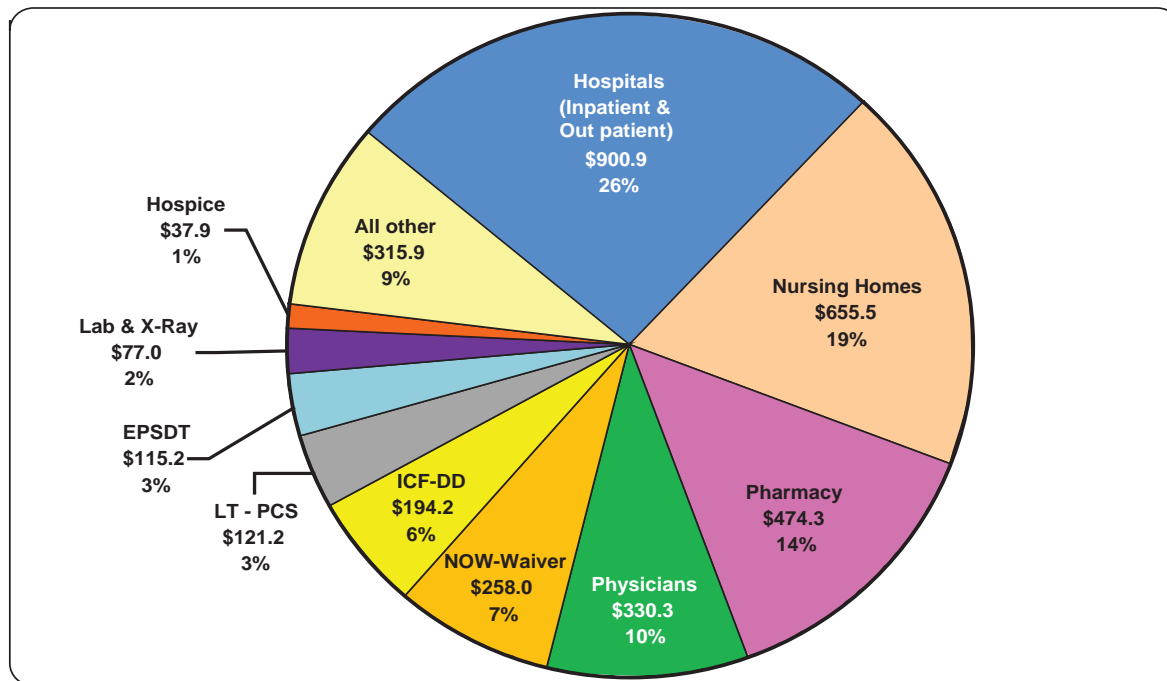
Medicaid Payments by Private Provider Types

Figure 5 presents the top ten Private provider groups by Medicaid expenditures. The top four, Hospital Services (Inpatient and Outpatient), Nursing Homes, Pharmacy Products and Services, and Physician

services, together account for about 69% of the private provider expenditures. The top ten private provider types account for about 91% of private spending (Table 8).

An overview of each Private Budget Category of Service is provided in the next section.

Figure 5: Top Ten Private Provider Groups by Expenditures



Private Providers

Payments to the private provider program include:

- 1. Adult Dentures:** A program of dentures, relines, and repairs for adults. Services are limited in scope and frequency and are subject to prior authorization.
- 2. Case Management Services:** Assists the recipient in prioritizing and defining desired personal outcomes, defining appropriate supports and services, and accessing these supports and services.
- 3. Certified Registered Nurse Anesthetists (CRNA) Services:** Anesthesia services provided by certified registered nurse anesthetists.
- 4. Durable Medical Equipment (DME):** Medically necessary equipment, appliances, and supplies. DME providers must obtain prior authorization for services.
- 5. Early and Periodic Screening, Diagnostics 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 service providers. Louisiana's EPSDT is called KIDMED, which 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.

- 6. Family Planning:** Services to female Medicaid recipients for routine family planning services including doctor's visit, counseling, contraceptives and certain lab services.
- 7. Federally Qualified Health Center (FQHC) Services:** Physician or professional services and designated services and supplies incident to the physician or other professional services. FQHCs are more commonly known as community health centers, migrant health centers and health care for the homeless programs, and must meet federal requirements of the U.S. Department of Health and Human Services prior to Medicaid enrollment.
- 8. Hemodialysis Services:** Dialysis treatment (including routine laboratory services), medically

necessary non-routine lab services, and medically necessary injections reimbursed to free-standing End Stage Renal Disease (ESRD) facilities.

- 9. Home Health Services:** Intermittent or part-time services furnished by a home health agency; personal care services provided by a home health agency in accordance with the plan of treatment recommended by the physician; medical supplies recommended by the physician as required in the care of the recipient and suitable for use in the home; and physical therapy services provided by a home health agency. Certain services may require prior authorization.
- 10. Hospice:** Palliative care for the terminally ill patient and support for the family.
- 11. Hospital Inpatient Services:** Inpatient hospital care and services. Inpatient services must be pre-certified in most instances if provided by an in-state, non-state hospital.
- 12. Hospital Outpatient Services:** Outpatient hospital care and services. Some outpatient services must be prior authorized.
- 13. ICF/DD - Community Homes:** Intermediate Care Facilities for the Developmental Disabled –Community Homes: Homes for the long-term care of the developmentally disabled recipients.
- 14. Laboratory and X-Ray Services:** Diagnostic testing performed by a laboratory independent of both the attending or consulting physician's office and/or the hospital where services are rendered.
- 15. Long Term Personal Care Services (LT-PCS):** Optional services for elderly or disabled recipients over age 21 who qualify for a nursing facility level of care. Personal care services are defined as those services that provide assistance with the activities of daily living (ADL) and the instrumental activities of daily living (IADL).
- 16. Mental Health Inpatient Services:** Psychiatric inpatient hospital care and services.
- 17. Mental Health Rehabilitation (MHR) Services:** Rehabilitation management for recipients with severe and persistent mental illnesses. Services are furnished in outpatient settings by, or under the direction of, a physician in a facility which is not part of a hospital but which is organized and operated to provide medical care to outpatients. Recipients must be approved for services, and all services must be prior authorized.

- 18. Nursing Homes:** Facilities that provide professional nursing and rehabilitation services on a 24 hour-a-day basis.
- 19. PACE – Program for All Inclusive Care for the Elderly:** Offers flexibility in providing the medical and support services necessary for a senior citizen to maintain independence in their home for as long as possible. It also coordinates and provides all needed preventive, primary, acute and long term care services so that individuals can continue living in the community.
- 20. Pharmaceutical Products and Services:** Prescription services for prescriptions issued by a licensed physician, podiatrist, certified nurse practitioner, or dentist.
- 21. 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.
- 22. Rural Health Clinics:** 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. Department of Health and Human Services prior to Medicaid enrollment.
- 23. 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.
- 24. 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.
- 25. Transportation (Non-emergency – Non-ambulance):** Transportation to and from routine medical appointments.
- 26. Waiver¹ - Adult Day Health Care (ADHC):** Direct care in a licensed day care facility, during a portion of the 24-hour day, for individuals who meet nursing facility level of care.

¹ For more information and statistics concerning this and all other waivers, please see the HCBS Appendix B at the end of this publication.

27. Waiver - Children's Choice (CC): Provide supplemental support to children with developmental disabilities in their homes. In addition to the waiver services, which include case management, respite services, environmental adaptations, and family support, participants are eligible for all medically necessary Medicaid services.

28. Waiver - Elderly and Disabled Adults (EDA): Provides services to the elderly and disabled adults in their homes as an alternative to nursing home placement. Includes case management, companion care, environmental modifications, and household supports.

29. Waiver - New Opportunities (NOW): Provides home and community based care services as an alternative to institutional care to persons who are developmentally disabled. NOW services must be prior approved and coordinated by the recipient's case manager.

30. Waiver – Family Planning: Provides females with family planning services to reduce unplanned pregnancies. Includes yearly physical examinations and necessary re-visits, laboratory tests, medications, supplies, and some voluntary sterilization procedures are also covered.

31. Waiver – Supports: Provides supported employment, day habilitation, prevocational services, respite, habilitation, and personal emergency response systems to individuals that are age 18 and older with a developmental disability which manifested prior to age 22.

32. Other Private Provider Services: Ambulatory Surgical, Early Steps, Audiology, Chiropractic, Expanded Dental Program for Women, Personal Care Attendant, Physical and Occupational Therapy, Prenatal Clinics, Psychology, Social Work, and other services.

Public Providers

Payments to the public provider program include:

- LSU – HCSD: Health Care Services Division comprises 8 hospitals: Medical Center of Louisiana at New Orleans, Earl K. Long (Baton Rouge), Huey P. Long (Pineville), Lallie Kemp (Independence), L.J. Chabert (Houma), University Medical Center (Lafayette), Washington-St. Tammany (Bogalusa), W.O. Moss (Lake Charles).
- LSU – HSC: LSU Health Sciences Center (Shreveport), including E. A. Conway (Monroe).
- DHH – State DD Services: State owned and operated DD facilities, includes Special School District #1.

- DHH – State Nursing Homes: Villa Feliciana and New Orleans Home.
- DHH – Office of Public Health.
- DHH – Community Mental Health Clinics.
- DHH – Public Psychiatric Free Standing Hospitals.
- DHH – Local Governance Entities.
- State Education – School Boards reimbursements.
- Local Education Agencies for SBH Services.
- Other Public Providers.

Medicare Buy-Ins, Supplements, and Part-D Payments

Medicare Buy-Ins, Supplements, and Part-D payments are described below:

Medicare Premiums and Supplements Program:

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 program, which is financed by the federal government. Federal matching money is available through the Medicaid program to assist the state with the premium payments for certain buy-in enrollees.

Part-D Payments: Mandatory state payments to the federal government that started 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). It is also known as “clawback,” or “phase down”.

Uncompensated Care Costs

The Uncompensated Care Costs program provides compensation for care given in hospitals to individuals who are uninsured and those who are eligible for Medicaid but not all Medicaid costs were reimbursed through the Medicaid rates. Hospitals must qualify to receive such payments.

The following hospitals receive these payments:

- LSU – HCSD: Health Care Services Division.
- LSU – HSC: LSU Health Sciences Center (Shreveport), including E.A. Conway (Monroe).
- DHH – Villa Feliciana Medical Complex.
- DHH – Public Psychiatric Free Standing Units.
- Private Hospitals.

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. Medicaid reimburses health care providers for services provided to Medicaid enrollees.

Medicaid enrollees, applicants, recipients, providers, and researchers who have questions about the Louisiana Medicaid Program may visit our website at <http://www.dhh.state.la.us/> and click Medicaid. The Medicaid Eligibility Manual is available online at <http://bhsfweb.dhh.la.gov/onlinemanualspublic/>. Information is also available when calling the toll free line at 1-888-342-6207 or TTY 1-800-220-5404.

Eligibility Requirements and the Enrollment Process

Because Medicaid is an entitlement program that pays for medical services on behalf of low-income eligible persons, there are certain criteria involved in the eligibility process. 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 Office of Family Support (OFS) through the Louisiana's Temporary Aid to Needy Families (TANF) program known as Family Independence Temporary Assistance Program (FITAP) are Medicaid eligible.

Besides these two types of automatic eligibles, others within a certain income range may be eligible for Medicaid if they fall within one of these four major categories:

- 1) **Aged** – individuals who are age 65 or older,
- 2) **Blind** – individuals who have corrected vision not exceeding 20/200,
- 3) **Families with Children** – individuals who are:
 - ♦ A pregnant member, **or**
 - ♦ A parent or caregiver of a child under age 18, **or**
 - ♦ A child under age 19, **or**
 - ♦ A woman who needs treatment for cervical or breast cancer, **or**
- 4) **Disabled** – individuals who meet Social Security Administration's (SSA) disability criteria and have a physical or mental condition that prevent employment for a period of 12 consecutive months or that will result in death,

And the individual or family meets all of the eligibility requirements of one or more Medicaid program. An overview of the Medicaid programs offered in Louisiana is presented in Table 8 on page 18 of this document.

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 each local office is provided in Appendix D with Regional offices listed on the back cover.

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 Level (FPL) guidelines.

Figure 6 summarizes income requirements for many of the Medicaid programs. All the qualifying categories are listed along the bottom of the chart. Along the left axis of the chart is income as a percentage of the FPL. Table 7 shows 2007 Federal Poverty Guidelines, with annual and monthly incomes according to family size as legislated by the federal government in deeming what is considered the poverty level standard of living. For example, a four person family is considered living at 100% of FPL if the household income is \$20,650 annually (\$1,721 per month) and at 200% of FPL if the household income is \$41,300 annually (\$3,442 per month). As shown along the bottom of the eligibility chart (Figure 6), 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 which the individual falls. Table 8 includes a listing of the programs that make up the five major eligibility groupings: Children; Families (Parents and Children); Women (Pregnant and Breast or Cervical Cancer); Aged, Blind and Disabled; and 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 permanent plastic Medicaid identification card.

Table 7: 2007 Federal Poverty Level Guidelines for All States (Except Alaska and Hawaii) ¹

Family Size		Annual and Monthly Income in Dollars								
		100%	120%	133%	135%	150%	175%	185%	200%	250%
1	Annual	\$10,210	\$12,252	\$13,579	\$13,784	\$15,315	\$17,868	\$18,889	\$20,420	\$25,525
	Monthly	\$851	\$1,021	\$1,132	\$1,149	\$1,276	\$1,489	\$1,574	\$1,702	\$2,127
2	Annual	13,690	16,428	18,208	18,482	20,535	23,958	25,327	27,380	34,225
	Monthly	1,141	1,369	1,517	1,540	1,711	1,996	2,111	2,282	2,852
3	Annual	17,170	20,604	22,836	23,180	25,755	30,048	31,765	34,340	42,925
	Monthly	1,431	1,717	1,903	1,932	2,146	2,504	2,647	2,862	3,577
4	Annual	20,650	24,780	27,465	27,878	30,975	36,138	38,203	41,300	51,625
	Monthly	1,721	2,065	2,289	2,323	2,581	3,011	3,184	3,442	4,302
5	Annual	24,130	28,956	32,093	32,576	36,195	42,228	44,641	48,260	60,325
	Monthly	2,011	2,413	2,674	2,715	3,016	3,519	3,720	4,022	5,027
6	Annual	27,610	33,132	36,721	37,274	41,415	48,318	51,079	55,220	69,025
	Monthly	2,301	2,761	3,060	3,106	3,451	4,026	4,257	4,602	5,752
7	Annual	31,090	37,308	41,350	41,972	46,635	54,408	57,517	62,180	77,725
	Monthly	2,591	3,109	3,446	3,498	3,886	4,534	4,793	5,182	6,477
8 ²	Annual	34,570	41,484	45,978	46,670	51,855	60,498	63,955	69,140	86,425
	Monthly	2,881	3,457	3,832	3,889	4,321	5,041	5,330	5,762	7,202

¹ Source: Federal Income Guidelines. Federal Register, Vol. 72, No. 15, January 24, 2007, pp. 3147-3148. Retrieved on December 12, 2007 from <http://www.cms.hhs.gov/medicaideligibility/downloads/POV07ALL.pdf>.

² For family units more than eight members, add \$3,480 annually and \$290.00 monthly for each additional member.

