

Louisiana Department of Health and Hospitals

Louisiana Medicaid

Annual Report
State Fiscal Year
2007/08



**Bhaskar Toodi, MBA, Ph.D.
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Editor**

Editorial Panel

**Ray Dawson
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Don Gregory
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Kang-Sun Lee, Ph.D.
Jerry Phillips
Bhaskar Toodi, MBA, Ph.D.
Ronald Young, Ph.D.**

Special Thanks

**Ucheoma Nwagbara, MPA
Mary Kay Slusher
Jeff Raymond, MS
Baifu Xu, MS
Medicaid Staff**

Please address questions and comments to:

**Bhaskar Toodi, MBA, Ph.D.
Assistant Director/Health Economist
Division of Health Economics
P.O. Box 629, Bin #34
628 N. 4th Street
Baton Rouge, LA 70821-0629
Phone: (225) 342-6319**

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State of Louisiana

Department of Health and Hospitals

Dear Reader:

It is our pleasure to present the State Fiscal Year 2007/08 Medicaid Annual Report, which provides insight into Louisiana's Medicaid Program and its multiple activities and numerous accomplishments throughout the year.

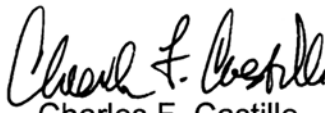
The Louisiana Medicaid Program continues to be one of the largest state programs with total expenditures of about \$5.9 billion during State Fiscal Year 2007/08. Of the \$5.9 billion, \$5.0 billion were claims and premium payments paid on behalf of more than 1.2 million Louisianans, about 27% of the state population. In addition, Medicaid paid about \$909.1 million as reimbursement of Uncompensated Care Costs on behalf of the uninsured and underinsured population. The 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 program initiatives."

SFY 2007/08 was a good year for Louisiana Medicaid, including the addition of new programs and many reimbursement changes. The Louisiana Medicaid Program made efforts to sustain accessible and quality health care for its enrollees by bringing physician reimbursement rates to at least 90% of Medicare allowable rate and increasing Home and Community Based Services Program. Also, Medicaid implemented new initiatives such as the Family Opportunity Act and Program of All-Inclusive Care for the Elderly (PACE) to provide more citizens with an opportunity to quality healthcare. In addition, Medicaid started the development of the Operation REDIRECT program facilitated by a federal grant to help improve access to primary medical care and reduce improper emergency room utilization. These efforts will enable Louisiana Medicaid to provide more citizens with quality healthcare.

This year is the first year the Medicaid Annual Report included all Medicare Buy-in and Part-D enrollees, recipients, and premiums throughout the report. Some of this data had not been captured in previous annual reports. Including all Medicare Buy-in and Part-D data provides a comprehensive and more accurate count of the people actually impacted by Medicaid.

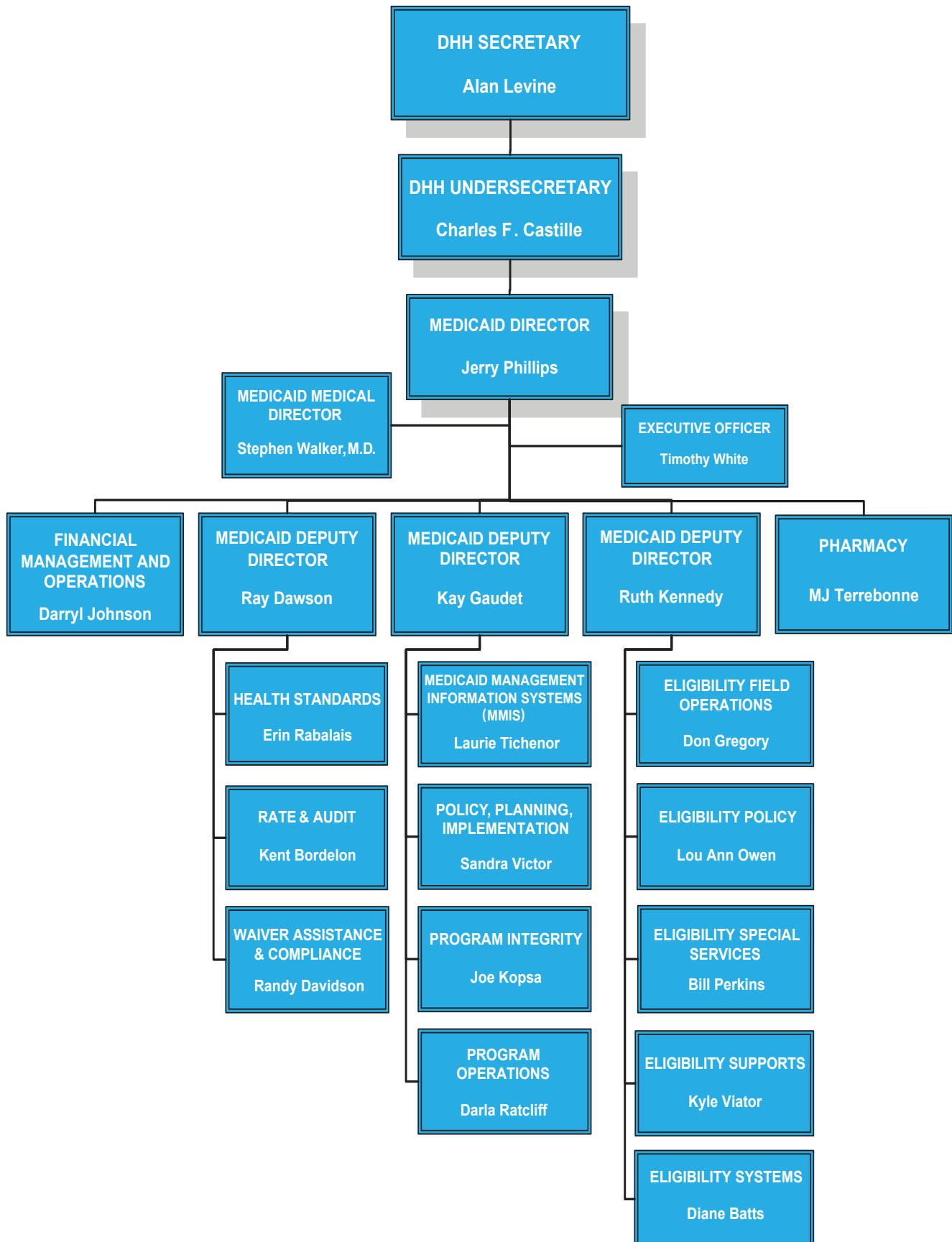
We encourage you to read this report, for it provides a comprehensive overview of Louisiana's Medicaid Program. Our intent is that you will find it informative and useful.


Alan Levine
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 is also appointed by the Governor. The Undersecretary reports to the Secretary and oversees several administrative bureaus and divisions, including the Bureau of Health Services Financing (Medicaid) 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 C.

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
The Division of Health Economics of the Louisiana Department of Health and Hospitals
P.O. Box 629, Bin #34, Baton Rouge, LA 70821-0629
Phone: (225) 342-6319*

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 1 through June 30 of the next calendar year. Therefore, most of the data in this report is presented on this basis. The Federal Fiscal year (FFY) begins October 1 and ends September 30 of the next calendar year. Tables, graphs, and text are presented on a SFY basis unless otherwise noted.

Expenditures versus Payments

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

To capture detailed recipient and provider related information, we use the second set of sources, the Medicaid Management Information System (MMIS) and Medicare Modernization Act (MMA) Response File from Centers for Medicare and Medicaid Services (CMS). MMIS has a claims reporting system, known as Medicaid MARS Data Warehouse, which is managed by the Medicaid program Fiscal Intermediary (FI). Recipients and provider specific information is drawn from data sets produced by MARS

Data Warehouse which are specifically derived for this Annual Report according to the criteria specified in this technical note. The Medicaid MARS Data Warehouse reports paid claims to providers before the application of certain financial adjustments, as discussed under the first source. MMA Response File contains information about recipients on behalf of whom a Medicare Buy-in and/or Part-D premium was paid to CMS.

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

Enrollee, Recipient, and Payment Counts

To have a better count of enrollees, recipients, and payments, this SFY 2007/08 Medicaid Annual Report is the first annual report to include all Medicare Buy-in and Part-D dual eligibles. Historically, under enrollee and recipient counts, Medicare Buy-in and Part-D 'premium only' dual eligibles, which were not eligible for any other Medicaid services, were not reported. However, given our revised definitions this year onward, we are including Medicare Buy-in and Part-D 'premium only' dual eligibles since these individuals are also Medicaid eligible. Payments in prior SFYs only included claims payments from MARS Data Warehouse; this SFY all Medicare Buy-in and Part-D premium payments are also included. Data reported in this SFY report may differ from previous reports, though not significantly.

Highlights of State Fiscal Year 2007/08

During this state fiscal year 2007/08, the Louisiana Medicaid Program made every effort to sustain accessible and quality health care for its enrollees. Notably, this SFY physician reimbursement rates were brought to at least 90% of Medicare Region 99 allowable, along with the expansion of services without significantly increasing costs. Also, Medicaid implemented new programs to provide more citizens with an opportunity to quality healthcare.

Online Medicaid Application

In October 2007, a new Medicaid online application became available to apply for or to renew Medicaid enrollment. The online 'fillable' application form made a faster and more efficient way to apply for Medicaid, eliminating delays in mailing or faxing a paper form. Paper applications can still be submitted and are available at any Medicaid office, Medicaid application center, by downloading it from the website, or by requesting it from the Medicaid hotline. The online application and other resources can be accessed on the Department of Health and Hospitals website at <https://bhsfweb.dhh.louisiana.gov/onlineapppublic/secure/>.

First Opened Program of All-Inclusive Care for the Elderly (PACE) Site

After a two-year delay due to Hurricane Katrina, PACE Greater New Orleans (GNO) began operations in September 2007. PACE is an integrated system of care for the frail elderly that is community-based, comprehensive, capitated, and coordinated. PACE providers are not-for-profit organizations that bear financial risk for all medical and support services required for enrollees. Most PACE participants are dually eligible. The program honors what elders want, which is to stay in familiar surroundings, maintain autonomy, and to maximize their level of physical, social, and cognitive function. By the end of the SFY, PACE GNO had enrolled 51 participants of the 150 allowed.

Expansion of Waiver Opportunities

For the SFY 2007/08, a total of 3,425 slots were added to the Home and Community-Based Service (HCBS) Waiver programs. Out of the 3,425 slots, 1,800 were allocated to the developmental disability waivers (200 slots for Children's Choice, 1,500 for NOW, and 100 for Supports) and 1,625 were allocated to the Elderly waivers (125 slots for ADHC and 1,500 for EDA, of which 150 were allocated for persons with ALS-Lou Gehrig's disease). The addition of the elderly slots reduced the waiting time for an EDA offer to less than two years and the waiting time for ADHC to about two months. With the additional slots, the HCBS waiver program offered a total of 14,958 slots for all programs with an overall fill rate of 83.1%.

Family Opportunity Act (FOA)

The Family Opportunity Act (FOA) Medicaid Buy-In Program was created through the Federal Deficit Reduction Act (DRA) of 2005. Louisiana was the first state in the nation to effectively implement this program when it went into effect on October 1, 2007. The program grants Medicaid access to children in families up to 300% FPL who have a disability and are ineligible for Supplemental Security Income (SSI), Medicaid, or LaCHIP because of parent income or private health insurance. Some cost sharing is associated with FOA through monthly premiums and the program offers full Medicaid benefits. In SFY 2007/08, FOA covered children through age 12 and in SFY 2008/09 that coverage will be extended to children up to age 19 per federal regulations. FOA has offered Medicaid coverage to 270 children.

LaCHIP Affordable Plan (LAP)

In June 2008, Louisiana expanded coverage for children up to 250% FPL through a separate SCHIP model known as the LaCHIP Affordable Plan as authorized by Act 407 of the 2007 Legislature. LaCHIP Affordable Plan (LAP) is a separate state SCHIP Program and different from the regular LaCHIP program. LAP covers children under the age 19 that are not covered by health insurance. Some cost sharing is associated with LAP through monthly premiums and co-payments. DHH contracted with the Louisiana Office of Group Benefits (OGB) to serve as a third party administrator for the management of claims payments through their preferred provider organization network. During SFY 2007/08, LAP paid \$1,464 for recipient services. LAP is not a Medicaid expansion program, but instead was implemented as a "stand-alone" program administered by OGB. Since it is a stand-alone program, LAP data was not included in this SFY 2007/08 Medicaid Annual Report.

Operation REDIRECT Grant

In April 2008, the Centers for Medicare and Medicaid Services awarded Louisiana Medicaid \$3.75 million over a two year period (April 2008-April 2010) to develop an initiative to help improve access to primary medical care. The dual approach initiative will help Medicaid enrollees avoid improper use of costly hospital emergency rooms. Louisiana will utilize the grant funding to establish alternate networks of non-emergency care. In Phase I of the project, the Targeted Outreach approach, education and guidance will be provided to 500 Medicaid enrollees who are deemed high utilizers of emergency department services (HUES). The HUES will be assessed for their level of inappropriate emergency departments (ED) usage, receive health education, and receive assistance in choosing and scheduling appointments with an

alternate non-emergency service provider. In Phase II of the project, the Point of Contact approach, Medicaid enrollees that present to the ED with non-emergent conditions will be identified and surveyed as to why their primary care provider (PCP) was not accessed and then educated on their options for non-emergent care. They will be referred back to their linked PCP or offered the option of selecting a different network provider. This redirection management strategy gives the project its name, "Operation REDIRECT." Both the outreach and redirection approaches will be coordinated through health technology. Access to electronic recipient data will help identify enrollees who repeatedly use EDs for primary care, and target them for education. Also, when an enrollee is redirected to an alternate non-emergency provider, electronic health information exchange between clinics will allow for better coordination of care. The projected start date for Phase I of the project is April 2009.

Reimbursement Changes

Throughout SFY 2007/08 there were multiple changes in reimbursement of various services. Based on funding appropriated in the 2007 Legislative Session and approved by CMS the following reimbursement changes occurred.

In October 2007, the reimbursement for selected physician services changed to at least 90% of the 2007 Louisiana Medicare Region 99 allowable or to billed charges, whichever was the lesser amount. The reimbursement remained the same for those services that were already being reimbursed at a rate between 90% and 120% of the 2007 Louisiana Medicare Region 99 allowable. For services that were reimbursed at a rate above 120% of the 2007 Louisiana Medicare Region 99 allowable, the reimbursement was reduced to 120% of the 2007 Louisiana Medicare Region 99 allowable.

To maintain the 90% of Medicare rates, the rate guideline changed to the 2008 Louisiana Medicare Region 99 allowable in January 2008.

Louisiana Medicaid began reimbursing for immunizations (vaccine and administration) to recipients age 21 years and older for influenza, pneumococcal, and Human Papillomavirus (HPV) diseases in October 2007.

Effective October 2007, Louisiana Medicaid started reimbursing professional service providers for select procedure codes specific to psychiatric services delivered in the office or other outpatient facility settings. This was applicable to physician services in the professional services program and to mental health services provided in rural health clinics/ federally qualified health centers. These services are included in the outpatient visit service limit allowed per calendar year for adult recipients (age 21 and older).

Also in October 2007, Louisiana Medicaid initiated reimbursement to professional services providers for select adjunct services, outpatient evaluation, and management services, when the services are rendered in settings other than hospital emergency departments between the hours of 5 p.m. and 8 a.m. Monday through Friday, on weekends (12 a.m. Saturday through midnight on Sunday), and State/Governor proclaimed legal holidays (12 a.m. through midnight).

The reimbursement fees for certain Medicaid-covered EPSDT dental and extended dental services for pregnant women were increased to 65% of the 2007 National Dental Advisory Service Comprehensive Fee Report 70th percentile in November 2007.

Year in Review

Enrollees and Recipients

To account for all Medicaid beneficiaries properly, SFY 2007/08 was the first year where 'premium only' duals, 33,508 enrollees and 38,830 recipients, were also included in total unduplicated counts. Please refer to the technical note on page 5 for a detailed explanation. During SFY 2007/08, 1,174,215 people, about 27% of Louisiana's population¹, were enrolled and payments were made on behalf of 1,158,313 recipients in the Medicaid program (Figure 1). From an historical perspective, without these 'premium only' duals, these unduplicated counts would have been 1,140,707 for enrollees and 1,119,483 for recipients; respectively, this was about a 1.2% and 0.2% reduction compared to the previous SFY.

Payments

During SFY 2007/08, over \$5.1 billion (excluding uncompensated care payments) was paid on behalf of about 1.2 million Medicaid recipients, averaging about \$4,438 per recipient² (Figure 2). For a comparative perspective, nominal average payment per recipient without 'premium only' duals was \$4,340, which was about 16% higher than the previous SFY. Real average annual payment per recipient (adjusted for inflation with SFY 2002/03 as base period) was about \$3,608 during SFY 2007/08. To consider real average annual payment without 'premium only' duals it was \$3,528, which was a decrease of about 0.6% for Medicaid recipients over the last six years and an increase of 11% from SFY 2006/07.

Figure 1: Louisiana Medicaid Enrollees and Recipients

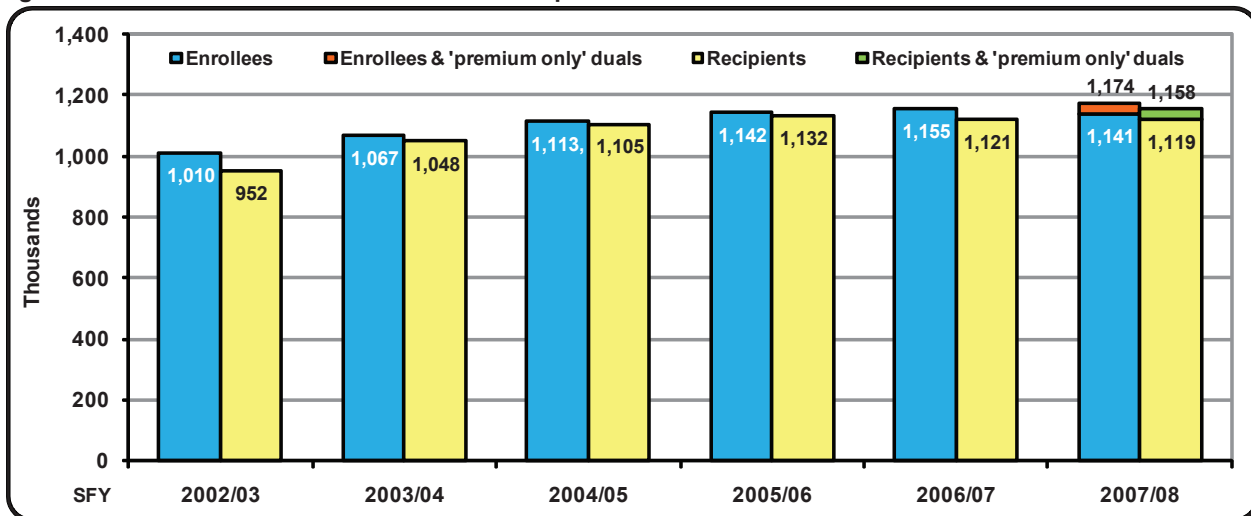
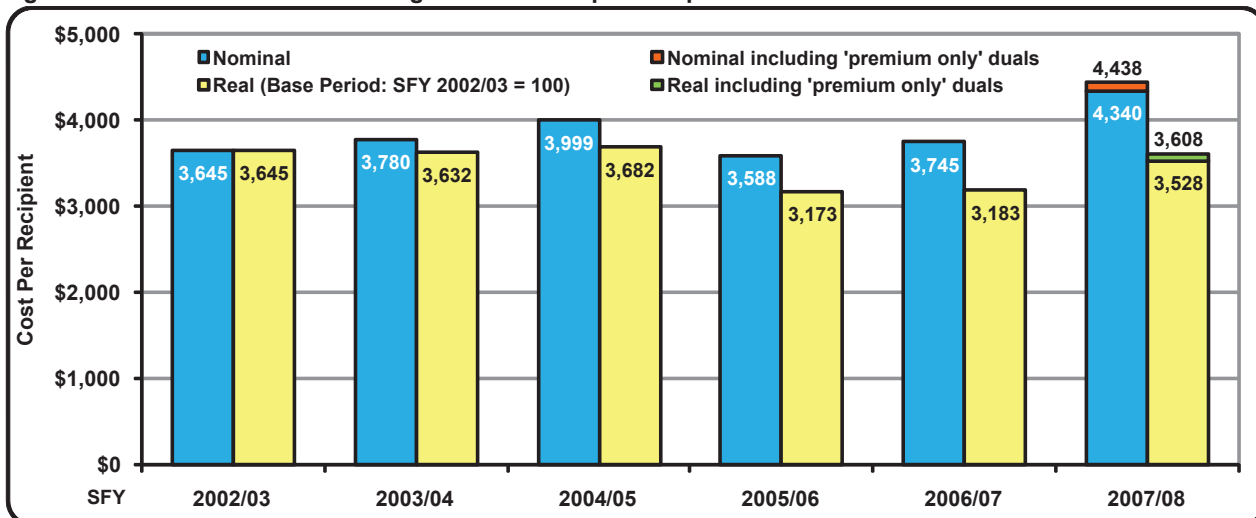


Figure 2: Louisiana Medicaid Average Annual Cost per Recipient



Bureau of Labor Statistics. (2008). Consumer Price Index – All Urban Consumers – U.S. Medical Care, Series ID: CUUR0000SAM. Retrieved from <http://data.bls.gov/cgi-bin/surveymost?cu>

¹ U.S. Census Bureau, Population Estimates Program. (2008). Annual Population Estimates for Louisiana Parishes for July 1, 2007. Retrieved from http://factfinder.census.gov/servlet/GCTTable?_bm=y&-context=gct&-ds_name=PEP_2007_EST&-%20context=gct&-CONTEXT=gct&-mt_name=PEP_2007_EST_GCTT1_US25&-tree_id=807&-redoLog=true&-caller=geoselect&-geo_id=04000US22&-format=ST-2|ST-2S&-lang=en

² Simple average, not a weighted average.

