

**MODEL APPLICATION TEMPLATE FOR
STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
STATE CHILDREN'S HEALTH INSURANCE PROGRAM**

Preamble

Section 4901 of the Balanced Budget Act of 1997 (BBA) amended the Social Security Act (the Act) by adding a new title XXI, the State Children's Health Insurance Program (SCHIP). Title XXI provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an effective and efficient manner. To be eligible for funds under this program, states must submit a state plan, which must be approved by the Secretary. A state may choose to amend its approved state plan in whole or in part at any time through the submittal of a plan amendment.

This model application template outlines the information that must be included in the state child health plan, and any subsequent amendments. It has been designed to reflect the requirements as they exist in current regulations, found at 42 CFR part 457. These requirements are necessary for state plans and amendments under Title XXI.

The Department of Health and Human Services will continue to work collaboratively with states and other interested parties to provide specific guidance in key areas like applicant and enrollee protections, collection of baseline data, and methods for preventing substitution of Federal funds for existing state and private funds. As such guidance becomes available, we will work to distribute it in a timely fashion to provide assistance as states submit their state plans and amendments.

Effective Date:

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Approval Date:

Section 1. General Description and Purpose of the State Child Health Plans and State Child Health Plan Requirements (Section 2101)

1.1 The state will use funds provided under Title XXI primarily for (Check appropriate box) (42 CFR 457.70):

1.1.1 Obtaining coverage that meets the requirements for a separate child health program (Section 2103); **OR**

1.1.2. Providing expanded benefits under the State's Medicaid plan (Title XIX); **OR**

1.1.3. A combination of both of the above.

1.2 Please provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR 457.40(d))

1.3 Please provide an assurance that the state complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42CFR 457.130)

1.4 Please provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this plan or plan amendment (42 CFR 457.65):

LaCHIP Phase I (Medicaid Expansion SCHIP for children 6-18 between 101- 133% FPL)

Date Plan Submitted: July 31, 1998
Date Plan Approved: October 20, 1998
Effective Date: November 1, 1998

LaCHIP Phase II (Medicaid Expansion SCHIP for children 0-18 between 134-150% FPL)

Date First Amendment Submitted: June 30, 1999
Effective Date of First Amendment: October 1, 1999

LaCHIP Phase III (Medicaid Expansion SCHIP for children 0-18 between 151-200% FPL)

Date Second Amendment Submitted: December 18, 2000
Date Second Amendment Approved: June 6, 2001

Effective Date of Second Amendment: January 1, 2001

Removal of Waiting Period in Medicaid Expansion SCHIP

Date Third Amendment Submitted: November 27, 2002

Date Third Amendment Approved: February 24, 2003

LaCHIP Phase IV (Creation of Separate SCHIP - Unborn child option)

Date Fourth Amendment Submitted: January 25, 2007

Date Fourth Amendment Approved: April 5, 2007

Effective Date of Fourth Amendment: April 1, 2007

LaCHIP Phase V (Separate SCHIP for children 0-18 between 201-250% FPL)

Effective Date of Fifth Amendment: April 1, 2008

Implementation Date of Fifth Amendment: May 1, 2008

Addition of Robert Wood Johnson Foundation Maximizing Enrollment for Children Grant Funds

The amount of the grant is \$999,926.00, and the grant period is from 2/15/2009 – 2/14/2013.

Effective Date of Sixth Amendment: February 15, 2009

Implementation Date of Sixth Amendment: February 15, 2009

Addition of Prospective Payment Methodology for FQHC's and RHC's LaCHIP Phase V

Effective Date of Seventh Amendment: July 1, 2010

Implementation Date of Seventh Amendment: July 1, 2010

Addition of Dental Benefit for LaCHIP Phase V

Effective Date of Eighth Amendment: February 1, 2012

Implementation Date of Eighth Amendment: February 1, 2012

Reduction of Dental Reimbursement Fees for EPSDT Dental Services for Phase V

Effective Date of Amendment number eleven: July 1, 2012

Implementation Date of Amendment number eleven: July 1, 2012

Section 2. General Background and Description of State Approach to Child Health Coverage and Coordination (Section 2102 (a)(1)-(3) and (Section 2105)(c)(7)(A)-(B))

- 2.1. Describe the extent to which, and manner in which, children in the state, including targeted low-income children and other classes of children, by income level and other relevant factors, such as race and ethnicity and geographic location, currently have creditable health coverage (as defined in

42 CFR 457.10). To the extent feasible, make a distinction between creditable coverage under public health insurance programs and public-private partnerships (See Section 10 for annual report requirements). (42 CFR 457.80(a))

Phase I:

- 1) **On July 31, 1998, Louisiana submitted a proposal to implement a State Children's Health Insurance Program, which expanded Medicaid coverage to uninsured children who were at least six years of age but under 19 years of age in families with incomes at or below 133 percent of the federal poverty level (FPL).**

The expansion was to serve an estimated additional 28,350 children. Louisiana implemented this expansion on November 1, 1998.

Phase II:

- 2) **On June 30, 1999, Louisiana submitted a state plan amendment to expand Medicaid coverage to children between birth and up to 19 years of age in families with incomes above 133 percent and at or below 150 percent of the FPL. The expansion was to serve an estimated additional 10,725 children. Louisiana implemented this Phase II LaCHIP Medicaid expansion on October 1, 1999.**

Phase III:

- 3) **On December 18, 2000, Louisiana submitted a state plan amendment to further expand Medicaid eligibility to children from birth up to 19 years of age in families with incomes up to 200% FPL.**

A total enrollment of 22,575 was projected. Phase III implementation began January 1, 2001.

Children Below 200% FPL - See attached Exhibit 2.1.

Creditable Coverage

At initial implementation of SCHIP in 1998, privately provided creditable coverage was minimal, with only one private foundation, Blue Cross/Blue Shield's Caring Program for Children, providing limited health services coverage to children in the state who were uninsured. This does not meet the definition of creditable coverage. Prior to implementation of Phase I of LaCHIP, participation was limited to children below 133% of FPL and less than 1,000 children were covered. Upon implementation of LaCHIP Phase I, the Caring Program for Children then increased its threshold to 150% of FPL and 187 children were covered with a limit of 200 enrollees. Upon implementation of LaCHIP Phase II, the Caring Program for Children was discontinued. The only creditable public coverage available is Medicaid. The State's public hospital system continues to function as a "safety net" system and operates pediatric outpatient clinics throughout the state.