Figure 6: Louisiana Medicaid Coverage Groups and Eligibility Income Requirements

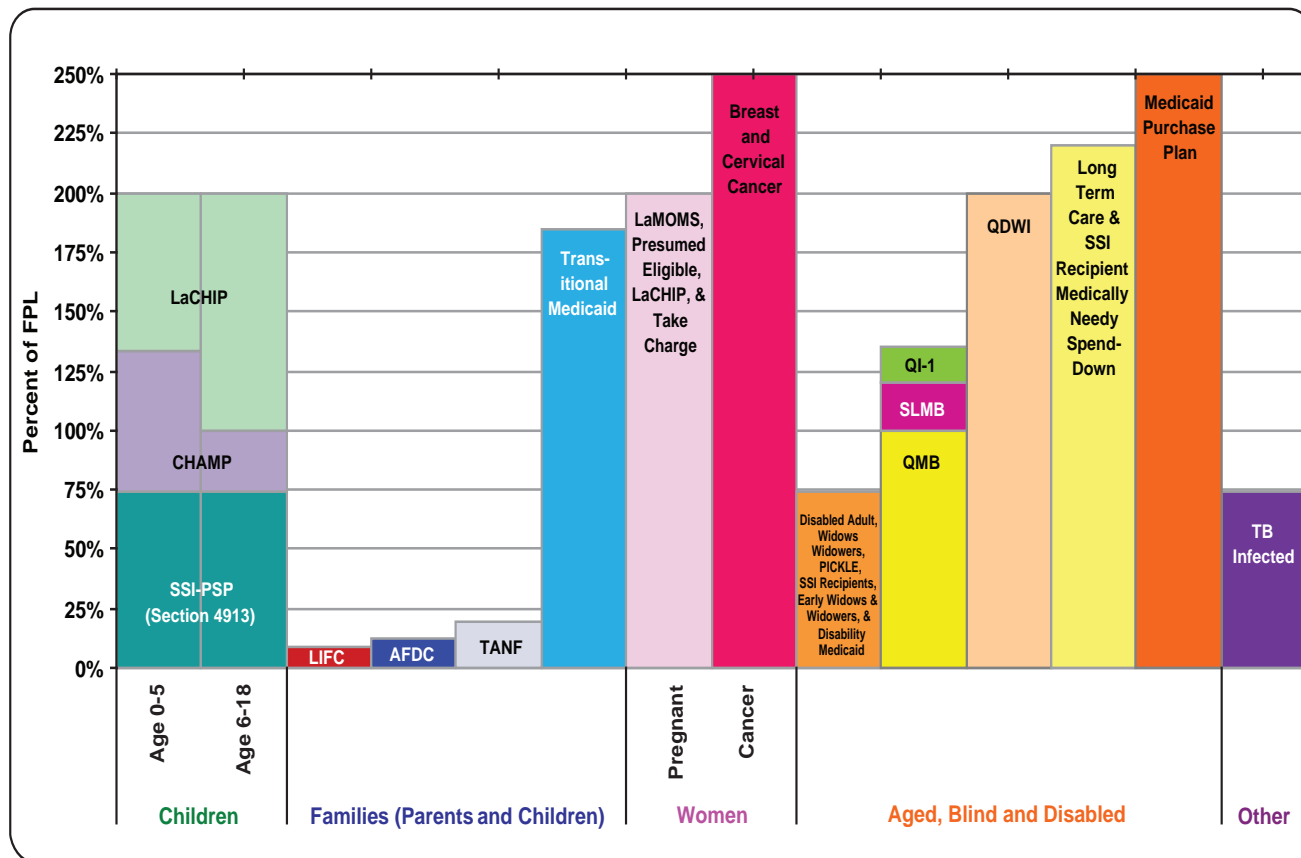


Table 8: Medicaid Coverage Group and Income Eligibility by Program

Category	Program	Description	Income Limit
A. Children	A1. SSI-PSP (Section 4913)	Individuals under age 18 denied SSI cash because of an SSI provision that is prohibited in Medicaid	74% of poverty (+\$20) Assets limit: \$2,000 for individual
	A2. CHAMP – Low Income Children	Ages 0 to 5	133% of poverty; no assets test
		Ages 6 to 18 (through 19 th birthday)	100% of poverty; no assets test
	A3. LaCHIP or Title XXI	Ages 0 to 5	> 133% and up to 200% of poverty; no assets test
		Ages 6 to 18 (through 19 th birthday)	> 100% and up to 200% of poverty; no assets test
B. Families (Parents and Children)	B1. LIFC – Section 1931	Children and Families	Monthly Income levels of \$66, \$123, \$174, \$217, and \$259 (7.8%, 11.2%, 12.2%, 12.6% and 12.9% of poverty) for family sizes of 1, 2, 3, 4, and 5 respectively; no assets test.
	B2. LIFC – Section 1931 “PAP”	Children and Families	Monthly Income levels of \$66, \$123, \$174, \$217, and \$259 (7.8%, 11.2%, 12.2%, 12.6% and 12.9% of poverty) for family sizes of 1, 2, 3, 4, and 5 respectively with income of siblings, step-parent, and grandparent of minor child disregarded (anyone not legally responsible for child); no assets test
	B3. AFDC – Related Medically Needy	Children and Families	12% of poverty (individuals and couples); no assets test
	B4. AFDC- Related Spend down Medically Needy	Children and Families	All income over 12% of poverty considered available to meet medical expenses for quarter
	B5. TANF Recipients	Recipients of cash assistance as determined by the Department of Social Services’ Office of Family Support	19% of poverty; assets below \$2,000
	B6. Transitional Medicaid	Former LIFC Recipients with earnings now exceeding 9% of poverty; Former TANF Recipients with earnings now exceeding 19% of poverty	185% of poverty for coverage in seventh through twelfth month of transitional eligibility period
C. Women	C1. CHAMP/LaMOMS – Pregnant Woman	Verified pregnancy, 2-month postpartum period	200% of poverty; no assets test
	C2. Presumptive Eligible Pregnant Woman	Provides ambulatory prenatal services to pregnant women as determined eligible by a qualified provider	200% of poverty; no assets test
	C3. Take Charge – Family Planning Program	Women between ages 19 and 44 for family planning related services only	200% of poverty; no assets test
	C4. LaCHIP or Title XXI	Conception to birth for low-income, pregnant, non-Medicaid eligible mothers	200% of poverty, no assets test
	C5. Breast and Cervical Cancer	Women under 65 diagnosed with breast or cervical cancer, or in a precancerous condition	250% of poverty; no assets test

Table 8: Medicaid Coverage Group and Income Eligibility by Program

Category	Program	Description	Income Limit
D. Aged, Blind and Disabled	D1. Disabled Adult Child	Individuals over age 18 who become blind or disabled before age 22 and lost SSI eligibility on or before 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	Restores Medicaid eligibility to disabled widows/widowers who would be eligible for SSI	74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D3. PICKLE	Former SSI Recipients of two different groups of aged, blind and disabled who lost eligibility due to annual SSI cost of living increase	All cost of living raises are disregarded in calculating countable income with limit 74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D4. Disability Medicaid	Aged and disabled individuals who meet SSI criteria	74% of poverty (+\$20) Assets limit: \$2,000 individual and \$3,000 couple
	D5. 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
	D6. Early Widows and Widowers	Individuals who lost SSI because of receipt of Social Security widow/widowers benefits	74% of poverty (+\$20) Assets limit: \$2,000 individual and \$3,000 couple
	D7. QI-1 Qualified Individual Category 1	Pays Part-B Medicare premium only	> 120% and up to 135% of poverty Assets limit: \$4,000 individual and \$6,000 couple
	D8. SLMB – Specified Low-Income Medicare Beneficiary	Pays Part-B Medicare premium only	> 100% and up to 120% of poverty Assets limit: \$4,000 individual and \$6,000 couple
	D9. QMB – Qualified Medicare Beneficiary	Pays Medicare premiums, deductibles and co-insurance for Medicare covered	Below 100% of poverty Asset limit: \$4,000 individual; \$6,000 couple
	D10. QDWI – Qualified Disabled Working Individual	Provides Medicare Part-A buy-in for non-aged individuals who lost SSI disability benefits and premium free Part-A	200% of poverty Assets limit: \$4,000 individual and \$6,000 couple
	D11. Long Term Care (Home and Institutions)	Aged and disabled 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	220% (3 times the limit for SSI recipients) of poverty 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 \$95,100
	D12. SSI Recipient – Medically Needy Spend-down	Qualified individuals and families who may have "too much" income to qualify for regular Medicaid	All income over 74% of poverty (+\$20) is considered available to meet medical expenses for quarter – For Long Term Care and Waivers all income over 220% of poverty Assets limit: \$2,000 individual and \$3,000 couple
	D13. Medicaid Purchase Plan (MPP)	Individuals with disabilities who are working, or interested in working, have the option to buy the health coverage offered by the Louisiana Medicaid Program	250% of poverty Assets limit of \$25,000 Individual pays a premium when net income is above 150% of poverty.
E. Other	E1. TB infected	Persons who have been diagnosed as, or are suspected of being infected with tuberculosis	74% of poverty (+\$20) Assets limit: \$2,000 individual and \$3,000 couple

Enrollment Statistics

Before presenting the statistical data, it is important to establish the difference between the terms Medicaid eligible, Medicaid enrollee, and Medicaid recipient definitions 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 may fit the established eligibility criteria of the program, whether or not the person applied for Medicaid.

On the other hand, a **Medicaid enrollee** is a person fitting the established eligibility criteria of the program, who has applied for, and been approved by the Medicaid program to receive services, regardless of whether he or she received any service and/or any claims have been 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 2006/07 (July 1, 2006 to June 30, 2007), 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. For example, there may be a processed claim during this particular period for services that were provided in a prior period for an individual and his or her eligibility ended before this state fiscal year.

In general, during SFY 2006/07, total Medicaid enrollment continued to increase at a decreasing rate when compared to previous years (Figure

1). There are many ways to interpret enrollment under Medicaid.

Enrollment as a Percent of the Population

The percentage of the population enrolled in Louisiana Medicaid has consistently increased through the years (Table 9). During SFY 2006/07, 27% of Louisianans were enrolled in Medicaid.

Table 10 presents total population, enrollees, recipients, payments, and the percentage of the population enrolled in Medicaid by parish during SFY 2006/07. It is evident that lower income parishes have large percentages of Medicaid enrollment, especially in the northeastern parishes with East Carroll and Madison both having above 40% of their population enrolled in Medicaid, as shown in the map (Figure 7). Also, Orleans Parish had a large increase in the percent enrolled, shifting from 32% in SFY 2005/06 to 56% in SFY 2006/07. St. Bernard Parish had the largest increase in percentage enrolled, jumping from 22% in SFY 2005/06 to 76% in SFY 2006/07. The large increase in percentage of population enrolled for Orleans and St. Bernard Parishes could be attributable to the uninterrupted Medicaid coverage until December 2006 for the residents displaced by Hurricanes Katrina and Rita along with the U.S. Census Bureau taking into account the large decreases in population. Orleans Parish's population count decreased by 50.6% from 2005 to 2006 and St. Bernard Parish's population count dropped by 76.2%.

Table 9: Louisiana Medicaid Enrollment, Population, and Percent Enrolled

SFY	Enrollment ¹	July 1 Population Estimate ²	Percent of Population Enrolled
2001/02	930,154	4,463,421	21%
2002/03	1,010,057	4,470,543	23%
2003/04	1,066,975	4,480,925	24%
2004/05	1,113,066	4,495,706	25%
2005/06	1,141,402	4,507,331	25%
2006/07	1,151,764	4,287,768	27%

¹Enrollment was obtained on January 22, 2008 from Mars Data Warehouse. Enrollment will vary depending on the date extracted due to billing.

²Source: U.S. Census Bureau, Population Estimates Program for Population estimates, Data Set: 2006 Population Estimates. Retrieved January 24, 2008 From http://factfinder.census.gov/servlet/GCTTable?_ds_name=PEP_2006_EST&-mt_name=PEP_2006_EST_GCTT1_ST2&-geo_id=04000US22&-format=ST-2&-tree_id=806&-context=gct

Table 10: Louisiana Medicaid Enrollment, Total Population and Percent Enrolled by Parish

	Parish	2006 Population ¹	Medicaid Enrollees ²	Medicaid Recipients ²	Payments ³ (\$)	Medicaid Enrollees/Population	
						Ratio	Rank
1	Acadia	60,457	19,283	19,403	\$68,207,389	32%	23
2	Allen	25,447	7,718	7,794	23,531,766	30%	31
3	Ascension	97,335	19,303	19,285	53,000,330	20%	61
4	Assumption	23,472	6,711	6,743	20,609,541	29%	38
5	Avoyelles	42,663	15,136	15,355	57,610,747	35%	13
6	Beauregard	35,130	8,347	8,455	23,617,534	24%	55
7	Bienville	15,168	4,981	4,975	15,866,423	33%	20
8	Bossier	107,270	22,458	22,380	78,457,162	21%	60
9	Caddo	253,118	71,750	71,347	249,982,014	28%	39
10	Calcasieu	184,524	46,539	46,480	151,960,463	25%	51
11	Caldwell	10,615	3,418	3,447	17,498,135	32%	22
12	Cameron	7,792	1,312	1,313	2,732,642	17%	63
13	Catahoula	10,567	3,632	3,720	12,111,779	34%	16
14	Claiborne	16,210	4,949	4,964	16,891,485	31%	30
15	Concordia	19,460	7,186	7,264	19,580,451	37%	9
16	De Soto	26,390	7,293	7,273	23,485,791	28%	42
17	East Baton Rouge	429,073	110,706	109,515	332,864,700	26%	49
18	East Carroll	8,699	4,151	4,169	15,694,655	48%	3
19	East Feliciana	20,922	5,405	5,626	34,389,276	26%	48
20	Evangeline	35,911	13,348	13,519	49,478,988	37%	7
21	Franklin	20,455	8,046	8,211	33,535,402	39%	5
22	Grant	19,879	6,020	6,141	17,153,937	30%	32
23	Iberia	75,509	23,634	23,493	71,191,925	31%	24
24	Iberville	32,974	10,652	10,731	35,298,909	32%	21
25	Jackson	15,202	4,265	4,360	17,548,762	28%	41
26	Jefferson	431,361	108,793	108,514	310,297,435	25%	52
27	Jefferson Davis	31,418	9,345	9,502	36,747,199	30%	33
28	Lafayette	203,091	44,776	44,861	152,774,630	22%	56
29	Lafourche	93,554	23,213	23,569	78,979,331	25%	54
30	La Salle	14,093	3,682	3,844	16,967,161	26%	46
31	Lincoln	41,857	10,823	10,734	46,482,871	26%	47
32	Livingston	114,805	25,292	25,303	78,089,520	22%	57
33	Madison	12,328	5,451	5,536	18,032,809	44%	4
34	Morehouse	29,761	11,020	10,989	44,149,399	37%	8
35	Natchitoches	38,719	11,940	11,943	38,411,061	31%	25
36	Orleans	223,388	125,733	102,451	260,067,885	56%	2
37	Ouachita	149,259	43,973	43,962	159,468,248	29%	34
38	Plaquemines	22,512	5,887	5,469	28,443,809	26%	45
39	Pointe Coupee	22,648	6,978	7,183	25,534,855	31%	27
40	Rapides	130,201	40,113	40,310	301,515,141	31%	28
41	Red River	9,438	3,106	3,147	12,125,813	33%	18
42	Richland	20,554	7,555	7,595	38,130,814	37%	10
43	Sabine	23,934	6,340	6,384	25,595,913	26%	44
44	St. Bernard	15,514	11,796	9,657	24,161,754	76%	1
45	St. Charles	52,761	11,082	11,119	29,905,155	21%	59
46	St. Helena	10,759	3,534	3,537	11,947,160	33%	19
47	St. James	21,721	6,229	6,167	18,483,607	29%	37
48	St. John	48,537	14,856	14,668	35,156,085	31%	29
49	St. Landry	91,528	32,276	32,441	131,336,487	35%	14
50	St. Martin	51,341	14,888	14,946	49,254,959	29%	36
51	St. Mary	51,867	18,086	18,233	55,347,332	35%	15
52	St. Tammany	230,605	39,266	39,022	120,597,980	17%	62
53	Tangipahoa	113,137	37,997	38,081	189,242,002	34%	17
54	Tensas	6,138	2,404	2,425	7,559,532	39%	6
55	Terrebonne	109,348	29,616	29,823	99,803,105	27%	43
56	Union	22,964	6,478	6,453	25,073,546	28%	40
57	Vermilion	56,021	14,103	14,192	52,889,197	25%	53
58	Vernon	46,748	10,298	10,286	39,597,663	22%	58
59	Washington	44,750	15,888	15,848	63,966,650	36%	12
60	Webster	41,301	11,996	12,141	53,032,919	29%	35
61	West Baton Rouge	22,463	5,728	5,793	22,913,020	25%	50
62	West Carroll	11,732	4,289	4,296	20,003,353	37%	11
63	West Feliciana	15,535	2,221	2,282	15,189,572	14%	64
64	Winn	15,835	4,879	4,904	18,878,665	31%	26
State Total		4,287,768	1,151,764	1,121,205	\$4,198,453,842	27%	

¹ Source: U.S. Census Bureau, Population Estimates Program. Annual Population Estimates for Louisiana Parishes for July 1, 2006. Retrieved January 24, 2008 from http://factfinder.census.gov/servlet/GCTTable?_ds_name=PEP_2006_EST&-mt_name=PEP_2006_EST_GCTT1_ST2&-geo_id=04000US22&-format=ST-2&-tree_id=806&-context=gct

² Parish enrollees and recipients will not sum the state total due to movement between parishes during the state fiscal year; the state figures are unduplicated for entire state, while numbers are unduplicated within the parish.

³ Payments are based on in-parish resident payments.

Figure 7: Percent of Population Enrolled in Medicaid

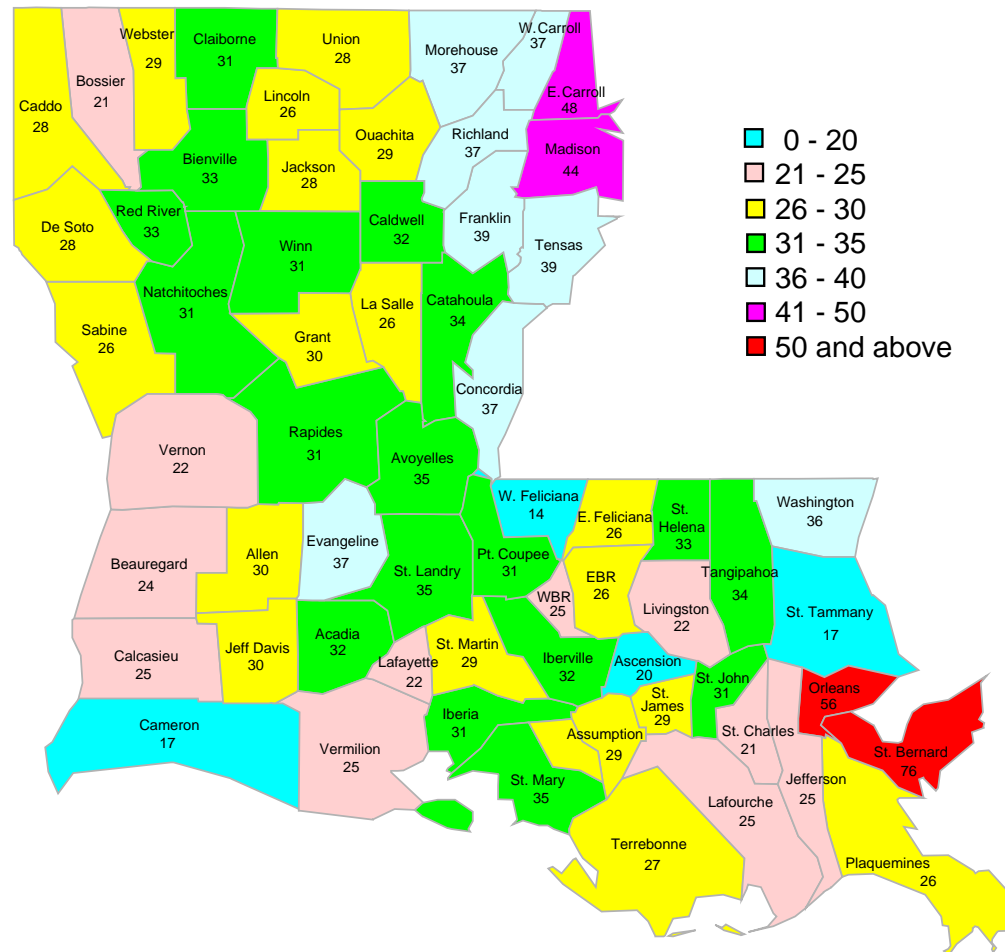


Table 11 presents total population, enrollees, recipients, payments, and percent enrolled by region during SFY 2006/07. The New Orleans Region had the largest percent of Medicaid enrollment at 35%. This is attributed to a couple of reasons. One reason is that the Medicaid Program maintained uninterrupted Medicaid coverage until December 2006 for the

residents displaced by Hurricanes Katrina and Rita while counting them as being residents of their pre-hurricane parishes. The second reason is that the U.S. Census Bureau calculated population as if the displaced people were permanent residents of their new residing location (showing large decreases in population for hurricane impacted parishes).