Medicaid Finances

Means of Finance

Medicaid is a means-tested, open-ended entitlement public assistance program established in 1965 by Title XIX of the Social Security Act, often referred to as “Title XIX”. Being an entitlement program 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. The Medicaid program pays for services covered by the program for those who meet the criteria and are enrolled.

The Medicaid program is funded through federal and state funds. The federal share is based on Federal Medical Assistance Percentages (FMAP), which are updated each Federal Fiscal Year (FFY). State FMAPs range from 50% to 83% of program cost based on their latest three year average per capita income in relation to the national average per capita income. The federal government also offers an enhanced FMAP for recipients in the State Children’s Health Insurance Program (SCHIP). Table 1 shows the historical FMAP matching for Medicaid services in Louisiana. During SFY 2007/08, Louisiana’s FMAP was 71.78% for regular Medicaid and 80.24% for LaCHIP.

Financial Factors

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 and financial 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. During 2007, 16.1% of the Louisiana population was considered living under 100% of the FPL, while 35.9% were living below 200% of the FPL (Table 2). These percentages compare to 12.5% and 30.5% respectively for the U.S. population, categorizing Louisiana as a low income state. Though Louisiana’s population poverty status was greater than the U.S., Louisiana’s percentages did drop from the previous year of 17% and 37.9% respectively. About 27% of Louisiana’s population was enrolled in Medicaid during SFY 2007/08.

In addition to poverty rates, unemployment rates are also a major factor in state reliance on Medicaid programs. Since Medicaid serves mostly low-income individuals, an increase in unemployment could result in more people being eligible for Medicaid. Figure 3 shows unemployment rates in Louisiana compared to the U.S. average over time. After tracking above the national average for two decades, the Louisiana rate started tracking more closely to the national average in SFY 2001/02 and finally dipped below the national rate in SFY 2006/07. This decrease in unemployment could be attributed to Hurricane Katrina and Rita bringing rebuilding jobs to Louisiana. For SFY 2007/08, Louisiana’s unemployment rate was 3.8%, which was less than the national rate of 4.9%. Overall, Louisiana’s unemployment rate seemed to stabilize during SFY 2006/07 and remained stable throughout SFY 2007/08.

Table 1: Historical Louisiana Federal Medical Assistance Percentages

FFY Federal Percentages ¹			SFY Federal and State Percentages				
FFY	Regular Medicaid	Enhanced (LaCHIP) ²	SFY ³	Regular (Medicaid)		Enhanced (LaCHIP) ²	
				Federal	State	Federal	State
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
2008	72.47	80.73	2007/08	71.78	28.22	80.24	19.76

¹ U.S. Department of Health and Human Services. (2006). Federal Register, Vol. 71, No. 230. Federal Medical Assistance Percentages. Retrieved from <http://aspe.hhs.gov/health/fmap08.pdf>

² LaCHIP is Louisiana’s State Children’s Health Insurance Program (SCHIP). See page 26 for additional information.

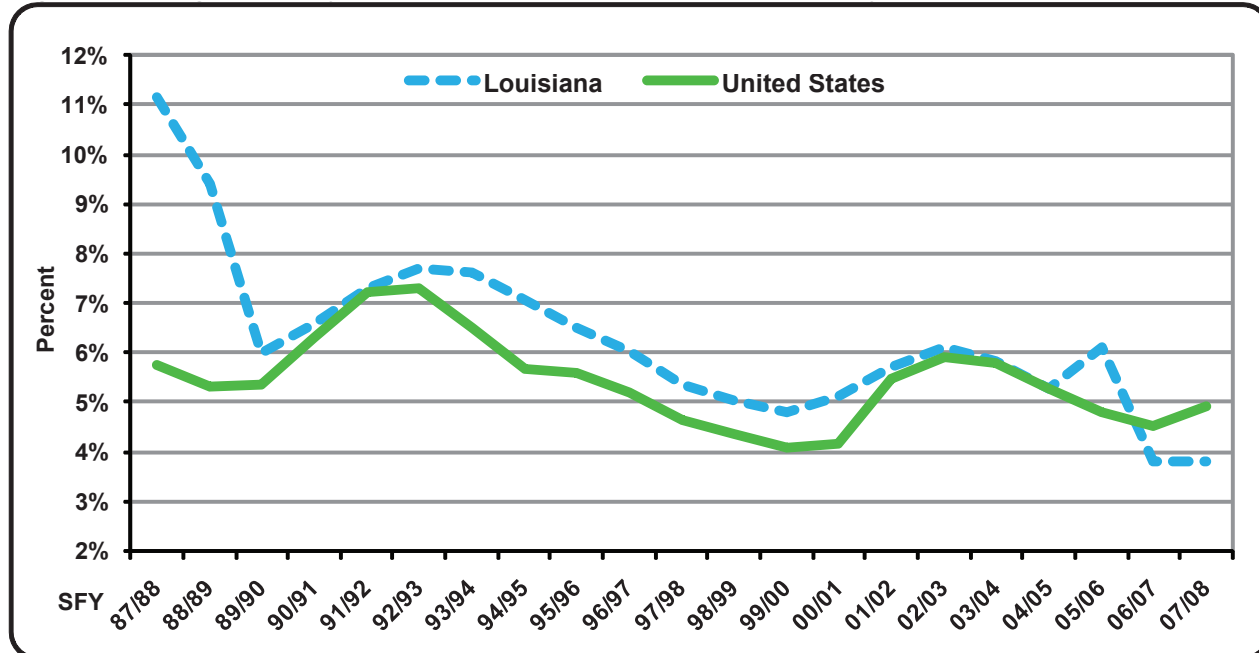
³ SFY 2002/03 - 2.95% enhanced FMAP for Last Quarter not included. SFY 2003/04 - Includes 2.95% enhanced FMAP.

Table 2: Population Poverty Status for All Income Levels in Louisiana and the United States, 2007

Poverty Level	United States	Louisiana
≤ 100% of Poverty	12.5%	16.1%
101% to 125% of Poverty	4.5%	4.8%
126% to 135% of Poverty	1.8%	2.0%
136% to 150% of Poverty	3.0%	4.4%
151% to 185% of Poverty	5.9%	5.4%
186% to 200% of Poverty	2.8%	3.2%
Rest of Population	69.5%	64.1%

U.S. Census. (2008). Current Population Survey: 2008 Annual Social and Economic Supplement, POV46 – Poverty Status by State. Retrieved from http://pubdb3.census.gov/macro/032008/pov/new46_001.htm

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



U.S. Department of Labor, Bureau of Labor Statistics. (2008). Not Seasonally Adjusted Unemployment Rate. Series ID: LNU04000000 retrieved from <http://data.bls.gov/PDQ/outside.jsp?survey=in> for United States and LAUST22000003 retrieved from <http://data.bls.gov/cgi-bin/surveymost?la+22> for Louisiana.

Louisiana State University (LSU) through the Louisiana Population Data Center projected Louisiana's population to 2020¹. LSU projected that Louisiana's population will increase about 3% every five years. In addition to the increase in population, the population age mix is predicted to change greatly. The 65+ age group, also known as the "Graying of America," 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 2008 Parish Level Estimates of Louisiana's Uninsured Population conducted by the LSU Public Policy Research Lab² for the Department of Health and Hospitals showed that in March 2008 5.5% of Louisiana children (under the age of 19) and 21.5% of nonelderly (age 19-64) adults were uninsured. For children under the age of 19, this rate represented an increase from the 5.4% rate in November 2007 and was a decrease in coverage for more than 2,000 children. For the adults age 19 to 64, the uninsured rate represented an increase as well from the November 2007 rate of 21.2%, which was a decrease in coverage for more than 9,000 adults.

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

² Goidel, Kirby and Dek Terrell. (March 2008). LSU Public Policy Research Lab. Parish Level Estimates of Louisiana's Uninsured Population. A Report from the 2007 Louisiana Health Insurance Survey. March 2008. 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 assigned each year. The following discusses how the Louisiana Medicaid Program is funded and where the money is spent.

Medicaid expenditures are grouped into two types, Medical Vendor Program (MVP) and Medical Vendor Administration (MVA). The means of finance for Medicaid MVP expenditures, excluding MVA expenditures is presented in Table 3. For this report, unless otherwise stated, Medicaid numbers include Medicaid Title XIX and LaCHIP Title XXI. Out of \$5.9 billion total MVP expenditures, the effective state match rate came to be about 26% while the effective federal match rate came to be about 74% for SFY 2007/08.

SFY 2007/08 Medicaid MVP expenditures by state appropriation are presented in Table 4. Private providers, which exclude most state/local government owned providers/entities, account for about 67.7% of total Medicaid MVP expenditures and about 84.8% of claims payments (excluding Uncompensated Care (UCC) and Medicare Buy-in). Public providers represent 12.1%, UCC accounts for 15.4% and Medicare Buy-in premiums and Part-D expenditures for dual eligibles represent 4.8% of MVP expenditures.

Table 5 presents the MVA expenditures. During SFY 2007/08, total Medicaid MVP expenditures were over \$5.9 billion for health care services delivery. To administer this \$5.9 billion MVP, about \$188 million was spent on MVA. This means that almost 97 cents of every Medicaid dollar, considering MVP and MVA, went directly to the delivery of health care services.

Table 3: Medical Vendor Program Expenditures Means of Finance by State Fiscal Year

Financing Category	2005/06		2006/07		2007/08	
	Expenditures (\$)	Percent	Expenditures (\$)	Percent	Expenditures (\$)	Percent
State General Fund	\$814,670,843	17.1%	\$764,506,129	14.7%	\$906,630,895	15.3%
Other Finance	239,870,041	5.0%	600,007,567	11.5%	632,116,449	10.7%
Total State Match	1,054,540,884	22.2%	1,364,513,696	26.2%	1,538,747,344	26.0%
Federal Funds	3,701,433,151	77.8%	3,838,269,494	73.8%	4,382,979,497	74.0%
Total	\$4,755,974,035	100.0%	\$5,202,783,190	100.0%	\$5,921,726,841	100.0%

Table 4: Medical Vendor Program Expenditures for Budget Programs by State Fiscal Year

Program	2005/06		2006/07		2007/08	
	Expenditures (\$)	Percent	Expenditures (\$)	Percent	Expenditures (\$)	Percent
Private Providers	\$3,300,247,709	69.4%	\$3,480,328,801	66.9%	\$4,011,059,564	67.7%
Public Providers	610,508,316	12.8%	616,974,819	11.9%	717,553,220	12.1%
Medicare Buy-Ins and Part-D	164,503,255	3.5%	270,113,668	5.2%	284,034,872	4.8%
Uncompensated Care	680,714,755	14.3%	835,365,902	16.1%	909,079,185	15.4%
Total	\$4,755,974,035	100.0%	\$5,202,783,190	100.0%	\$5,921,726,841	100.0%

Table 5: Medical Vendor Administration Expenditures Means of Finance by State Fiscal Year

Financing Category	2005/06		2006/07		2007/08	
	Expenditures (\$)	Percent	Expenditures (\$)	Percent	Expenditures (\$)	Percent
State General Fund	\$64,161,020	39.1%	\$72,482,723	41.8%	\$74,806,839	39.7%
Other Finance	465,720	0.3%	2,827,565	1.6%	9,491,497	5.0%
Total State Match	64,626,740	39.4%	75,310,288	43.4%	84,298,336	44.8%
Federal Funds	99,418,793	60.6%	98,095,576	56.6%	103,981,402	55.2%
Total	\$164,045,533	100.0%	\$173,405,864	100.0%	\$188,279,738	100.0%

Major Budget Categories

The Appropriations Act allocates Medicaid MVP 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 of Medicare premiums and other charges for Medicaid recipients having Medicare as the primary payer to maintain Medicaid as the payer of last resort; these recipients are

also known as dual eligible recipients. Part-D represents state dollars paid to the federal government toward Medicare prescription drug coverage offered under Medicare Part-D for certain dual eligibles.

4) Uncompensated Care Costs (UCC)

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	\$3,818,951
2	Case Management Services	14,466,472
3	Certified RN Anesthetists (CRNAs)	9,453,241
4	Durable Medical Equipment	19,796,885
5	EPSDT (Screening and Early Diagnosis)	148,165,892
6	Family Planning	15,058,917
7	Federally Qualified Health Centers	21,311,872
8	Hemodialysis Services	30,310,924
9	Home Health Services	34,320,380
10	Hospice Services	46,900,843
11	Hospital - Inpatient Services	759,073,751
12	Hospital - Outpatient Services	229,563,073
13	ICF/DD - Community Homes	231,014,120
14	Laboratory and X-Ray Services	89,083,635
15	LT-PCS	194,115,778
16	Mental Health - Inpatient Services	17,824,194
17	Mental Health Rehabilitation	30,935,187
18	Nursing Homes	692,312,807
19	PACE	1,019,736
20	Pharmaceutical Products and Services	518,115,855
21	Physician Services	394,828,495
22	Rural Health Clinics	35,116,815
23	Transportation - Emergency - Ambulance	34,463,247
24	Transportation - Non-Emergency - Ambu.	10,200,384
25	Transportation - Non-Emergency-Non-Ambu.	11,379,810
26	Waiver - Adult Day Health Care	7,301,592
27	Waiver - Adult Residential Care (ARC)	0
28	Waiver - Children's Choice	9,153,336
29	Waiver - Elderly & Disabled Adults	50,534,941
30	Waiver - Family Planning	5,705,587
31	Waiver - NOW (DD - Community Services)	320,344,433
32	Waiver - Residential Options (ROW)	0
33	Waiver - Supports	14,092,304
34	Medical Home	0
35	Other Private Providers	11,276,107
Sub-Total Private Providers		\$4,011,059,564

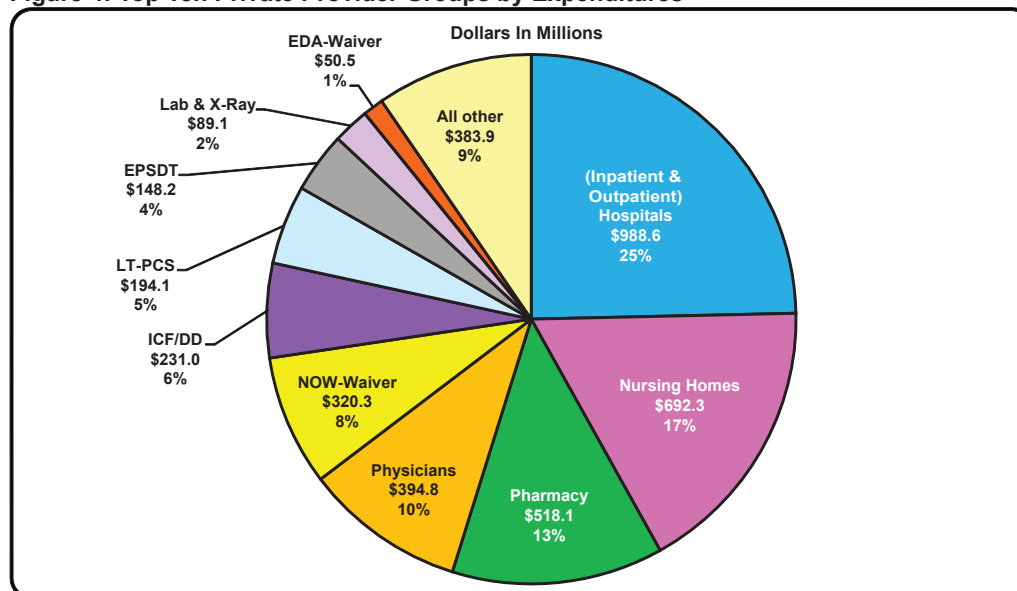
Public Providers		Expenditures (\$)
36	LSU - HCSD	\$199,537,981
37	LSU - EA Conway	31,154,713
38	LSU - Huey P. Long	18,196,785
39	LSUMC - Shreveport	146,626,792
40	DHH - State ICF/DD Facilities	239,758,108
41	DHH - State Nursing Homes	19,249,332
42	DHH - Office of Public Health	19,108,629
43	DHH - Community Mental Health	8,457,454
44	DHH - Public Psychiatric Free Standing Units	861,329
45	DHH - Local Governance Entities	5,988,122
46	State Education	7,551,371
47	Local Education Agencies for SBH Services	21,062,604
48	Other Public Providers	0
Sub-Total Public Providers		\$717,553,220
Medicare Buy-Ins		
49	Medicare Premiums & Supplements	\$210,329,573
50	Part-D	73,705,299
Sub-Total Medicare Buy-Ins		\$284,034,872
Uncompensated Care		
51	LSU - HCSD	\$392,159,421
52	LSU - EA Conway	38,152,001
53	LSU - Huey P. Long	24,141,302
54	LSUMC - Shreveport	116,257,093
55	Public Psychiatric Free Standing Units	97,224,776
56	Villa Feliciana	1,026,000
57	Private Hospitals	240,118,592
Sub-Total Uncompensated Care		\$909,079,185
Total Medical Vendor Program		\$5,921,726,841

Private Providers

Figure 4 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 65% of the private provider expenditures. The top ten private provider groups account for about 91% of private spending. An overview of each private BCOS is provided below.

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.
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 service providers. The Louisiana screening component of EPSDT is called KIDMED, which provides a framework for routine health, mental health, and developmental screening of children from birth to age 21. Evaluation and treatment for illness, conditions, or disabilities are rendered through various other providers. Related services include EPSDT dental services, eyeglasses, and durable medical equipment.
6. **Family Planning:** Services to Medicaid recipients for routine family planning services including doctor's visit, counseling, contraceptives and certain lab services.
7. **Federally Qualified Health Center (FQHC) Services:** Provides physician or professional services, designated services, and supplies incident to the physician or other professional services. Commonly known as community health centers, migrant health centers and health care for the homeless programs. FQHCs must meet federal requirements of the U.S. Department of Health and Human Services (DHHS) prior to Medicaid enrollment.
8. **Hemodialysis Services:** Dialysis treatment (including routine laboratory services), medically necessary non-routine laboratory services, and medically necessary injections reimbursed to free-standing End Stage Renal Disease (ESRD) facilities.
9. **Home Health Services:** Intermittent or part-time skilled nursing services, personal care services, and physical, occupational, and speech therapy services provided by a licensed home health agency in accordance with the plan of treatment ordered by a physician. Certain services may require prior authorization.
10. **Hospice:** Palliative care for the terminally ill patient and support for the family.

Figure 4: Top Ten Private Provider Groups by Expenditures



- 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. Intermediate Care Facilities for the Developmental Disabled (ICF/DD)–Community Homes:** Homes for the long-term care of the developmentally disabled recipients.
- 14. Laboratory and X-Ray Services:** Diagnostic testing performed by an independent laboratory or physician's office.
- 15. Long Term Personal Care Services (LT-PCS):** Optional services for elderly or disabled recipients over age 21 who qualify for nursing facility level of care. Personal care services are defined as services that provide assistance with the Activities of Daily Living (ADL) and the Instrumental Activities of Daily Living (IADL).
- 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 community and 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), nurse midwives, nurse practitioners, optometrists, and podiatrists.
- 22. Rural Health Clinics:** Provides physician or professional services, designated services, and supplies incident to the physician or other professional services. Rural health clinics must meet federal requirements of the U.S. DHHS prior to Medicaid enrollment.
- 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.
- 27. Waiver – Adult Residential Care (ARC):** Provides services to the elderly and disabled adults in a congregate setting in providers' own private apartments as an alternative to nursing home placement. Includes care coordination, adult residential care, community transition services, and intensive care coordination.
- 28. Waiver – Children's Choice (CCW):** Provides 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.
- 29. 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.
- 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.

¹ For more information and statistics concerning this and all other waivers, please see the HCBS Waivers Section on page 40.

- 31. 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.
- 32. Waiver – Residential Options (ROW):** Provides an on-going opportunity for individuals with developmental disabilities to transition from ICF/DDs and provides residential and other comprehensive supports for people with complex needs.
- 33. 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.
- 34. Medical Home:** Focuses on preventive care, chronic disease management, and coordination of public and private health services.
- 35. Other Private Provider Services:** Ambulatory surgical, EarlySteps, audiology, chiropractic, expanded dental program for women, personal care attendant, physical and occupational therapy, prenatal clinics, psychology, social work, and other services.

Public Providers

Public providers include:

- 36. LSU – HCSD:** Health Care Services Division is comprised of seven hospitals: Earl K. Long Medical Center (Baton Rouge), Lallie Kemp Regional Medical (Independence), Leonard J. Chabert Medical Center (Houma), LSU HSC-HCSD (New Orleans), University Medical Center (Lafayette), Washington-St. Tammany Regional Medical Center (Bogalusa) and W. O. Moss Regional Medical Center (Lake Charles).
- 37. LSU – EA Conway Medical Center (Monroe)**
- 38. LSU – Huey P. Long Medical Center (Pineville)**
- 39. LSU – Medical Center (Shreveport)**
- 40. DHH – State ICF/DD Facilities:** State owned and operated ICF/DD facilities, includes Special School District #1.
- 41. DHH – State Nursing Homes:** Villa Feliciana and New Orleans Home.
- 42. DHH – Office of Public Health**
- 43. DHH – Community Mental Health Clinics**

- 44. DHH – Public Psychiatric Free Standing Units**
- 45. DHH – Local Governance Entities (Districts)**
- 46. State Education–School Boards reimbursements.**
- 47. Local Education Agencies for School Based Health Services**
- 48. Other Public Providers**

Medicare Buy-Ins, Supplements, and Part-D

- 49. Medicare Premiums and Supplements:** Permits the state, as part of its total assistance plan, to provide medical insurance protection to designated categories of needy individuals who are eligible for Medicaid and also meet the Medicare eligibility requirements. It has the effect of transferring some medical costs for this population from the Title XIX Medicaid Program, which is partially state-financed, to the Title XVIII 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.
- 50. Part-D:** Mandatory state dollars paid to the federal government beginning in January 2006 to help finance Medicare prescription drug coverage offered under Medicare Part-D for certain dual eligibles. The amount a state must pay depends on set guidelines the federal government has established under the Medicare Modernization Act of 2003 (MMA).