As a direct result of SCHIP implementation in 1998, Louisiana experienced a significant increase in the percentage as well as number of children with creditable health coverage under its public health insurance programs. Administrative data shows that the number of children with public coverage has increased from 315,571 in October 1998 to 620,926 in August of 2007. This takes into consideration the decrease in publicly covered children in New Orleans by 61,188 as a result of Hurricane Katrina.

A state level, 10,000 household survey -- referred to as the Louisiana Health Insurance Survey (LHIS)—was conducted in the Summers of 2003, 2005, and 2007 [results pending for 2007] to determine health coverage status. We believe this survey provides the most accurate available information for Louisiana based on the survey size as well as adjustments for the state specific Medicaid undercount which was calculated through surveying a subset of individuals enrolled. The survey results provide information on health coverage of children by income level, race and ethnicity and geographic location and can be accessed on the “Reports” page of our website at www.lachip.org.

2.2. Describe the current state efforts to provide or obtain creditable health coverage for uncovered children by addressing: (Section 2102)(a)(2) (42CFR 457.80(b))

2.2.1. The steps the state is currently taking to identify and enroll all uncovered children who are eligible to participate in public health insurance programs (i.e., Medicaid and state-only child health insurance):

Louisiana currently outstations Medicaid eligibility workers at the State's eleven public disproportionate share hospitals. In addition, Louisiana has more than 400 certified Medicaid Application Centers throughout the state that offer opportunities for assistance in applying for Medicaid for children at locations other than the "welfare office." These include Community Action Agencies, Head Start, school-based health centers, churches and other faith-based organizations and health care providers, etc. (A complete current listing of Medicaid application centers is available for review.)

Eligibility for cash assistance (Temporary Assistance for Needy Families known in Louisiana as Family Income Temporary Assistance Program-FITAP) is determined by the Department of Social Services (DSS), Office of Family Security. The Department of Health and Hospitals has a memorandum of understanding with DSS to determine initial and ongoing Medicaid eligibility using 7/16/96 eligibility criteria for applicants determined eligible for cash assistance. Applicants rejected because of income and resources are referred on-line to DHH for exploration of Medicaid eligibility. Individuals who lose eligibility for cash assistance

receive an additional month of Medicaid eligibility while they are referred to BHSF to determine continuing eligibility for Medicaid only. Possible eligibility in all Medicaid Programs is evaluated before Medicaid is terminated.

The Maternal and Child Health Section of the Office of Public Health also provides referrals to Medicaid via its Women, Infants and Children (WIC) and prenatal clinics as well as a toll-free hotline through which they try to link callers with available resources for medical and social services.

LaCHIP outreach activities have included:

- 1) Back to School Campaigns at locations statewide each August**
- 2) Distributing LaCHIP flyers to all public school children and many parochial school children**
- 3) Providing "Application Assistor" training for school-based health centers**
- 4) Continuing interagency agreement with Department of Education that encompasses LaCHIP outreach and education about the benefits and processes**
- 5) Contracting for "Walkers and Talkers Enrollment Initiative" in four parishes**
- 6) Participating in fiscal intermediary provider training workshops to inform providers**
- 7) Hiring Spanish-language in-house translator to translate materials and attend outreach opportunities**
- 8) Awarded six-month grant to conduct outreach to Hispanic community in metropolitan New Orleans**
- 9) Providing programs and materials for meetings with Annual 100 Black Men Conferences, Louisiana Chapter National Conference of Black Mayors, Inc., Native American tribal gatherings, and faith-based organizations**
- 10) Providing information packets to headquarters of American, United, U.S. Airways, and Delta airlines following the September 11 tragedies**

Louisiana continues to be aggressive in identifying and enrolling all uncovered low-income children who are eligible to participate in Medicaid and SCHIP. In 2004, Governor Blanco identified enrolling all **eligible** children in LaCHIP and Medicaid as one of her immediately health policy goals and by August 2005, the number of low-income children with public coverage had increased by more than 50,000. In conjunction with expansion to moderate income households, the administration and Legislature appropriated money to enroll an additional 24,000 children in Medicaid or LaCHIP in SFY 08, including unprecedented funding for outreach.

- 2.2.2. The steps the state is currently taking to identify and enroll all uncovered children who are eligible to participate in health insurance programs that involve a public-private partnership:

Louisiana's Department of Health and Hospitals is not directly involved in a public-private partnership concerning health insurance for children but made referrals to the private "Caring Program for Children" as appropriate until program was discontinued. A denied Medicaid application was necessary to qualify for the program. Louisiana currently has a task force on the working uninsured that is examining potential options for future public-private partnerships to increase access to health coverage.

2007 legislation to expand health coverage [Act 407] included a provision that the Department work to develop a premium assistance program. With our Medicaid expansion SCHIP program we use Section 1906 authority to provide premium reimbursement for families who have employer sponsored insurance available when cost effectiveness can be established. The scale of our HIPP program has been greatly expanded with staff of 13 (7 added for SFY 08), an increase from just one staff person prior to 2004.

- 2.3. Describe the procedures the state uses to accomplish coordination of SCHIP with other public and private health insurance programs, sources of health benefits coverage for children, and relevant child health programs, such as title V, that provide health care services for low-income children to increase the number of children with creditable health coverage. *(Previously 4.4.5.)*
(Section 2102)(a)(3) and 2102(c)(2) and 2102(b)(3)(E)) (42CFR 457.80(c))

1. Coordination with Medicaid

The same one-page application form is used to apply for Medicaid and LaCHIP. Applicants are first evaluated for eligibility for Title XIX programs, then for Title XXI, but the process is transparent to applicants.

2. Coordination with private insurance

Given that the first two phases of Title XXI were expansions of Medicaid coverage up to 133% and 150% of FPL respectively, problems with crowd out *were* not significant. In addition, provisions which required a three-month gap in insurance coverage previously incorporated into the Title XXI Medicaid expansion policy in 1998 were deleted in 2001 at the request of CMS to bring the state into compliance with current federal regulations at 42 CFR 435.914.