Table 11: Louisiana Medicaid Enrollment, Total Population and Percent Enrolled by Region

Region	2006 Population ¹	Medicaid Enrollees ²	Medicaid Recipients ²	Payments ³ (\$)	Medicaid Enrollees/Population	
					Ratio	Rank
Region 1 - New Orleans	692,775	240,745	213,627	\$622,970,883	35%	1
Region 2 - Baton Rouge	640,950	157,792	156,726	519,190,663	25%	8
Region 3 - Thibodaux	401,260	107,072	107,295	338,284,155	27%	5
Region 4 - Lafayette	573,858	157,003	157,072	575,133,576	27%	4
Region 5 - Lake Charles	284,311	71,697	71,850	238,589,605	25%	7
Region 6 - Alexandria	299,446	89,208	89,769	483,415,543	30%	3
Region 7 - Shreveport	531,548	139,454	138,918	513,848,580	26%	6
Region 8 - Monroe	349,564	108,471	108,436	443,177,525	31%	2
Region 9 - Mandeville	514,056	119,596	119,201	463,843,312	23%	9
State Total	4,287,768	1,151,764	1,121,205	\$4,198,453,842	27%	

¹ Source: U.S. Census Bureau, Population Estimates Program. Annual Population Estimates for Louisiana Parishes for July 1, 2006 Retrieved January 24, 2008 from http://factfinder.census.gov/servlet/GCTTable?_ds_name=PEP_2006_EST&-mt_name=PEP_2006_EST_GCTT1_ST2&-geo_id=04000US22&-format=ST-2&-tree_id=806&-context=gct

² Regional enrollees and recipients will not sum the state total due to movement between parishes during the fiscal year; state figures are **unduplicated** for entire state, while numbers are unduplicated within the region.

³ Payments are based on in-region resident payments.

Enrollment by Age, Gender, and Payments

Breaking down enrollees by age (Table 12 and Figure 8) showed a majority of children enrolled with those aged 20 and under making up 67.7% of the total. Those between the age 21 and 64 comprised 24.7% of the enrolled population, and those 65 and over made up the smallest component at 7.6%. Also, as expected, statistics reveal that certain age groups are more expensive than others. The reason for the difference is the medical needs of these age groups

tend to require more expensive services, for example long-term care services.

In general, for all ages 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, in enrollees of ages 21 and above, enrollment is comprised of about 73.8% women. This is explained by the pregnant women program, disproportionate number of female parents in very low income households, and longer life expectancy of females.

Table 12: Enrollees, Recipients, and Payments by Age and Gender

Age*	Enrollees			Recipients			Payments (\$)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Under 1	36,100	34,747	70,847	26,639	25,963	52,602	\$133,557,456	\$122,194,665	\$255,752,120
1-5	109,206	104,394	213,600	110,024	105,184	215,208	198,060,871	165,084,977	363,145,848
6-14	165,704	159,798	325,502	161,789	155,635	317,424	224,792,462	167,227,048	392,019,510
15-18	64,598	68,698	133,296	70,147	71,757	141,904	106,032,112	136,282,796	242,314,908
19-20	10,510	25,754	36,264	6,710	23,294	30,004	28,811,933	77,224,353	106,036,287
21-44	36,718	154,290	191,008	33,637	150,805	184,442	372,240,365	648,076,922	1,020,317,287
45-64	37,422	56,028	93,450	36,114	55,451	91,565	460,142,784	577,041,542	1,037,184,326
65-84	20,141	49,162	69,303	19,292	47,464	66,756	170,417,708	333,361,232	503,778,940
85+	3,106	15,388	18,494	3,733	17,567	21,300	46,010,102	231,894,515	277,904,617
Total	483,505	668,259	1,151,764	468,085	653,120	1,121,205	\$1,740,065,792	\$2,458,388,049	\$4,198,453,842

*Age as of January 1, 2007.

Figure 8: Louisiana Medicaid Enrollment by Age Groups

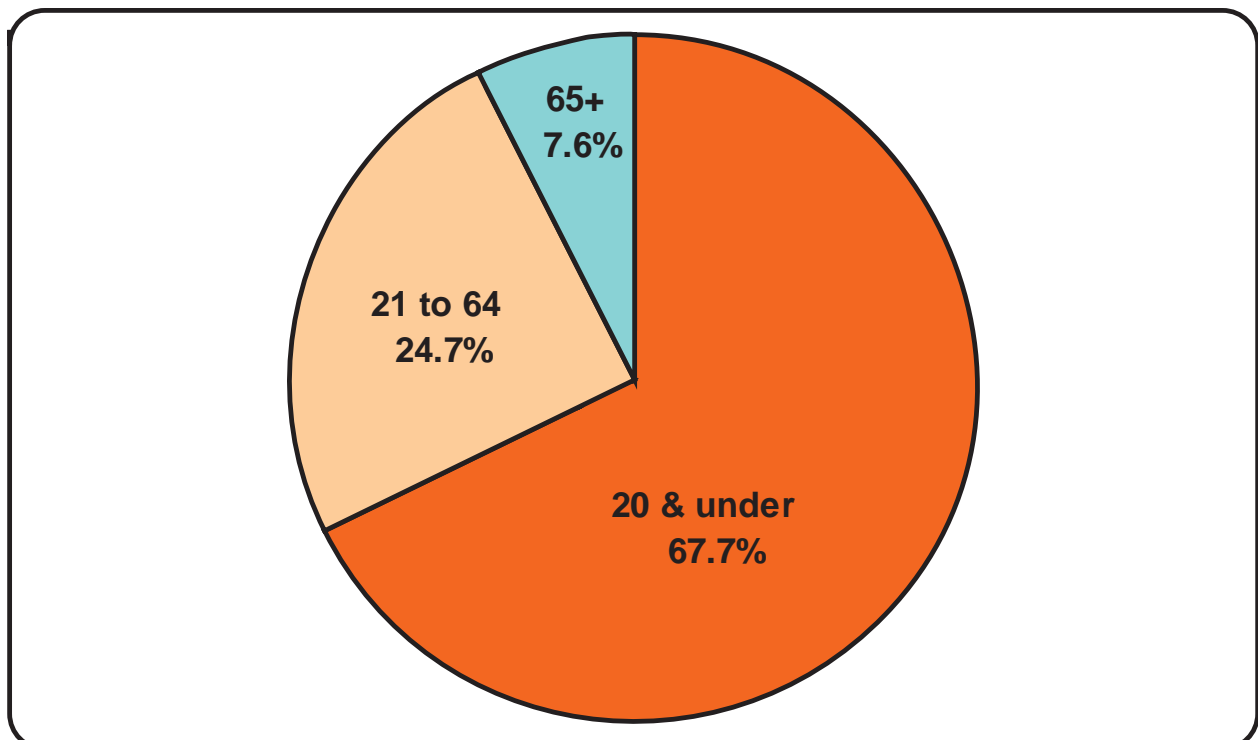
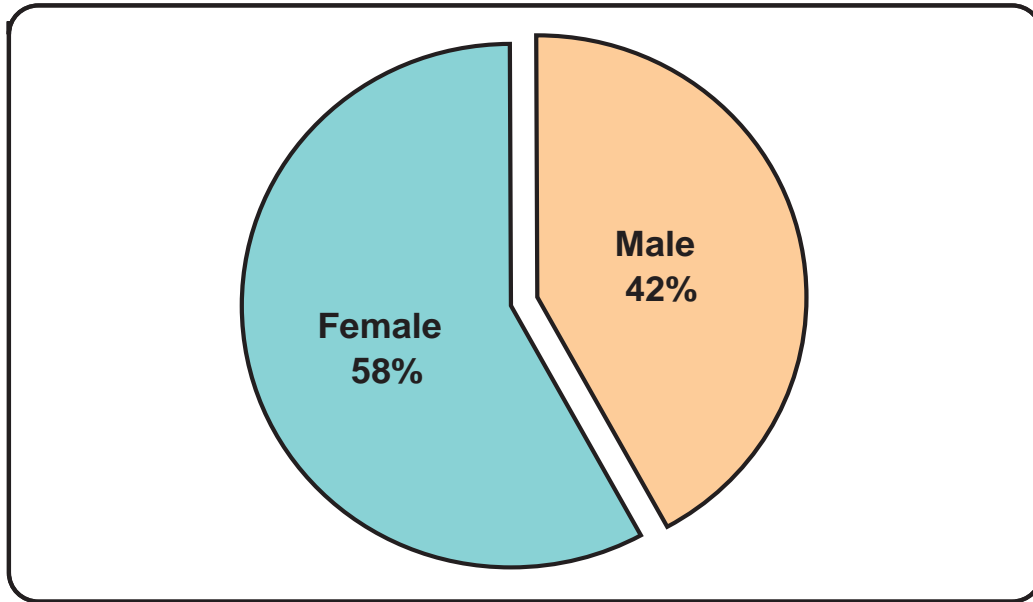


Figure 9: Louisiana Medicaid Total Enrollment by Gender

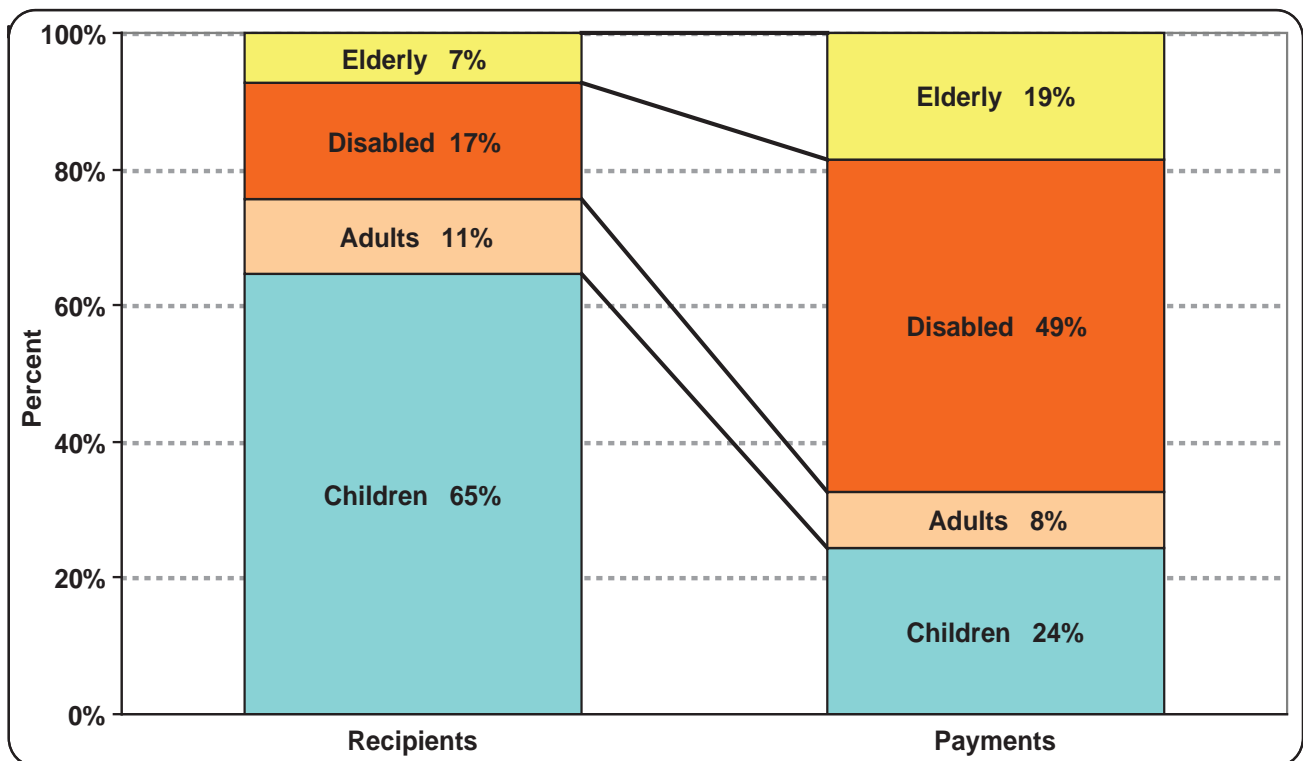


Basis of Eligibility

During SFY 2006/07, total unduplicated Medicaid recipients were 1,121,205. By eligible category (Figure 10), 65% of the recipients were children, 17% were disabled, 11% were adults, and 7% were elderly. Though children and adults together made up 76% of recipients, only 32%

of Medicaid claims payments were associated with them. Conversely, the disabled category and elderly category collectively accounted for 24% of recipients, while making up 68% of claims payments. Given their respective health care needs these two groups received services that were more expensive per recipient than any other eligibility group.

Figure 10: Louisiana Medicaid Percent of Recipients and Payments by Basis of Eligibility



Medicaid Programs

Medicaid Data

Medicaid data can be presented either by “**Date of Payment**” or “**Date of Service**” and results may differ based on the methodology employed. In general, most of the Medicaid budget/finance statistics that are published are based on “**Date of Payment**”. What is the difference?

- “**Date of Payment**”: Reported data, amount, services, recipients, etc., reflects the amount paid during the period (July 2006 to June 2007) referred irrespective of the time of services provided. Some of the payments made during this time period may be for services provided for the previous SFY. Typically used for budget and finance analysis.
- “**Date of Service**”: Reported data reflects the services provided during the period referred irrespective of time of payments paid, i.e., services may be provided during this particular period but payments may be paid during a subsequent period, say after one year. Mostly used for clinical/policy interventions.

Both approaches are valid but each has a specific function in terms of analyzing results. Both examine similar data but, because they are set in different time frames, the analytical results may be slightly different. Therefore, if one set of data seems to be inconsistent with another, the disparity may simply be that the data are obtained using different underlying methodologies.

All of the data in this report subscribe to a **Date of Payment** methodology.

Medicaid Programs

The Louisiana Medicaid Program serves a wide range of the population from children to pregnant women to persons with disabilities.

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 services. Among the exceptions to full Medicaid benefits are the Medicare buy-in programs (Medicare Savings Programs – QMB, SLMB and QI), pregnant women, and Family Planning single service waiver.

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

Louisiana Children’s Health Insurance Program (LaCHIP)

LaCHIP is Louisiana’s implementation of the federal State Children’s Health Insurance Program (SCHIP). DHH implemented LaCHIP (Title XXI) in 1998 to provide quality health care coverage to additional uninsured children up to age 19. Louisiana’s SCHIP program is a Medicaid expansion model and covers children in households with income at or below 200% FPL. To ensure stability of coverage and reduce “churning” the program provides twelve months continuous eligibility. The enrollment process and benefit package for LaCHIP is the same as for Title XIX Medicaid. Effective May 2007, Louisiana implemented a separate state SCHIP Program to cover children from conception to birth whose mothers are otherwise ineligible for Medicaid. Table 13 presents historical LaCHIP enrollees, recipients, and payments by major age groupings by SFY. Also, LaCHIP enrollees, recipients, and payments by parish are presented in Table 14. For SFY 2006/07, a total of 156,774 children received services paid by LaCHIP.

Table 13: LaCHIP Children (Title XXI) Enrollees, Recipients and Payments by State Fiscal Year

Age*	Enrollees				Recipients				Payments (\$)			
	2003/04	2004/05	2005/06	2006/07	2003/04	2004/05	2005/06	2006/07	2003/04	2004/05	2005/06	2006/07
Under 1	2,017	2,128	1,852	2,174	1,248	1,892	1,619	1,934	\$3,200,634	\$2,440,157	\$1,762,623	\$2,042,763
1 to 5	25,673	26,826	24,819	27,628	24,349	27,143	25,183	27,404	27,630,819	25,520,381	22,570,072	25,402,665
6 to 14	77,652	83,542	80,554	86,089	62,836	84,198	81,072	84,337	59,719,719	71,354,317	65,412,218	71,422,307
15 to 18	33,442	37,216	38,239	42,483	20,644	39,183	39,884	43,099	24,091,729	39,250,348	38,867,028	42,971,309
Total	138,784	149,712	145,464	158,374	109,077	152,416	147,758	156,774	\$114,642,901	\$138,565,203	\$128,611,941	\$141,839,044

*Age as of January 1, 2007.

Table 14: LaCHIP (Title XXI) Enrollees, Recipients, and Payments by Parish

Parish		Enrollees*	Recipients*	Payments (\$)	Parish		Enrollees*	Recipients*	Payments (\$)
1	Acadia	2,909	2,964	\$3,127,459	33	Madison	475	495	\$641,423
2	Allen	1,122	1,119	1,130,323	34	Morehouse	1,270	1,280	1,471,226
3	Ascension	3,189	3,200	3,107,122	35	Natchitoches	1,268	1,306	1,354,365
4	Assumption	919	942	1,097,077	36	Orleans	12,671	9,819	4,634,500
5	Avoyelles	1,997	2,022	2,188,360	37	Ouachita	5,093	5,132	4,903,011
6	Beauregard	1,446	1,469	1,352,760	38	Plaquemines	768	715	457,095
7	Bienville	553	559	421,072	39	Pointe Coupee	984	1,146	1,191,851
8	Bossier	3,186	3,170	2,626,832	40	Rapides	5,307	5,342	4,853,615
9	Caddo	8,731	8,801	7,260,709	41	Red River	386	408	359,631
10	Calcasieu	7,427	7,397	6,809,798	42	Richland	918	920	977,323
11	Caldwell	489	501	695,387	43	Sabine	742	737	739,302
12	Cameron	270	269	245,369	44	St. Bernard	1,720	1,278	960,784
13	Catahoula	409	452	398,820	45	St. Charles	1,805	1,822	1,683,069
14	Claiborne	607	607	626,890	46	St. Helena	495	503	407,773
15	Concordia	881	900	659,918	47	St. James	865	864	574,027
16	De Soto	838	856	709,438	48	St. John	2,121	2,104	1,683,631
17	East Baton Rouge	13,194	13,259	9,671,862	49	St. Landry	4,269	4,282	4,086,756
18	East Carroll	348	357	446,497	50	St. Martin	2,280	2,297	1,922,311
19	East Feliciana	865	916	879,132	51	St. Mary	2,558	2,593	2,188,172
20	Evangeline	1,609	1,640	1,753,197	52	St. Tammany	6,753	6,838	6,094,606
21	Franklin	930	957	1,190,344	53	Tangipahoa	4,833	4,878	4,578,083
22	Grant	925	926	885,349	54	Tensas	239	248	255,593
23	Iberia	3,040	3,065	3,072,433	55	Terrebonne	4,060	4,182	4,069,971
24	Iberville	1,341	1,376	1,187,677	56	Union	868	863	860,970
25	Jackson	572	591	554,683	57	Vermilion	1,843	1,845	1,687,064
26	Jefferson	15,490	15,337	10,958,306	58	Vernon	1,705	1,765	1,741,355
27	Jefferson Davis	1,561	1,602	1,828,791	59	Washington	2,029	2,035	2,296,656
28	Lafayette	6,246	6,295	5,342,341	60	Webster	1,578	1,591	1,323,406
29	Lafourche	3,437	3,574	3,334,074	61	West Baton Rouge	794	813	868,638
30	La Salle	600	651	766,091	62	West Carroll	731	745	1,111,870
31	Lincoln	1,293	1,306	1,084,579	63	West Feliciana	415	421	499,342
32	Livingston	4,655	4,749	5,214,700	64	Winn	735	761	734,238
State Totals							158,374	156,774	\$141,839,044

*Parish enrollees and recipients will not sum to the state total due to movement between parishes during the fiscal year. The state total is unduplicated for the entire state, while numbers are unduplicated within the parish.