Uncompensated Care Costs

The following hospitals receive UCC payments:

- 51. LSU – HCSD: Health Care Services Division** (For included hospitals see number 36 under 'public providers').
- 52. LSU – EA Conway Medical Center (Monroe)**
- 53. LSU – Huey P. Long Medical Center (Pineville)**
- 54. LSU – Medical Center (Shreveport)**
- 55. DHH – Public Psychiatric Free Standing Units**
- 56. Villa Feliciana Medical Complex**
- 57. 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://dhh.louisiana.gov/offices/?ID=92>. 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 1-877-242-2447.

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.

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 C with regional offices listed on the back cover.

Individuals who are not automatically eligible and apply for Medicaid must fit within a certain income range and fall within one of the four major categories listed below to be eligible for Medicaid:

- 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 programs. An overview of the Medicaid programs offered in Louisiana is presented in Table 8 on page 18 of this document.

Each state sets an income limit within federal guidelines for Medicaid eligibility groups and determines what income counts toward that limit. Part of the financial qualification for Medicaid is based upon the family size and relation of monthly income to the Federal Poverty Level (FPL) guidelines. Table 7 shows 2008 Federal Poverty Level 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 was considered living at 100% of FPL if the household income was \$21,200 annually (\$1,767 per month) and at 200% of FPL if the household income was \$42,400 annually (\$3,533 per month).

Figure 5 summarizes income requirements for many of the Medicaid programs. The major qualifying categories are listed along the bottom of the chart. Along the left axis of the chart is income as a percentage of the FPL. As shown in the eligibility chart, maximum income levels for different groupings of eligibility, such as age, disability and parental status, allow access to the Medicaid program depending upon the group which the individual falls. While most eligibility categories allow access to the full array of Medicaid services, the individual's economic and medical circumstances may assign an enrollee to a more limited set of benefits. Table 8 includes a listing and description 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 plastic Medicaid identification card.

Table 7: 2008 Federal Poverty Level Guidelines for All States (Except Alaska and Hawaii)

Family Size		Annual and Monthly Income in Dollars ¹								
		100%	120%	133%	135%	150%	175%	185%	200%	250%
1	Annual	\$10,400	\$12,480	\$13,832	\$14,040	\$15,600	\$18,200	\$19,240	\$20,800	\$26,000
	Monthly	\$867	\$1,040	\$1,153	\$1,170	\$1,300	\$1,517	\$1,603	\$1,733	\$2,167
2		14,000	16,800	18,620	18,900	21,000	24,500	25,900	28,000	35,000
		1,167	1,400	1,552	1,575	1,750	2,042	2,158	2,333	2,917
3		17,600	21,120	23,408	23,760	26,400	30,800	32,560	35,200	44,000
		1,467	1,760	1,951	1,980	2,200	2,567	2,713	2,933	3,667
4		21,200	25,440	28,196	28,620	31,800	37,100	39,220	42,400	53,000
		1,767	2,120	2,350	2,385	2,650	3,092	3,268	3,533	4,417
5		24,800	29,760	32,984	33,480	37,200	43,400	45,880	49,600	62,000
		2,067	2,480	2,749	2,790	3,100	3,617	3,823	4,133	5,167
6		28,400	34,080	37,772	38,340	42,600	49,700	52,540	56,800	71,000
		2,367	2,840	3,148	3,195	3,550	4,142	4,378	4,733	5,917
7		32,000	38,400	42,560	43,200	48,000	56,000	59,200	64,000	80,000
		2,667	3,200	3,547	3,600	4,000	4,667	4,933	5,333	6,667
8 ²		35,600	42,720	47,348	48,060	53,400	62,300	65,860	71,200	89,000
		2,967	3,560	3,946	4,005	4,450	5,192	5,488	5,933	7,417

¹U.S. Department of Health and Human Services. (2008). 2008 Poverty Guidelines. Federal Register, Vol. 73, No. 15, January 23, 2008, pp. 3971-3972. Retrieved from <http://www.cms.hhs.gov/MedicaidEligibility/Downloads/POV08Combo.pdf>

²For family units more than eight members, add \$3,600 annually and \$300 monthly for each additional member.

Figure 5: Louisiana Medicaid Coverage Groups and Income Eligibility Requirements

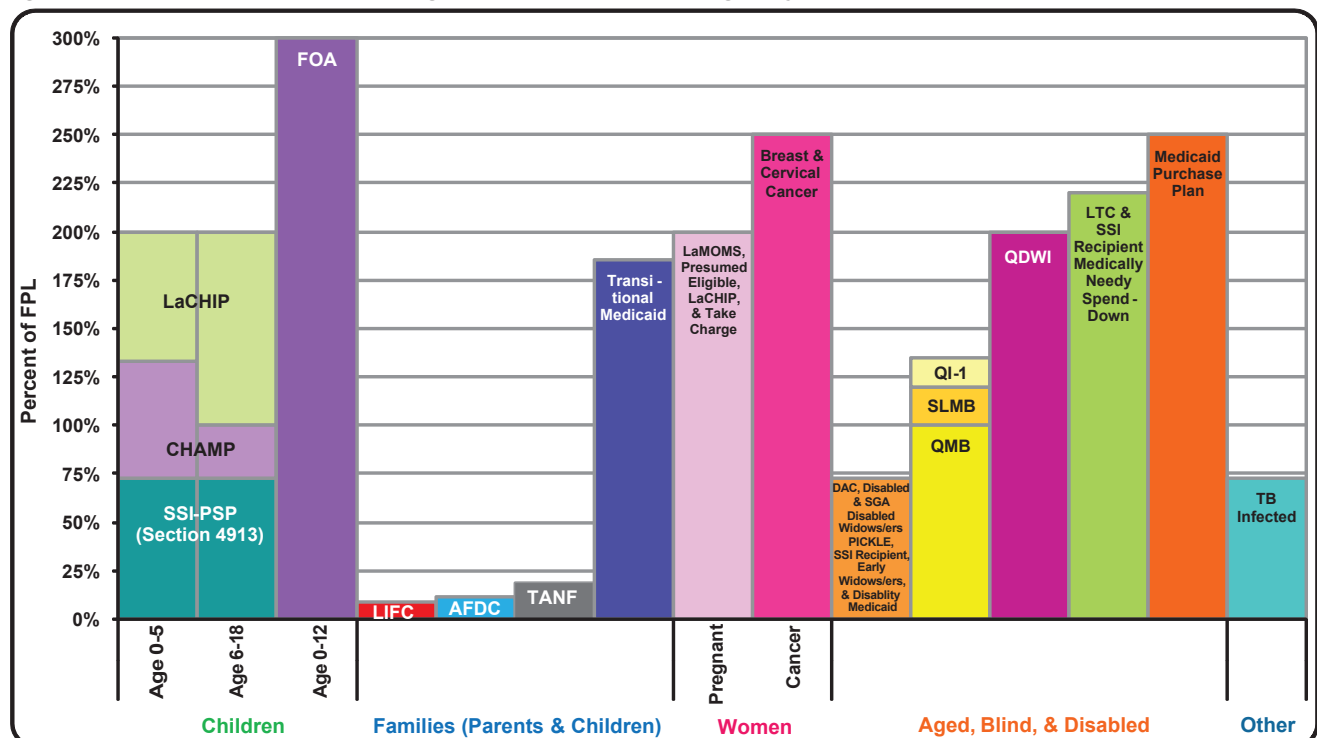


Table 8: Louisiana Medicaid Coverage Groups and Income Eligibility Requirements by Program

	Program	Description	Income Limit
A. Children	A1. SSI-PSP (Section 4913)	Individuals under age 18 denied SSI cash because of an SSI provision that is prohibited in Medicaid	73% 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 (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
	A4. Family Opportunity Act (FOA)	Offers Medicaid Buy-in to families for children up to age 12 (through 13 th birthday) with disabilities who are not eligible for SSI disability benefits due to income	300% of poverty; Families above 200% of poverty must pay a premium; No assets test
B. Families (Parents and Children)	A5. Deemed Eligible Child	Age 0 (through first birthday)	Children whose mothers were enrolled in Medicaid at the time of birth
	A6. OCS Children	Children in Foster Care programs through the Office of Community Services (OCS)	Eligibility determined by the Office of Community Services
	B1. LIFC – Section 1931	Children and Families	Monthly Income levels of \$66, \$123, \$174, \$217, and \$259 (7.6%, 10.5%, 11.9%, 12.3% and 12.5% 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 (7.6%, 10.5%, 11.9%, 12.3% and 12.5% 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	11% of poverty (individuals and couples); No assets test
	B4. AFDC- Related Spend down Medically Needy	Children and Families	All income over 11% of poverty considered available to meet medical expenses for quarter
C. Women	B5. TANF Recipients	Recipients of cash assistance as determined by the Department of Social Services' Office of Family Support	19% of poverty; Assets limit: \$2,000
	B6. Transitional Medicaid	Former LIFC Recipients with earnings now exceeding 7.6% 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
	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 (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: Louisiana Medicaid Coverage Groups and Income Eligibility Requirements by Program

	Program	Description	Income Limit
D. Aged, Blind, and Disabled	D1. Disabled Adult Child (DAC)	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 73% 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	Social Security 1984 Widows/Widowers adjustment is disregarded in determining countable income with limit 73% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D3. SGA Disabled Widows/Widowers / Surviving Divorced Spouse	Individuals who lost SSI because of receipt of Social Security disabled widow's/widower's benefits	All cost of living raises and Social Security disabled widow's/widower's benefits are disregarded in calculating countable income with 73% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D4. 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 73% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D5. Disability Medicaid	Aged and disabled individuals who meet SSI criteria	73% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D6. SSI Recipients	Aged and disabled recipients of federal SSI cash payments as determined by SSA	73% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D7. Early Widows and Widowers	Individuals who lost SSI because of receipt of Social Security widow's/widower's benefits	Social Security Early Widow's/Widower's benefits are disregarded in determining countable income with limit 73% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	D8. QMB – Qualified Medicare Beneficiary	Pays Medicare premiums, deductibles, and co-insurance for Medicare covered	100% of poverty; Asset limit: \$4,000 individual and \$6,000 couple
	D9. 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
	D10. 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
	D11. 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
	D12. 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% of poverty (3 times the limit for SSI recipients); Assets limit: \$2,000 individual and \$3,000 couple (both reside in an institution); A "community" spouse (one not residing in an institution) can retain assets up to \$101,640
	D13. SSI Recipient – Medically Needy Spend-Down	Qualified individuals and families who may have "too much" income to qualify for regular Medicaid	All income over 73% of poverty (+\$20) is considered available to meet medical expenses for quarter – For Long Term Care (institutions only) all income over 220% of poverty; Assets limit: \$2,000 individual and \$3,000 couple
	D14. 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; Individual pays a premium when net income is above 150% of poverty; Assets limit: \$25,000
E. Other	E1. TB infected	Persons who have been diagnosed as, or are suspected of being infected with tuberculosis	73% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple
	E2. Emergency Services for Illegal/Ineligible Aliens	Coverage of illegal/undocumented aliens and documented aliens under the Medicaid 5-year bar for life-threatening emergency situations and labor/delivery of newborns	Must meet all requirements of another Medicaid program except for U.S. citizenship

Enrollment Statistics

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

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

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

Finally, a **'Medicaid recipient'** is an enrollee with at least one processed claim during the time period involved, in this case during SFY 2007/08 (July 1, 2007 to June 30, 2008), whether or not he or she was enrolled on the date the claim was paid, but was enrolled at the time the service for the claim was provided, as well as any person with Medicare Buy-in and Part-D premiums paid on his or her behalf. For example, there may be a processed claim during this particular period for services that were provided in a prior period for an individual though his or her eligibility ended before this SFY.

In regards to data, in some categories (e.g. within a parish), the number of recipients reported may exceed the number of enrollees for two main reasons. One reason is that claims from an enrollee case may have closed at the end of SFY 2006/07 but was paid in SFY 2007/08. Thus, when a claim is paid for a person who received a service in SFY 2006/07, she or he will be counted as a recipient in SFY 2007/08 although this person is no longer eligible for Medicaid in SFY 2007/08. 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 2007/08 to be for a service rendered in SFY 2005/06. The payment could, therefore, occur long after the person identified as the recipient on the claim has left the program.

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

Enrollment as a Percentage of the Population

The percentage of the population enrolled in Louisiana Medicaid has consistently increased through the years with a few exceptions including SFY 2007/08 (Table 9). During SFY 2007/08, 27% of Louisianans were enrolled in Medicaid.

Table 10 represents total population, enrollees, recipients, payments, and the percentage of the population enrolled in Medicaid by parish during SFY 2007/08. It is evident that lower income parishes have large percentages of Medicaid enrollment, especially in the northeastern parishes with East Carroll, Franklin, Madison, Morehouse, and Tensas all having above 40% of their population enrolled in Medicaid, along with St. Bernard and Concordia Parishes, as shown in the map (Figure 6). Cameron and West Feliciana Parishes had the smallest percentages of Medicaid enrolled with only 15% of the parishes' population enrolled in Medicaid during SFY 2007/08.

East Baton Rouge Parish had the highest payments paid on behalf of their recipients at about \$448.9 million, while Cameron Parish had the least amount paid on behalf of their recipients at about \$2.6 million.

Table 9: Enrollment, Population, and Percentage of Population Enrolled by State Fiscal Year

SFY	Medicaid Enrollment ²	Population Estimate ³	Percent of Population Enrolled
2002/03	1,010,201	4,465,490	23%
2003/04	1,067,188	4,473,679	24%
2004/05	1,113,410	4,487,966	25%
2005/06	1,142,280	4,495,670	25%
2006/07	1,154,533	4,243,288	27%
2007/08 ¹	1,174,215	4,293,204	27%

¹ SFY 2007/08 total unduplicated enrollees are about 2.9% higher than if only those who qualify for full Medicaid services were considered. Refer to the technical note on page 5 for a detailed explanation.

² Enrollment data was obtained in December, 2008 from MARS Data Warehouse. Enrollment will vary depending on the date extracted due to processing.

³ Population estimates are taken from the beginning of the State Fiscal Year. U.S. Census Bureau, Population Estimates Program. (2008). Annual Population Estimates for Louisiana Parishes for July 1, 2007. Retrieved from http://factfinder.census.gov/servlet/GCTTable?_bm=y&-context=gct&-ds_name=PEP_2007_EST&-%20context=gct&-CONTEXT=gct&-mt_name=PEP_2007_EST_GCTT1_US25&-tree_id=807&-redoLog=true&-caller=geoselect&-geo_id=04000US22&-format=ST-2|ST-2S&-lang=en

Table 10: Population, Enrollees, Recipients, Payments, and Percentage of Population Enrolled by Parish

	Parish	2007 Population ¹	Medicaid Enrollees ²	Medicaid Recipients ²	Payments ³ (\$)	Medicaid Enrollees/Population	
						Ratio	Rank
1	Acadia	59,958	20,437	20,513	\$93,760,988	34%	22
2	Allen	25,524	8,110	8,107	30,357,772	32%	31
3	Ascension	99,056	20,208	20,246	69,877,462	20%	61
4	Assumption	22,991	7,028	7,025	27,061,962	31%	37
5	Avoyelles	42,169	16,056	16,070	76,309,781	38%	12
6	Beauregard	34,776	9,103	8,877	30,304,462	26%	53
7	Bienville	14,907	5,204	5,215	22,658,505	35%	20
8	Bossier	108,705	23,596	23,369	108,058,435	22%	59
9	Caddo	252,609	74,442	73,921	304,333,226	29%	42
10	Calcasieu	184,512	48,598	48,323	194,979,347	26%	52
11	Caldwell	10,307	3,602	3,648	23,327,953	35%	18
12	Cameron	7,414	1,102	1,132	2,648,435	15%	64
13	Catahoula	10,452	3,726	3,767	16,726,148	36%	17
14	Claiborne	16,283	5,123	5,091	22,468,829	31%	33
15	Concordia	19,058	7,558	7,475	26,260,230	40%	7
16	De Soto	26,269	7,814	7,745	29,592,074	30%	40
17	East Baton Rouge	430,317	115,028	113,719	448,875,807	27%	49
18	East Carroll	8,302	4,161	4,176	21,167,202	50%	1
19	East Feliciana	20,833	5,707	5,759	39,789,844	27%	46
20	Evangeline	35,905	13,923	13,997	64,521,746	39%	9
21	Franklin	20,060	8,477	8,547	43,116,065	42%	4
22	Grant	19,758	6,389	6,413	25,169,077	32%	28
23	Iberia	74,965	24,936	24,862	96,812,163	33%	25
24	Iberville	32,501	10,887	11,054	42,978,687	33%	24
25	Jackson	15,139	4,470	4,488	22,094,639	30%	41
26	Jefferson	423,520	108,468	106,254	396,934,330	26%	54
27	Jefferson Davis	31,177	9,896	9,923	42,368,449	32%	32
28	Lafayette	204,843	47,202	46,911	195,477,607	23%	58
29	Lafourche	92,713	24,486	24,948	98,981,959	26%	51
30	La Salle	14,041	3,903	3,967	21,518,003	28%	45
31	Lincoln	42,562	11,467	11,320	57,535,548	27%	48
32	Livingston	116,580	27,588	27,708	92,093,883	24%	56
33	Madison	11,858	5,547	5,519	22,361,308	47%	2
34	Morehouse	28,783	11,514	11,521	51,990,142	40%	6
35	Natchitoches	39,485	12,601	12,509	47,632,793	32%	30
36	Orleans	239,124	92,365	88,887	325,650,730	39%	10
37	Ouachita	149,502	46,220	45,577	189,832,785	31%	36
38	Plaquemines	21,540	5,225	5,108	20,983,142	24%	55
39	Pointe Coupee	22,392	7,256	7,312	31,576,631	32%	26
40	Rapides	130,079	41,638	41,723	340,944,554	32%	29
41	Red River	9,195	3,297	3,302	13,246,781	36%	16
42	Richland	20,469	7,977	7,963	42,871,727	39%	8
43	Sabine	23,683	6,818	6,811	27,309,291	29%	44
44	St. Bernard	19,826	8,564	8,149	26,423,418	43%	3
45	St. Charles	52,044	11,213	11,198	35,168,562	22%	60
46	St. Helena	10,620	3,651	3,672	14,138,042	34%	21
47	St. James	21,578	6,472	6,531	19,993,533	30%	38
48	St. John	47,684	15,433	15,234	44,165,389	32%	27
49	St. Landry	91,362	33,944	34,024	151,443,569	37%	14
50	St. Martin	51,651	16,145	16,004	60,722,304	31%	34
51	St. Mary	51,311	18,565	19,286	60,177,889	36%	15
52	St. Tammany	226,625	40,256	39,909	144,842,853	18%	62
53	Tangipahoa	115,398	40,304	40,225	216,030,366	35%	19
54	Tensas	5,865	2,367	2,397	8,626,179	40%	5
55	Terrebonne	108,424	31,362	31,723	118,709,837	29%	43
56	Union	22,773	6,797	6,791	26,241,314	30%	39
57	Vermilion	55,691	15,009	15,034	61,258,225	27%	47
58	Vernon	47,380	10,953	10,770	42,976,926	23%	57
59	Washington	44,920	16,777	16,826	72,289,086	37%	13
60	Webster	40,924	12,743	12,682	55,243,701	31%	35
61	West Baton Rouge	22,625	6,047	6,065	21,854,504	27%	50
62	West Carroll	11,553	4,449	4,496	21,932,439	39%	11
63	West Feliciana	15,113	2,255	2,333	13,424,226	15%	63
64	Winn	15,521	5,228	5,237	21,902,813	34%	23
State Total		4,293,204	1,174,215	1,158,313	\$5,140,125,678	27%	

¹ Population estimates are taken from the beginning of the State Fiscal Year. U.S. Census Bureau, Population Estimates Program. (2008). Annual Population Estimates for Louisiana Parishes for July 1, 2007. Retrieved from http://factfinder.census.gov/servlet/GCTTable?_bm=y&-context=gct&-ds_name=PEP_2007_EST&-%20context=gct&-CONTEXT=gct&-mt_name=PEP_2007_EST_GCTT1_US25&-tree_id=807&-redoLog=true&-caller=geoselect&-geo_id=04000US22&-format=ST-2|ST-2S&-lang=en

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

³ Payments are based on in-parish resident payments.