3. Coordination with Title V

Office of Public Health (OPH) administers the State's Title V Block Grant which includes outreach programs to pregnant women and children, and they have shared their expertise and successful methods in conducting outreach. OPH operates WIC clinics in 108 different locations throughout the state and oversees 32 school-based health centers. Each of these locations has been designated as a LaCHIP Application Assistance Site and formal training has been conducted for over 350 employees to enable them to assist applicants in completing the application form and in gathering necessary verifications. We will continue our collaboration with OPH in jointly developing outreach strategies involving WIC clinics, school-based health clinics, and Children's Special Health Services clinics. Title V clinics are enrolled as Medicaid providers and bill for services provided to the Title XIX and Title XXI children while Title V funds are reserved for patients with no health coverage.

The Office of Public Health, Section of Maternal and Child Health, received a grant of nearly \$1 million in 1999 from the Robert Wood Johnson Foundation (RWJF) for Louisiana's *Covering Kids* Initiative which assists in outreach to uninsured children. We closely coordinated with OPH to ensure that the *Covering Kids* initiative complemented and filled in the gaps in LaCHIP outreach initiatives. The OPH initiative included two pilots, the first targeting service industry employers in the Greater New Orleans area and a second through St. Francis Cabrini Hospital in Central Louisiana. Additional components included a statewide public relations campaign and development of outreach materials for limited English proficient populations, former TANF recipients and other specific target populations.

4. Coordination with other medical programs

The State's charity hospital system has Medicaid eligibility outreach workers in all facilities who assist potential eligibles in applying for Medicaid or LaCHIP, as appropriate. Other public treatment programs such as mental health services also make these applications available. Many Medicaid providers and community agencies also make LaCHIP applications available.

Section 3. Methods of Delivery and Utilization Controls (Section 2102)(a)(4))

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to

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Section 4.

- 3.1. Describe the methods of delivery of the child health assistance using Title XXI funds to targeted low-income children. Include a description of the choice of financing and the methods for assuring delivery of the insurance products and delivery of health care services covered by such products to the enrollees, including any variations. (Section 2102)(a)(4) (42CFR 457.490(a))

For LaCHIP Phases I, II & III, Louisiana uses funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan and the methods of delivery are the same as under Title XIX.

The methods of delivery for enrollees covered under the unborn option in LaCHIP Phase IV of the State's separate child health program will be the same as under Title XIX.

Reimbursement to federally qualified health centers (FQHCs) and rural health clinics (RHCs) for Phase V is based on a prospective payment system (PPS) as required by section 503 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). The methodology is the same methodology used by Medicaid and the payment will be made in the same manner as Medicaid payments are made. In accordance with this provision, the PPS methodology was implemented on May 19, 2010, for all qualifying services rendered on or after October 1, 2009.

The methods of delivery for enrollees covered under LaCHIP Phase V of the State's separate child health program will be the same as under Title XIX.

- 3.2. Describe the utilization controls under the child health assistance provided under the plan for targeted low-income children. Describe the systems designed to ensure that enrollees receiving health care services under the state plan receive only appropriate and medically necessary health care consistent with the benefit package described in the approved state plan. (Section 2102)(a)(4) (42CFR 457.490(b))

Utilization control mechanisms are in place for the LaCHIP program to ensure that children use only health care that is appropriate, medically necessary, and/or approved by the State or the participating health plan. In addition, policies are in place to assure that necessary care is delivered in a cost-effective and efficient manner according to the vendors' medical necessity definition.

Before being approved for participation in the LaCHIP program, health plan vendors must develop and have in place utilization review policies and procedures, demand management, and disease state management mechanisms.

Provider networks approved for the LaCHIP program are accepted based on evidence of the vendors’ provider credentialing policies, provider accessibility, cost-effectiveness, and efficiency.

Each LaCHIP authorizing state agency has a utilization review mechanism particular to that agency. Services approved for LaCHIP are those which are developmentally necessary and/or physically necessary. Reviewing the appropriate use of services is part of the case manager’s duties.

Section 4. Eligibility Standards and Methodology (Section 2102(b))

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state’s Medicaid plan, and continue on to Section 5.

4.1. The following standards may be used to determine eligibility of targeted low-income children for child health assistance under the plan. Please note whether any of the following standards are used and check all that apply. If applicable, describe the criteria that will be used to apply the standard. (Section 2102(b)(1)(A)) (42CFR 457.305(a) and 457.320(a))

- 4.1.1. Geographic area served by the Plan: Statewide
- 4.1.2. Age: Children through the age of 18 years will be eligible for Medicaid Expansion SCHIP as well as the Separate SCHIP, except for those unborn children whose coverage is limited to Conception through Birth
- 4.1.3. Income:

LaCHIP Medicaid Expansion (Equal to or Less than 200% FPL) To be eligible for the Medicaid expansion, a child must live in a family whose income is at or below 200% FPL, after allowing the following Medicaid eligibility monthly deductions: \$90 per working individual, the first \$50 of voluntary or court-ordered child support received for the entire income unit, all court ordered child support paid by a member of the income unit to someone outside the home, up to \$200 paid child care per child under age 2 and up to \$175 paid child care for children over the age of 2.

For an unborn child enrolled in **LaCHIP Phase IV**, family income (counting the unborn in the family unit) must be at or below 200% of the Federal Poverty Level and the family otherwise ineligible for Title XIX Medicaid benefits.

The four income deductions mentioned above in the definition of how income is treated for the LaCHIP Medicaid Expansion

program (\$90 per working individual, the first \$50 of voluntary or court-ordered child support received for the entire income unit, all court-ordered child support paid by a member of the income unit to someone outside the home, up to \$200 paid child care per child under age 2 and up to \$175 paid child care for children over the age of 2) are the same that are utilized for the LaCHIP Phase IV eligibility groups in order to most efficiently comply with the screen and enroll requirement of this State Plan.

For LaCHIP Phase V, the state will disregard income amounts above 200 percent FPL up to 250% FPL. Thus the effective income eligibility level will be 250% FPL. No standard Medicaid income deductions will be applied to this group of eligibles above 200 percent FPL of gross income.