The total number of children (Title XIX and Title XXI) age 20 and under enrolled in Medicaid (Table 15 and Figure 11) increased for the SFY 2006/07 by 3,076.

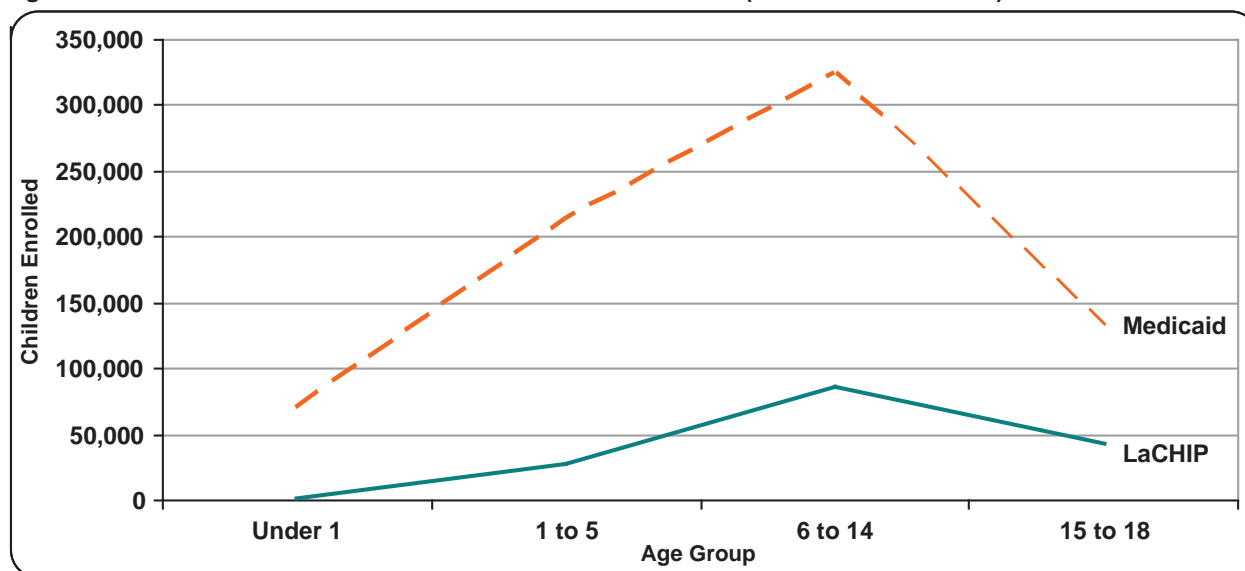
During SFY 2005/06, there were 776,433 children enrolled and 770,216 recipients with total payments of \$1,269,508,516.

Table 15: All Medicaid Children (Title XIX and Title XXI) Enrollees, Recipients, Payments, and Proportion of Payments by Age Groups

Age*	Enrollees	Recipients	Payments (\$)	Proportion of Payments
Under 1	70,847	52,602	\$255,752,120	19%
1 to 5	213,600	215,208	363,145,848	27%
6 to 14	325,502	317,424	392,019,510	29%
15 to 18	133,296	141,904	242,314,908	18%
Total Under 19	743,245	727,138	1,253,232,386	92%
19 to 20	36,264	30,004	106,036,287	8%
Total	779,509	757,142	\$1,359,268,673	100%

*Age as of January 1, 2007.

Figure 11: All Louisiana Medicaid Children and LaCHIP Children (Title XIX and Title XXI) Enrolled



LaMOMS Program

Medicaid for Pregnant Women was renamed LaMoms in 2003 and expanded to include women with income up to 200% FPL (Table 7). Prior to January 2003, only mandatory (up to 133% FPL) pregnant women were covered. LaMOMS was expanded to increase access to pre-natal care, improve birth outcomes, and ultimately reduce the state's infant mortality rate. The program provided services to 71,960 recipients in SFY 2006/07 at a total cost of \$226,881,883. 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.

Medicaid Purchase Plan

The Medicaid Purchase Plan, implemented in January 2004, allows working individuals with disabilities to "buy in" to Louisiana Medicaid health coverage. This optional Medicaid program was authorized by the 1999 Ticket to Work Act. Depending on an individual's income, a premium payment may be required for this health care coverage (Table 16). This plan provides full medical coverage including prescription drugs, hospital care, doctor visits, medical equipment and supplies, medical transportation, and other services. During SFY 2006/07, there were 1,342 recipients receiving services in the program at a cost of \$8,459,885 (Table 17).

Table 16: Medicaid Purchase Plan Requirements and Monthly Premiums

Income Requirement*	Premium	Age	Assets Limit
To 150% of Poverty	\$0	Between 16 and 65	Less than \$25,000
From 150% to 200% of Poverty	\$80		
From 200% to 250% of Poverty	\$110		

*This is based on countable income – not gross or net income.

Table 17: Medicaid Purchase Plan Enrollees, Recipients, Payments, and Premiums Collected

SFY	Enrollees	Recipients	Payments	Premiums Collected	
				Enrollees Paying Premium*	Amount Collected
2003/04	228	129	\$205,521	16	\$4,610
2004/05	800	685	\$3,706,973	87	\$49,341
2005/06	1,150	1,007	\$6,232,096	117	\$68,509
2006/07	1,481	1,342	\$8,459,885	148	\$87,430

*Excluding those whose premium are zero.

Medicare Savings Program (MSP)

The Medicare Savings Program, also called 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 all "full" dual eligibles. Medicare Part-A premiums are paid for those Medicaid enrollees with low income who did not sign up for Medicare Part-A when they were initially eligible. Part-D payments are paid to CMS each month.

The Medicare Savings Program provides Medicare buy-in benefits to people with Medicare who are not eligible for full Medicaid 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-B premium and some co-pays 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% 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). Monthly premiums are waived and prescription co-pays are nominal. In addition, these individuals are not subject to the Medicare Drug Plan "doughnut hole."

Premiums for calendar years 2006 and 2007 are presented in Table 18. Due to the cost efficiency of having Medicare as the first payer, a concerted effort is ongoing to ensure that anyone meeting the MSP eligibility criteria is enrolled. All recipients must be currently enrolled in Part-A Medicare to receive assistance on Part-B premiums.

Table 19 presents the income eligibility requirements for each buy-in program. During SFY 2006/07, Louisiana Medicaid paid premiums for 8,346 individuals for Part-A and 166,514 individuals for Part-B, and Part-D payments (Clawback, all state funds) for 109,886 individuals (Table 20).

Table 18: Medicare Premiums and Deductibles¹

Calendar Year	Part-A Monthly Premiums ²		Part-A Deductible	Part-B Monthly Premium	Part-B Annual Deductible	Part-D Monthly Premium	Part-D Deductible
	Eligible Work History						
	< 7½ Years	7½ to 10 years					
2006	\$393	\$216	\$952	\$88.50	\$124	\$32.20	\$250
2007	\$410	\$226	\$992	\$93.50	\$131	\$27.35	\$265

¹ Source: 2007 Annual Report of the Board of Trustees of the Medicare Trust Funds, April 2007. Retrieved January 3, 2007 from <http://www.cms.hhs.gov/ReportsTrustFunds/>

² Part-A is free to those working more than 10 eligible years.

Table 19: Medicare Buy-In Program Requirements and Coverage

Eligible Group	Coverage	Income Requirement	Asset Limit
Qualified Medicare Beneficiary (QMB)	Medicare Part-A and Part-B premiums, deductible and co-payment Medicare Prescription Drug Plan monthly premium (up to \$35)	Up to 100% of poverty	Less than \$4,000 for individual and \$6,000 for couple
Specified Low Income Beneficiary (SLMB)	Medicare Part-B premium Medicare Prescription Drug Plan monthly premium (up to \$35)	100% to 120% of poverty	
Qualified Individual (QI)	Medicare Part-B premium Medicare Prescription Drug Plan monthly premium (up to \$35)	120% to 135% of poverty	

Table 20: Medicare Buy-In Program Recipients and Payments by Type

Medicare Type	2006/07	
	Recipients*	Payments
Part-A	8,346	\$36,513,551
Part-B	166,514	\$159,016,404
Part-D	109,886	\$72,866,487

*Recipients are unduplicated.

Women Diagnosed with Breast or Cervical Cancer

The Louisiana Medicaid 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 250% of the federal poverty income guidelines. During SFY 2006/07, a total of 1,477 recipients received services at an annual expense of \$19,957,503.

CommunityCARE Program

The CommunityCARE program is a Primary Care Case Management (PCCM) program of the Louisiana Medicaid Program initiated under the authority of a section 1915(b) waiver, and currently operates as a State Plan service. PCCM is a comprehensive health delivery system with fee-for-service reimbursement that links Medicaid recipients to a contracted provider who is paid a set fee for managing and coordinating an assigned/linked enrollee's health care services.

The primary goal of CommunityCARE is to provide a "Medical Home" to all enrollees to assure

access to quality, continuity, and preventive health care for Medicaid enrollees participating in the CommunityCARE program. The CommunityCARE program provided services to 816,900 recipients during SFY 2006/07 with a total cost of \$22,727,316.

KIDMED

Louisiana's Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program, which is known as KIDMED, includes medical, vision, hearing, and dental screens performed according to a periodicity schedule recommended by the American Academy of Pediatrics. This schedule identifies the type of screen the child needs according to the child's age. Screens can be performed in addition to the prescribed schedule based on medical necessity. Immunizations are also administered according to this periodicity schedule. Health education is a vital part of the success of the EPSDT Program and is tailored to the child's age and health status at the time of the screening service. Medical conditions such as lead poisoning, sickle cell anemia, developmental delays, nutritional deficiencies, and behavioral disorders consistently result in successful outcomes and cost effective treatment plans when detected early.

KIDMED provided services to 321,105 recipients in SFY 2006/07 with an annual expense of \$22,290,205. There were over 500 providers that provided services to KIDMED recipients during SFY 2006/07.

Medicaid Providers

During SFY 2006/07, about 30,000 providers participated and offered services to Louisiana Medicaid enrollees.

Figure 12 represents total claims payments to public and private providers. The hospital category includes inpatient and outpatient services. Hospital claims payments rank at the top with 25.4%, pharmacy payments are second with 16.2%, followed closely by nursing facility payments in third place with 16% of total claims payments.

Top Ten provider types of total Medicaid Payments grouped by in-state and out-of state are presented in Table 21. About \$4.1 billion (98%) of the total \$4.2 billion claims payments were paid to providers within

Louisiana, while about \$64.3 million (2%) of payments were made to out-of-state providers.

Among the out-of-state services provided to Louisiana Medicaid recipients, hospital (44%), pharmacy (23%), and physician (7%) were the major provider types based on total payments.

Table 22 presents the number of participating in-state and out-of-state providers grouped by top ten provider types based on total payments. Physician (MD) provider type accounted for 14,941 (51%) of the 29,367 total participating providers. With respect to in-state and out-of-state provider distribution, about 26% of participating providers are from out of state.

Figure 12: Top Ten Provider Types (Public and Private) by Total Payments

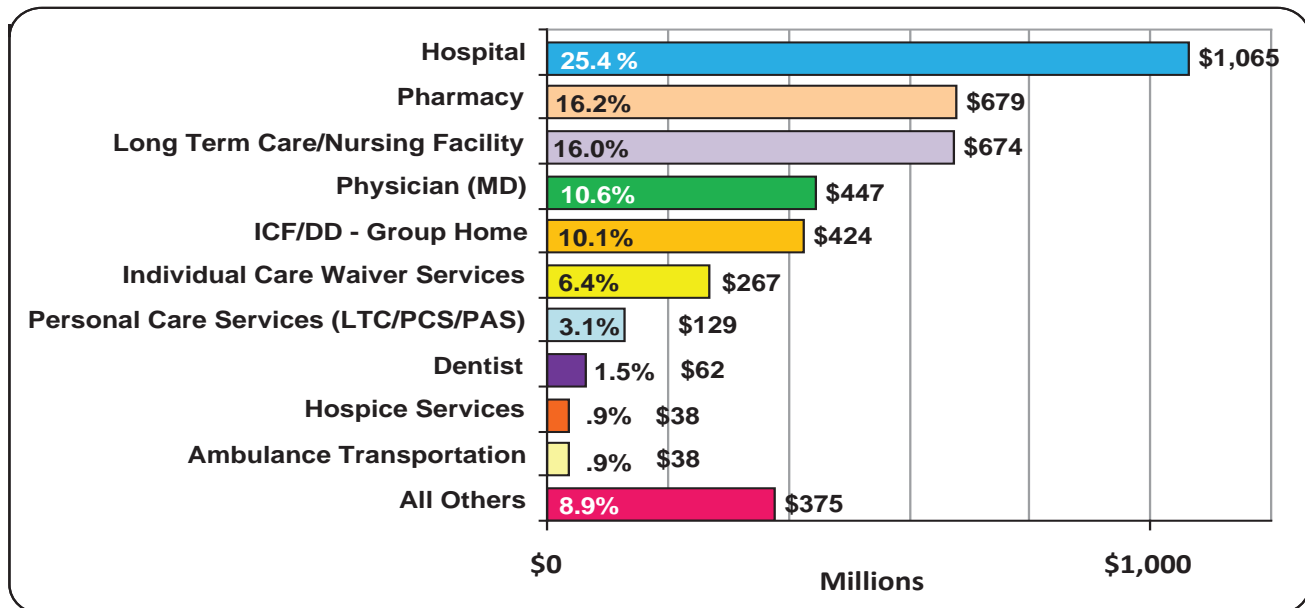


Table 21: In-State and Out-of-State Payments for Top 10 Provider Types Based on Total Payments

Provider Type	Payments (\$)			Ratio of each Program			Ratio Between In and Out-of-State	
	In State	Out of State	Total	In State	Out of State	Total	In State	Out of State
Hospital	\$1,036,932,428	\$28,069,208	\$1,065,001,636	25%	44%	25%	97%	3%
Pharmacy	664,290,868	14,650,116	678,940,984	16%	23%	16%	98%	2%
Long Term Care/Nursing Facility	673,783,146	13,691	673,796,838	16%	0%	16%	100%	0%
Physician (MD)	442,393,684	4,306,836	446,700,520	11%	7%	11%	99%	1%
ICF/DD - Group Home	424,305,101	-	424,305,101	10%	0%	10%	100%	0%
Individual Care Waiver Services	267,293,957	16,937	267,310,893	6%	0%	6%	100%	0%
Personal Care Services (LTC/PCS/PAS)	128,722,234	-	128,722,234	3%	0%	3%	100%	0%
Dentist	62,299,191	30,967	62,330,159	2%	0%	1%	100%	0%
Hospice Services	37,945,918	5,653	37,951,571	1%	0%	1%	100%	0%
Ambulance Transportation	37,605,667	342,424	37,948,091	1%	1%	1%	99%	1%
All Others	358,539,905	16,905,910	375,445,814	9%	26%	9%	95%	5%
Total	\$4,134,112,100	\$64,341,742	\$4,198,453,842	100%	100%	100%	98%	2%

Table 22: In-State and Out-of-State Number of Providers for Top 10 Provider Types Based on Total Payments

Provider Type	Number of Providers			Ratio of each Program			Ratio Between In and Out-of-State	
	In State	Out of State	Total	In State	Out of State	Total	In State	Out of State
Hospital	209	962	1,171	1%	13%	4%	18%	82%
Pharmacy	1,297	1,774	3,071	6%	23%	10%	42%	58%
Long Term Care/Nursing Facility	307	39	346	1%	1%	1%	89%	11%
Physician (MD)	11,032	3,909	14,941	51%	51%	51%	74%	26%
ICF/DD - Group Home	713	-	713	3%	0%	2%	100%	0%
Individual Care Waiver Services	451	1	452	2%	0%	2%	100%	0%
Personal Care Services (LTC/PCS/PAS)	477	-	477	2%	0%	2%	100%	0%
Dentist	698	21	719	3%	0%	2%	97%	3%
Hospice Services	116	2	118	1%	0%	0%	98%	2%
Ambulance Transportation	53	51	104	0%	1%	0%	51%	49%
All Others	6,377	878	7,255	29%	11%	25%	88%	12%
Total	21,730	7,637	29,367	100%	100%	100%	74%	26%

Figure 13 shows a map of the ratios of provider payments to recipient payments from Table 21 for SFY 2006/07. This relationship gives a perspective

on how well a parish is meeting the medical needs of their Medicaid recipients.