Figure 6: Parish Percentage of Population Enrolled in Medicaid

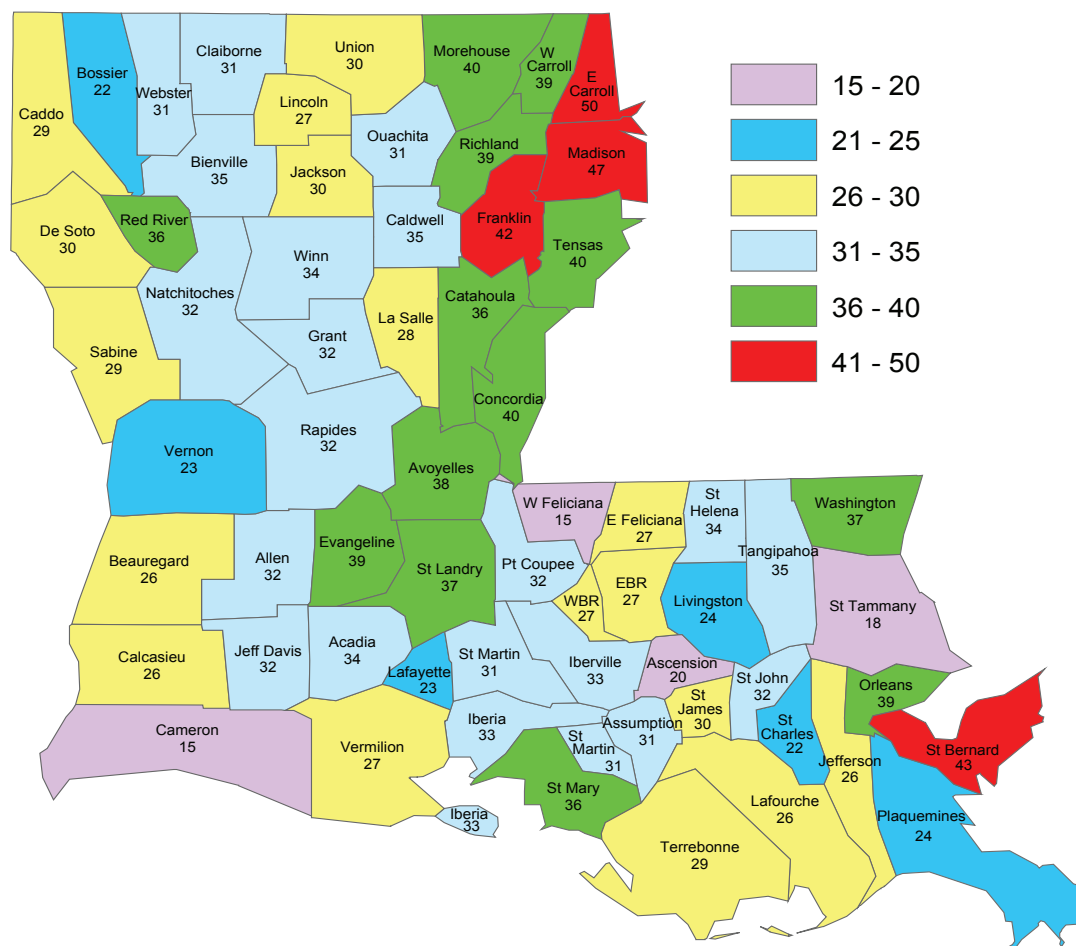


Table 11 presents total population, enrollees, recipients, payments, and percentage of population enrolled by region during SFY 2007/08. The Monroe Region had the largest percentage of Medicaid enrolled at 33% followed by Alexandria Region at 31%. The Mandeville Region had the smallest percentage of Medicaid enrolled at 25%.

New Orleans Region had the highest payments paid on behalf for their recipients at about \$770 million, while Lake Charles Region had the least amount paid on behalf of their recipients at about \$300.7 million.

Table 11: Population, Enrollees, Recipients, Payments, and Percentage of Population Enrolled by Region

Region	2007 Population ¹	Medicaid Enrollees ²	Medicaid Recipients ²	Payments ³ (\$)	Medicaid Enrollees/Population	
					Ratio	Rank
Region 1 - New Orleans	704,010	206,790	199,291	\$769,991,620	29%	3
Region 2 - Baton Rouge	642,837	164,377	162,073	668,377,161	26%	8
Region 3 - Thibodaux	396,745	111,712	112,057	404,259,132	28%	5
Region 4 - Lafayette	574,375	165,590	164,135	723,996,602	29%	4
Region 5 - Lake Charles	283,403	75,282	74,216	300,658,464	27%	7
Region 6 - Alexandria	298,458	93,610	92,859	571,807,532	31%	2
Region 7 - Shreveport	532,060	146,194	144,061	630,543,634	27%	6
Region 8 - Monroe	347,173	113,573	112,296	531,097,301	33%	1
Region 9 - Mandeville	514,143	126,182	124,841	539,394,231	25%	9
State Total	4,293,204	1,174,215	1,158,313	\$5,140,125,678	27%	

¹ Population estimates are taken from the beginning of State Fiscal Year (July 1, 2007). U.S. Census Bureau, Population Estimates Program. (2008). Annual Population Estimates for Louisiana Parishes for July 1, 2007. Retrieved from http://factfinder.census.gov/servlet/GCTTable?_bm=y&-context=gct&-ds_name=PEP_2007_EST&-%20context=gct&-CONTEXT=gct&-mt_name=PEP_2007_EST_GCTT1_US25&-tree_id=807&-redoLog=true&-_caller=geoselect&-geo_id=04000US22&-format=ST-2|ST-2S&-lang=en

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

³ Payments are based on in-region resident payments.

Enrollment by Age and Gender

Breaking down enrollees by age (Table 12 and Figure 7) showed a majority of children enrolled with those aged 20 and under making up 64.2% of the total. Those between the age 21 and 64 comprised 26.7% of the enrolled population, and those 65 and over made up the smallest component at 9.1%. 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 8). Though children age 18 and under are almost evenly split between female and male, in enrollees of ages 21 and above, enrollment was comprised of about 73.4% women. This can be 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 ¹	Enrollees			Recipients			Payments (\$)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Under 1	36,794	35,592	72,386	35,214	34,023	69,237	\$201,921,105	\$170,486,917	\$372,408,022
1-5	106,673	101,910	208,583	107,011	102,047	209,058	191,089,093	151,500,831	342,589,924
6-14	157,193	151,151	308,344	155,326	149,499	304,825	263,462,700	190,201,400	453,664,099
15-18	61,749	65,835	127,584	60,398	64,827	125,225	119,942,814	159,405,160	279,347,974
19-20	8,701	27,870	36,571	9,986	27,160	37,146	32,797,736	88,182,143	120,979,879
21-44	39,390	174,547	213,937	35,980	163,302	199,282	467,705,404	757,064,921	1,224,770,325
45-64	41,884	57,695	99,579	43,317	60,527	103,844	590,873,629	713,255,522	1,304,129,151
65-84	27,029	59,832	86,861	27,255	59,677	86,932	229,946,122	483,461,465	713,407,587
85+	3,677	16,693	20,370	4,246	18,518	22,764	52,726,733	276,101,984	328,828,717
Total	483,090	691,125	1,174,215	478,733	679,580	1,158,313	\$2,150,465,335	\$2,989,660,343	\$5,140,125,678

¹ Age as of January 1, 2008.

Figure 7: Enrollment by Age Groups

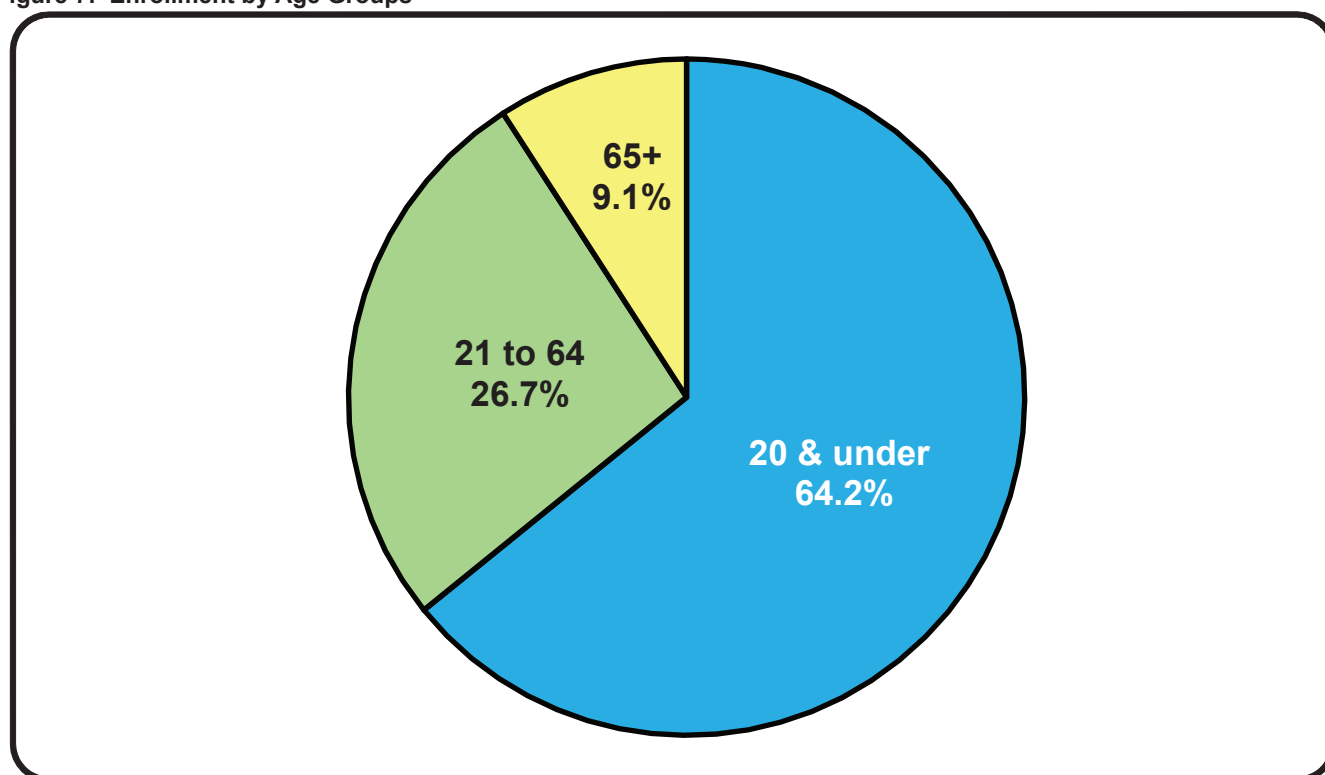
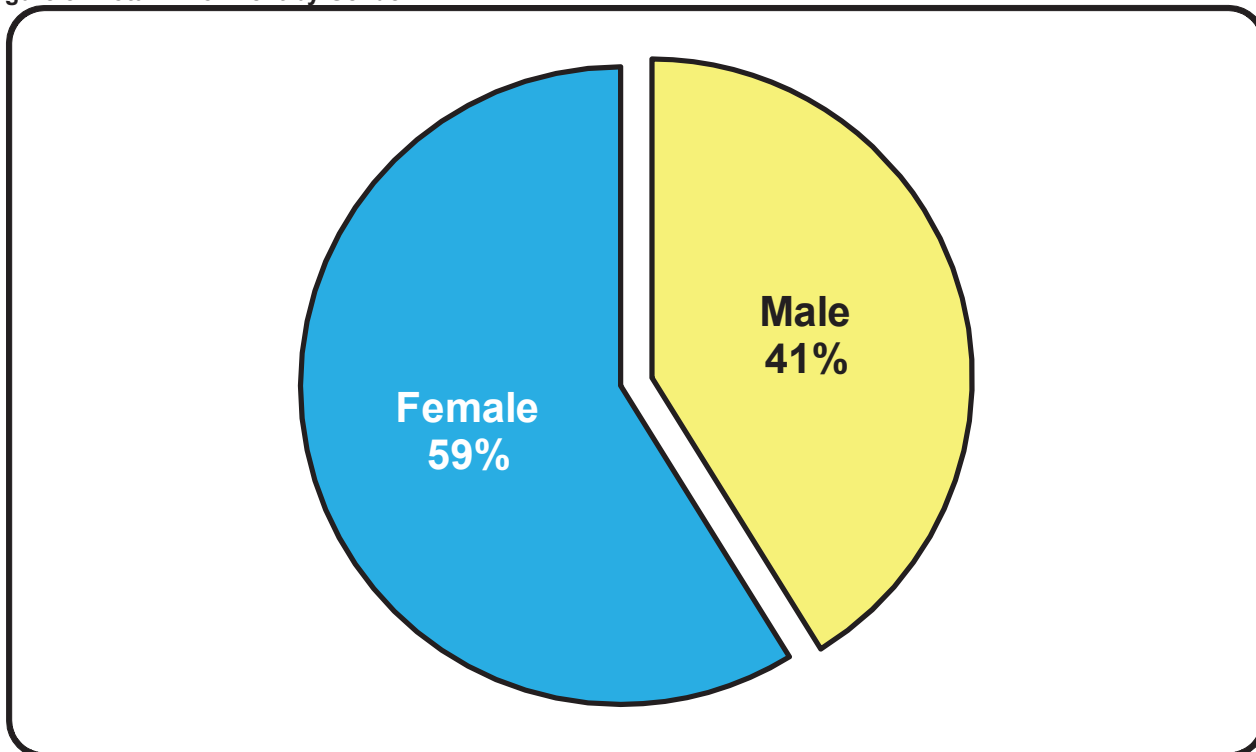


Figure 8: Total Enrollment by Gender

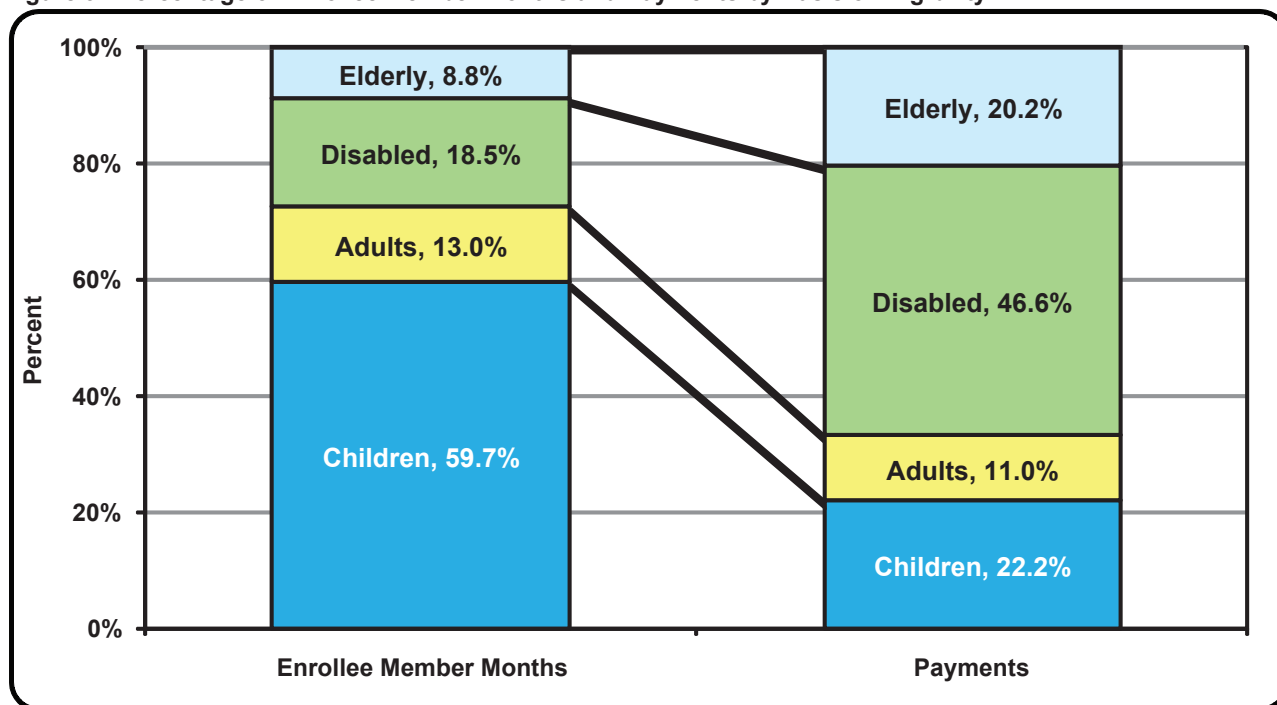


Enrollment by Basis of Eligibility

During SFY 2007/08, total unduplicated Medicaid enrollment was 1,174,215. By eligible category based on enrollee member months (Figure 9), 59.7% were children, 13.0% were adults, 18.5% were disabled, and 8.8% were elderly. Though children and adults

together made up 72.7% of enrollee member months, only 33.2% of Medicaid payments were associated with them. Conversely, the disabled category and elderly category collectively accounted for 27.3% of enrollee member months, while making up 66.8% of payments.

Figure 9: Percentage of Enrollee Member Months and Payments by Basis of Eligibility



Medicaid Programs

Medicaid Data

Medicaid data can be presented either by “**Date of Payment**” or “**Date of Service**,” while results may differ based on the methodology employed. So what is the difference between the two types of data?

- “**Date of Payment**” (**DOP**): Reported data, such as payments, services, recipients, etc., reflects data that is paid during the period (July 2007 to June 2008) irrespective of the time the services were provided. Some of the payments made during this time period may be for services provided for the previous SFY. DOP is typically used for budget and financial analysis.
- “**Date of Service**” (**DOS**): Reported data reflects the services provided during the period irrespective of the time payments were paid. Services may be provided during this particular period but payments may be paid during a subsequent period, say after one year. DOS is typically used for clinical/policy interventions.

Both approaches are valid and examine similar data, but each has a specific function in terms of analyzing results. Because they are set in different time frames, the analytical results may be 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.

In general, most of the Medicaid budget/finance statistics that are published are based on “**Date of Payment**”; therefore, all the data in this report is presented on DOP basis.

Medicaid Programs

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

Information in this document is general in regards to Medicaid programs. For detailed information about Louisiana Medicaid Programs please visit our website, <http://www.dhh.louisiana.gov/offices/?ID=92>, or call the toll free Medicaid Customer Service line at 1-888-342-6207.

Family Opportunity Act

The Family Opportunity Act (FOA) Medicaid Buy-In Program was created through the Federal Deficit Reduction Act (DRA) of 2005. The program grants

Medicaid access to children through age 12 for families up to 300% FPL who have a disability and are ineligible for Supplemental Security Income (SSI), Medicaid, or LaCHIP because of parent income or private health insurance. Some cost sharing is associated with FOA through monthly premiums. The program offers full Medicaid benefits, though the majority of FOA enrollees have other health coverage and only use the Medicaid coverage for wrap around of services and benefits not covered through their private plan. FOA enrollees are required to keep employer sponsored insurance if the employer is paying at least 50% of the total annual premium. During SFY 2007/08, a total of \$8,394 was collected in premiums charged to these families for their children's coverage and a total of 187 children received services at total payments of \$493,818.

Family Planning Waiver - Take Charge

The Family Planning Waiver was implemented under Section 1115 and is known as Take Charge in Louisiana. Take Charge is a single service waiver that provides family planning services to women between the ages of 19 and 44 who have household income below 200% FPL and was otherwise ineligible for Medicaid. Medicaid works closely with DHH, Office of Public Health, and Family Planning Clinics throughout the state to transition women receiving state funded family planning services to the waiver for which federal match is an enhanced rate of 90% compared to typical average of 70%. In addition, pregnant women certifications are reviewed at the end of the two-month postpartum eligibility period and, if eligible, are certified for Family Planning. For SFY 2007/08, a total of 32,620 women received services under Take Charge with total payments of \$7,849,001.

LaMOMS Program

The Medicaid program for pregnant women was renamed LaMOMS in 2003 and expanded to include women with income up to 200% FPL. Prior to January 2003, only mandatory (up to 133% FPL) pregnant women were covered. LaMOMS program was expanded to increase access to pre-natal care, to improve birth outcomes, and to ultimately reduce the state's infant mortality rate. Medicaid pays for pregnancy-related services, delivery, and care up to 60 days after the pregnancy ends, including doctor visits, lab work, lab tests, prescriptions, and hospital care. The program provided services to 69,769 recipients in SFY 2007/08 with total payments of \$238,321,794.

Louisiana Children's Health Insurance Program (LaCHIP)

LaCHIP is Louisiana's version of the federal State Children's Health Insurance Program (SCHIP) authorized by Title XXI of the Social Security Act. CMS pays enhanced FMAP for both services and program administration costs. DHH initiated LaCHIP in 1998 to provide quality health care coverage to additional uninsured children up to age 19. Louisiana's SCHIP program is a combination program using both a Medicaid expansion model and separate SCHIP model that 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 children below 200% FPL is the same as for Title XIX Medicaid. Effective May 2007, Louisiana implemented a separate state

SCHIP Program to extend coverage for children from conception to birth whose mothers are otherwise ineligible for Medicaid.

Table 13 presents Regular Medicaid (XIX) children and LaCHIP enrollees, recipients, and payments by major age groupings. Figure 10 also shows enrollment for LaCHIP and Regular Medicaid children by age group graphically. Of the age groups, those between the age 6 and 14 had the most enrollees making up about 43% of the total enrolled Medicaid children under the age of 19.

Also, Regular Medicaid children and LaCHIP enrollees, recipients, and payments by parish are presented in Table 14. For SFY 2007/08, LaCHIP provided services to 169,009 recipients with total payments of \$186,209,621.

Table 13: Regular Medicaid Children and LaCHIP Enrollees, Recipients, and Payments by Age Group

Age ¹	LaCHIP (XXI)			Regular Medicaid Children (XIX)			Total (XXI & XIX Children)		
	Enrollees ²	Recipients ²	Payments (\$)	Enrollees ²	Recipients ²	Payments (\$)	Enrollees ²	Recipients ²	Payments (\$)
Under 1	2,433	2,178	\$1,778,358	71,848	68,835	\$370,629,665	72,386	69,237	\$372,408,022
1 to 5	30,189	30,215	32,272,161	194,716	198,601	310,317,763	208,583	209,058	342,589,924
6 to 14	88,814	88,519	86,644,716	255,486	260,850	367,019,383	308,344	304,825	453,664,099
15 to 18	39,879	40,074	50,347,674	102,708	103,997	229,000,300	127,584	125,225	279,347,974
Total Under 19	161,315	160,986	171,042,908	624,758	632,283	1,276,967,111	716,897	708,345	1,448,010,019
19 to 20 ³	6,942	8,023	15,166,713	33,970	33,936	119,105,814	39,731	40,184	134,272,526
Total	168,257	169,009	186,209,621	658,728	666,219	\$1,396,072,924	756,628	748,529	1,582,282,545

¹ Age as of January 1, 2008.