- 4.1.4. Resources (including any standards relating to spend downs and disposition of resources):
- 4.1.5. Residency (so long as residency requirement is not based on length of time in state): Applicants must be residents of Louisiana.
- 4.1.6. Disability Status (so long as any standard relating to disability status does not restrict eligibility):
- 4.1.7. Access to or coverage under other health coverage: LaCHIP Medicaid expansion and Prenatal option enrollees cannot have other creditable health insurance. LaCHIP Phase V enrollees cannot have other creditable health insurance **or** have access to the state employee health benefits plan.
- 4.1.8. Duration of eligibility: The duration of 12 months without regard to changes in income or household composition. Coverage will end prior to 12 months of coverage if the child is found ineligible at random review or at audit, turns age 19, moves from the state or obtains creditable health insurance. For unborn children, the duration of eligibility is from the month of conception or the first month of eligibility following conception, whichever is later, through the month of birth.
- 4.1.9. Other standards (identify and describe): Children whose family's income is greater than 200% FPL will be subject to a period of uninsurance defined as 12 months prior to enrollment, except as specified in 4.4.4.2

4.2. The state assures that it has made the following findings with respect to the eligibility standards in its plan: (Section 2102)(b)(1)(B)) (42CFR 457.320(b))

- 4.2.1. These standards do not discriminate on the basis of diagnosis.
- 4.2.2. Within a defined group of covered targeted low-income children, these standards do not cover children of higher income

- 4.2.3. families without covering children with a lower family income. These standards do not deny eligibility based on a child having a pre-existing medical condition.
- 4.3. Describe the methods of establishing eligibility and continuing enrollment. (Section 2102)(b)(2) (42CFR 457.350)
The methods of establishing eligibility and continuing enrollment will be the same as under Title XIX except for citizenship.

4.3.1 Describe the state's policies governing enrollment caps and waiting lists (if any). (Section 2106(b)(7)) (42CFR 457.305(b))

Check here if this section does not apply to your state.

4.4. Describe the procedures that assure that:

4.4.1. Through the screening procedures used at intake and follow-up eligibility determination, including any periodic redetermination, that only targeted low-income children who are ineligible for Medicaid or not covered under a group health plan or health insurance coverage (including a state health benefits plan) are furnished child health assistance under the state child health plan. (Section 2102)(b)(3)(A)) (42CFR 457.350(a)(1) and 457.80(c)(3))

At eligibility determination and redetermination, applications are reviewed for coverage under a group health plan or health insurance coverage, for access to a state employee health benefits plan, and for Medicaid eligibility prior to enrollment in the Title XXI separate child health program.

4.4.2. The Medicaid application and enrollment process is initiated and facilitated for children found through the screening to be potentially eligible for medical assistance under the state Medicaid plan under Title XIX. (Section 2102)(b)(3)(B)) (42CFR 457.350(a)(2))

Screening procedures identify any applicant or enrollee who would be potentially eligible for Medicaid prior to enrollment in the Title XXI separate child health program.

4.4.3. The State is taking steps to assist in the enrollment in SCHIP of children determined ineligible for Medicaid. (Sections 2102(a)(1) and (2) and 2102(c)(2)) (42CFR 431.636(b)(4))

Any applicant who is ineligible for Medicaid and appears eligible for the separate child health program is automatically reviewed for separate child health program eligibility.

4.4.4.1. Coverage provided to children in families at or below

200% FPL: describe the methods of monitoring substitution.

Applications and renewals request information about coverage under a group health plan or private health insurance policy. For the prenatal option, we have no waiting period as our intent is to provide and expedite prenatal care for the unborn child.

- 4.4.4.2. Coverage provided to children in families over 200% and up to 250% FPL: describe how substitution is monitored and identify specific strategies to limit substitution if levels become unacceptable.

In addition to using employer-based coverage information provided on applications, Louisiana is implementing a cross match with group health insurance providers through our third-party liability contractor to determine current and recent health insurance status. This match will assist in verifying that the applicant is uninsured and has met the required period of uninsurance. This match will also provide an independent source of data for the number of individuals who applied for LaCHIP and had private insurance within the previous 12 months prior to application. With this data, we will be able to more accurately determine the extent to which substitution is occurring. Applicants who lose coverage involuntarily are not subjected to the 12-month waiting period. The following reasons are considered involuntary loss of coverage:

- > loss of eligibility for the coverage resulting from divorce or death of a parent
- > the child reaches maximum lifetime coverage amount
- > expiration of coverage under a COBRA continuation provision within the meaning given in 42 U.S.C. 300gg-91
- > **involuntary** termination of health benefits due to (a) a long-term disability or other medical condition; or (b) termination of employment (including layoff or business closure) or reduction in number of hours of employment
- > changing to a new employer who does not provide an option for dependent coverage; or
- > the family terminated health benefits plan coverage for the child because private insurance is not cost

effective (the cost to the child's family for the coverage exceeded 10% of the family's income). Another disincentive to dropping private coverage is the addition of cost sharing (premiums and copayments) in the LaCHIP benefit package for families with net incomes greater than 200% FPL.

4.4.4.3. Coverage provided to children in families above 250% FPL: describe how substitution is monitored and identify specific strategies in place to prevent substitution.

4.4.4.4. If the state provides coverage under a premium assistance program, describe:

The minimum period without coverage under a group health plan, including any allowable exceptions to the waiting period.

The minimum employer contribution.

The cost-effectiveness determination.

Section 5. Outreach (Section 2102(c))

Describe the procedures used by the state to accomplish:

Outreach to families of children likely to be eligible for child health assistance or other public or private health coverage to inform them of the availability of the programs, and to assist them in enrolling their children in such a program: (Section 2102(c)(1)) (42CFR 457.90)

As designed, our outreach plan is constructed to identify, inform, and help enroll both Title XIX (Medicaid) and Title XXI (SCHIP) eligible children. The application form, verification requirements and documentation requirements for Title XIX and Title XXI are exactly the same, and the difference in the programs is transparent to the applicant. We are using the name LaCHIP in our marketing and outreach for all children under age 19 in order to minimize confusion between LaCHIP and CHAMP (Title XIX poverty related) and make the enrollment process seamless for the applicant.