Figure 13: Provider Participation Ratios

*(101 means Provider \$\$ > Recipient \$\$)

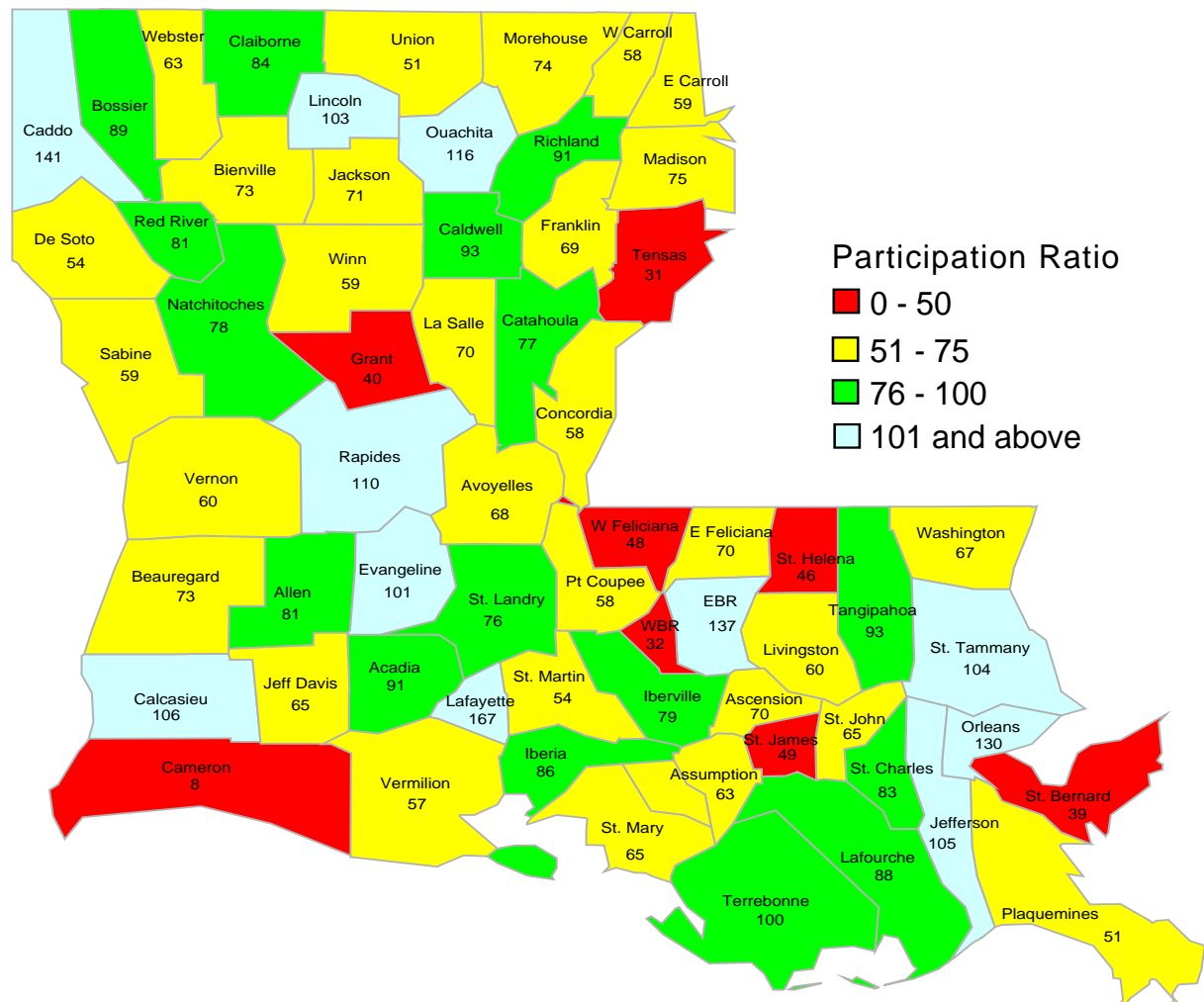


Table 23: Provider Payments and Participation Ratios

	Parish	In-Parish Provider Payments (\$)	In-Parish Resident Payments (\$)	Ratio
1	Acadia	\$61,790,501	\$68,207,389	90.6
2	Allen	18,975,541	23,531,766	80.6
3	Ascension	37,306,459	53,000,330	70.4
4	Assumption	12,936,367	20,609,541	62.8
5	Avoyelles	38,914,256	57,610,747	67.5
6	Beauregard	17,229,013	23,617,534	73.0
7	Bienville	11,509,983	15,866,423	72.5
8	Bossier	69,752,710	78,457,162	88.9
9	Caddo	351,904,860	249,982,014	140.8
10	Calcasieu	161,475,616	151,960,463	106.3
11	Caldwell	16,341,115	17,498,135	93.4
12	Cameron	214,584	2,732,642	7.9
13	Catahoula	9,330,748	12,111,779	77.0
14	Claiborne	14,166,066	16,891,485	83.9
15	Concordia	11,305,568	19,580,451	57.7
16	De Soto	12,778,701	23,485,791	54.4
17	East Baton Rouge	455,786,545	332,864,700	136.9
18	East Carroll	9,199,114	15,694,655	58.6
19	East Feliciana	24,190,349	34,389,276	70.3
20	Evangeline	50,144,248	49,478,988	101.3
21	Franklin	23,038,264	33,535,402	68.7
22	Grant	6,819,408	17,153,937	39.8
23	Iberia	61,517,384	71,191,925	86.4
24	Iberville	27,785,881	35,298,909	78.7
25	Jackson	12,451,538	17,548,762	71.0
26	Jefferson	325,601,103	310,297,435	104.9
27	Jefferson Davis	23,803,602	36,747,199	64.8
28	Lafayette	255,089,217	152,774,630	167.0
29	Lafourche	69,330,079	78,979,331	87.8
30	La Salle	11,875,600	16,967,161	70.0
31	Lincoln	47,665,047	46,482,871	102.5
32	Livingston	46,504,945	78,089,520	59.6
33	Madison	13,484,467	18,032,809	74.8
34	Morehouse	32,612,142	44,149,399	73.9
35	Natchitoches	29,826,853	38,411,061	77.7
36	Orleans	336,948,247	260,067,885	129.6
37	Ouachita	185,668,130	159,468,248	116.4
38	Plaquemines	14,542,703	28,443,809	51.1
39	Pointe Coupee	14,693,797	25,534,855	57.5
40	Rapides	331,957,853	301,515,141	110.1
41	Red River	9,792,946	12,125,813	80.8
42	Richland	34,732,359	38,130,814	91.1
43	Sabine	15,183,416	25,595,913	59.3
44	St. Bernard	9,528,090	24,161,754	39.4
45	St. Charles	24,873,864	29,905,155	83.2
46	St. Helena	5,512,882	11,947,160	46.1
47	St. James	9,029,812	18,483,607	48.9
48	St. John	22,790,876	35,156,085	64.8
49	St. Landry	99,217,825	131,336,487	75.5
50	St. Martin	26,710,392	49,254,959	54.2
51	St. Mary	35,929,959	55,347,332	64.9
52	St. Tammany	125,600,212	120,597,980	104.1
53	Tangipahoa	176,330,864	189,242,002	93.2
54	Tensas	2,376,223	7,559,532	31.4
55	Terrebonne	100,014,122	99,803,105	100.2
56	Union	12,774,478	25,073,546	50.9
57	Vermilion	29,879,532	52,889,197	56.5
58	Vernon	23,761,778	39,597,663	60.0
59	Washington	42,970,630	63,966,650	67.2
60	Webster	33,282,033	53,032,919	62.8
61	West Baton Rouge	7,245,703	22,913,020	31.6
62	West Carroll	11,621,176	20,003,353	58.1
63	West Feliciana	7,301,192	15,189,572	48.1
64	Winn	11,183,134	18,878,665	59.2
In-State Total		\$4,134,112,100	\$4,198,453,842	98.5
Out-of-State Total		\$64,341,742	\$0	1.5
Total		\$4,198,453,842	\$4,198,453,842	100

Table 23 presents (1) payments made on the basis of provider parish regardless of which parish a recipient resides in; (2) payments made on behalf of Medicaid recipients from a parish regardless of in which parish they actually received services; and (3) the ratio of provider parish payments to recipient parish payments times 100.

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

A ratio of less than 100 means that payments made on behalf of that parish's recipients are greater than payments made to the providers of that parish, which may indicate that some recipients received their services 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 may be serving Medicaid 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 residing in other parishes.

Table 24 shows a regional comparison of payments made on behalf of the top ten provider types based on total payments. The New Orleans region ranked number one with about \$687 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 25 reports the distribution across provider parishes of payments to the top ten provider types in the state. East Baton Rouge Parish ranked number one with about \$456 million in payments going into the parish, while Cameron parish ranked last with about \$214,584 in payments going into the parish.

Table 24: Payments of Top Ten Provider Types by Region Based on Total Payments (1-6)

Region	1. Hospital	2. Pharmacy	3. Long Term Care/Nursing Facility	4. Physician (MD)	5. ICF/DD - Group Home	6. Individual Care Waiver Services
Region 1 – New Orleans	\$262,589,973	\$100,109,096	\$57,146,664	\$86,271,143	\$48,120,195	\$48,224,713
Region 2 – Baton Rouge	166,898,936	96,285,529	98,279,912	67,057,445	20,327,931	34,342,003
Region 3 – Thibodaux	55,764,768	57,377,849	47,615,101	34,990,244	13,496,562	23,946,058
Region 4 – Lafayette	126,726,144	101,347,874	105,545,403	68,771,325	25,253,667	39,626,630
Region 5 – Lake Charles	42,426,776	45,494,380	42,499,633	26,598,444	14,875,672	12,193,139
Region 6 – Alexandria	69,837,064	51,425,481	71,330,061	30,118,889	147,443,585	25,804,940
Region 7 – Shreveport	163,386,522	70,505,710	108,412,975	54,032,310	50,151,895	25,799,459
Region 8 – Monroe	76,390,428	61,298,785	77,894,036	36,545,804	43,852,121	29,985,074
Region 9 – Mandeville	72,911,817	80,446,165	65,059,359	38,008,082	60,783,474	27,371,941
Total In-State	\$1,036,932,428	\$664,290,868	\$673,783,146	\$442,393,684	\$424,305,101	\$267,293,957
Total Out-of-State	\$28,069,208	\$14,650,116	\$13,691	\$4,306,836	\$0	\$16,937
Grand Total	\$1,065,001,636	\$678,940,984	\$673,796,838	\$446,700,520	\$424,305,101	\$267,310,893

Table 24: Continued (7-10)

Region	7. Personal Care Services (LTC/ PCS/PAS)	8. Dentist	9. Hospice Services	10. Ambulance Transportation	All Other Providers	Grand Total	Overall Rank
Region 1 – New Orleans	\$10,138,021	\$8,234,100	\$3,201,026	\$3,602,040	\$58,983,173	\$686,620,143	1
Region 2 – Baton Rouge	18,908,939	11,467,521	6,520,468	1,503,609	52,717,633	574,309,926	3
Region 3 – Thibodaux	9,143,108	3,873,596	1,602,085	287,730	26,807,977	274,905,079	8
Region 4 – Lafayette	29,088,726	7,775,060	2,639,575	22,915,565	54,659,130	584,349,099	2
Region 5 – Lake Charles	6,401,734	3,571,560	2,557,410	149,112	24,930,497	221,698,357	9
Region 6 – Alexandria	12,328,321	4,422,538	3,866,183	817,651	27,753,632	445,148,344	5
Region 7 – Shreveport	11,359,112	6,720,307	8,520,747	3,991,679	45,316,852	548,197,568	4
Region 8 – Monroe	17,442,774	7,566,200	6,329,899	3,625,729	41,033,201	401,964,052	6
Region 9 – Mandeville	13,911,500	8,668,308	2,708,526	712,552	26,337,810	396,919,533	7
Total In-State	\$128,722,234	\$62,299,191	\$37,945,918	\$37,605,667	\$358,539,905	\$4,134,112,100	
Total Out-of-State	\$0	\$30,967	\$5,653	\$342,424	\$16,905,910	\$64,341,742	
Grand Total	\$128,722,234	\$62,330,159	\$37,951,571	\$37,948,091	\$375,445,814	\$4,198,453,842	

Table 25: Payments of Top Ten Provider Types by Parish Based on Total Payments

	Parish	Hospital	Pharmacy	Long Term Care/Nursing Facility	Physician (MD)	ICF/DD - Group Home	Individual Care Waiver Services
1	Acadia	\$6,345,613	\$17,001,662	\$13,582,645	\$5,991,455	\$12,092,350	\$68,845
2	Allen	2,773,519	4,360,427	6,006,002	2,009,094	69,843	126,654
3	Ascension	3,650,831	11,817,393	7,176,464	3,407,071	1,425,374	2,753,137
4	Assumption	512,483	1,968,871	3,210,061	275,651	821,316	2,992,058
5	Avoyelles	3,181,728	8,779,660	18,250,094	2,873,143	315,965	61,003
6	Beauregard	3,100,490	3,411,934	6,043,612	2,158,131	429,621	227,587
7	Bienville	29,450	1,533,527	7,723,865	725,409	608,888	-
8	Bossier	4,526,101	8,477,443	11,636,696	3,542,282	31,435,561	3,664,882
9	Caddo	139,387,913	39,843,961	53,787,490	39,006,195	11,626,958	16,455,442
10	Calcasieu	33,371,438	29,947,035	22,730,097	19,987,559	14,116,093	10,956,469
11	Caldwell	2,046,291	2,716,670	2,326,630	738,064	5,407,573	764,429
12	Cameron	20,590	-	-	7,091	-	-
13	Catahoula	-	1,991,160	2,516,278	421,216	-	1,364,783
14	Claiborne	2,732,327	2,131,690	4,560,405	652,850	-	2,459,411
15	Concordia	1,808,087	2,975,150	3,008,082	936,359	-	143,174
16	De Soto	1,777,423	2,688,557	4,427,293	362,634	596,019	162,801
17	East Baton Rouge	156,187,596	67,859,106	54,752,112	56,859,664	16,240,256	29,661,734
18	East Carroll	1,414,321	2,060,821	3,131,671	833,223	33,537	-
19	East Feliciana	101,060	2,757,763	17,117,642	548,997	1,882,472	7,616
20	Evangeline	7,445,505	10,653,504	9,890,477	5,664,810	3,165,583	1,316,760
21	Franklin	1,835,885	3,945,926	9,320,399	860,039	1,887,322	81,553
22	Grant	-	1,162,198	4,240,092	361,515	868,969	-
23	Iberia	7,973,404	13,838,940	12,522,515	10,936,171	2,888,639	5,779,313
24	Iberville	4,190,131	6,602,187	7,967,821	3,769,381	24,101	1,336,050
25	Jackson	1,745,804	2,419,251	6,264,059	410,221	156,762	371,787
26	Jefferson	60,768,582	77,105,504	33,557,499	50,606,510	28,897,291	28,490,975
27	Jefferson Davis	3,160,739	7,774,984	7,719,923	2,436,569	260,114	882,429
28	Lafayette	82,261,353	25,377,548	25,833,181	25,675,325	3,883,232	24,066,397
29	Lafourche	8,842,566	11,994,466	11,553,664	5,924,294	9,856,395	9,618,337
30	La Salle	3,067,375	1,986,627	4,738,916	826,626	91,779	-
31	Lincoln	7,862,411	6,701,896	6,662,002	4,144,765	16,308,105	2,131,788
32	Livingston	1,385,958	14,148,581	20,697,428	1,811,513	1,219,486	2,177,316
33	Madison	1,703,269	2,236,957	2,711,057	580,041	2,210,744	376,625
34	Morehouse	3,074,869	5,634,986	10,606,642	3,877,401	713,974	1,647,512
35	Natchitoches	4,856,243	6,903,822	7,203,459	3,875,917	466,819	1,952,126
36	Orleans	201,815,810	18,941,603	21,495,589	33,907,547	7,706,488	16,768,959
37	Ouachita	51,104,139	23,276,489	19,837,616	19,332,559	8,663,090	21,232,503
38	Plaquemines	-	521,097	2,194,961	116,600	10,456,192	805,062
39	Pointe Coupee	1,545,805	3,018,748	5,414,357	1,464,794	307,645	405,529
40	Rapides	55,805,639	27,406,288	28,147,816	20,338,772	141,343,058	24,125,396
41	Red River	2,245,662	2,159,845	2,971,183	519,649	-	62,154
42	Richland	2,639,562	5,851,189	6,842,318	2,959,568	7,976,721	3,279,959
43	Sabine	1,193,084	2,562,904	7,204,620	1,481,982	1,913,510	36,015
44	St. Bernard	5,581	3,540,892	(101,386)	1,640,485	1,060,224	2,159,717
45	St. Charles	1,702,208	10,216,411	4,935,084	2,397,841	99,758	1,304,776
46	St. Helena	692,340	1,042,165	1,571,169	883,312	392,187	-
47	St. James	1,391,418	1,958,548	3,346,004	1,069,651	-	273,453
48	St. John	3,496,462	4,330,874	2,493,498	2,749,126	516,037	4,306,169
49	St. Landry	19,370,455	21,508,050	23,472,982	16,239,503	1,944,993	2,185,752
50	St. Martin	542,973	6,469,680	6,035,569	869,765	919,552	6,194,054
51	St. Mary	5,249,008	9,629,700	8,140,740	5,302,042	535,201	883,668
52	St. Tammany	30,541,348	34,908,038	20,981,442	18,542,657	2,142,273	3,480,971
53	Tangipahoa	32,743,138	19,747,382	13,201,206	13,867,590	56,335,309	18,941,448
54	Tensas	-	863,388	513,173	197,607	-	-
55	Terrebonne	34,570,623	17,278,980	13,936,050	17,271,639	1,667,856	4,567,598
56	Union	1,419,274	3,077,904	5,779,232	902,620	249,704	-
57	Vermilion	2,786,841	6,498,490	14,208,034	3,394,296	359,318	15,508
58	Vernon	4,348,120	4,988,510	5,057,506	3,900,617	4,403,116	47,847
59	Washington	7,549,031	10,600,000	8,608,115	2,903,009	694,219	2,772,206
60	Webster	6,638,318	4,203,961	8,897,964	3,865,392	3,504,140	1,006,629
61	West Baton Rouge	-	3,175,607	2,623,132	308,039	339,201	58,798
62	West Carroll	1,544,602	2,513,309	3,899,238	1,709,695	244,591	98,920
63	West Feliciana	1,223,514	1,054,725	3,228,384	699,498	108,883	119,140
64	Winn	1,626,116	2,135,888	5,371,278	460,642	420,697	62,739
Total In-State		\$1,036,932,428	\$664,290,868	\$673,783,146	\$442,393,684	\$424,305,101	\$267,293,957
Total Out-of-State		\$28,069,208	\$14,650,116	\$13,691	\$4,306,836	\$0	\$16,937
Grand Total		\$1,065,001,636	\$678,940,984	\$673,796,838	\$446,700,520	\$424,305,101	\$267,310,893