² Enrollee and recipient counts of LaCHIP and Regular Medicaid will not sum to the total Medicaid children count due to movement between the two types of Medicaid during the SFY; the figures are **unduplicated** for each Medicaid type, while numbers are **unduplicated** for total Medicaid children.

³ LaCHIP includes the pregnant women who qualify for LaCHIP prenatal care services above the age 18 and those over the age 18 with continuous twelve month coverage.

Figure 10: Regular Medicaid Children and LaCHIP Children Enrollment by Age Group

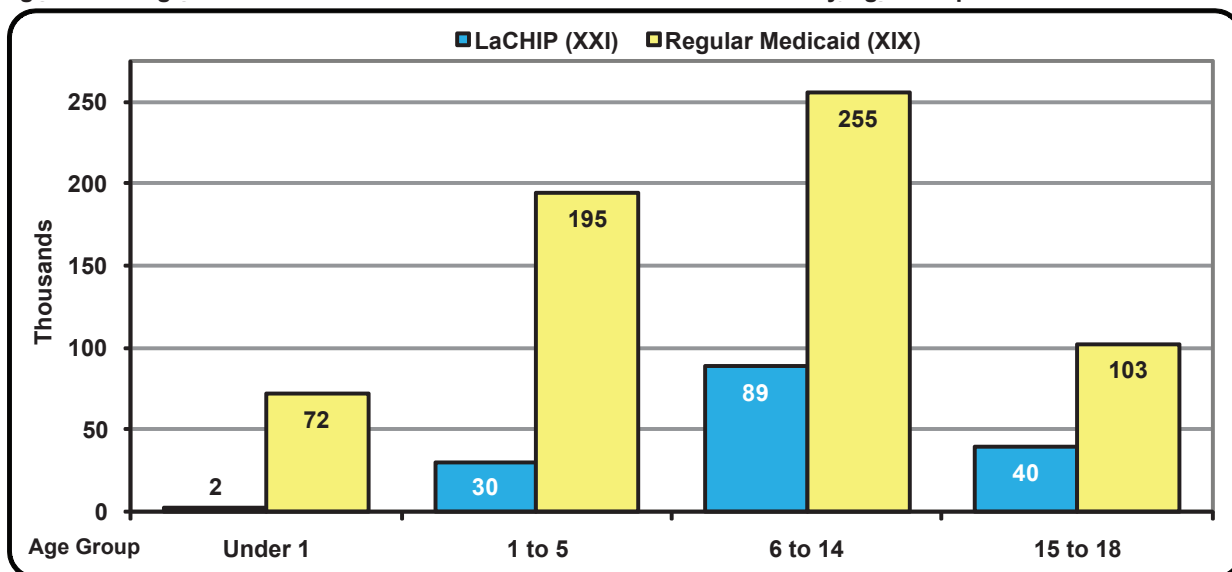


Table 14: Regular Medicaid Children and LaCHIP Enrollees, Recipients, and Payments by Parish

Parish	LaCHIP (XXI) ¹			Regular Medicaid Children (XIX)			Total (XXI & XIX Children)		
	Enrollees ²	Recipients ²	Payments (\$)	Enrollees ²	Recipients ²	Payments (\$)	Enrollees ²	Recipients ²	Payments (\$)
1 Acadia	2,915	2,907	\$3,770,660	10,974	11,335	\$23,193,428	12,763	12,781	\$26,964,087
2 Allen	1,153	1,161	1,195,831	4,518	4,666	7,975,628	5,181	5,198	9,171,459
3 Ascension	3,432	3,342	3,930,953	11,691	12,194	22,382,044	13,792	13,803	26,312,997
4 Assumption	993	1,001	1,271,185	3,767	3,884	6,427,744	4,337	4,371	7,698,929
5 Avoyelles	2,092	2,126	2,569,225	8,177	8,415	20,468,600	9,382	9,390	23,037,825
6 Beauregard	1,502	1,493	1,764,757	5,149	5,211	8,648,272	5,999	5,944	10,413,028
7 Bienville	549	548	568,370	2,745	2,807	4,335,123	3,075	3,054	4,903,492
8 Bossier	3,404	3,322	3,202,824	13,980	14,203	24,971,790	15,959	15,851	28,174,614
9 Caddo	9,185	9,235	8,689,946	43,483	44,400	87,392,219	48,774	48,353	96,082,166
10 Calcasieu	7,911	7,892	9,050,813	28,668	29,666	58,370,973	33,218	33,133	67,421,786
11 Caldwell	511	520	703,795	1,879	1,972	5,218,817	2,173	2,207	5,922,612
12 Cameron	204	220	246,277	661	708	1,108,739	791	816	1,355,016
13 Catahoula	419	432	607,936	2,005	2,077	3,712,489	2,232	2,289	4,320,425
14 Claiborne	600	605	617,676	2,737	2,787	6,567,233	3,108	3,088	7,184,909
15 Concordia	874	890	840,152	4,319	4,355	6,430,944	4,844	4,771	7,271,095
16 De Soto	999	951	889,827	4,444	4,495	7,628,483	5,029	4,956	8,518,310
17 East Baton Rouge	15,271	14,854	13,407,961	68,027	69,767	130,671,475	76,169	75,818	144,079,436
18 East Carroll	327	340	409,014	2,425	2,473	5,266,711	2,615	2,625	5,675,725
19 East Feliciana	933	953	1,033,892	2,899	2,987	5,934,039	3,463	3,499	6,967,932
20 Evangeline	1,650	1,696	2,011,002	7,074	7,322	14,442,332	8,102	8,134	16,453,334
21 Franklin	922	954	1,056,573	4,643	4,880	10,298,122	5,202	5,259	11,354,695
22 Grant	949	967	1,138,410	3,526	3,683	6,849,508	4,068	4,155	7,987,918
23 Iberia	3,243	3,256	3,498,169	14,353	14,871	26,528,727	16,274	16,246	30,026,896
24 Iberville	1,441	1,443	1,421,846	6,003	6,282	11,063,161	6,908	6,962	12,485,007
25 Jackson	527	542	561,337	2,347	2,424	4,733,820	2,626	2,653	5,295,156
26 Jefferson	18,244	18,037	21,347,677	59,527	61,041	116,757,004	69,354	68,495	138,104,681
27 Jefferson Davis	1,621	1,651	2,095,003	5,362	5,567	13,388,311	6,296	6,359	15,483,314
28 Lafayette	6,830	6,708	7,310,323	27,270	27,878	58,560,517	31,197	31,080	65,870,840
29 Lafourche	3,709	3,744	4,485,792	13,381	14,184	27,558,074	15,603	15,863	32,043,866
30 La Salle	569	613	731,451	2,034	2,139	4,659,091	2,387	2,427	5,390,541
31 Lincoln	1,413	1,372	1,388,452	6,427	6,555	12,316,590	7,212	7,181	13,705,042
32 Livingston	5,008	5,061	6,128,897	16,162	16,963	34,452,789	19,276	19,353	40,581,686
33 Madison	487	496	465,966	3,305	3,387	6,154,891	3,593	3,597	6,620,857
34 Morehouse	1,344	1,346	1,875,306	6,357	6,590	15,169,497	7,150	7,134	17,044,803
35 Natchitoches	1,357	1,353	1,274,710	7,323	7,524	13,649,341	8,150	8,107	14,924,051
36 Orleans	9,781	8,944	8,466,822	51,330	49,919	84,611,944	56,614	53,937	93,078,765
37 Ouachita	5,422	5,373	5,865,557	27,681	28,139	59,675,356	30,753	30,462	65,540,913
38 Plaquemines	745	712	687,909	2,948	2,926	6,563,055	3,409	3,279	7,250,964
39 Pointe Coupee	1,027	1,042	1,264,110	3,850	4,080	7,875,256	4,444	4,488	9,139,365
40 Rapides	5,739	5,732	5,819,538	22,828	23,776	65,923,567	26,200	26,275	71,743,105
41 Red River	385	396	367,425	1,899	1,942	3,069,283	2,119	2,125	3,436,707
42 Richland	949	978	1,112,349	4,276	4,395	8,948,284	4,825	4,844	10,060,633
43 Sabine	757	774	742,383	3,669	3,765	6,209,912	4,169	4,144	6,952,295
44 St. Bernard	1,154	1,063	1,215,349	4,719	4,584	8,223,400	5,402	5,104	9,438,749
45 St. Charles	1,992	1,961	2,044,212	6,510	6,707	12,056,319	7,632	7,636	14,100,531
46 St. Helena	478	489	424,099	2,037	2,122	3,124,976	2,311	2,339	3,549,075
47 St. James	924	924	788,513	3,660	3,802	5,885,011	4,200	4,216	6,673,524
48 St. John	2,438	2,425	2,137,010	9,030	9,273	14,850,940	10,389	10,363	16,987,950
49 St. Landry	4,519	4,533	4,887,780	18,220	18,770	36,675,179	20,903	20,939	41,562,959
50 St. Martin	2,506	2,501	2,573,407	9,158	9,424	16,551,696	10,569	10,577	19,125,102
51 St. Mary	2,720	2,893	2,788,184	10,754	11,623	17,360,510	12,252	12,710	20,148,694
52 St. Tammany	7,421	7,336	8,486,348	22,950	23,876	49,273,230	27,178	27,029	57,759,578
53 Tangipahoa	5,442	5,359	6,316,362	22,182	22,912	44,201,546	25,317	25,256	50,517,908
54 Tensas	262	264	304,231	1,293	1,347	2,098,270	1,461	1,480	2,402,502
55 Terrebonne	4,358	4,397	5,172,465	17,595	18,501	37,927,463	20,123	20,282	43,099,928
56 Union	951	911	1,138,736	3,877	3,953	8,588,283	4,397	4,378	9,727,019
57 Vermilion	2,021	1,979	2,193,036	8,339	8,601	15,987,269	9,571	9,542	18,180,305
58 Vernon	1,703	1,703	1,807,083	6,306	6,425	13,774,520	7,346	7,235	15,581,603
59 Washington	2,262	2,267	3,002,884	8,986	9,300	20,018,038	10,345	10,301	23,020,923
60 Webster	1,555	1,557	1,526,115	6,964	7,049	12,838,162	7,907	7,807	14,364,276
61 West Baton Rouge	902	898	887,810	3,362	3,519	7,061,051	3,886	3,944	7,948,861
62 West Carroll	699	715	1,179,297	2,292	2,420	6,207,901	2,756	2,771	7,387,198
63 West Feliciana	417	435	539,024	1,141	1,223	2,545,790	1,423	1,461	3,084,814
64 Winn	750	763	909,578	2,763	2,864	4,660,191	3,233	3,225	5,569,769
Grand Total	168,257	169,009	\$186,209,621	658,728	666,219	\$1,396,072,924	756,628	748,529	\$1,582,282,545

¹ LaCHIP includes the pregnant women who qualify for LaCHIP prenatal care services above the age 18 and those over the age 18 with continuous twelve month coverage.

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

Medicaid Purchase Plan

The Medicaid Purchase Plan (MPP), implemented in January 2004, allows working individuals with disabilities 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 15). This plan provides full medical coverage including prescription drugs, hospital care, doctor visits, medical equipment and supplies, medical transportation, and other services. During SFY 2007/08, there were 1,655 recipients receiving services in the program with total payments of \$11,908,717 (Table 16).

Table 15: Medicaid Purchase Plan Requirements and Monthly Premiums

Income Requirement ¹	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		

¹This is based on countable income – not gross or net income.

Table 16: Medicaid Purchase Plan Enrollees, Recipients, Payments, and Premiums Collected

SFY	Enrollees	Recipients	Payments (\$)	Premiums Collected ¹	
				Enrollees Paying Premium ²	Amount Collected
2003/04	228	129	\$205,521	16	\$4,610
2004/05	800	685	\$3,706,976	87	\$49,341
2005/06	1,150	1,007	\$6,232,097	117	\$68,509
2006/07	1,482	1,342	\$8,459,885	148	\$87,350
2007/08	1,709	1,655	\$11,908,717	174	\$111,721

¹ Data comes from the Louisiana Medicaid Purchase Plan Premium Tracking and Reporting System SFY 2007/08 reports.

² Excludes those whose premium is zero.

Medicare Savings Program

The Medicare Savings Program (MSP), 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 expenditures are paid to CMS each month.

The Medicare Savings Program also provides Medicare Buy-in benefits to people with Medicare who are not eligible for full Medicaid services but have limited income and assets. Depending on income, an individual may be classified as a Qualified Medicare Beneficiary (QMB), which covers both the Medicare Part-B premium and some co-payments and deductibles; Specified Low Medicare Beneficiary (SLMB), which covers the Medicare Part-B premium only; or Qualified Individual (QI-1), which covers the Medicare Part-B premium through 100% 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-payments are nominal. In addition, these individuals are not subject to the Medicare Drug Plan “doughnut hole.”

Premiums for calendar years 2007 and 2008 are presented in Table 17. 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 18 presents the income eligibility requirements for each buy-in program. During SFY 2007/08, Louisiana Medicaid paid premiums for 7,917 individuals for Part-A and 161,588 individuals for Part-B, and Part-D expenditures (all state funds) for 109,436 individuals (Table 19).

Women Diagnosed with Breast or Cervical Cancer

The Breast and Cervical Cancer Program provides full Medicaid benefits to uninsured women who are identified through the Centers for Disease Control (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP). These women have been diagnosed with breast or cervical cancer, or a pre-cancerous condition and are in need of treatment. The Medicaid program does not have income or resource limits, but the CDC requires that the income be less than 250% of the federal poverty level. During SFY 2007/08, a total of 1,548 recipients received services with total payments of \$24,808,920.

Table 17: Medicare Premiums and Deductibles¹

Calendar Year	Part-A Monthly Premiums ²		Part-A Deductible	Part-B Monthly Premium	Part-B Deductible	Part-D Monthly Premium	Part-D Deductible
	Eligible Work History						
	< 7½ Years	7½ to 10 years					
2007	\$410	\$226	\$992	\$93.50	\$131	\$27.35	\$265
2008	\$423	\$233	\$1,024	\$96.40	\$135	\$27.93	\$275

¹ 2008 Annual Report of the Board of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds. (2008). Retrieved from <http://www.cms.hhs.gov/ReportsTrustFunds/downloads/tr2008.pdf>

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

Table 18: 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-insurance; 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-1)	Medicare Part-B premium; Medicare Prescription Drug Plan monthly premium (up to \$35)	120% to 135% of poverty	

Table 19: Medicare Buy-In Program Recipients and Expenditures by Type

Medicare Type	2006/07		2007/08	
	Recipients ¹	Expenditures (\$)	Recipients ¹	Expenditures (\$)
Part-A	8,346	\$36,513,551	7,917	\$36,131,055
Part-B	166,514	\$159,016,404	161,588	\$171,792,197
Part-D²	109,886	\$72,866,487	109,436	\$73,705,299

¹ Recipient data comes from MMA Response File from CMS and is unduplicated.

² Part-D expenditures are all state funds.

Initiatives

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 Medicaid 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 797,180 recipients during SFY 2007/08 with total payments of \$23,246,274.

KIDMED

KIDMED is the screening component of Louisiana's Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program. KIDMED provides 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 screening 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. EPSDT services are available to Medicaid eligible children under the age of 21. 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 354,887 recipients in SFY 2007/08 with total payments of \$27,722,597. There were over 500 providers that provided services to KIDMED recipients during SFY 2007/08.

Medicaid Providers

During SFY 2007/08, about 24,000 providers participated and offered services to Louisiana Medicaid enrollees.

Figure 11 represents total payments to public and private providers. The hospital category includes inpatient and outpatient services. Hospital payments rank at the top with 23.4%, pharmacy payments are second with 15.1%, followed closely by nursing facility payments in third place with 13.8% of total payments.

Top ten provider types of total Medicaid payments grouped by in-state and out-of-state are presented in Table 20. About \$4.8 billion (93.2%) of the total \$5.1 billion payments were paid to providers within

Louisiana, while about \$350 million (6.8%) of payments were made to out-of-state providers. The “all others” out-of-state category includes payments to CMS (Medicare Buy-in and Part-D premiums).

Table 21 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 11,716 (49%) of the 23,723 total participating providers. With respect to in-state and out-of-state provider distribution, about 14.5% of participating providers are from out-of-state. The out-of-state category “all others” (528) includes CMS along with 527 other providers.

Figure 11: Top Ten Provider Types (Public and Private) by Total Payments

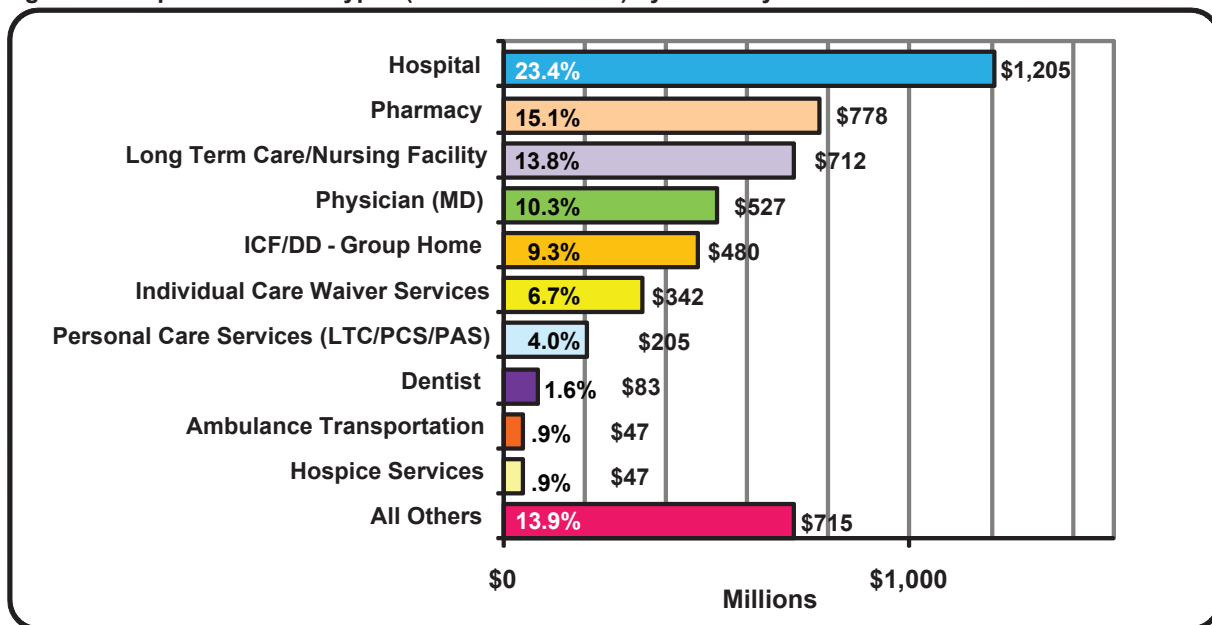


Table 20: Payments by In-State and Out-of-State for Top 10 Provider Types Based on Total Payments

Provider Type	Payments (\$)			Ratio of each Program			Ratio Between In-State and Out-of-State	
	In State	Out of State	Total	In State	Out of State	Total	In State	Out of State
Hospital	\$1,176,794,061	\$27,929,742	\$1,204,723,803	25%	8%	23%	98%	2%
Pharmacy	762,275,318	15,629,080	777,904,398	16%	4%	15%	98%	2%
Long Term Care/Nursing Facility	711,835,569	8,412	711,843,982	15%	0%	14%	100%	0%
Physician (MD)	522,187,581	4,791,780	526,979,361	11%	1%	10%	99%	1%
ICF/DD - Group Home	479,871,382	-	479,871,382	10%	0%	9%	100%	0%
Individual Care Waiver Services	341,823,649	-	341,823,649	7%	0%	7%	100%	0%
Personal Care Services (LTC/PCS/PAS)	204,932,737	-	204,932,737	4%	0%	4%	100%	0%
Dentist	83,264,034	45,141	83,309,175	2%	0%	2%	100%	0%
Ambulance Transportation	46,981,153	189,713	47,170,866	1%	0%	1%	100%	0%
Hospice Services	46,814,963	-	46,814,963	1%	0%	1%	100%	0%
All Others	413,283,009	301,468,354	714,751,363	9%	86%	14%	58%	42%
Total	\$4,790,063,456	\$350,062,222	\$5,140,125,678	100%	100%	100%	93%	7%

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

Provider Type	Number of Providers			Ratio of each Program			Ratio Between In-State and Out-of-State	
	In State	Out of State	Total	In State	Out of State	Total	In State	Out of State
Hospital	187	641	828	1%	19%	3%	23%	77%
Pharmacy	1,267	680	1,947	6%	20%	8%	65%	35%
Long Term Care/Nursing Facility	280	5	285	1%	0%	1%	98%	2%
Physician (MD)	10,165	1,551	11,716	50%	45%	49%	87%	13%
ICF/DD - Group Home	563	-	563	3%	0%	2%	100%	0%
Individual Care Waiver Services	494	-	494	2%	0%	2%	100%	0%
Personal Care Services (LTC/PCS/PAS)	537	-	537	3%	0%	2%	100%	0%
Dentist	672	6	678	3%	0%	3%	99%	1%
Ambulance Transportation	48	38	86	0%	1%	0%	56%	44%
Hospice Services	112	-	112	1%	0%	0%	100%	0%
All Others	5,949	528	6,477	29%	15%	27%	92%	8%
Total	20,274	3,449	23,723	100%	100%	100%	85%	15%

Figure 12 shows a map of the ratios of provider payments to recipient payments from Table 22 for SFY 2007/08. This relationship gives a