OUTREACH PLAN DEVELOPMENT

Phase III outreach was based on the following:

- **analysis of outreach efforts in prior years of LaCHIP implementation**
- **initial recommendations of the LaCHIP Task Force and the LaCHIP Task Force's Outreach Subcommittee**

- **continuing review of research, studies and reports related to outreach and enrollment**
- **collaboration with the Office of Public Health (OPH)**
- outreach plans from Bureau of Health Services Financing (BHSF) Regional Outreach Workgroups consisting of Medicaid eligibility field staff

COORDINATION OF OUTREACH EFFORTS WITH TITLE V

DHH's Office of Public Health administers the State's Title V Block Grant which includes outreach programs to pregnant women and children, and they have shared their expertise and successful methods in conducting outreach. OPH operates WIC clinics in 108 different locations throughout the state and oversees 32 school-based health centers. Each of these locations has been designated as a LaCHIP Application Assistance Site and formal training has been conducted for over 350 employees to enable them to assist applicants in completing the application form and gather necessary verifications. We will continue our collaboration with OPH in jointly developing outreach strategies involving WIC clinics, school-based health clinics, and Children's Special Health Services clinics.

FIELD STAFF INVOLVEMENT

As a Medicaid expansion, our 800+ Medicaid eligibility employees located throughout the state have proven themselves to be an invaluable resource in outreach efforts. We provided extensive training to Medicaid eligibility field staff regarding the importance of outreach and the role of each employee in achieving our enrollment goals. Continued internal marketing of our objective to increase Medicaid enrollment is an integral part of our outreach plan. BHSF eligibility field staff is divided into nine geographical regions within the state. Each region has a regional outreach workgroup consisting of caseworkers, supervisors and managers who have developed and implemented outreach plans tailored to the demographics and unique needs within each region.

This "bubble up" (rather than "trickle down") strategy has resulted in field staff at the local level having a greater commitment to reaching the current unenrolled eligible children as well as the new eligibles resulting from LaCHIP. Field staff has "ownership" in the process, as they have developed and recommended their own outreach strategies. Giving regional field staff the opportunity for significant input and active involvement has resulted in enthusiasm and participation in initial outreach efforts, as well as many innovative and creative ideas.

The Regional Outreach Workgroups completed much background work in identifying stakeholders and compiling comprehensive data/ mailing lists in their geographic areas. Contacts have been made and agreements reached with merchants, employers, libraries, post offices, district Social Security offices, banks, discount stores, fast food restaurants, physician's offices, pharmacies, schools, churches, and other community

organizations to distribute applications, display posters, and promote LaCHIP enrollment. Outreach reports are submitted by each region, summarizing the previous month's outreach activities.

MAJOR ADMINISTRATIVE CHANGES

As a prerequisite to outreach efforts, the Agency exercised federal options to streamline and simplify the enrollment process, making it more user friendly, and removing existing barriers. These modifications represent the foundation of our outreach strategy and were intended to minimize the "welfare" stigma and facilitate enrollment while maintaining the integrity of the programs. We have taken major steps to create an environment in which one can enroll in LaCHIP while maintaining privacy and dignity.

Simplified Application Form

A simple application form which requires only information deemed essential was designed for both Title XIX and Title XXI enrollment. The form is intended to be completed by the applicant rather than the interviewer. The application has been revised several times, with the most recent revision dated March 2007. The application form can be mailed or faxed to the Central LaCHIP Processing Office, as well as submitted at any of our local BHSF offices and more than 400 out-stationed Medicaid Application Centers. Application forms can be requested by telephone, and the design of the application as a tri-fold brochure makes widespread distribution of the application form itself practical. In conjunction with the launch of Phase III of LaCHIP, we updated the cover and included additional graphics and information and continue to refine it. Copies of the Application Form in Adobe Acrobat format can be downloaded and/or printed from the Louisiana DHH LaCHIP Internet web site noted below: (<http://www.lachip.org>).

No Application Interview Required

Neither a face-to-face interview nor telephone interview is required to apply for Title XIX and Title XXI for children. While Louisiana currently has a network of more than 400 out-stationed Medicaid Application Centers at which application can be made for children, the application process prior to LaCHIP implementation was designed to have the application form completed by the interviewer. We removed this potential barrier and feature in our marketing that the enrollment process is "new," "easy," and that an interview is not required.

Fewer Verification Requirements

Verification requirements for poverty-level children were reconsidered, and we discontinued requesting verifications that are not mandatory, such as copies of Social Security cards and verification of assets. Effective July 1, 2000, verification for the eligibility factors of residence, age, relationship, citizenship, and household composition was not required,

unless determined by the eligibility examiner to be questionable. Beginning July 1, 2006, citizenship and identity are verified prior to enrollment, with citizenship primarily being established by the caseworker through Vital Records. While Louisiana had no assets test for poverty-level children and pregnant women, verification of assets had been routinely requested for all applications so that the information was available for consideration in the Medically Needy Program (which has an assets test), in the event the applicant was ineligible for a poverty level program. Such verification requests were eliminated in 1998. Procedures for processing applications incorporate follow up by telephone and/or mail when essential verification (income) is not received. Eligibility examiners have been trained to be pro-active in obtaining verifications and to deny applications for non-receipt of verification only if eligibility cannot otherwise be established.

Central LaCHIP Processing Office

We have established a Central Processing Office in Baton Rouge to process mail-in applications for poverty-level children. Application forms and other marketing materials are printed with a single address and fax number. Our goal is for caseworkers to produce decisions in fewer than the 45-day processing standard, with a minimum number of denials for procedural reasons, while maintaining the integrity of the program. Average statewide processing time for LaCHIP applications is less than ten days.

Central Processing Office staff has been trained to regard excellent customer service as a vital part of their job performance. Employees assist callers who have not yet filed an official application in determining whether they are income eligible, suggest possible methods of verifying income, answer questions regarding LaCHIP covered services and make appropriate referrals.

12-Month Continuous Eligibility

Children are certified for 12-months continuous eligibility regardless of increases in income and/or changes in household size. This reduces "churning" and provides continuity of care.