Table 25: Payments of Top Ten Provider Types by Parish Based on Total Payments

Personal Care Services (LTC/PCS/PAS)	Dentist	Hospice Services	Ambulance Transportation	All Other Provider Types	Grand Total	Rank	Parish
\$130,597	\$993,393	\$0	\$0	\$5,583,941	\$61,790,501	15	Acadia
317,637	51,363	76,861	99,222	3,084,919	18,975,541	37	Allen
2,056,249	777,168	133,669	-	4,109,103	37,306,459	22	Ascension
2,151,807	-	-	-	1,004,120	12,936,367	45	Assumption
456,900	780,291	270,878	-	3,944,595	38,914,256	21	Avoyelles
709,906	376,347	-	-	771,385	17,229,013	38	Beauregard
-	3,685	264,407	-	620,753	11,509,983	51	Bienville
906,390	441,520	556,474	424,801	4,140,559	69,752,710	13	Bossier
6,856,202	5,189,091	5,661,093	2,159,671	31,930,843	351,904,860	2	Caddo
5,374,191	3,124,908	2,377,854	29,009	19,460,964	161,475,616	9	Calcasieu
517,899	204,098	-	-	1,619,460	16,341,115	39	Caldwell
-	-	-	20,881	166,022	214,584	64	Cameron
1,819,248	312,719	-	-	905,345	9,330,748	56	Catahoula
665,414	38,347	-	64,866	860,756	14,166,066	43	Claiborne
531,213	552,992	168,545	277,912	904,055	11,305,568	52	Concordia
588,684	507,444	-	148,834	1,519,011	12,778,701	46	De Soto
15,616,000	9,527,973	6,171,481	1,503,609	41,407,014	455,786,545	1	East Baton Rouge
490,590	518,641	-	-	716,310	9,199,114	57	East Carroll
7,798	214,929	-	-	1,552,073	24,190,349	32	East Feliciana
4,269,513	591,290	127,855	-	7,018,951	50,144,248	17	Evangeline
1,316,500	351,525	990,482	974,363	1,474,271	23,038,264	35	Franklin
-	15,306	-	-	171,328	6,819,408	61	Grant
3,169,956	412,296	25,120	-	3,971,029	61,517,384	16	Iberia
68,003	492,484	81,711	-	3,254,013	27,785,881	29	Iberville
119,623	5,800	125,667	234,271	598,294	12,451,538	48	Jackson
5,272,508	4,101,665	2,614,128	2,549,066	31,637,376	325,601,103	5	Jefferson
-	18,943	102,695	-	1,447,207	23,803,602	33	Jefferson Davis
9,381,772	4,356,439	2,191,901	22,296,946	29,765,123	255,089,217	6	Lafayette
1,317,385	888,939	74,458	159,881	9,099,694	69,330,079	14	Lafourche
-	67,783	56,742	-	1,039,752	11,875,600	49	La Salle
680,451	916,483	110,219	87,664	2,059,264	47,665,047	18	Lincoln
562,538	1,181,747	472,484	11,179	2,836,714	46,504,945	19	Livingston
1,755,396	52,264	228,059	-	1,630,055	13,484,467	44	Madison
1,674,901	460,380	1,085,226	566,908	3,269,343	32,612,142	26	Morehouse
1,463,599	338,314	316,425	-	2,450,131	29,826,853	28	Natchitoches
4,625,976	3,523,607	586,899	969,688	26,606,081	336,948,247	3	Orleans
8,460,395	4,348,081	3,790,245	1,425,322	24,197,692	185,668,130	7	Ouachita
2,267	217,879	-	83,286	145,358	14,542,703	42	Plaquemines
618,947	149,977	133,608	-	1,634,387	14,693,797	41	Pointe Coupee
8,852,516	2,633,121	3,291,679	539,739	19,473,830	331,957,853	4	Rapides
615,087	66,895	-	-	1,152,471	9,792,946	54	Red River
2,088,768	294,083	-	-	2,800,192	34,732,359	24	Richland
-	34,335	-	-	756,966	15,183,416	40	Sabine
237,269	390,949	-	-	594,359	9,528,090	55	St. Bernard
260,621	108,527	218,721	127,849	3,502,070	24,873,864	31	St. Charles
522,829	165,899	-	-	242,981	5,512,882	62	St. Helena
88,989	7,325	-	-	894,423	9,029,812	58	St. James
1,305,816	1,185,290	620,486	-	1,787,119	22,790,876	36	St. John
8,088,387	916,151	294,699	618,620	4,578,235	99,217,825	12	St. Landry
3,923,325	55,052	-	-	1,700,421	26,710,392	30	St. Martin
2,621,376	216,701	-	-	3,351,524	35,929,959	23	St. Mary
1,392,528	4,636,762	1,664,405	81,048	7,228,741	125,600,212	10	St. Tammany
8,452,764	1,985,939	542,575	-	10,513,512	176,330,864	8	Tangipahoa
33,855	-	-	-	768,200	2,376,223	63	Tensas
1,397,114	1,466,815	688,420	-	7,169,028	100,014,122	11	Terrebonne
-	112,744	-	200,737	1,032,263	12,774,478	47	Union
125,176	450,440	-	-	2,041,429	29,879,532	27	Vermilion
280,895	1,630	72,315	-	661,222	23,761,778	34	Vernon
2,980,842	697,961	29,062	620,325	5,515,861	42,970,630	20	Washington
263,736	100,676	1,722,349	1,193,507	1,885,362	33,282,033	25	Webster
-	181,993	-	-	558,934	7,245,703	60	West Baton Rouge
304,399	302,101	-	136,464	867,857	11,621,176	50	West Carroll
541,942	122,998	-	-	202,108	7,301,192	59	West Feliciana
387,549	58,696	6,025	-	653,505	11,183,134	53	Winn
\$128,722,234	\$62,299,191	\$37,945,918	\$37,605,667	\$358,539,905	\$4,134,112,100		Total In-State
	\$30,967	\$5,653	\$342,424	\$16,905,910	\$64,341,742		Total Out-of-State
\$128,722,234	\$62,330,159	\$37,951,571	\$37,948,091	\$375,445,814	\$4,198,453,842		Grand Total

Table 26 presents each state's payments by top ten out-of-state provider types. Our neighboring states,

Texas with about \$27.3 million (42.4%) and Mississippi with \$11.4 million (17.7%) out rank all

Table 26: Top Ten Out-of-State Payments by State Based on Total Out-of-State Payments

	State	Hospital	Pharmacy	Independent Lab	Physician (MD)	DME Provider	Ambulance Transportation
1	AK	\$479	\$0	\$0	\$0	\$0	\$0
2	AL	928,816	50,439	3,948,970	46,188	24,538	2,396
3	AR	489,701	145,769	-	194,128	6,377	2,189
4	AZ	33,011	954	2,021	798	2,332	-
5	CA	3,562,786	7,788	543,265	67,613	182,656	-
6	CO	289,706	7,372	529,750	1,532	4,992	-
7	CT	9,503	575	9,129	72	-	-
8	DC	225	-	-	487	-	-
9	DE	781	-	-	-	-	-
10	FL	563,623	577,798	135,952	6,173	267,022	256,785
11	GA	572,304	71,283	3,425	42,832	1,551	659
12	HI	145	-	-	-	-	-
13	IA	13,638	782	-	-	-	-
14	ID	1,003	-	-	-	-	-
15	IL	83,559	846	-	762	31,263	-
16	IN	17,698	2,863	179	3,332	-	-
17	KS	53,026	309,410	2,046	4,625	-	270
18	KY	27,939	21,476	-	97	33	99
19	MA	505,924	-	79,050	39,189	5,276	-
20	MD	26,215	238,587	27	332	281,112	-
21	ME	-	6,372	-	-	-	-
22	MI	107,967	2,256	-	89	4,053	-
23	MN	17,650	473	218,523	637	665,449	372
24	MO	344,606	5,490	1,870	27,538	17,137	6,561
25	MS	6,120,295	1,515,375	161,690	2,894,374	226,565	48,996
26	MT	83	-	-	-	-	-
27	NC	59,084	5,894	653,596	24,617	981	-
28	ND	-	-	-	36	-	-
29	NE	1,163,222	3,293	-	33,505	1,617	-
30	NH	2,544	186	80	-	-	-
31	NJ	11,494	289	948,667	-	8,408	-
32	NM	442	362	85,410	435	-	-
33	NV	341,565	306	-	112	-	-
34	NY	1,717	1,322	-	-	13,747	307
35	OH	89,395	5,647	148	17,084	31,263	-
36	OK	90,384	7,158	-	4,118	146	-
37	OR	26,653	186	-	207	72	-
38	PA	79,336	1,364,459	-	-	141,067	-
39	RI	8,688	162	-	-	-	-
40	SC	6,489	1,421	-	35	443	-
41	SD	-	-	-	78	-	-
42	TN	1,907,382	599,255	33,801	297,060	336,291	157
43	TX	10,359,518	9,689,828	6,049,389	589,729	439,701	23,634
44	UT	66,913	34	5,346	468	-	-
45	VA	51,434	3,344	23,863	65	3,890	-
46	VT	1,139	-	-	-	-	-
47	WA	24,430	323	-	381	90,855	-
48	WI	9,198	116	-	168	-	-
49	WV	(5,813)	125	483	7,939	-	-
50	WY	3,313	498	-	-	-	-
	Total	\$28,069,208	\$14,650,116	\$13,436,681	\$4,306,836	\$2,788,838	\$342,424

other states. The number of participating providers for the top ten out-of-state provider types is presented in

Table 27. Participation is represented by all states in the United States.

Table 26: Top Ten Out-of-State Payments by State Based on Total Out-of-State Payments

Nurse Practitioner	CRNA	Hemodialysis Center	Doctor of Osteopathy (DO)	All Others	Grand Total	Rank	State
\$0	\$0	\$0	\$0	\$0	\$479	46	AK
-	-	1,067	794	541	5,003,749	3	AL
-	-	3,434	332	1,772	843,702	11	AR
-	-	-	66	-	39,182	29	AZ
-	-	-	-	-	4,364,109	4	CA
8	-	-	20	156	833,535	12	CO
-	-	-	-	-	19,279	32	CT
-	-	-	-	-	712	45	DC
-	-	-	-	-	781	44	DE
-	-	-	631	108	1,808,093	6	FL
952	118	14,733	1,085	2,234	711,176	14	GA
-	-	-	-	-	145	47	HI
-	-	-	-	-	14,420	34	IA
-	-	-	-	-	1,003	43	ID
-	-	-	-	2,594	119,024	21	IL
-	-	-	-	248	24,319	31	IN
-	-	-	-	-	369,378	18	KS
-	-	1,521	-	100	51,265	28	KY
-	-	-	-	-	629,439	15	MA
-	-	-	-	-	546,273	16	MD
-	-	-	-	-	6,372	38	ME
-	-	-	-	-	114,365	23	MI
-	-	-	-	-	903,104	10	MN
51	-	-	-	32	403,284	17	MO
184,633	111,439	33,840	20,705	102,091	11,420,004	2	MS
-	-	-	-	-	83	48	MT
-	-	-	-	-	744,171	13	NC
-	-	-	-	-	36	50	ND
2,813	656	-	-	-	1,205,106	8	NE
-	-	-	-	-	2,810	40	NH
-	-	-	-	-	968,858	9	NJ
-	-	-	-	-	86,649	25	NM
-	-	-	-	35	342,018	19	NV
-	-	-	-	-	17,093	33	NY
-	-	-	337	-	143,874	20	OH
-	-	-	146	215	102,168	24	OK
-	-	-	-	-	27,118	30	OR
-	-	-	-	-	1,584,862	7	PA
-	-	-	-	-	8,850	36	RI
-	-	-	-	-	8,388	37	SC
-	-	-	-	-	78	49	SD
63,560	33,046	4,936	3,526	4,848	3,283,862	5	TN
638	883	42,901	18,570	85,195	27,299,986	1	TX
-	-	-	-	-	72,761	27	UT
-	-	-	-	-	82,595	26	VA
-	-	-	-	-	1,139	42	VT
-	-	-	-	-	115,988	22	WA
-	-	-	26	-	9,509	35	WI
-	-	-	-	-	2,735	41	WV
-	-	-	-	-	3,811	39	WY
\$252,654	\$146,143	\$102,434	\$46,239	\$200,169	\$64,341,742		Total

Table 27: Number of Out-of-State Providers for Top Ten Provider Types Based on Total Out-of-State Payments

	State	Hospital	Pharmacy	Independent Lab	Physician (MD)	DME Provider	Ambulance Transportation
1	AK	1	-	-	-	-	-
2	AL	58	116	6	144	9	4
3	AR	35	81	-	238	16	2
4	AZ	27	8	1	6	3	-
5	CA	21	39	15	71	7	-
6	CO	25	14	2	20	2	-
7	CT	2	3	1	1	-	-
8	DC	2	-	-	2	-	-
9	DE	1	-	-	-	-	-
10	FL	57	157	6	42	32	2
11	GA	46	163	4	183	16	2
12	HI	2	-	-	-	-	-
13	IA	9	4	-	-	-	-
14	ID	4	-	-	-	-	-
15	IL	25	15	-	9	6	-
16	IN	16	12	1	13	-	-
17	KS	13	8	1	15	-	1
18	KY	12	9	-	3	2	1
19	MA	4	-	1	38	3	-
20	MD	11	12	1	3	5	-
21	ME	1	1	-	-	-	-
22	MI	26	14	-	2	1	-
23	MN	9	8	3	3	5	1
24	MO	33	32	3	33	2	1
25	MS	63	183	7	836	49	5
26	MT	1	-	-	-	-	-
27	NC	13	24	7	8	5	-
28	ND	-	-	-	1	-	-
29	NE	9	6	-	43	1	-
30	NH	1	1	1	-	-	-
31	NJ	6	3	4	-	3	-
32	NM	2	4	1	3	-	-
33	NV	11	5	-	3	-	-
34	NY	5	7	-	-	2	1
35	OH	16	14	1	30	4	-
36	OK	19	28	-	14	2	-
37	OR	7	2	-	2	1	-
38	PA	16	2	-	-	5	-
39	RI	3	1	-	-	-	-
40	SC	8	12	-	1	2	-
41	SD	-	-	-	2	-	-
42	TN	52	79	7	277	18	1
43	TX	229	673	25	1,855	106	30
44	UT	11	1	1	2	-	-
45	VA	20	20	3	2	4	-
46	VT	1	-	-	-	-	-
47	WA	11	6	-	1	2	-
48	WI	10	3	-	1	1	-
49	WV	5	1	1	2	-	-
50	WY	3	3	-	-	-	-
	Total	962	1,774	103	3,909	314	51

Table 27: Number of Out-of-State Providers for Top Ten Provider Types Based on Total Out-of-State Payments

Nurse Practitioner	CRNA	Hemodialysis Center	Doctor of Osteopathy (DO)	All Others	Grand Total	Rank	State
-	-	1	-	3	5	40	AK
1	-	2	6	5	351	6	AL
-	1	1	4	6	384	5	AR
-	-	-	1	-	46	17	AZ
-	-	-	-	-	153	8	CA
1	-	-	1	1	66	12	CO
-	-	-	-	-	7	38	CT
-	-	-	-	-	4	41	DC
-	-	-	-	-	1	48	DE
-	-	-	3	1	300	7	FL
9	2	3	5	9	442	4	GA
-	-	-	-	1	3	44	HI
-	-	-	-	-	13	33	IA
-	-	-	-	-	4	41	ID
-	-	-	-	1	56	15	IL
-	-	-	-	1	43	19	IN
-	-	-	-	-	38	21	KS
-	-	1	-	1	29	23	KY
-	-	-	-	-	46	17	MA
-	-	-	-	-	32	22	MD
-	-	-	-	-	2	45	ME
-	-	-	-	-	43	19	MI
-	-	-	-	-	29	23	MN
2	-	-	-	1	107	9	MO
48	29	10	28	34	1,291	2	MS
-	-	-	-	-	1	48	MT
-	-	-	-	-	57	14	NC
-	-	-	-	1	2	45	ND
1	4	-	-	-	64	13	NE
-	-	-	-	5	8	37	NH
-	-	-	-	-	16	29	NJ
-	-	-	-	-	10	35	NM
-	-	-	-	1	20	27	NV
-	-	-	-	-	15	31	NY
-	-	-	3	-	68	11	OH
-	-	2	3	2	70	10	OK
-	-	-	-	-	12	34	OR
-	-	-	-	-	23	25	PA
-	-	-	-	-	4	41	RI
-	-	-	-	-	23	25	SC
-	-	-	-	-	2	45	SD
35	19	1	2	4	495	3	TN
12	14	25	81	85	3,136	1	TX
-	-	-	-	-	15	31	UT
-	-	-	-	-	49	16	VA
-	-	-	-	-	1	48	VT
-	-	-	-	-	20	27	WA
-	-	-	1	-	16	29	WI
-	-	-	-	-	9	36	WV
-	-	-	-	-	6	39	WY
109	69	46	138	162	7,637		Total

Medicaid Aid Categories ¹

Enrollment data for the last two State Fiscal Years by aid category are presented in Table 28. Monthly and SFY total enrollment numbers are unduplicated for their respective period. For SFY 2006/07, the Families

and Children and LIFC aid categories together accounted for majority with about 75% of enrollment, followed by the persons with disabilities aid category at 14% of enrollment.

Table 28: Monthly Enrollment by Aid Category for SFY 2005/06 and SFY 2006/07

SFY 2005/06										
Month	Aged	Blind	Families & Children	Disabled	OCS Foster/ OYD	LIFC	QMB	Family Planning	All Other	Total ²
July	60,389	1,902	583,469	161,430	9,270	136,772	31,594	0	925	981,123
August	60,359	1,903	585,170	161,428	9,309	137,202	31,853	0	883	983,506
September	60,316	1,899	583,713	161,465	9,349	139,357	32,073	0	10,502	994,298
October	60,149	1,904	588,435	162,174	9,493	140,966	32,290	0	12,492	1,003,188
November	58,414	1,846	598,977	154,436	9,569	149,022	35,351	0	849	1,004,344
December	57,888	1,836	601,991	153,014	9,636	150,693	35,856	0	759	1,007,656
January	57,446	1,839	603,639	152,576	9,713	150,271	36,278	0	754	1,008,499
February	57,005	1,831	601,993	151,794	9,738	151,528	36,590	0	684	1,007,291
March	56,772	1,831	601,252	151,403	9,759	152,490	36,615	0	739	1,006,807
April	56,519	1,808	596,101	150,928	9,747	152,080	36,717	0	606	1,000,580
May	56,471	1,803	593,856	150,852	9,856	151,613	36,750	0	611	997,806
June	56,365	1,801	585,935	150,823	9,958	146,445	36,782	0	681	984,969
Total SFY 2005/06³	69,444	2,032	723,074	180,811	12,514	198,252	43,318	0	16,864	1,141,402
SFY 2006/07										
Month	Aged	Blind	Families & Children	Disabled	OCS Foster/ OYD	LIFC	QMB	Family Planning	All Other	Total ²
July	56,228	1,795	584,906	151,106	10,005	146,666	36,728	0	649	984,358
August	56,272	1,802	586,400	151,544	10,105	147,185	36,683	0	740	986,436
September	56,221	1,792	583,768	151,697	10,165	145,773	36,600	0	707	982,863
October	56,150	1,779	581,104	151,963	10,125	142,995	36,437	1,526	690	978,857
November	56,063	1,773	574,934	151,790	10,187	137,917	36,293	3,210	655	969,031
December	55,816	1,772	569,408	151,553	10,234	135,645	35,910	5,117	624	962,429
January	55,683	1,758	549,665	151,599	10,197	128,700	32,399	7,040	621	933,947
February	55,531	1,757	548,350	151,729	10,170	128,280	32,343	9,053	605	934,262
March	55,416	1,743	547,574	151,913	10,172	127,397	32,208	11,602	596	934,958
April	55,238	1,731	548,670	152,455	10,173	127,657	32,353	13,850	542	939,135
May	55,167	1,731	552,010	152,751	10,187	128,279	32,564	16,381	465	945,990
June	55,110	1,726	553,817	153,009	10,195	128,386	32,666	19,469	179	951,198
Total SFY 2006/07³	65,223	1,895	738,179	172,504	13,324	205,341	43,925	20,239	4,248	1,152,764
Total Percent Change	-6%	-7%	2%	-5%	6%	4%	1%	N/A	-75%	1%

¹ Please see Appendix A for aid category descriptions.