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

Figure 12: Provider Participation Ratios

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

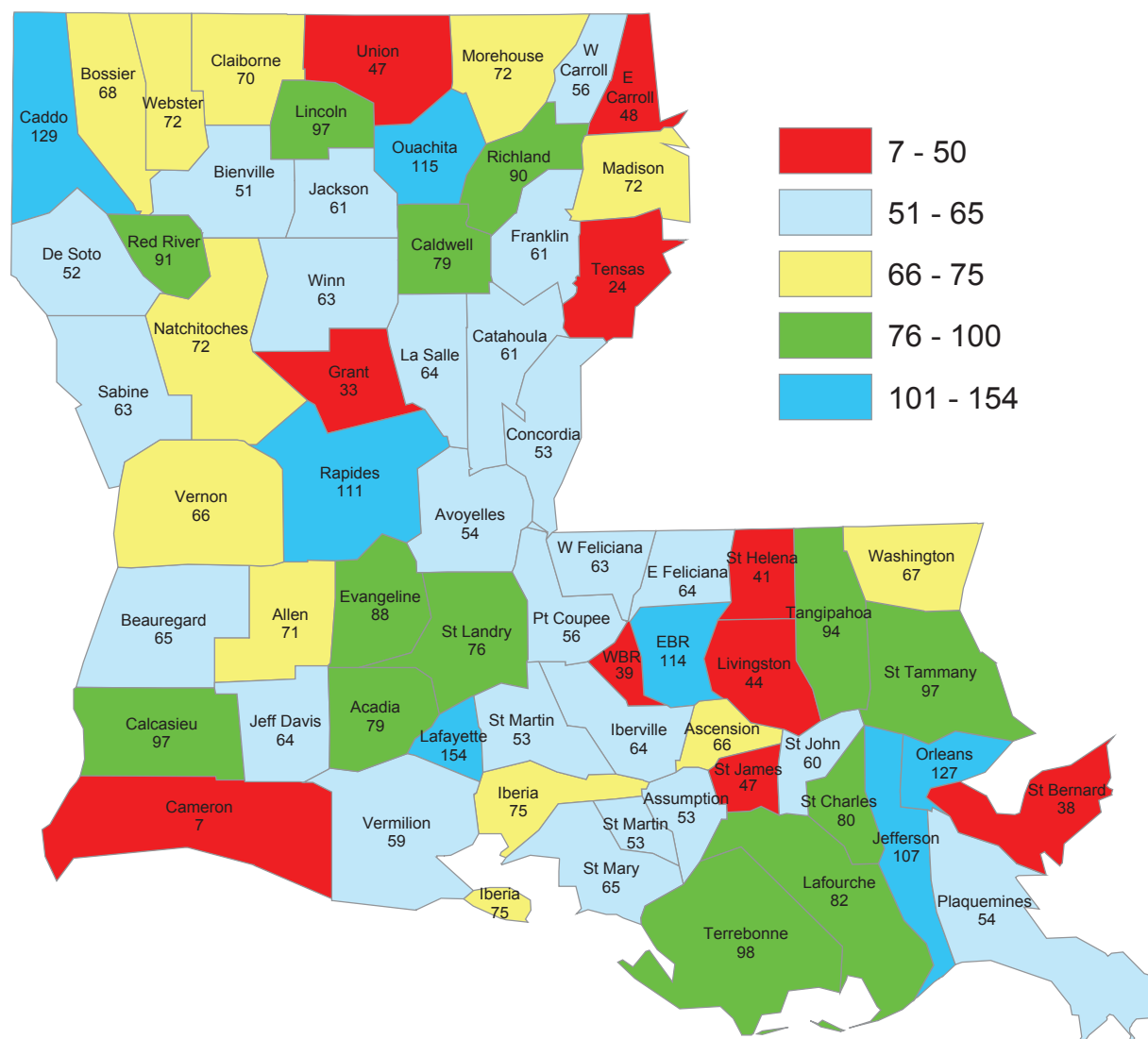


Table 22: Provider Payments and Participation Ratios

	Parish	In-Parish Provider Payments (\$)	In-Parish Resident Payments (\$)	Ratio
1	Acadia	\$73,723,743	\$93,760,988	78.6
2	Allen	21,531,433	30,357,772	70.9
3	Ascension	45,896,918	69,877,462	65.7
4	Assumption	14,455,849	27,061,962	53.4
5	Avoyelles	41,568,975	76,309,781	54.5
6	Beauregard	19,732,910	30,304,462	65.1
7	Bienville	11,568,514	22,658,505	51.1
8	Bossier	73,625,507	108,058,435	68.1
9	Caddo	393,468,803	304,333,226	129.3
10	Calcasieu	189,018,511	194,979,347	96.9
11	Caldwell	18,473,293	23,327,953	79.2
12	Cameron	180,532	2,648,435	6.8
13	Catahoula	10,215,459	16,726,148	61.1
14	Claiborne	15,699,521	22,468,829	69.9
15	Concordia	13,872,773	26,260,230	52.8
16	De Soto	15,352,958	29,592,074	51.9
17	East Baton Rouge	513,619,638	448,875,807	114.4
18	East Carroll	10,223,400	21,167,202	48.3
19	East Feliciana	25,433,082	39,789,844	63.9
20	Evangeline	56,552,846	64,521,746	87.6
21	Franklin	26,508,530	43,116,065	61.5
22	Grant	8,259,234	25,169,077	32.8
23	Iberia	72,511,403	96,812,163	74.9
24	Iberville	27,532,439	42,978,687	64.1
25	Jackson	13,504,539	22,094,639	61.1
26	Jefferson	426,619,846	396,934,330	107.5
27	Jefferson Davis	27,235,797	42,368,449	64.3
28	Lafayette	300,526,048	195,477,607	153.7
29	Lafourche	81,065,084	98,981,959	81.9
30	La Salle	13,751,020	21,518,003	63.9
31	Lincoln	55,836,866	57,535,548	97.0
32	Livingston	40,316,819	92,093,883	43.8
33	Madison	16,144,895	22,361,308	72.2
34	Morehouse	37,349,130	51,990,142	71.8
35	Natchitoches	34,460,884	47,632,793	72.3
36	Orleans	412,989,563	325,650,730	126.8
37	Ouachita	217,410,675	189,832,785	114.5
38	Plaquemines	11,410,981	20,983,142	54.4
39	Pointe Coupee	17,778,812	31,576,631	56.3
40	Rapides	379,193,125	340,944,554	111.2
41	Red River	12,065,069	13,246,781	91.1
42	Richland	38,401,078	42,871,727	89.6
43	Sabine	17,203,512	27,309,291	63.0
44	St. Bernard	10,095,607	26,423,418	38.2
45	St. Charles	28,237,658	35,168,562	80.3
46	St. Helena	5,735,087	14,138,042	40.6
47	St. James	9,318,561	19,993,533	46.6
48	St. John	26,619,054	44,165,389	60.3
49	St. Landry	115,379,720	151,443,569	76.2
50	St. Martin	31,893,573	60,722,304	52.5
51	St. Mary	39,261,524	60,177,889	65.2
52	St. Tammany	140,747,416	144,842,853	97.2
53	Tangipahoa	204,104,742	216,030,366	94.5
54	Tensas	2,112,931	8,626,179	24.5
55	Terrebonne	116,185,218	118,709,837	97.9
56	Union	12,450,319	26,241,314	47.4
57	Vermilion	35,995,479	61,258,225	58.8
58	Vernon	28,549,745	42,976,926	66.4
59	Washington	48,452,203	72,289,086	67.0
60	Webster	39,562,455	55,243,701	71.6
61	West Baton Rouge	8,580,040	21,854,504	39.3
62	West Carroll	12,172,701	21,932,439	55.5
63	West Feliciana	8,484,828	13,424,226	63.2
64	Winn	13,834,579	21,902,813	63.2
In-State Total		\$4,790,063,456	\$5,140,125,678	93.2
Out-of-State Total		\$350,062,222	\$0	
Total		\$5,140,125,678	\$5,140,125,678	100

Table 22 presents (1) payments made on the basis of the parish's providers 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 parish provider payments to parish recipient 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 23 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 \$861 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 24 reports payment distribution across provider parishes to the top ten provider types in the state. East Baton Rouge Parish ranked number one with \$514 million in payments going into the parish, while Cameron Parish ranked last with \$180,532 in payments going into the parish.

Table 23: 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	\$343,601,328	\$128,195,854	\$73,669,589	\$105,478,286	\$36,104,146	\$60,770,294
Region 2 – Baton Rouge	172,536,497	102,536,407	104,654,423	77,659,927	30,375,785	45,684,807
Region 3 – Thibodaux	66,181,713	63,173,222	7,132,652	41,619,422	14,330,155	29,182,138
Region 4 – Lafayette	140,698,641	120,268,100	111,924,823	82,540,101	30,879,039	51,136,986
Region 5 – Lake Charles	46,268,654	54,209,164	44,432,897	30,361,746	21,476,193	15,426,823
Region 6 – Alexandria	75,117,792	57,464,071	74,220,084	34,223,138	173,731,009	32,800,193
Region 7 – Shreveport	172,779,492	77,983,564	117,905,436	63,079,650	54,645,137	32,473,627
Region 8 – Monroe	83,175,284	67,875,594	81,698,104	40,016,155	49,231,170	39,046,703
Region 9 – Mandeville	76,434,660	90,569,341	56,197,561	47,209,156	69,098,748	35,302,079
Total In-State	\$1,176,794,061	\$762,275,318	\$711,835,569	\$522,187,581	\$479,871,382	\$341,823,649
Total Out-of-State	\$27,929,742	\$15,629,080	\$8,412	\$4,791,780	\$0	\$0
Grand Total	\$1,204,723,803	\$777,904,398	\$711,843,982	\$526,979,361	\$479,871,382	\$341,823,649

Table 23: Continued (7-10)

Region	7 Personal Care Services (LTC/ PCS/PAS)	8 Dentist	9 Ambulance Transportation	10 Hospice Services	All Others	Grand Total	Overall Rank
Region 1 - New Orleans	\$18,080,386	\$12,902,594	\$5,652,406	\$4,070,472	\$72,590,642	\$861,115,996	1
Region 2 - Baton Rouge	30,822,910	15,753,231	1,995,747	8,595,425	56,710,599	647,325,757	3
Region 3 - Thibodaux	13,397,658	4,995,840	340,787	2,417,434	32,371,927	315,142,948	8
Region 4 - Lafayette	44,724,524	10,035,273	28,417,355	3,710,292	62,247,678	686,582,812	2
Region 5 - Lake Charles	9,578,257	4,851,784	140,266	3,093,327	27,860,071	257,699,183	9
Region 6 - Alexandria	19,314,943	5,557,635	800,946	5,766,469	30,248,630	509,244,911	5
Region 7 - Shreveport	19,276,771	8,218,044	5,236,458	8,047,866	53,361,181	613,007,223	4
Region 8 - Monroe	29,356,612	9,942,564	3,603,073	7,770,226	48,872,871	460,588,358	6
Region 9 - Mandeville	20,380,676	11,007,069	794,117	3,343,451	29,019,409	439,356,267	7
Total In-State	\$204,932,737	\$83,264,034	\$46,981,153	\$46,814,963	\$413,283,009	\$4,790,063,456	
Total Out-of-State	\$0	\$45,141	\$189,713	\$0	\$301,468,354	\$350,062,222	
Grand Total	\$204,932,737	\$83,309,175	\$47,170,866	\$46,814,963	\$714,751,363	\$5,140,125,678	

Table 24: 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	\$7,070,994	\$22,617,069	\$15,570,887	\$7,539,708	\$12,946,141	\$233,965
2	Allen	2,751,844	4,494,680	6,066,056	1,754,968	749,491	293,200
3	Ascension	4,489,756	13,828,937	7,702,855	4,189,819	2,096,222	4,158,571
4	Assumption	657,365	2,289,739	3,098,642	293,694	815,662	3,308,212
5	Avoyelles	3,459,980	9,661,518	18,103,543	2,265,880	369,145	536,879
6	Beauregard	3,233,858	3,887,995	5,975,780	2,475,162	1,704,768	353,590
7	Bienville	375,657	1,788,586	7,363,271	672,801	798,447	-
8	Bossier	4,160,815	9,530,740	13,142,206	4,052,440	29,849,483	4,850,425
9	Caddo	147,863,886	43,335,736	59,946,933	45,914,109	15,135,859	20,437,763
10	Calcasieu	36,807,975	37,036,410	24,516,496	23,408,584	18,289,526	12,976,524
11	Caldwell	2,394,102	2,926,816	2,622,748	700,180	5,131,846	1,497,393
12	Cameron	12,406	-	-	5,277	-	-
13	Catahoula	-	2,075,029	2,686,186	275,755	-	1,471,927
14	Claiborne	2,630,140	2,330,771	5,021,480	787,443	-	2,870,613
15	Concordia	1,786,326	3,423,602	4,291,502	1,166,587	-	297,129
16	De Soto	2,142,585	3,044,568	5,094,920	428,880	700,825	201,422
17	East Baton Rouge	162,133,982	70,107,946	60,651,020	66,106,131	23,101,898	38,456,376
18	East Carroll	1,429,690	2,338,013	3,363,296	805,114	350,731	56,238
19	East Feliciana	73,820	2,969,759	16,024,767	600,931	3,312,768	308,850
20	Evangeline	8,515,032	12,104,919	10,043,339	6,287,572	2,839,311	1,794,264
21	Franklin	1,773,054	4,397,363	9,702,769	882,804	2,109,088	238,467
22	Grant	-	1,501,649	4,613,384	387,082	1,391,943	-
23	Iberia	9,332,591	15,938,485	12,310,607	12,085,338	4,665,415	7,697,026
24	Iberville	2,994,227	7,373,173	7,544,046	3,829,409	258,892	1,605,493
25	Jackson	1,666,848	2,671,531	6,449,851	411,732	361,465	544,642
26	Jefferson	104,634,242	94,718,114	40,993,208	61,887,766	23,590,585	37,353,372
27	Jefferson Davis	3,462,571	8,790,079	7,874,564	2,717,757	732,408	1,803,509
28	Lafayette	90,793,496	30,272,878	27,959,938	31,985,652	5,678,292	30,998,285
29	Lafourche	9,518,960	13,437,770	11,966,138	7,241,397	10,087,979	12,873,703
30	La Salle	3,134,443	2,297,978	5,355,020	1,404,469	309,204	-
31	Lincoln	8,792,422	8,427,919	7,398,334	4,499,866	18,236,061	3,376,226
32	Livingston	793,892	16,318,227	10,081,308	2,202,635	1,555,804	2,143,102
33	Madison	2,136,207	2,448,530	2,731,464	403,986	2,977,318	598,945
34	Morehouse	3,465,495	6,155,976	10,103,911	3,766,867	896,633	2,266,442
35	Natchitoches	4,788,112	8,083,945	7,332,868	3,989,783	1,363,317	2,556,849
36	Orleans	238,967,086	27,251,775	29,773,836	41,839,113	6,658,976	20,536,635
37	Ouachita	55,890,999	25,653,162	23,570,104	23,129,397	9,982,031	26,201,596
38	Plaquemines	-	863,925	2,902,545	119,605	4,777,256	2,137,658
39	Pointe Coupee	1,656,568	3,214,051	6,587,992	1,526,505	544,269	688,851
40	Rapides	60,507,050	30,437,871	29,160,674	23,432,394	162,883,449	30,078,187
41	Red River	2,302,907	2,297,299	3,097,568	709,488	493,948	147,375
42	Richland	2,651,374	6,289,514	6,557,625	3,280,719	8,413,827	4,051,175
43	Sabine	1,416,412	2,789,942	7,373,933	1,905,494	2,251,514	161,249
44	St. Bernard	-	5,362,040	-	1,631,801	1,077,329	742,629
45	St. Charles	1,555,511	10,718,126	5,026,529	3,724,621	-	1,507,055
46	St. Helena	877,801	1,169,632	1,707,902	376,203	587,302	15,005
47	St. James	1,670,943	2,063,178	2,583,435	1,429,668	-	502,711
48	St. John	3,798,880	5,032,023	2,514,575	2,765,495	791,218	4,284,224
49	St. Landry	20,684,623	24,510,760	23,746,838	18,875,004	3,000,606	3,479,561
50	St. Martin	782,130	7,244,406	6,422,782	1,121,629	1,115,698	6,789,855
51	St. Mary	5,430,094	10,665,839	8,212,056	5,775,887	698,607	1,545,886
52	St. Tammany	32,346,997	38,421,039	20,169,240	23,445,001	2,839,647	4,973,571
53	Tangipahoa	34,288,099	22,830,906	15,381,812	17,317,457	62,972,849	23,712,692
54	Tensas	-	847,159	-	2,043	-	64,440
55	Terrebonne	43,549,961	18,966,548	13,731,277	20,388,659	1,936,688	5,160,347
56	Union	1,389,251	3,314,278	5,100,997	934,301	390,971	-
57	Vermilion	3,519,775	7,579,584	15,870,433	4,645,198	633,577	144,031
58	Vernon	4,325,710	5,595,305	4,833,614	4,606,899	7,670,698	247,578
59	Washington	8,127,871	11,829,537	8,857,300	3,867,860	1,143,145	4,457,709
60	Webster	7,098,976	4,781,977	9,532,256	4,619,212	4,051,745	1,247,933
61	West Baton Rouge	-	3,908,987	2,829,337	310,623	760,927	67,969
62	West Carroll	1,585,842	2,405,332	4,097,005	1,199,146	381,199	151,140
63	West Feliciana	1,188,144	1,133,554	3,314,405	1,096,508	300,810	398,697
64	Winn	1,904,283	2,471,120	5,176,161	684,071	1,106,572	168,493
Total In-State		\$1,176,794,061	\$762,275,318	\$711,835,569	\$522,187,581	\$479,871,382	\$341,823,649
Total Out-of-State		\$27,929,742	\$15,629,080	\$8,412	\$4,791,780	\$0	\$0
Grand Total		\$1,204,723,803	\$777,904,398	\$711,843,982	\$526,979,361	\$479,871,382	\$341,823,649

Table 24: Payments of Top Ten Provider Types by Parish Based on Total Payments

Personal Care Services (LTC/PCS/PAS)	Dentist	Ambulance Transportation	Hospice Services	All Others	Grand Total	Rank	Parish
\$459,144	\$1,255,476	\$0	\$0	\$6,030,360	\$73,723,743	14	Acadia
714,540	111,959	117,555	1,054,407	3,422,734	21,531,433	37	Allen
3,850,367	999,189	18,480	-	4,562,721	45,896,918	20	Ascension
2,920,668	-	-	-	1,071,866	14,455,849	45	Assumption
2,099,071	860,101	-	358,757	3,854,101	41,568,975	21	Avoyelles
733,562	512,636	-	-	855,560	19,732,910	38	Beauregard
-	6,088	-	-	563,664	11,568,514	53	Bienville
1,716,174	227,709	476,684	327,842	5,290,988	73,625,507	15	Bossier
10,916,977	6,693,885	2,636,452	5,008,160	35,579,045	393,468,803	4	Caddo
8,130,155	4,203,161	-	1,875,747	21,773,932	189,018,511	9	Calcasieu
1,097,431	295,585	-	-	1,807,192	18,473,293	39	Caldwell
-	-	22,711	-	140,138	180,532	64	Cameron
2,457,269	397,124	-	-	852,170	10,215,459	56	Catahoula
1,030,161	47,161	27,125	-	954,626	15,699,521	43	Claiborne
782,212	641,637	304,490	126,186	1,053,102	13,872,773	46	Concordia
959,206	574,682	169,060	-	2,036,811	15,352,958	44	De Soto
24,179,274	13,077,165	1,977,267	8,078,310	45,750,270	513,619,638	1	East Baton Rouge
525,107	611,680	-	-	743,532	10,223,400	55	East Carroll
560,488	188,621	-	-	1,393,078	25,433,082	36	East Feliciana
6,066,584	679,127	-	153,443	8,069,256	56,552,846	17	Evangeline
2,220,459	426,786	998,937	1,590,428	2,168,375	26,508,530	35	Franklin
-	25,316	-	-	339,860	8,259,234	61	Grant
5,212,714	557,668	-	131,139	4,580,421	72,511,403	16	Iberia
215,250	622,153	-	184,809	2,904,988	27,532,439	32	Iberville
242,684	6,746	299,687	239,511	609,842	13,504,539	49	Jackson
9,422,622	7,407,682	3,804,855	3,389,196	39,418,204	426,619,846	2	Jefferson
-	24,028	-	163,173	1,667,708	27,235,797	33	Jefferson Davis
14,599,506	5,330,038	27,664,523	3,080,113	32,163,328	300,526,048	6	Lafayette
2,482,138	1,290,346	222,130	74,824	11,869,701	81,065,084	13	Lafourche
-	87,065	-	145,682	1,017,161	13,751,020	48	La Salle
958,899	1,262,439	88,254	114,553	2,681,893	55,836,866	18	Lincoln
823,639	1,659,200	-	595,345	4,143,665	40,316,819	22	Livingston
2,708,076	100,309	-	236,651	1,803,408	16,144,895	42	Madison
3,863,631	567,994	574,855	1,689,080	3,998,246	37,349,130	26	Morehouse
3,081,233	424,855	-	327,841	2,512,081	34,460,884	28	Natchitoches
8,281,688	5,053,587	1,747,624	681,276	32,197,965	412,989,563	3	Orleans
13,070,117	5,830,516	1,429,455	3,850,986	28,802,312	217,410,675	7	Ouachita
25,368	179,123	99,927	-	305,575	11,410,981	54	Plaquemines
1,341,798	453,789	-	332,307	1,432,682	17,778,812	40	Pointe Coupee
12,159,160	3,462,026	496,457	4,936,244	21,639,614	379,193,125	5	Rapides
1,014,072	87,713	-	-	1,914,699	12,065,069	52	Red River
3,754,093	413,358	-	49,017	2,940,377	38,401,078	25	Richland
38,773	32,724	-	-	1,233,470	17,203,512	41	Sabine
350,707	262,201	-	-	668,899	10,095,607	57	St. Bernard
355,291	213,544	118,657	195,494	4,822,832	28,237,658	31	St. Charles
565,789	223,470	-	-	211,983	5,735,087	62	St. Helena
303,951	1,360	-	-	763,315	9,318,561	58	St. James
1,718,024	1,516,640	-	1,654,516	2,543,459	26,619,054	34	St. John
11,551,400	1,587,625	752,832	345,596	6,844,874	115,379,720	12	St. Landry
6,351,678	101,227	-	-	1,964,167	31,893,573	29	St. Martin
3,692,947	190,662	-	-	3,049,545	39,261,524	24	St. Mary
2,093,596	5,586,828	103,797	2,162,025	8,605,676	140,747,416	10	St. Tammany
12,397,401	2,577,107	-	586,081	12,040,340	204,104,742	8	Tangipahoa
311,517	-	-	-	887,772	2,112,931	63	Tensas
1,924,639	1,783,288	-	492,601	8,251,209	116,185,218	11	Terrebonne
-	177,124	24,894	-	1,118,503	12,450,319	50	Union
483,497	524,112	-	-	2,595,272	35,995,479	27	Vermilion
415,139	14,479	-	128,070	712,253	28,549,745	30	Vernon
4,500,251	960,465	690,320	-	4,017,745	48,452,203	19	Washington
520,176	123,225	1,927,136	2,384,023	3,275,795	39,562,455	23	Webster
-	270,712	-	-	431,485	8,580,040	59	West Baton Rouge
604,598	250,029	186,992	-	1,311,418	12,172,701	51	West Carroll
675,732	141,603	-	-	235,376	8,484,828	60	West Feliciana
1,402,092	69,888	-	71,530	780,370	13,834,579	47	Winn
\$204,932,737	\$83,264,034	\$46,981,153	\$46,814,963	\$413,283,009	\$4,790,063,456		Total In-State
\$0	\$45,141	\$189,713	\$0	\$301,468,354	\$350,062,222		Total Out-of-State
\$204,932,737	\$83,309,175	\$47,170,866	\$46,814,963	\$714,751,363	\$5,140,125,678		Grand Total

Table 25 presents each state's payments by top ten out-of-state provider types. Washington, D.C. out ranked all other states with \$286 million (81.7%) due to CMS payments for Medicare Buy-in and Part-D.