OVERALL MARKETING STRATEGY

The key messages used in social marketing to all segments of the primary target audience are simple:

- Applying for LaCHIP is easy
- Preventive health care is important
- Health insurance is available to thousands of currently unenrolled children under age 19 in Louisiana
- Children in working families and two parent households can be eligible for LaCHIP
- Help with the enrollment process is readily available

We are maintaining a single "look" (logo, slogan, color) throughout all our marketing materials, using the primary colors in our logo of red, blue, and green, and the symbol of an apple. We used focus groups as well as pre-testing and post-testing in the development of Phase III printed materials (brochures, leaflets, posters, direct mailings) to identify the most effective messages and to assure that the materials are culturally and linguistically appropriate for our target audiences. We maintain a single logo throughout all our marketing materials.

We launched the LaCHIP Phase III Outreach Campaign with a mass mailing to organizations and agencies which provide services to families with household incomes between 150 percent and 200 percent of the FPL (our secondary target audience). The mailing consisted of a presentation-type portfolio announcing LaCHIP Phase III expansion to 200 percent of the FPL and the simplified procedure for applying for children's health insurance coverage. The packet included an introductory letter soliciting support, a poster, brochures, applications, a Rolodex card (with toll-free hotline and fax numbers, e-mail address, mailing address for applications), a promotional item to be determined, and a postcard for ordering additional materials.

SPECIAL MARKETING TO SEGMENTS OF THE PRIMARY TARGET AUDIENCE

For marketing purposes, we have segmented the primary target audience and are emphasizing specific messages for each segment. Special strategies and initiatives have been implemented or are planned for each of these segments of the primary target audience.

1. **Adolescents, Teens & Their Parents**

The 15- through 18-year old age group presented special challenges, as Louisiana did not cover children born before October 1, 1983 in its pre-SCHIP Medicaid Program at 100 percent of the FPL. We developed additional age appropriate posters and brochures to reach this group and marketed to them directly as well as to key individuals who influence them: middle-school and high-school personnel (principals, teachers, counselors, coaches, school nurses), family planning clinics, providers of services to homeless and runaway youth and substance abuse programs, and mentors. One version of the 834,000 LaCHIP flyers which was included with School Free Lunch applications was designed with graphics to appeal specifically to teens and adolescents rather than younger children. Recognizing the high drop-out rate in Louisiana schools, we are pursuing ways to reach school drop-outs, including local recreation centers, which serve as a meeting place for this group in many towns.

2. **Low-Income Working Parents**

We anticipated that for children eligible under Phase III (income from 150 percent to 200 percent of the FPL) low-income working parents would be the primary target audience. Marketing materials clearly stress that many children with a working parent or parents are eligible for LaCHIP. We continue to direct marketing efforts toward employers in small firms and the service industry who frequently do not offer health insurance coverage for dependents and work with their human resource personnel to distribute applications with paychecks, display posters and applications in employee lounges and otherwise educate employees regarding LaCHIP. Marketing materials for our existing Medicaid Pregnant Women program named LaMOMS are being edited to address changes associated with SCHIP Unborn option. Outreach initiatives are targeted to the growing number of uninsured working mothers in need of pre-natal care to ensure a healthy start for their unborn child.

3. Current and Former TANF Recipients

The special marketing message for current and former TANF recipients is that the time limits on cash assistance are not applicable to LaCHIP. Assurances need to be given that receipt of LaCHIP does not count against the TANF 60-month lifetime maximum. The key secondary target audience for this group is TANF Case Managers and organizations active in training TANF recipients and placing them in the workforce. Because TANF and Medicaid functions are handled by different Departments and usually not located in the same office, outreach to this population requires close collaboration with the Department of Social Services and both the Central Office and local level. Colorful posters targeting current and former TANF recipients have been printed and are currently displayed in TANF Offices throughout the state.

4. Immigrants & Limited English Proficient Individuals

The LaCHIP application form has been available in both Spanish and Vietnamese since January 2001. The Agency has arranged for contracted translation services for all our application processing offices, and the availability of this service will be featured in marketing materials and on our Internet web page. Culturally appropriate posters and leaflets have been designed for the Spanish speaking and Vietnamese communities. Additional out-stationed Application Centers within the Spanish speaking and Vietnamese communities have been and continue to be actively recruited. The identified secondary target audience for this segment includes Associated Catholic Charities, the Asian American Society and other social service organizations.

LaCHIP Prenatal Option outreach efforts include the deployment of bilingual workers in the department's Strategic Enrollment Unit.

Initiatives seek the assistance of community leaders to help to dispel the prevailing knowledge that pre-natal coverage is denied by our agency due to the mother's immigration status. Additional outreach by our bilingual workers takes place in locations where the emerging new immigrant population, who have moved to the Metropolitan New Orleans area seeking job opportunities in the construction boom, congregate for work, social or faith-based activities.

5. Grandparents & Other Kin Caregivers

This segment consists of children who are being cared for by grandparents or other relatives because of incarceration of the mother, substance abuse, neglect or abandonment. Many of these grandparents/non-parent relatives are not aware that their income is not considered in determining eligibility for the child.

We have worked closely with Councils on Aging and Social Security offices throughout the State to assist in informing kin caregivers of the differences in eligibility for Medicaid compared to other need-based programs (Food Stamps, TANF): 1) it is not necessary to have legal custody of a child to apply for coverage; 2) income of kin caregiver is not counted in determining eligibility, and 3) if the caregiver does not choose to cooperate with Support Enforcement Services, the child's Medicaid eligibility is not affected. We continue to work with CBO's and the faith community to assist with outreach to kin.

6. Homeless or At Risk of Homelessness

We have identified those organizations and groups who already work with homeless families and runaway youth, including Healthcare for the Homeless, UNITY for the Homeless, Society of St. Vincent de Paul, Multi Service Center for the Homeless, YWCA, and Legacy Project. Also included in this secondary target audience are the homeless liaisons for parish school systems and participants in the Emergency Shelter Grant Program.

7. Children With Special Needs

We have contracted with Families Helping Families Resource Centers to assist with outreach and enrollment of children under age 19 on the MR/DD Medicaid Waiver Waiting List who were not receiving Medicaid. We have arranged with the Office for Citizens with Developmental Disabilities (OCDD) to provide LaCHIP applications to parents applying for services for children with developmental disabilities and with the Office of Public Health to provide applications in their Special Health Services clinics for medically fragile children.