² Monthly totals may not equal the sum of monthly aid categories due to movement across categories.

³ State Fiscal Year totals may not equal the sum of monthly totals due to duplication across months. SFY total is pure unduplicated enrollees.

Appendix A: Glossary

Aid Category – Aged: Persons who are age 65 or older.

Aid Category – Blind: Persons who meet the SSA definition of blindness.

Aid Category – Families and Children: Families with minor or unborn children.

Aid Category – Disabled: Persons who receive disability-based SSI or who meet SSA defined disability requirements.

Aid Category – Office of Children Services (OCS) Foster Care/Office of Youth Development (OYD): Foster children and state adoption subsidy children who are directly served by and determined Medicaid eligible by OCS, children eligible under Title IV-E, OCS and OYD children whose medical assistance benefits are state-funded, those whose income and resources are at or below the LIFC standard but are not IV-E eligible because deprivation is not met, those whose income and resources are at or below the standards for Regular MNP, those who meet the standards of CHAMP Child or CHAMP PW, and children ages 18-21 who enter the Young Adult Program.

Aid Category – LIFC: Individuals who meet all eligibility requirements for LIFC under the AFDC State Plan in effect 7/16/1996.

Aid Category – QMB: Persons who meet the categorical requirement of enrollment in Medicare Part-A including conditional enrollment.

Aid Category – Family Planning: Individuals that are enrolled in the Family Planning Waiver.

Aid Category – All Other: Includes refugee medical assistance, Hurricane Katrina evacuees, individuals eligible for state-funded medical benefits as a result of loss of SSI benefits and Medicaid due to a cost-of-living increase in State or local retirement, presumptive eligible pregnant women, and individuals who have been diagnosed as or are suspected of being infected with Tuberculosis.

CHAMP Child: Child Health and Maternity Program (CHAMP) is for poverty-level children under the age of 19 who are eligible for Medicaid if they meet all program requirements.

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.

Children's Choice: A 1915 (c) support waiver initiated in February 2001 to provide home and community-based services to children less than 19 years of age with developmental disabilities.

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.

CommunityCARE Program: Louisiana's Primary Care Case Management program (PCCM). This program links Medicaid recipients to primary care physicians and operates statewide.

United States Department of Health and Human Services (DHHS): DHHS administers many of the "social" programs at the federal level dealing 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 federal matching funds available annually to individual states for DSH payments is specified in the federal Medicaid statute.

Disabled Adult Child: 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.

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

Eligible: For this report, an "eligible" is a person who is qualified for Medicaid but may or may not be enrolled.

Enrollee: For this report, an "enrollee" is a person who is qualified for Medicaid and whose application

has been approved but he or she may or may not be receiving services.

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.

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

FITAP: In Louisiana, Temporary Assistance for Needy Families (TANF) is provided under a program known as the Family Independence Temporary Assistance Program (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.

FMAP: Federal Medical Assistance Percentage is the percentage the federal government will match for state money spent on Medicaid; also known as FFP. Table 1 shows the FMAP Percentages.

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

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 200% of the Federal Poverty Level.

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 or in an individual's own home or in the community.

Louisiana Children's Health Insurance Program (LaCHIP): A federal and state initiative to address the growing number of uninsured children in this country. 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 200% of the federal poverty level (FPL).

Low-Income Families with Children (LIFC): Provides Medicaid-only coverage to individuals and families who would have been eligible for cash assistance under rules of the state's AFDC program on August 12, 1996 (Section 1931 Eligibility Group).

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 matching 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.

Medically Needy Program (MNP): Provides Medicaid coverage when income and resources of the individual or family are sufficient to meet basic needs, in a categorical assistance program, but are not sufficient to meet medical needs according to MNP 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. Medicare has four parts: Part-A, Part-B, Part-C, and Part-D.

Medicare Part-A: Part-A is 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.

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

Payment: In this report, payment refers to information derived from the claims-based data sets produced by the Medicaid program's fiscal intermediary, Unisys. The data set was drawn from the claims reporting system, which reports paid claims to providers before the application of certain financial adjustments.

Presumptive Eligibility - Provides limited and temporary coverage for pregnant women whose eligibility is determined by a qualified provider prior to an agency determination of Medicaid eligibility.

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

Prohibited AFDC Provisions: Provides Medicaid to children and/or their parents denied LIFC because of an AFDC-related provision that is prohibited in Medicaid.

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

Qualified Medicare Beneficiary (QMB): Individuals who are entitled to Medicare Part-A have income up to 100% of the FPL or less, have resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for full Medicaid. Medicaid pays their Medicare Part-A premiums, if any, Medicare Part-B premiums, and to the extent consistent with the Medicaid State plan, 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 and is still in effect. 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 federal poverty level, 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 financial/claims related transaction(s) occurred on that person's behalf during the state fiscal year. The data for this report is based on a claim's date of payment (DOP).

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.

Specified Low-Income Medicare Beneficiary (SLMB): Provides for 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 FPL.

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.

Supports Waiver: A Home and Community-Based Services Waiver developed to promote the independence of individuals with developmental disabilities by creating vocational and community inclusion options to enhance their lives.

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.

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].

Appendix B: Home and Community-Based Service (HCBS) Medicaid Waivers

In 1981, the Federal Government created the 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 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.

During SFY 2005/06, the administration of Medicaid HCBS Waivers in Louisiana was transferred from the Bureau of Community Supports and Services (BCSS). The administration of waiver programs that serve persons with developmental disabilities was moved to the Office for Citizens with Developmental Disabilities (OCDD). The Long Term Supports and Services (LTSS) division of Medicaid was created in July 2005 to administer waiver programs that served the elderly and persons with adult onset disabilities. A legislative act in June 2006 created the Office of Aging of Adult Services (OAAS) to take responsibility for administering the waivers that serve the elderly and persons with adult onset disabilities while absorbing LTSS.

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. The types of HCBS waivers available during the SFY 2006/07 in Louisiana included:

Adult Day Health Care (ADHC) Waiver

The ADHC waiver provides health care services and activities for elderly and disabled adults at a certified facility. This waiver thereby allows family members to assist in the care of the recipient while maintaining employment and other commitments. Transportation is provided to and from the facility. In SFY 2006/07, a total of 569 recipients were served at an annual cost of \$6.8 million.

Elderly and Disabled Adults (EDA) Waiver

The EDA waiver provides support coordination, transition intensive support coordination, companion service, environmental accessibility adaptation, personal emergency response system, and transitional services in the home or community to elderly or disabled adults who qualify. The program served a total of 2,703 individuals in SFY 2006/07 at a yearly cost of almost \$37.3 million.

Children’s Choice Waiver

The Children’s Choice waiver provides family support, crisis support, non-crisis support, family training, environmental accessibility adaptation, and center based respite to disabled children from birth to age 18. At the beginning of SFY 2006/07 the waiver was capped at \$15,000 per year, but in May 2007 it was increased to \$17,000 per year. During the SFY 2006/07, a total of 751 recipients were served at an annual cost of about \$7.3 million.

New Opportunities Waiver (NOW)

NOW provides individual and family support services, center-based respite, environmental modifications, employment training and transportation, habilitation, emergency response systems, and specialized medical equipment to disabled children and adults from age three and up. During SFY 2006/07, a total of 4,799 recipients received NOW services at annual expense of about \$258 million.

Supports Waiver

The Supports Waiver, capped at \$26,000 per year, 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 served a total of 1,414 individuals in SFY 2006/07 at an annual cost of about \$9.7 million.

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 B 1 shows the types of HCBS waivers, with the description and the income limit of each available for the SFY 2006/07 in Louisiana. Table B 2 shows the number of allocated and filled slots along with the expenditures for the last six state fiscal years. During SFY 2006/07, 10,236 persons received services under the waiver program continuing the escalating trend of delivering services outside an institutional facility. On average, for the last six state fiscal years, slots have been filled at a rate of 90%.

Table B 1: Home and Community-Based Service Waivers Eligibility and Income Limits

Waiver	Description	Income Limit
New Opportunities Waiver (NOW)	Age 3 and older and have a developmental disability that manifested prior to age 22; Must meet the Louisiana definition of developmental disability (DD)	220% of FPL (3 times the SSI amount); A community spouse (one not residing in an institution) can retain assets up to \$101,640; Assets limit: \$2,000 individual and \$3,000 for a couple who needs ICF/DD Level of Care
Supports Waiver (SW)	Age 18 or older with a developmental disability that manifested prior to age 22; Must meet the Louisiana definition for developmental disability	220% of FPL (3 times the SSI amount); Assets limit: \$2,000 individual and \$3,000 for a couple who needs ICF/DD Level of Care
Children's Choice Waiver (CC)	Age birth through age 18; Must meet the federal definition for a developmental disability	220% of FPL (3 times the SSI amount); Assets limit: \$2,000 individual
Adult Day Health Care Waiver (ADHC)	Age 65 or older who meet criteria for nursing facility level of care and meet the imminent risk criteria; Age 22-64 and disabled according to Medicaid standards or SSI standards, meet the criteria for nursing facility level of care and meet the imminent risk criteria	220% of FPL (3 times the SSI amount); A community spouse (one not residing in an institution) can retain assets up to \$101,640; Assets limit: \$2,000 individual and \$3,000 couple
Elderly and Disabled Adults Waiver (EDA)	Age 65 or older who meet criteria for nursing facility level of care and meet imminent risk criteria; Age 21-64 and disabled according to Medicaid standards or SSI standards, meet the criteria for nursing facility level of care and the imminent risk criteria	220% of FPL (3 times the SSI amount); A community spouse (one not residing in an institution) can retain assets up to \$101,640; Assets limit: \$2,000 individual and \$3,000 couple

Table B 2: Home and Community-Based Service (HCBS) Waiver Slots and Expenditures by State Fiscal Year

Waiver	Slots	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
Adult Day Health Care	Allocated Slots	525	638	663	688	700	700
	Filled Slots	394	478	562	639	631	569
	Expenditures	\$3,395,755	\$3,744,733	\$5,695,212	\$6,746,957	\$5,185,531	\$6,846,248
Elderly and Disabled	Allocated Slots	979	1,779	2,179	2,741	2,803	2,903
	Filled Slots	548	1,486	2,054	2,653	2,621	2,703
	Expenditures	\$4,762,602	\$9,970,327	\$26,728,495	\$34,121,230	\$33,540,261	\$37,317,237
Personal Care Attendant	Allocated Slots	149	362	387	0		
	Filled Slots	125	232	335	13	Discontinued*	Discontinued*
	Expenditures	\$1,872,604	\$2,475,734	\$5,253,609	\$1,520,221		
Children's Choice	Allocated Slots	800	800	800	800	800	800
	Filled Slots	325	508	766	765	762	751
	Expenditures	\$461,448	\$2,965,761	\$6,565,554	\$8,037,435	\$6,912,140	\$7,271,796
New Opportunities	Allocated Slots	4,251	4,576	4,576	4,642	4,742	5,042
	Filled Slots	3,968	4,290	4,433	4,579	4,579	4,799
	Expenditures	\$141,391,937	\$161,598,757	\$203,500,917	\$234,144,770	\$236,292,366	\$258,000,187
Supports	Allocated Slots						2,088
	Filled Slots	N/A	N/A	N/A	N/A	N/A	1,414
	Expenditures						\$9,650,848
Total	Allocated Slots	6,704	8,155	8,605	8,871	9,045	11,533
	Filled Slots	5,360	6,994	8,150	8,649	8,593	10,236
	Expenditures	\$151,884,346	\$180,755,312	\$247,743,787	\$284,570,613	\$281,930,298	\$319,086,316

*Individuals were transferred to the EDA waiver.

Figure B 1: Historical Waiver Slots Allocated by State Fiscal Year

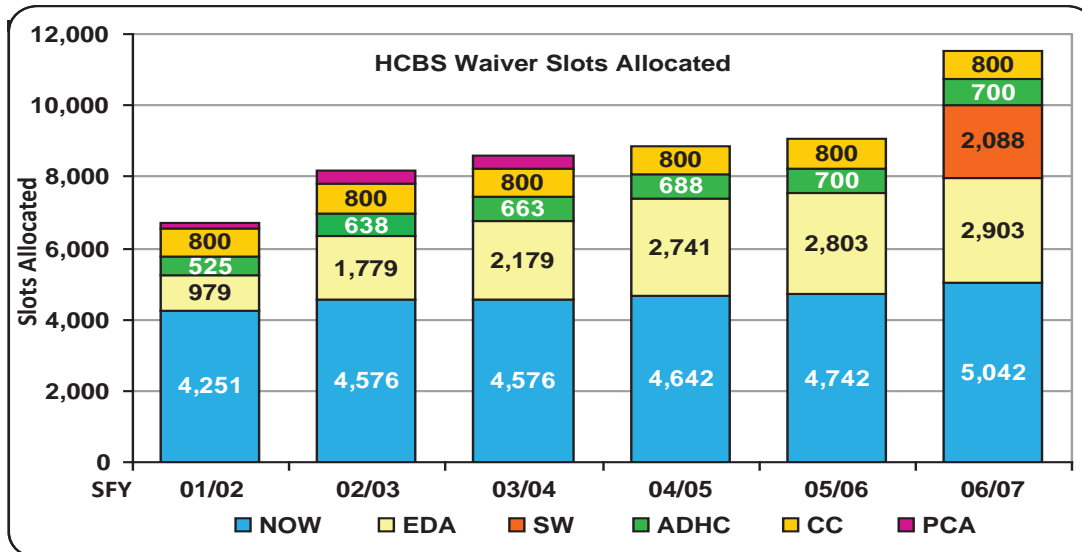


Figure B 2: Historical Waiver Slots Filled by State Fiscal Year

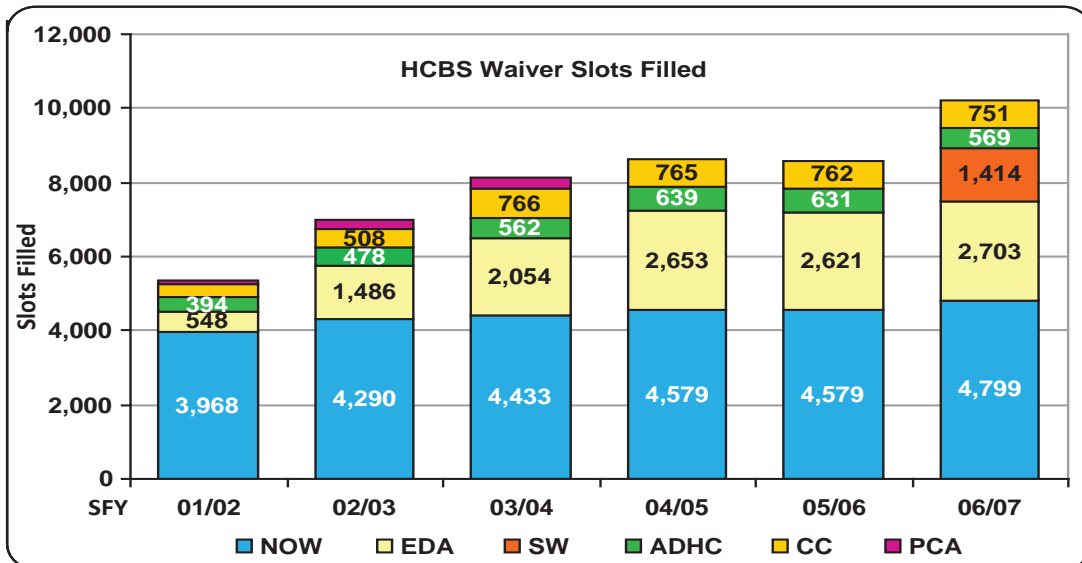
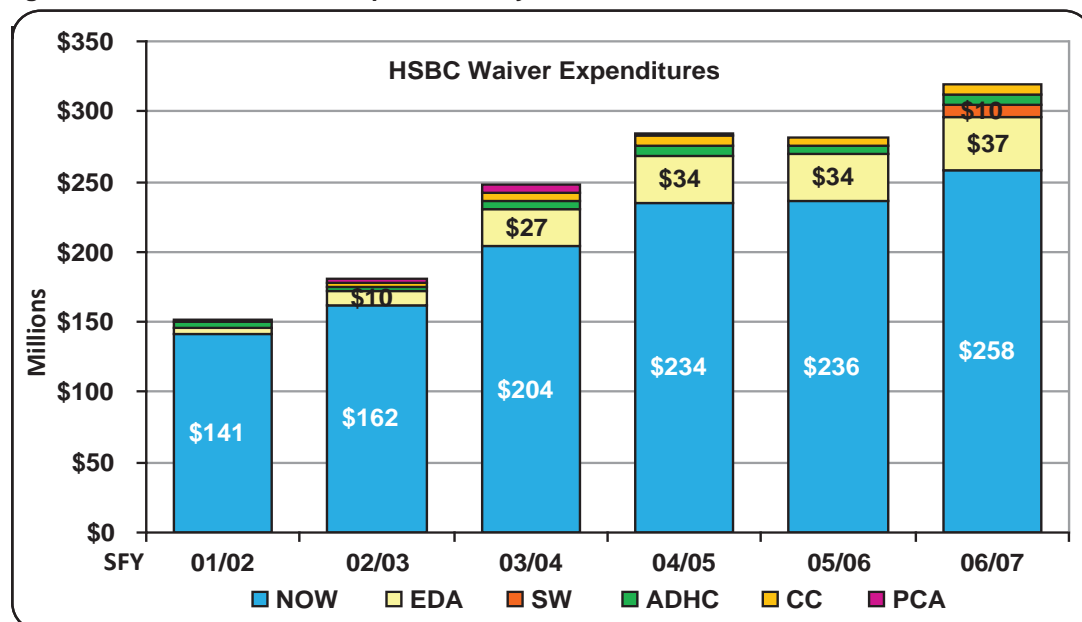