If CMS payments were excluded, our neighboring states would have the highest payments, Texas with about \$23.4 million (6.7%) and Mississippi with \$11.9 million (3.4%). The number of participating

Table 25: Payments of Top Ten Out-of-State Provider Types by State Based on Total Out-of-State Payments

	State	Hospital	Independent Lab	Pharmacy	Physician (MD)	DME Provider	Fiscal Agent - Waiver
1	AK	\$0	\$0	\$0	\$0	\$0	\$0
2	AL	1,917,408	5,019,390	6,732	11,554	6,900	-
3	AR	1,232,973	-	129,175	546,906	28,665	-
4	AZ	27,161	77	(68)	-	2,969	621,977
5	CA	5,736,326	554,147	4,283	93,590	119,695	-
6	CO	84,561	577,001	979	970	1,937	-
7	CT	532	10,612	-	1,495	-	-
8	DC	4,127,815	-	-	139,721	-	-
9	DE	42	-	-	-	-	-
10	FL	176,253	164,899	767,904	2,754	298,709	-
11	GA	60,411	2,622	13,775	9,007	2,035	-
12	HI	1,463	-	-	-	-	-
13	IA	6,554	-	-	4,945	-	-
14	ID	193	-	-	-	-	-
15	IL	86,920	-	(387)	-	31,466	-
16	IN	3,104	140	168	-	-	-
17	KS	12,832	558	478,786	998	-	-
18	KY	6,992	-	-	774	76	-
19	MA	366,364	76,235	-	19,462	25,647	-
20	MD	44,657	-	245,578	1,164	18,464	-
21	ME	122	-	234	-	-	-
22	MI	29,159	-	(142)	494	3,042	-
23	MN	1,594	268,990	-	85	560,497	-
24	MO	298,057	551	101,444	1,705	66,082	-
25	MS	6,424,460	137,053	1,294,685	3,341,051	289,307	-
26	MT	850	-	-	376	-	-
27	NC	18,276	823,972	874	5,389	869	-
28	ND	-	-	-	-	-	-
29	NE	443,625	-	5,811	17,302	-	-
30	NH	429	-	-	-	-	-
31	NJ	121	942,182	-	-	13,807	-
32	NM	516	84,087	-	-	-	-
33	NV	39,674	-	231	242	-	-
34	NY	368	-	-	-	1,362	-
35	OH	169,550	473	-	10,336	39,690	-
36	OK	9,669	-	(462)	-	-	-
37	OR	481	-	15	137	10	-
38	PA	31,947	17,334	1,166,958	-	210,547	-
39	RI	10,939	88	-	-	-	-
40	SC	4,772	-	58	-	534	-
41	SD	-	-	-	-	-	-
42	TN	729,888	34,662	1,440,608	310,394	375,946	-
43	TX	5,592,824	7,069,356	9,971,830	270,799	414,986	-
44	UT	(55,545)	14,938	-	-	-	-
45	VA	267,172	25,490	(35)	-	2,693	-
46	VT	-	-	-	-	-	-
47	WA	15,611	-	(7)	130	108,124	-
48	WI	1,894	-	57	-	-	-
49	WV	-	-	-	-	-	-
50	WY	729	-	-	-	-	-
Total		\$27,929,742	\$15,824,857	\$15,629,080	\$4,791,780	\$2,624,058	\$621,977

providers by state for the top ten out-of-state provider types is presented in Table 26. Participation was represented by all of the states in the United States

except for five, Alaska, North Dakota, South Dakota, Vermont, and West Virginia.

Table 25: Payments of Top Ten Out-of-State Provider Types by State Based on Total Out-of-State Payments

Nurse Practitioner	CRNA	Ambulance Transportation	Psychiatric Residential Treatment Facility	All Others	Grand Total	Rank	State
\$0	\$0	\$0	\$0	\$0	\$0	45	AK
-	-	66	-	-	6,962,050	4	AL
-	-	773	-	844	1,939,335	7	AR
-	-	-	-	-	652,116	14	AZ
-	-	1,848	-	-	6,509,888	5	CA
-	-	416	-	96	665,960	13	CO
-	-	-	-	-	12,638	29	CT
-	-	-	-	281,651,486	285,919,022	1	DC
-	-	-	-	-	42	44	DE
-	-	128,421	173,050	4,347	1,716,337	8	FL
43	-	757	-	(2,236)	86,413	24	GA
-	-	-	-	-	1,463	37	HI
-	-	-	-	106	11,605	30	IA
-	-	-	-	-	193	43	ID
-	-	-	-	-	117,999	23	IL
-	-	-	-	-	3,412	34	IN
1,472	-	-	-	-	494,646	15	KS
-	-	34	-	324	8,199	32	KY
-	-	-	-	-	487,708	16	MA
-	-	-	-	-	309,863	19	MD
-	-	-	-	-	356	42	ME
-	-	-	-	-	32,553	27	MI
-	-	-	-	-	831,165	12	MN
-	-	1,488	-	-	469,326	17	MO
170,040	128,817	48,581	-	96,252	11,930,246	3	MS
-	-	-	-	-	1,226	38	MT
-	-	-	-	-	849,380	11	NC
-	-	-	-	-	-	45	ND
1,826	-	-	-	112	468,676	18	NE
-	-	-	-	-	429	41	NH
-	-	-	-	-	956,110	10	NJ
-	-	-	-	-	84,603	25	NM
-	-	-	-	-	40,146	26	NV
-	-	(1)	-	-	1,729	36	NY
-	-	-	-	-	220,049	21	OH
-	-	-	-	8,361	17,568	28	OK
-	-	-	-	-	643	40	OR
-	-	-	-	-	1,426,787	9	PA
-	-	-	-	-	11,027	31	RI
-	-	-	-	-	5,364	33	SC
-	-	-	-	-	-	45	SD
73,953	64,721	264	-	9,853	3,040,291	6	TN
116	-	7,067	-	67,432	23,394,410	2	TX
-	-	-	-	-	(40,607)	50	UT
-	-	-	-	-	295,319	20	VA
-	-	-	-	-	-	45	VT
-	-	-	-	-	123,857	22	WA
-	-	-	-	-	1,950	35	WI
-	-	-	-	-	-	45	WV
-	-	-	-	-	729	39	WY
\$247,450	\$193,538	\$189,713	\$173,050	\$281,836,977	\$350,062,222		Total

Table 26: Number of Out-of-State Providers by Top Ten Provider Types Based on Total Out-of-State Payments

	State	Hospital	Independent Lab	Pharmacy	Physician (MD)	DME Provider	Fiscal Agent - Waiver
1	AK	-	-	-	-	-	-
2	AL	32	4	33	23	5	-
3	AR	23	-	23	128	16	-
4	AZ	18	1	4	-	3	1
5	CA	15	14	9	57	10	-
6	CO	16	1	4	8	4	-
7	CT	1	1	-	1	-	-
8	DC	3	-	-	50	-	-
9	DE	1	-	-	-	-	-
10	FL	41	6	42	4	32	-
11	GA	28	3	67	8	6	-
12	HI	3	-	-	-	-	-
13	IA	5	-	-	8	-	-
14	ID	2	-	-	-	-	-
15	IL	24	-	1	-	5	-
16	IN	5	1	1	-	-	-
17	KS	8	1	1	3	-	-
18	KY	8	1	1	1	1	-
19	MA	2	1	-	34	3	-
20	MD	2	-	2	4	3	-
21	ME	1	-	1	-	-	-
22	MI	16	-	4	2	1	-
23	MN	6	3		2	4	-
24	MO	23	2	6	5	2	-
25	MS	44	7	117	538	36	-
26	MT	1	-	-	5	-	-
27	NC	9	6	5	12	3	-
28	ND	-	-	-	-	-	-
29	NE	9	-	3	37	-	-
30	NH	1	-	-	-	-	-
31	NJ	2	4	-	-	1	-
32	NM	1	1	-	-	-	-
33	NV	8	-	2	3	-	-
34	NY	3	-	-	-	2	-
35	OH	16	2	-	16	2	-
36	OK	9	-	2	-	2	-
37	OR	3	-	1	2	1	-
38	PA	8	2	1		6	-
39	RI	2	1	-	-	-	-
40	SC	5	-	1	-	2	-
41	SD	-	-	-	-	-	-
42	TN	28	4	26	148	12	-
43	TX	166	21	318	451	66	-
44	UT	7	1	-	-	1	-
45	VA	18	5	3	-	4	-
46	VT		-	-	-	-	-
47	WA	8	-	1	1	2	-
48	WI	8	-	1	-	1	-
49	WV	-	-	-	-	-	-
50	WY	2	-	-	-	-	-
Total		641	93	680	1,551	236	1

Table 26: Number of Out-of-State Providers by Top Ten Provider Types Based on Total Out-of-State Payments

Nurse Practitioner	CRNA	Ambulance Transportation	Psychiatric Residential Treatment Facility	All Others	Grand Total	Rank	State
-	-	-	-	-	-	46	AK
-	-	1	-	-	98	8	AL
-	-	1	-	2	193	4	AR
-	-	-	-	-	27	18	AZ
-	-	1	-	-	106	7	CA
-	-	1	-	1	35	14	CO
-	-	-	-	-	3	37	CT
-	-	-	-	1	54	9	DC
-	-	-	-	-	1	44	DE
-	-	3	1	1	130	5	FL
1	-	2	-	2	117	6	GA
-	-	-	-	-	3	37	HI
-	-	-	-	2	15	21	IA
-	-	-	-	-	2	40	ID
-	-	-	-	-	30	16	IL
-	-	-	-	-	7	32	IN
1	-	-	-	-	14	23	KS
-	-	1	-	1	14	23	KY
-	-	-	-	-	40	11	MA
-	-	-	-	-	11	28	MD
-	-	-	-	-	2	40	ME
-	-	-	-	-	23	19	MI
-	-	-	-	-	15	21	MN
-	-	1	-	-	39	12	MO
27	25	4	-	36	834	2	MS
-	-	-	-	-	6	35	MT
-	-	-	-	-	35	14	NC
-	-	-	-	-	-	46	ND
2	-	-	-	1	52	10	NE
-	-	-	-	-	1	44	NH
-	-	-	-	-	7	32	NJ
-	-	-	-	-	2	40	NM
-	-	-	-	-	13	26	NV
-	-	1	-	-	6	35	NY
-	-	-	-	-	36	13	OH
-	-	-	-	1	14	23	OK
-	-	-	-	-	7	32	OR
-	-	-	-	-	17	20	PA
-	-	-	-	-	3	37	RI
-	-	-	-	-	8	31	SC
-	-	-	-	-	-	46	SD
33	18	1	-	7	277	3	TN
1	-	21	-	45	1,089	1	TX
-	-	-	-	-	9	30	UT
-	-	-	-	-	30	16	VA
-	-	-	-	-	-	46	VT
-	-	-	-	-	12	27	WA
-	-	-	-	-	10	29	WI
-	-	-	-	-	-	46	WV
-	-	-	-	-	2	40	WY
65	43	38	1	100	3,449		Total

Medicaid Home and Community-Based Service 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, and/or mental illnesses. Since this act made an exception to the traditional Medicaid requirements, it required a “waiver.” Waivers allow flexibility for states to develop and test creative alternatives for operating their Medicaid programs that are cost neutral to what Medicaid would have paid absent the waiver.

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

These waiver programs allow Louisiana residents to receive Medicaid State Plan benefits while having greater flexibility to choose where they want to live and to choose the waiver services and supports that best suit their needs. They also allow individuals to preserve their independence by staying out of institutional settings and maintaining ties to families and friends. The types of HCBS waivers available in Louisiana during the SFY 2007/08 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 for five or more hours per day. This waiver thereby allows family members to assist in the care of the recipient while maintaining employment and other commitments. Transportation is provided to and from the facility. In SFY 2007/08, a total of 675 slots were filled with total payments of \$14.3 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 filled a total of 3,403 slots in SFY 2007/08 with total payments of almost \$123.5 million.

Children’s Choice Waiver (CCW)

The Children’s Choice waiver, which is capped at \$17,000 for direct waiver payments per year for each waiver slot, 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. During the SFY 2007/08, a total of 925 slots were filled with total payments of about \$22.2 million.

New Opportunities Waiver (NOW)

NOW provides individual and family support services, center-based respite, environmental modifications, employment training and transportation, day habilitation, emergency response systems, and specialized medical equipment to disabled children and adults from age three and up. During SFY 2007/08, a total of 5,762 slots were filled with total payments of about \$360.8 million.

Supports Waiver (SW)

The Supports Waiver, which is capped at \$26,000 for direct waiver payments per year for each waiver slot, provides supported employment, day habilitation, prevocational services, respite, habilitation, and personal emergency response systems to recipients age 18 and older with a developmental disability which manifested prior to age 22. The Supports Waiver filled a total of 1,668 slots in SFY 2007/08 with total payments of about \$21.3 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 27 shows the types of HCBS waivers, with the eligible population description and income limit of each waiver available during SFY 2007/08 in Louisiana. Table 28 shows the number of allocated and filled slots along with the payments for the last six state fiscal years (Figures 13, 14, and 15). During SFY 2007/08, 12,433 slots were filled under the HCBS waiver programs with total payments of \$542,213,818, 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 91%.

Table 27: Home and Community-Based Service Waivers Eligible Populations and Income Limits

Waiver	Eligible Population	Income Limit
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 disability criteria, 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 disability criteria, 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
Children's Choice Waiver (CCW)	Age birth through age 18; Must meet criteria for ICF/DD level of care for medical and/or psychological criteria, and meets the federal definition for a developmental disability	220% of FPL (3 times the SSI amount); Assets limit: \$2,000 individual
New Opportunities Waiver (NOW)	Age 3 and older and have a developmental disability that manifested prior to age 22; Must meet criteria for ICF/DD level of care for medical and/or psychological criteria and meet the Louisiana definition of developmental disability	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 criteria for ICF/DD level of care for medical and/or psychological and 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

Table 28: Home and Community-Based Service Waiver Slots and Payments by State Fiscal Year

Waiver		2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Adult Day Health Care	Allocated Slots	638	663	688	700	700	825
	Filled Slots	478	562	639	631	569	675
	Direct Waiver (\$)	\$3,701,832	\$5,667,000	\$6,726,773	\$5,164,975	\$6,756,288	\$7,481,491
	Non-Waiver (\$)	\$2,009,789	\$2,724,134	\$3,661,429	\$3,824,710	\$4,142,554	\$6,822,856
	Total Payments	\$5,711,621	\$8,391,134	\$10,388,203	\$8,989,685	\$10,898,842	\$14,304,347
Elderly and Disabled	Allocated Slots	1,779	2,179	2,741	2,803	2,903	4,403
	Filled Slots	1,486	2,054	2,653	2,621	2,703	3,403
	Direct Waiver (\$)	\$8,565,540	\$24,718,386	\$34,137,829	\$33,514,040	\$37,276,771	\$50,512,328
	Non-Waiver (\$)	\$6,676,176	\$14,962,405	\$43,914,494	\$56,670,910	\$56,948,878	\$72,999,435
	Total Payments	\$15,241,716	\$39,680,791	\$78,052,324	\$90,184,950	\$94,225,650	\$123,511,763
Personal Care Attendant	Allocated Slots	362	387	0			
	Filled Slots	232	335	13	Discontinued ¹	Discontinued ¹	Discontinued
	Direct Waiver (\$)	\$2,420,075	\$5,195,791	\$1,497,188	\$3,180	\$0	\$0
	Non-Waiver (\$)	\$1,358,088	\$2,961,385	\$1,029,469	\$12,955	\$1,161	\$0
	Total Payments	\$3,778,162	\$8,157,176	\$2,526,657	\$16,135	\$1,161	\$0
Children's Choice	Allocated Slots	800	800	800	800	800	1,000
	Filled Slots	508	766	765	762	751	925
	Direct Waiver (\$)	\$2,951,513	\$6,542,507	\$8,004,685	\$6,888,837	\$7,222,138	\$9,138,230
	Non-Waiver (\$)	\$4,924,284	\$9,267,200	\$9,866,909	\$8,601,640	\$9,526,948	\$13,102,126
	Total Payments	\$7,875,798	\$15,809,707	\$17,871,594	\$15,490,477	\$16,749,086	\$22,240,356
New Opportunities	Allocated Slots	4,576	4,576	4,642	4,742	5,042	6,542
	Filled Slots	4,290	4,433	4,579	4,579	4,799	5,762
	Direct Waiver (\$)	\$154,368,166	\$197,584,064	\$236,005,527	\$240,182,747	\$261,704,401	\$325,701,415
	Non-Waiver (\$)	\$32,769,146	\$37,196,169	\$37,346,390	\$33,416,794	\$29,905,858	\$35,106,167
	Total Payments	\$187,137,313	\$234,780,233	\$273,351,917	\$273,599,541	\$291,610,259	\$360,807,581
Supports	Allocated Slots					2,088	2,188
	Filled Slots					1,414	1,668
	Direct Waiver (\$)	N/A	N/A	N/A	N/A	\$9,903,610	\$14,318,256
	Non-Waiver (\$)					\$4,410,845	\$7,031,515
	Total Payments					\$14,314,455	\$21,349,771
Total	Allocated Slots	8,155	8,605	8,871	9,045	11,533	14,958
	Filled Slots	6,994	8,150	8,649	8,593	10,236	12,433
	Direct Waiver (\$)	\$172,007,126	\$239,707,748	\$286,372,003	\$285,753,780	\$322,863,209	\$407,151,720
	Non-Waiver (\$)	\$47,737,484	\$67,111,292	\$95,818,692	\$102,527,008	\$104,936,245	\$135,062,098
	Total Payments	\$219,744,610	\$306,819,040	\$382,190,695	\$388,280,788	\$427,799,453	\$542,213,818

¹ Individuals were transferred to the EDA waiver. Some payments were still paid due to Medicaid's timely filing rule. Please see page 20 for more information.