8. "Healthy" Children

We recognize that parents may fail to apply for coverage for children who are not sick. Marketing messages for this target audience emphasize the importance of preventive care and the merit of enrolling children before a health crisis occurs. Our outreach includes not only health related community events, but the different other fairs and festivals which families attend such as the Catfish Festival, Oyster Festival, and Parish Sheriffs' Annual Fun Day. We are actively seeking to establish public-private partnerships with hospitals and professional medical associations to market LaCHIP in their wellness campaigns.

9. **Native Americans**

We coordinate enrollment for Native Americans through the tribal liaison workers for Medicaid Services. In addition to Louisiana's four federally recognized Native American tribes [≠]Biloxi-Tunica, Coushatta, Jena Band of Choctaw, and Chitimacha[≠] we have identified additional groups of Native Americans. These include the United Houmas Nation and the Biloxi Chitimacha Confederation of Muskogees who have agreed to distribute brochures and applications to their members. We continue to assure through this coordinated effort that every Native American family with children is mailed or given an application form and provided assistance in applying.

10. **Migrant Children**

We make special efforts to identify those children whose parents are mobile and employed in the agricultural and fishing industries. Most Louisiana parish school systems have migrant advocates who assist in informing these families about LaCHIP. Also, the Department of Agriculture can provide the names of employers who hire migrant workers. Marketing to this segment emphasizes the confidentiality of the enrollment process, addresses recent "public charge" clarifications, and allay fears that undocumented immigrant status of the parents will be reported.

11. **Lower Mississippi Delta Region and Other Rural Residents**

Special marketing considerations are required for residents of the Lower Mississippi Delta Region. Much of this region is rural and there is a disproportionately high level of poverty in this as well as other rural areas of Louisiana. Transportation barriers are of even greater significance to this population and the mail-in application process is stressed.

The remaining unenrolled eligibles will require different methods. Churches are highly trusted in towns and communities within the Delta Region. In addition, the high school drop-out rate is very high, and for many, school-based outreach is not an option. We are contracted with the Louisiana Chapter of the National Conference of

Black Mayors to conduct specialized outreach involving the faith-based community recreation centers frequented by dropouts.

SECONDARY TARGET AUDIENCE IDENTIFIED

We will continue to concentrate marketing efforts on our secondary target audience as well as those individuals who have contact with and who are influencers of our primary target audience. This secondary target audience includes agencies, organizations, and individuals who already receive federal and/or state funds to provide health and social services to children and families.

Public, Parochial and Charter Schools

Through collaboration with the Department of Education, a LaCHIP flyer has been attached to free-lunch applications distributed to all students at the beginning of the school year. The flyer features the toll-free telephone number and is intended to create awareness of LaCHIP and advise the caregiver how to request an application/apply for LaCHIP. This has been very effective. Plans are to continue statewide distribution of the LaCHIP flyer annually.

Applications are distributed through school nurses, guidance counselors, coaches, school based-health centers and periodically sent home with all students in selected parishes or schools. Presentations are given at school board meetings, PTA meetings and other school events. In addition, each parish school system has a migrant education coordinator and homeless coordinator with whom we are working.

Louisiana State Departments & Agencies

DHH Office of Public Health and its clinics (Pre-Natal, WIC, Family Planning, Children's Special Health Services)

DHH Office for Citizens with Developmental Disabilities

DHH Office of Mental Health

DHH Office for Addictive Disorders

DSS Office of Family Support (TANF, Child Support Enforcement, Food Stamps, Subsidized Child Care)

DSS Office of Community Services (Protective Services, Subsidized Adoption)

DSS Office of Rehabilitative Services

Department of Employment and Training (Job Corps, JTPA)

Department of Agriculture

Department of Corrections

Department of Insurance

Governor's Office of Community Programs

Providers of Health & Social Services

Providers of health and social services include rural health clinics, federally qualified health centers, physician offices, hospitals, disproportionate share hospitals, community action agencies, and Head Start. A LaCHIP training segment and materials were developed, and be included in the 2000 Medicaid Provider Workshops which will be held in ten different cities across the state in September 2000 and October 2000.

Community-Based Recipients of Federal Grants

We have identified recipients of federal grants who provide services in local communities to segments of the primary target population. Such grants are given by the Department of Housing & Urban Development, Department of Labor, Department of Education, Department of Health and Human Services (including the Social Security Administration), Department of the Interior, Department of the Treasury, Small Business Administration and Department of Agriculture. These projects are frequently announced by news releases to local newspapers and include programs such as Upward Bound, summer feeding programs for children, Cooperative Extension Service initiatives and university-sponsored summer workshops for high school health instructors. As these are identified, we provide LaCHIP introductory packets and request their assistance in helping to enroll eligible children.

APPLICATION FORM DISTRIBUTION

The shortened application form along with its design as a tri-fold brochure makes wide distribution of the application itself highly practical. The holder is "refillable" and includes the message "If empty, call [toll-free number] for an application." Application form displays have been placed in a wide variety of non-traditional locations including child support enforcement offices, unemployment offices, grocery stores,

pharmacies (locally owned as well as major chains Rite Aid, CMS, Walgreen's, and Winn Dixie), health clinics, housing authority offices, day care centers, financial aid offices at vocational schools, colleges, and universities, state and federal legislators' offices, libraries, school health clinics, employee lounges, credit counseling offices, laundromats, driver's license offices, U.S. Post Offices, McDonald's, and Wal-Mart.

TOLL-FREE TELEPHONE AND FAX LINES

We have established a toll-free hotline (1-877-2LaCHIP/252-2447) where callers can receive additional information, assistance in completing the application and determine application status. In addition, applications/verifications can be faxed to a toll-free number (1-877-LAFAXUS/523-2987). The toll-free fax number is also given to employers when we request that income verification be faxed, in an effort to lessen employer resistance to providing verification by fax.

A voice messaging feature gives callers the option to leave a message requesting an application be mailed the next business day. This feature is available 24 hours/7 days a week; callers still have the option to speak with an agency representative during normal business hours. All calls to the toll-free number are categorized and identified by parish/region of origin for purposes of analysis.