Figure B 3: Historical Waiver Expenditures by State Fiscal Year



Appendix C: Acronyms

ADHC	Adult Day Health Care	MD	Medical Doctor
ADL	Activities of Daily Living	MDW	Mars Data Warehouse
AFDC	Aid to Families with Dependent Children – now LIFC	MFP	Money Follows the Person
BCOS	Budget Category of Service	MHR	Mental Health Rehabilitation
BCSS	Bureau of Community Supports and Services	MITA	Medicaid Information Technical Architecture
BHSF	Bureau of Health Services Financing – also Medicaid	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
CMHC	Community Mental Health Centers	MPP	Medicaid Purchase Plan
CMS	Center for Medicare and Medicaid Services	DD	Developmentally Disabled
CRNA	Certified Registered Nurse Anesthetists	MSP	Medicare Savings Program
DHE	Division of Health Economics	MVA	Medical Vendor Administration
DHH	Department of Health and Hospitals	MVP	Medical Vendor Payments
DHHS	Department of Health and Human Services	NBCCEDP	National Breast and Cervical Cancer Early Detection Program
DME	Durable Medical Equipment	NEMT	Non-Emergency Medical Transportation
DO	Doctor of Osteopathy	NOW	New Opportunities Waiver
DOP	Date of Payment	OAAS	Office of Aging and Adult Services
DOS	Date of Service	OCDD	Office For Citizens with Developmental Disabilities
DRA	Deficit Reduction Act of 2005	OFS	Office of Family Support
DSH	Disproportionate Share	OMF	Office of Management and Finance
EDA	Elderly and Disabled Adult	PAS	Personal Assistance Services
EPSDT	Early and Periodic Screening, Diagnosis and Treatment	PCA	Personal Care Assistance
ESRD	End Stage Renal Disease	PCCM	Primary Care Case Management
FEMA	Federal Emergency Management Authority	PCP	Primary Care Physician/Provider
FFP	Federal Financial Participation – also FMAP	PCS	Personal Care Services
FFY	Federal Fiscal Year	PPS	Prospective Payment System
FITAP	Family Independence Temporary Assistance Program	PSP	Prohibited SSI Provisions
FMAP	Federal Medical Assistance Percentage	QDWI	Qualified Disabled Working Individual
FPL	Federal Poverty Level	QI	Qualified Individuals
FQHC	Federally Qualified Health Center	QMB	Qualified Medicare Beneficiary
HCBS	Home and Community Based Services	ROW	Residential Options Waiver
HCSD	Health Care Services Division	RSDI	Retirement, Survivors and Disability Insurance
HSD	Health Sciences Division	SCHIP	State Children's Health Insurance Program
IADL	Instrumental Activities of Daily Living	SFP	Solicitation of Proposal
ICF/DD	Intermediate Care Facility – Developmentally Disabled	SFY	State Fiscal Year
ISIS	Integrated State Information System	SLMB	Specified Low-Income Beneficiary
IPF	Inpatient Psychiatric Facilities	SNF	Skilled Nursing Facility
LaCHIP	Louisiana Children's Health Insurance Program	SSA	Social Security Administration
LIFC	Low Income Families with Children	SSI	Supplemental Security Income
LSU	Louisiana State University	SW	Supports Waiver
LSUMC	Louisiana State University Medical Center	TANF	Temporary Aid for Needy Families
LTC	Long Term Care	TB	Tuberculosis
LT-PCS	Long Term – Personal Care Services	UCC	Uncompensated Care
LTSS	Long Term Supports and Services		

Appendix D: Medicaid Parish Offices - Contact Information

	Parish	Address	City, State	ZIP	Phone	Fax
1	Acadia	1113 East Northern Avenue	Crowley, LA	70527	(337) 788-7610	(337) 788-7621
2	Allen	213 B North 1st Street	Oberlin, LA	70655	(337) 639-4173	(337) 639-4097
3	Ascension	1532 S. Burnside Ave., Bldg. 2	Gonzales, LA	70737	(225) 644-3700	(225) 647-8743
4	Assumption	Lafourche Parish Medicaid, 1000-E Plantation Road	Thibodaux, LA	70301	(985) 449-5021	(985) 449-5161
5	Avoyelles	457 West Waddil Street	Marksville, LA	71351	(318) 253-5946	(318) 253-4060
6	Beauregard	1808 Highway 190 West - Suite C	DeRidder, LA	70634	(337) 463-9131	(337) 463-3929
7	Bienville	1285 Pine Street - Suite 102	Arcadia, LA	71001	(318) 263-9477	(318) 263-2009
8	Bossier	3020 Knight Street, Suite 100	Shreveport, LA	71105	(318) 862-9875	(318) 862-9850
9	Caddo	3020 Knight Street, Suite 100	Shreveport, LA	71105	(318) 862-9875	(318) 862-9850
10	Calcasieu	2300 Broad Street	Lake Charles, LA	70601	(337) 491-2439	(337) 491-2785
11	Caldwell	2406 West Street	Winnsboro, LA	71295	(318) 435-2930	(318) 435-2149
12	Cameron	2300 Broad Street	Lake Charles, LA	70601	(337) 491-2439	(337) 491-2785
13	Catahoula	1305 Fourth Street	Jonesville, LA	71343	(318) 339-4213	(318) 339-9969
14	Claiborne	3020 Knight Street, Suite 100	Shreveport, LA	71105	(318) 862-9875	(318) 862-9850
15	Concordia	3683 South First Street	Jena, LA	71342	(318) 992-5340	(318) 992-5422
16	DeSoto	430 Dixie Plaza	Natchitoches, LA	71457	(318) 357-2466	(318) 357-7059
17	East Baton Rouge	2521 Wooddale Boulevard	Baton Rouge, LA	70806	(225) 922-1542	(225) 922-0406
18	East Carroll	702 East Jefferson Street	Oak Grove, LA	71263	(318) 428-2222	(318) 428-1033
19	East Feliciana	Feliciana Parishes Medicaid Office, 12486 Feliciana Dr.	Clinton, LA	70722	(225) 683-4757	(225) 683-9618
20	Evangeline	1008 West LaSalle Street	Ville Platte, LA	70586	(337) 363-4262	(337) 363-4251
21	Franklin	2406 West Street	Winnsboro, LA	71295	(318) 435-2930	(318) 435-2149
22	Grant	100 8th Street	Colfax, LA	71417	(318) 627-5408	(318) 627-2985
23	Iberia	1217 Adrian Street	New Iberia, LA	70560	(337) 373-0062	(337) 373-0138
24	Iberville	24710 Plaza Drive	Plaquemine, LA	70764	(225) 692-7014	(225) 692-7086
25	Jackson	1102 East Georgia, Ste. B	Ruston, LA	71270	(318) 251-5049	(318) 251-5056
26	Jefferson Davis	437 North Market Street	Jennings, LA	70546	(337) 824-2014	(337) 824-0842
27	Jefferson, East Bank	3229 36th Street, Ste. 210	Metairie, LA	70001	(504) 846-6960	(504) 846-6967
28	Jefferson, West Bank	2150 West Bank Expressway, Suite 400	Harvey, LA	70058	(504) 361-6973	(504) 361-6978
29	Lafayette	117 Production Drive	Lafayette, LA	70508	(337) 262-1424	(337) 262-1671
30	Lafourche	Lafourche Parish Medicaid, 1000-E Plantation Road	Thibodaux, LA	70301	(985) 449-5021	(985) 449-5161
31	LaSalle	3683 South First Street	Jena, LA	71342	(318) 992-5320	(318) 992-5422
32	Lincoln	1102 East Georgia, Ste. B	Ruston, LA	71270	(318) 251-5049	(318) 251-5056
33	Livingston	29841 South Magnolia Street	Livingston, LA	70754	(225) 686-2558	(225) 686-2820
34	Madison	121 Ellington Drive	Rayville, LA	71269	(318) 728-0344	(318) 728-9348
35	Morehouse	240 Holt Street	Bastrop, LA	71220	(318) 556-7014	(318) 283-0864
36	Natchitoches	430 Dixie Plaza	Natchitoches, LA	71457	(318) 357-2466	(318) 357-7059
37	Orleans	1010 Common Street, 4th Floor	New Orleans, LA	70112	(504) 599-0656	(504) 599-0528
38	Ouachita	3100 Kilpatrick Blvd	Monroe, LA	71201	(318) 362-3300	(318) 362-0412
39	Plaquemines	2150 West Bank Expressway, Suite 400	Harvey, LA	70058	(504) 361-6973	(318) 361-6978
40	Pointe Coupee	1919 Hospital Road, Suite B	New Roads, LA	70760	(225) 638-6584	(225) 638-6586
41	Rapides	1505 Washington Street	Alexandria, LA	71301	(318) 487-5670	(318) 487-5924
42	Red River	430 Dixie Plaza	Natchitoches, LA	71457	(318) 357-2466	(318) 357-7059
43	Richland	121 Ellington Drive	Rayville, LA	71269	(318) 728-0344	(318) 728-9348
44	Sabine	430 Dixie Plaza	Natchitoches, LA	71457	(318) 357-2466	(318) 357-7059
45	St. Bernard	1010 Common Street, 4th Floor	New Orleans, LA	70112	(504) 599-0656	(504) 599-0528
46	St. Charles	Tri-Parish Medicaid, 421 West Airline Highway, Suite H	LaPlace, LA	70068	(985) 651-4809	(985) 651-4818
47	St. Helena	29841 South Magnolia	Livingston, LA	70754	(225) 686-2558	(225) 686-2820
48	St. James	Tri-Parish Medicaid, 421 West Airline Highway, Suite H	LaPlace, LA	70068	(985) 651-4809	(985) 651-4818
49	St. John	Tri-Parish Medicaid, 421 West Airline Highway, Suite H	LaPlace, LA	70068	(985) 651-4809	(985) 651-4818
50	St. Landry	6069 I-49 Service Road, Suite B	Opelousas, LA	70570	(337) 942-0155	(337) 948-0371
51	St. Martin	508 E. Bridge Street	St. Martinville, LA	70582	(337) 394-3228	(337) 394-8918
52	St. Mary	15213 LA Highway 182 West	Franklin, LA	70538	(337) 828-2611	(337) 828-2656
53	St. Tammany	21454 Koop Drive, Suite B	Mandeville, LA	70471	(985) 871-1359	(985) 871-1369
54	Tangipahoa	121 Robin Hood Drive	Hammond, LA	70403	(985) 543-4216	(985) 543-4221
55	Tensas	2406 West Street	Winnsboro, LA	71295	(318) 435-2930	(318) 435-2149
56	Terrebonne	5593 Highway 311	Houma, LA	70360	(985) 873-2030	(985) 873-2042
57	Union	3100 Kilpatrick Blvd	Monroe, LA	71201	(318) 362-3300	(318) 362-0412
58	Vermillion	1820-A Veterans Memorial Drive	Abbeville, LA	70510	(337) 898-2854	(337) 898-3827
59	Vernon	1100 Nolan Trace	Leesville, LA	71446	(337) 238-7022	(337) 238-6496
60	Washington	521 Ontario Avenue	Bogalusa, LA	70427	(985) 732-6844	(985) 732-6835
61	Webster	3020 Knight Street, Suite 100	Shreveport, LA	71105	(318) 862-9875	(318) 862-9850
62	West Baton Rouge	24710 Plaza Drive	Plaquemine, LA	70764	(225) 692-7014	(225) 692-7086
63	West Carroll	702 East Jefferson Street	Oak Grove, LA	71263	(318) 428-2222	(318) 428-1033
64	West Feliciana	Feliciana Parishes Medicaid Office, 12486 Feliciana Dr.	Clinton, LA	70722	(225) 683-4757	(225) 683-9618
65	Winn	207 East North Street	Winnfield, LA	71483	(318) 648-9189	(318) 648-9190

* Regional office's contact information is located on the back cover of this report

Medicare and Medicaid

	Medicare	Medicaid (XIX)
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-pays and deductibles	Federal, state, and local tax
Coverage	Uniform across the state	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 they each provide different services.
See table below.

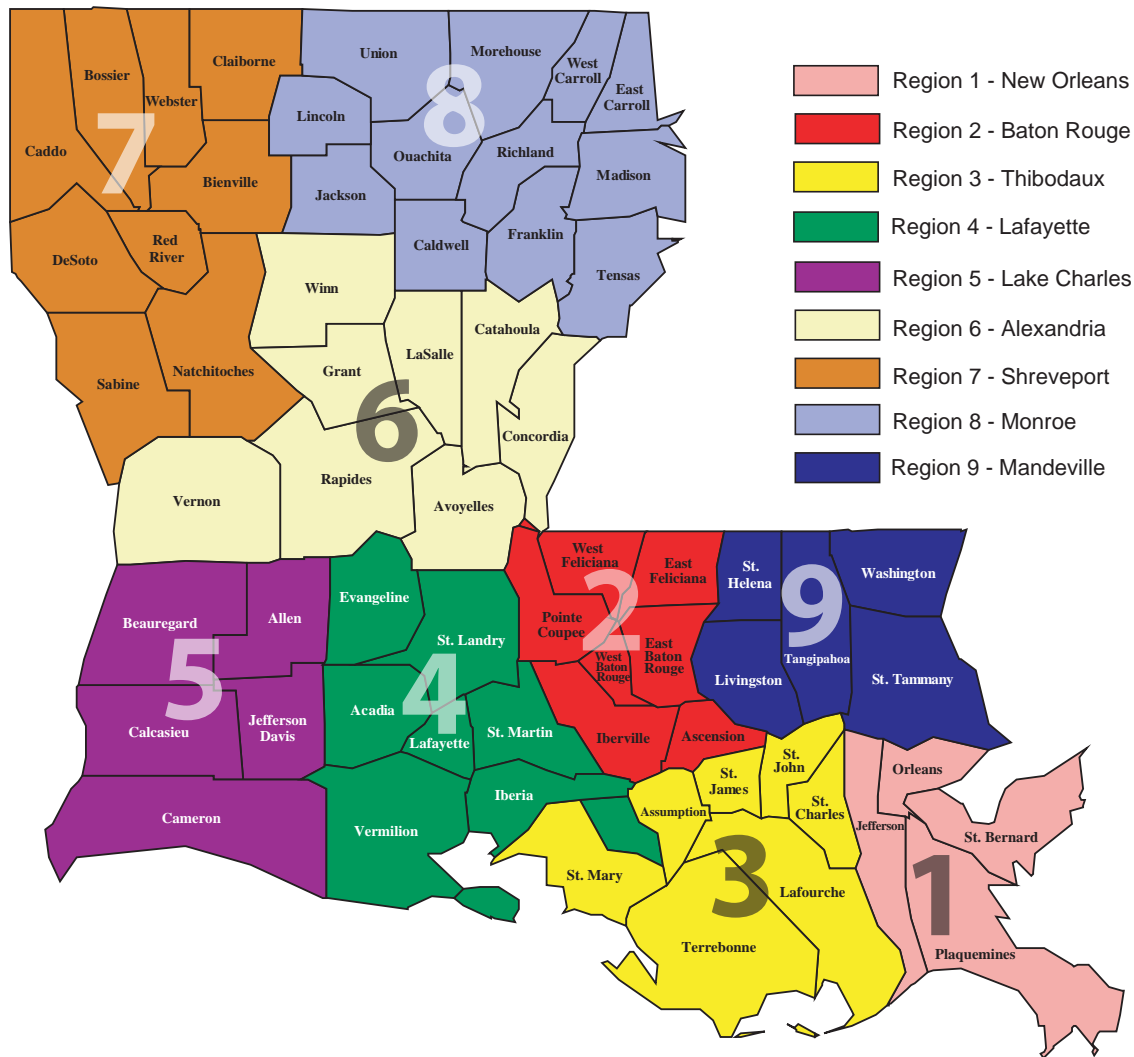
Medicare Type	Provided Services
Medicare Part-A	Provides coverage of inpatient hospital services, skilled nursing facilities, home health services and hospice care
Medicare Part-B	Helps pay for the cost of physician services, outpatient hospital services, medical equipment and supplies and other health services and supplies
Medicare Part-C	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
Long Term Care Facilities	Pharmacy
Early Periodic Screening, Diagnostic and Treatment (EPSDT)	Long Term Personal Care
Physician Services	Hemodialysis
Private Family Planning	Certified RN Anesthetists
Federally Qualified Health Centers	Adult Dentures
Nurse-Midwife Services	Case Management
Nurse Practitioner	Rehabilitation
Home Health	Ambulatory Surgical
Durable Medical Equipment	Hospice

Department of Health and Hospitals

Administrative Regions



REGION 1 - NEW ORLEANS

3229 36th Street, Suite 210
New Orleans, LA 70001

Mail to: P.O. Box 1521

Metairie, LA 70004-1521

PHONE: (504) 846-6960

FAX: (504) 846-6967

REGION 2 - BATON ROUGE

2521 Wooddale Boulevard
Baton Rouge, LA 70806

Mail to: P.O. Box 91248

Baton Rouge, LA 70821-9248

PHONE: (225) 925-6505

FAX: (225) 925-6525

REGION 3 - THIBODAUX

1000-C Plantation Road
Thibodaux, LA 70301

Mail to: P.O. Box 690

Thibodaux, LA 70302-0690

PHONE: (985) 449-5163

FAX: (985) 449-5030

REGION 4 - LAFAYETTE

101 Feu Follet Road
Saloom Office Park 2, Suite #115
Lafayette, LA 70508

Mail to: P.O. Box 81709

Lafayette, LA 70598-1709

PHONE: (337) 262-1231

FAX: (337) 262-1232

REGION 5 - LAKE CHARLES

2300 Broad Street
Lake Charles, LA 70601

Mail to: P.O. Box 3250

Lake Charles, LA 70602-3250

PHONE: (337) 491-2439

FAX: (337) 491-2785

REGION 6 - ALEXANDRIA

3600 Jackson Street
Dunbar Plaza - Suite #113
Alexandria, LA 71303

Mail to: P.O. Box 13316

Alexandria, LA 71315-3316

PHONE: (318) 487-5147

FAX: (318) 484-2410

REGION 7 - SHREVEPORT

3020 Knight Street, Suite #100
Shreveport, LA 71105

PHONE: (318) 862-9875

FAX: (318) 862-9903

TTD: (318) 862-9714 or 1- 888-838-2351

REGION 8 - MONROE

122 St. John Street
State Office Building, Room 110
Monroe, LA 71201-7384

PHONE: (318) 362-3066

FAX: (318) 362-3065

REGION 9 - MANDEVILLE

21454 Koop Dr., Suite 1B
Mandeville, LA 70471

PHONE: (985) 871-1298

FAX: (985) 871-1276