Figure 13: Historical Waiver Allocated Slots by State Fiscal Year

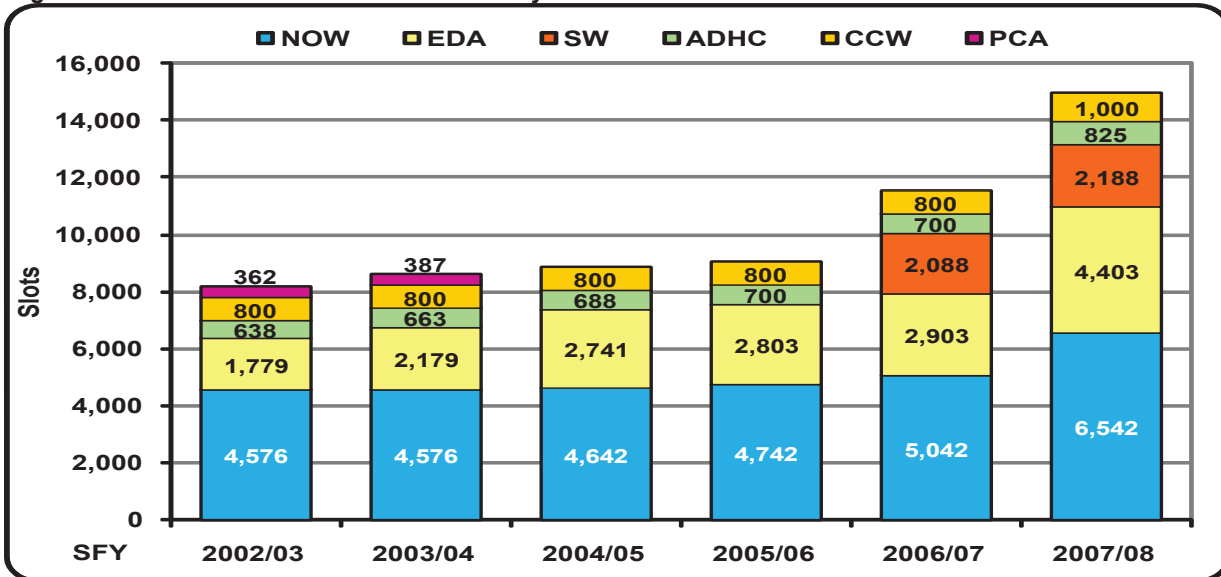


Figure 14: Historical Waiver Filled Slots by State Fiscal Year

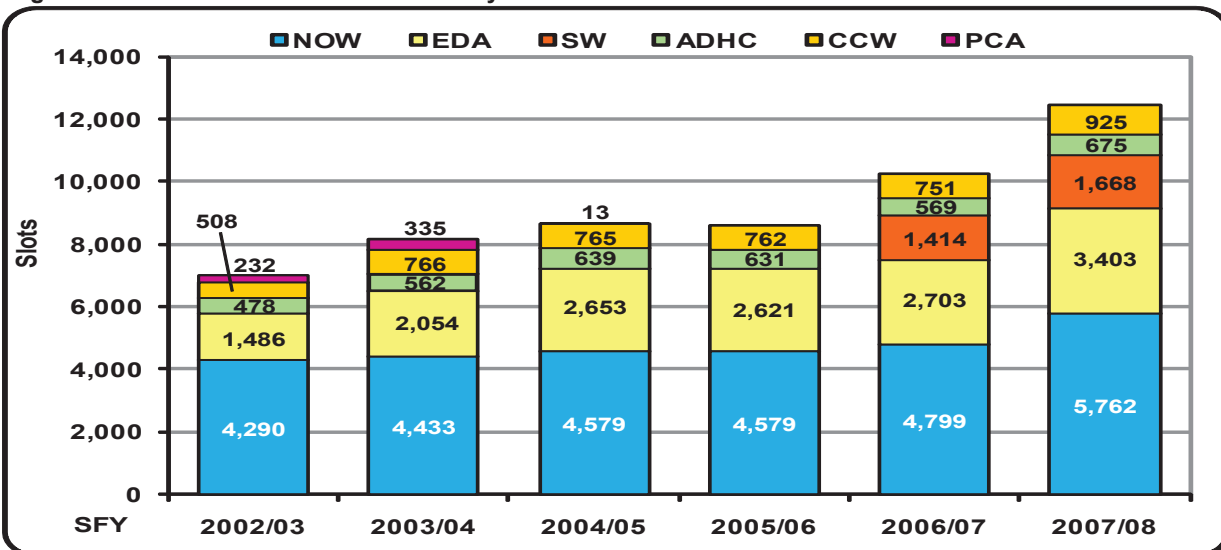
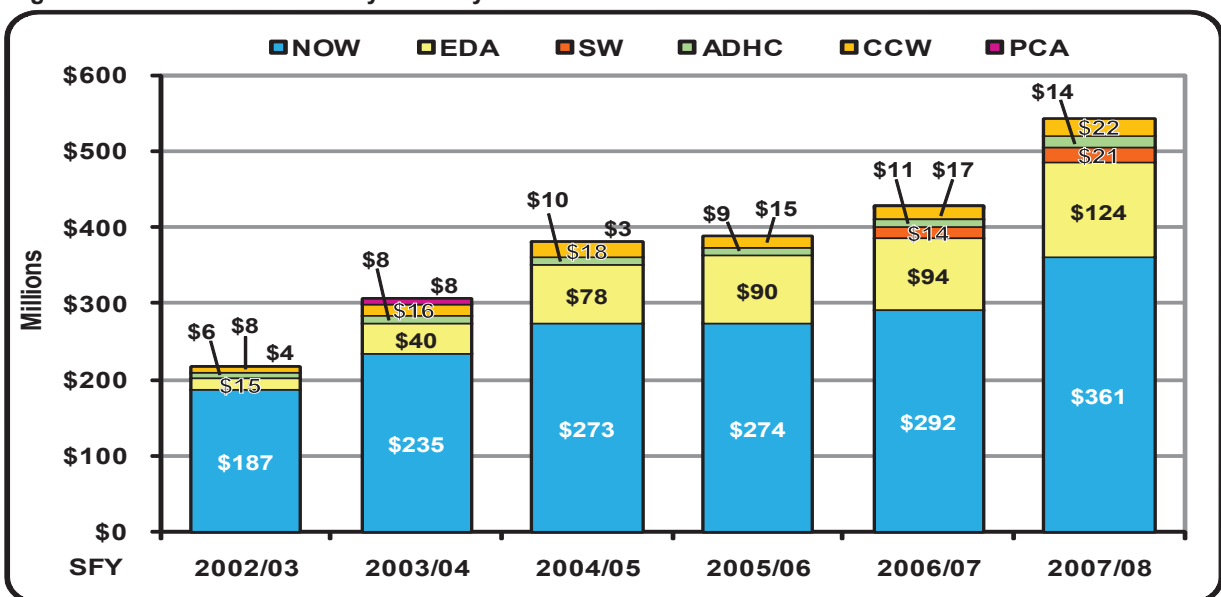


Figure 15: Historical Waiver Payments by State Fiscal Year



Enrollment by Medicaid Aid Categories

Enrollment data for the last two state fiscal years by aid category are presented in Table 29. Monthly and SFY total enrollment numbers are unduplicated for their respective period. For SFY 2007/08, the

families and children and LIFC aid categories together accounted for the majority with about 70% of enrollment, followed by the persons with disabilities aid categories at 15% of enrollment.

Table 29: Monthly Enrollment by Aid Category¹ for SFY 2006/07 and SFY 2007/08

SFY 2006/07										
Month	Aged	Blind	Families & Children	Disabled	OCS Foster/OYD	LIFC	QMB	Family Planning	All Other	Total ²
July	56,426	1,801	584,906	152,347	10,014	146,685	36,680	-	653	985,463
August	56,470	1,808	586,401	152,883	10,114	147,203	36,631	-	744	987,606
September	56,423	1,798	583,770	153,140	10,175	145,791	36,538	-	711	984,113
October	56,352	1,786	581,111	153,519	10,136	143,015	36,373	1,526	694	980,192
November	56,272	1,779	574,946	153,452	10,199	137,939	36,224	3,210	659	970,465
December	56,027	1,779	569,419	153,304	10,245	135,668	35,836	5,117	628	963,938
January	55,896	1,765	549,677	153,452	10,209	128,722	32,349	7,040	625	935,570
February	55,747	1,764	548,366	153,682	10,183	128,304	32,291	9,053	609	935,965
March	55,628	1,752	547,576	153,979	10,185	127,435	32,153	11,615	600	936,766
April	55,447	1,741	548,683	154,590	10,185	127,697	32,302	13,863	546	940,999
May	55,381	1,741	552,021	154,976	10,200	128,320	32,506	16,394	469	947,912
June	55,321	1,738	553,831	155,330	10,209	128,432	32,599	19,482	183	953,189
Total SFY 2006/07³	65,444	1,905	738,221	174,710	15,581	205,383	43,817	20,252	4,253	1,154,533
SFY 2007/08 ⁴										
Month	Aged	Blind	Families & Children	Disabled	OCS Foster/OYD	LIFC	QMB	Family Planning	All Other	Total ²
July	75,441	1,747	556,843	165,844	10,186	129,141	32,995	22,721	48	990,908
August	75,700	1,736	560,956	166,460	10,216	130,303	33,463	26,274	29	1,000,941
September	75,806	1,729	562,443	166,942	10,213	130,802	33,818	29,285	36	1,007,152
October	75,960	1,727	565,811	167,552	10,255	131,455	34,048	32,347	43	1,015,195
November	76,040	1,721	566,709	167,895	10,258	131,779	34,401	34,819	55	1,019,809
December	76,055	1,709	567,607	168,119	10,239	131,720	34,629	36,954	62	1,023,310
January	76,257	1,709	571,225	168,948	10,263	132,083	34,730	39,589	58	1,030,696
February	76,284	1,704	572,117	169,402	10,235	132,278	34,939	41,861	56	1,034,911
March	76,403	1,698	573,186	170,025	10,198	132,506	35,118	43,644	53	1,038,942
April	76,521	1,699	574,593	170,299	10,201	133,081	35,235	45,677	51	1,043,432
May	76,502	1,700	575,692	170,324	10,189	133,150	35,465	47,157	52	1,046,603
June	76,480	1,691	578,305	170,477	10,206	133,158	35,623	48,663	45	1,050,833
Total SFY 2007/08³	87,043	1,847	715,250	190,425	13,543	189,071	40,144	60,910	131	1,174,215
Total Percent Change	33%	-3%	-3%	9%	-13%	-8%	-8%	201%	-97%	2%

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. Both are pure unduplicated enrollees.

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

⁴ SFY 2007/08 includes 'premium only' duals in unduplicated counts.

Appendix A: Glossary

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

Aid Category – Blind: Persons who meet the Social Security Administration (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 – OCS Foster Care/OYD: Foster children and state adoption subsidy children who are directly served by and determined Medicaid eligible by Office of Community Services (OCS), children eligible under Title IV-E, OCS and Office of Youth Development (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 Medically Needy Program (MNP), those who meet the standards of CHAMP Child or CHAMP Pregnant Woman, and children ages 18-21 who enter the Young Adult Program.

Aid Category – LIFC: Individuals who meet all eligibility requirements for Low Income Families with Children (LIFC) under the Aid to Families with Dependent Children (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, known as a Qualified Medicare Beneficiary.

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

Aid Category – All Other: Includes refugee medical assistance, 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.

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.

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

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

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

Deficit Reduction Act of 2005 (DRA): Enacted in February 2006 to reduce the rate of federal and state Medicaid spending growth through new flexibility on Medicaid premiums, cost sharing and benefits, along with tighter controls on asset transfers in order to qualify for long-term care through Medicaid.

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

Dual Eligible: Individuals who are entitled to Medicare and are eligible for full or partial Medicaid benefits. Medicaid 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: A person who is qualified for Medicaid but may or may not be enrolled.

Enrollee: A person who is Medicaid eligible, has applied for, and was approved by the Medicaid program to receive benefits regardless of whether he or she received any

service and/or any claims were filed on his or her behalf. Refer to the technical note on page 5 for a detailed explanation of changes from prior SFYs.

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

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

Family Opportunity Act (FOA): Implemented in October 2007 under the DRA, FOA is a buy-in program that grants Medicaid access to children who have a disability, but have maxed out their private health insurance or are ineligible for Supplemental Security Income (SSI), Medicaid, or the LaCHIP because of parent income or private health insurance. FOA covers children up to 300% of the federal poverty level.

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

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

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

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

Individual Care Waiver Services: Services that provide companion services offered by Home and Community Based Services (HCBS) Waiver.

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, 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.

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 that 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.

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

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

Payment: Refers to information derived from the claims-based data sets produced by the Medicaid fiscal intermediary and the Medicare Buy-in and Part-D premiums. Refer to the technical note on page 5 for a detailed explanation of changes from prior SFYs.

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

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.

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

Prohibited AFDC Provisions (PAP): 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 claims related transaction(s) or Medicare Buy-in or Part-D premium payment(s) occurred on behalf of that person during the state fiscal year. The data for this report is based on a claim's date of payment (DOP). Refer to the technical note on page 5 for a detailed explanation of changes from prior SFYs.

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.

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

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

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

Supplemental 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.

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: Acronyms

ADHC	Adult Day Health Care	LSU	Louisiana State University
ADL	Activities of Daily Living	LSUMC	Louisiana State University Medical Center
AFDC	Aid to Families with Dependent Children – now LIFC	LTC	Long Term Care
ARC	Adult Residential Care	LT-PCS	Long Term – Personal Care Services
BCOS	Budget Category of Service	LTSS	Long Term Supports and Services
BHSF	Bureau of Health Services Financing – also Medicaid	MD	Medical Doctor
CCW	Children's Choice Waiver	MHR	Mental Health Rehabilitation
CDC	Centers for Disease Control	MMA	Medicare Modernization Act of 2003
CHAMP	Child Health and Maternity Program	MNP	Medically Needy Program
CMS	Center for Medicare and Medicaid Services	MPP	Medicaid Purchase Plan
CPI	Consumer Price Index	MSP	Medicare Savings Program
CRNA	Certified Registered Nurse Anesthetists	MVA	Medical Vendor Administration
DAC	Disabled Adult Child	MVP	Medical Vendor Program
DD	Developmentally Disabled	NBCCEDP	National Breast and Cervical Cancer Early Detection Program
DHE	Division of Health Economics	NOW	New Opportunities Waiver
DHH	Department of Health and Hospitals	OAAS	Office of Aging and Adult Services
DHHS	Department of Health and Human Services	OCDD	Office For Citizens with Developmental Disabilities
DME	Durable Medical Equipment	OCS	Office of Community Services
DOP	Date of Payment	OFS	Office of Family Support
DOS	Date of Service	OGB	Office of Group Benefits
DRA	Deficit Reduction Act of 2005	OMF	Office of Management and Finance
DSH	Disproportionate Share	OYD	Office of Youth Development
ED	Emergency Department	PACE	Program of All-Inclusive Care for the Elderly
EDA	Elderly and Disabled Adult	PAP	Prohibited AFDC Provisions
EPSDT	Early and Periodic Screening, Diagnosis and Treatment	PAS	Personal Assistance Services
ESRD	End Stage Renal Disease	PCCM	Primary Care Case Management
FFP	Federal Financial Participation – also FMAP	PCP	Primary Care Physician/Provider
FFY	Federal Fiscal Year	PCS	Personal Care Services
FITAP	Family Independence Temporary Assistance Program	PSP	Prohibited SSI Provisions
FMAP	Federal Medical Assistance Percentage	QDWI	Qualified Disabled Working Individual
FOA	Federal Opportunity Act	QI	Qualified Individuals
FPL	Federal Poverty Level	QMB	Qualified Medicare Beneficiary
FQHC	Federally Qualified Health Center	ROW	Residential Options Waiver
GNO	Greater New Orleans	RCA	Refugee Cash Assistance
HCBS	Home and Community Based Services	RSDI	Retirement, Survivors and Disability Insurance
HCSD	Health Care Services Division	SBH	School Based Hospital
HPV	Human Papillomavirus Disease	SCHIP	State Children's Health Insurance Program
HSC	Health Sciences Center	SFY	State Fiscal Year
HUES	High Utilizers of Emergency Department Services	SGA	Substantial Gainful Activity
IADL	Instrumental Activities of Daily Living	SLMB	Specified Low-Income Beneficiary
ICF/DD	Intermediate Care Facility – Developmentally Disabled	SSA	Social Security Administration
ISIS	Integrated State Information System	SSI	Supplemental Security Income
LaCHIP	Louisiana Children's Health Insurance Program	SW	Supports Waiver
LAP	LaCHIP Affordable Plan	TANF	Temporary Aid for Needy Families
LIFC	Low Income Families with Children	TB	Tuberculosis
LIS	Low Income Subsidy	UCC	Uncompensated Care Costs

Appendix C: 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	1222 Tiger Drive	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) 862-9903
9	Caddo	3020 Knight Street, Suite 100	Shreveport, LA	71105	(318) 862-9875	(318) 862-9903
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) 862-9903
15	Concordia	1305 Fourth Street	Jonesville, LA	71343	(318) 339-4213	(318) 339-9969
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) 428-9009
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	207 East North Street	Winnfield, LA	71483	(318) 648-9189	(318) 648-9190
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, Suite 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, Suite 210	Metairie, LA	70001	(504) 846-6960	(504) 846-6967
28	Jefferson, West Bank	Harvey Building, 2150 West Bank Expressway, 4th Flr.	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	1222 Tiger Drive	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, Suite B	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	Harvey Building, 2150 West Bank Expressway, 4th Flr.	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 Street	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 East 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) 862-9903
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) 428-9009
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 for 65+/ Disabled (Title XVIII 1965)	Needs based Entitlement (Title XIX 1965)
Eligibility	Have contributed to system	Must meet categorical income/ asset test
Finance	Trust Funds which those covered have paid into	Federal, state, and local tax
Cost to Patient	Small premium, co-payments, and deductibles	Federal, state, and local tax
Coverage	Uniform across the states	Varies by state
Administration	Federal Centers for Medicare and Medicaid Services (CMS)	State/local Government with broad federal guidelines

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

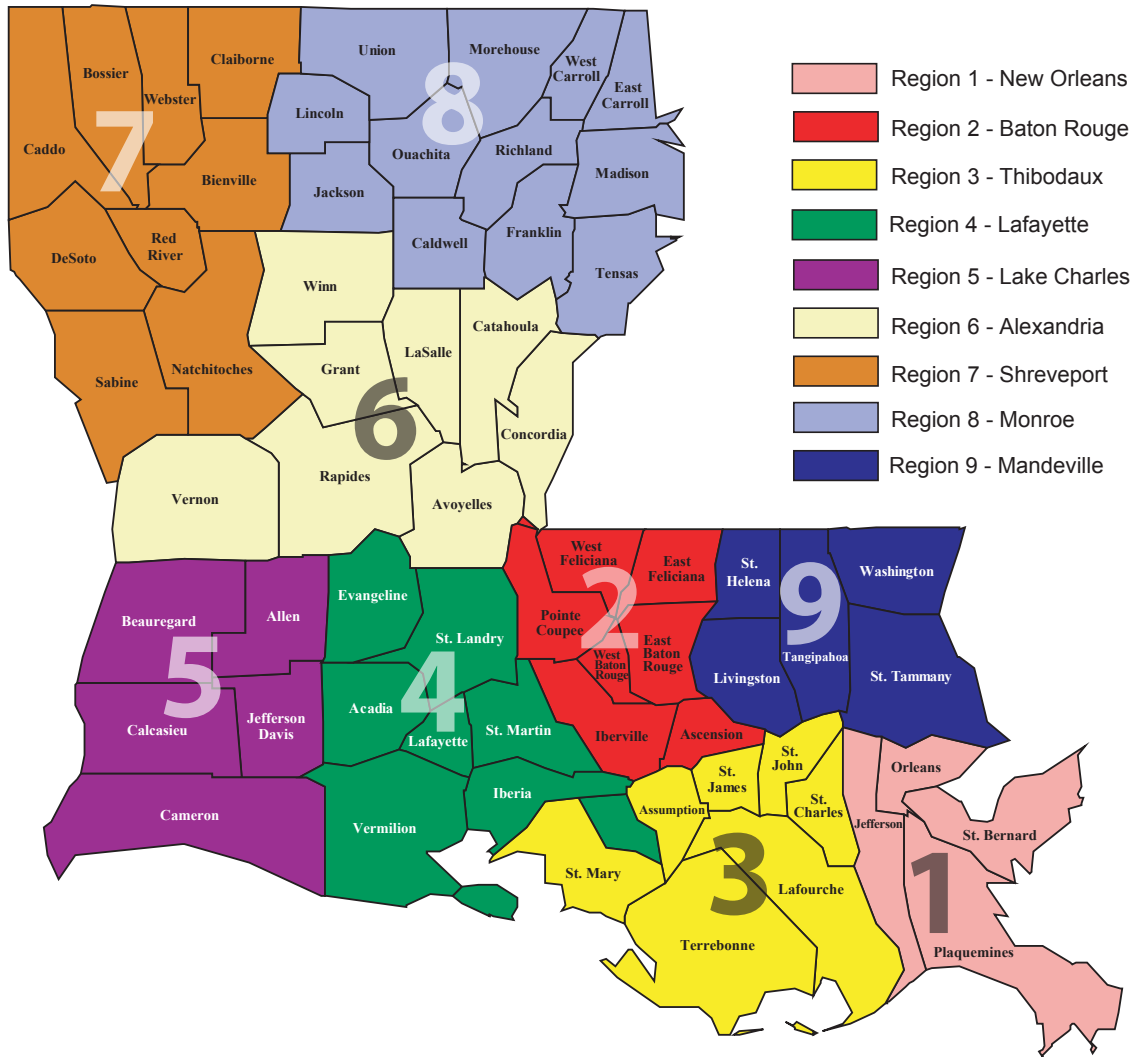
Medicare Type	Provided Services
Medicare Part-A	Provides coverage of inpatient hospital services, skilled nursing facilities, home health services and hospice care
Medicare Part-B	Helps pay for the cost of physician services, outpatient hospital services, medical equipment and supplies and other health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

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

Medicaid Mandatory Services	Medicaid Optional Services
Inpatient Hospital	ICF-DD (Community Homes)
Outpatient Hospital	All HCBS Waivers
Rural Health Clinics	Inpatient Mental Health
Lab and X-Ray	Mental Health Rehabilitation
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 St., Suite 210
Metairie, LA 70001
Mail to: P.O. Box 1521
Metairie, LA 70004-1521
PHONE: (504) 846-6960
FAX: (504) 846-6967

REGION 4 – LAFAYETTE

101 Feu Follet Road
Saloom Office Park 2, Ste. 115
Lafayette, LA 70508
Mail to: P.O. Box 81709
Lafayette, LA 70598-1709
PHONE: (337) 262-1231
FAX: (337) 262-1232

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 2 – BATON ROGUE

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 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 8 – MONROE

122 St. John Street
State Office Building, Room 110
Monroe, LA 71201-7384
PHONE: (318) 362-3066
FAX: (318) 362-3065

REGION 3 – THIBODAUX

1000-C Plantation Road
Thibodaux, LA 70301
PHONE: (985) 449-5163
FAX: (985) 449-5030

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 9 – MANDEVILLE

121 Robin Hood Drive
Hammond, LA 70403
PHONE: (985) 543-4216
FAX: (985) 543-4221