MEDIA

We have made and will continue to make use of free media, with our objectives being: 1) to announce expanded eligibility, 2) to advise target and secondary populations of the *simple* application process and, 3) to dispel common myths regarding LaCHIP and Medicaid such as children must be receiving "welfare" in order to qualify. We have worked in conjunction with the DHH Bureau of Communications and Inquiry to issue press releases to daily and weekly newspapers throughout the state, submit articles to the Louisiana Medicaid Provider Newsletter and other periodicals, and arrange for appearances on radio and television talk shows. Local cable stations and local newspapers have run public service announcements. Local outreach staff has been very effective in arranging LaCHIP coverage on television news, talk, and special interest shows and radio talk shows.

To launch Phase III, we used paid media, with paid spots on television and radio, billboards.

OUT-STATIONED APPLICATION CENTERS

The state Medicaid program currently has contract Application Centers with out-stationed workers where applications can be made for children at more than 400 locations throughout the state.

With the redesign of the application form and elimination of the interview requirement, the role of contract out-stationed workers in completing applications for coverage for children changed significantly. The focus is disseminating the application form, encouraging potential eligibles to apply and providing assistance to families in the process. The Application Centers continue to provide one-on-one assistance to applicants who need help in completing the application form. Application Centers receive partial reimbursement of administrative costs (\$14) only if all verification necessary to establish eligibility accompanies the simplified application.

INTERNET WEB SITE

We have created an initial Internet Web Page for LaCHIP on the DHH Website (www.lachip.org) which contains a “down-loadable” application and brochure as well as frequently asked questions on LaCHIP.

SPEAKERS BUREAUS

Outreach Coordinators have been designated in each of the nine geographic regions who coordinate speaking appearances within the region to promote LaCHIP to both primary and secondary target audiences. Each region has an LCD projector and laptop PC to enable them to do presentations with Microsoft PowerPoint, and staff has received training in PowerPoint presentations. Local staffs have been trained and provided with talking points and audience handouts. We continue to actively seek opportunities to give presentations to professional organizations such as social workers, school nurses, educators and PTA's, tenant meetings, ministerial alliance meetings, and service and civic organizations including Big Brother/Big Sisters, Kiwanis Club, Knights of Columbus, Lions Club and Jaycees.

COMMUNITY EVENTS

Portable displays promoting LaCHIP are displayed at health fairs, kindergarten registrations, festivals, and other community events such as back-to-school expos which are frequented by the target audience. The displays are colorful and visually appealing and designed to increase awareness of the programs. Application forms and business-reply envelopes are distributed and assistance offered in completing the application form. Promotional items containing the LaCHIP logo and toll-free number are distributed at these events, including coloring books, crayons, pencils with apple shaped eraser tops, rulers, frisbees, stadium cups, pens, and water bottles.

OUTREACH MONITORING

The application form includes an optional question “Where did you get this application form?” A second optional question was added in the April 2000 revision of the application: “How did you hear about LaCHIP?” We have used this information to determine geographical areas for which additional resources and outreach efforts are required.

Since we did not have a breakdown by parish of the number of uninsured children, we established a pro-rata share of the enrollment goal for each parish, based on their pre-LaCHIP enrollment of poverty level children. This "goal" has helped us to compare performance of regions and of parishes within regions, as well as given the local staffs concrete goals to work toward in their outreach efforts. A healthy competitiveness has developed in which regions want to keep pace with the frontrunners.

Each region submits a monthly summary of outreach activity for the previous month. The reports include locations where applications were distributed and the number distributed, speaking engagements, copies of newspaper articles from within the region, and other outreach related activities.

We will continue to actively research successful outreach strategies and "best practices" in other states and make adjustments to achieve our goal of enrolling eligible children in the LaCHIP Program.

Section 6. Coverage Requirements for Children's Health Insurance (Section 2103)

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 7.

6.1. The state elects to provide the following forms of coverage to children:
(Check all that apply.) (42CFR 457.410(a))

- 6.1.1. Benchmark coverage; (Section 2103(a)(1) and 42 CFR 457.420)
- 6.1.1.1. FEHBP-equivalent coverage; (Section 2103(b)(1))
(If checked, attach copy of the plan.)
- 6.1.1.2. State employee coverage; (Section 2103(b)(2)) (If checked, identify the plan and attach a copy of the benefits description.)
The benefits package limitations is outlined in Article 3 of the Preferred Provider Organization Plan Document, 2007-2008 (See Addendum 1).
- 6.1.1.3. HMO with largest insured commercial enrollment (Section 2103(b)(3)) (If checked, identify the plan and attach a copy of the benefits description.)
- 6.1.2. Benchmark-equivalent coverage; (Section 2103(a)(2) and 42 CFR 457.430). Specify the coverage, including the amount, scope and duration of each service, as well as any exclusions or limitations. Please attach a signed actuarial report that meets the requirements specified in 42 CFR 457.431. **See instructions.**

6.1.3. Existing Comprehensive State-Based Coverage; (Section 2103(a)(3) and 42 CFR 457.440) [Only applicable to New York; Florida; Pennsylvania] Please attach a description of the benefits package, administration, date of enactment. If existing comprehensive state-based coverage is modified, please provide an actuarial opinion documenting that the actuarial value of the modification is greater than the value as of 8/5/97 or one of the benchmark plans. Describe the fiscal year 1996 state expenditures for existing comprehensive state-based coverage.

6.1.4. Secretary-Approved Coverage. (Section 2103(a)(4)) (42 CFR 457.450)

- 6.1.4.1. Coverage the same as Medicaid State plan
- 6.1.4.2. Comprehensive coverage for children under a Medicaid Section 1115 demonstration project
- 6.1.4.3. Coverage that either includes the full EPSDT benefit or that the state has extended to the entire Medicaid population
- 6.1.4.4. Coverage that includes benchmark coverage plus additional coverage
- 6.1.4.5. Coverage that is the same as defined by existing comprehensive state-based coverage
- 6.1.4.6. Coverage under a group health plan that is substantially equivalent to or greater than benchmark coverage through a benefit-by-benefit comparison (Please provide a sample of how the comparison will be done)
- 6.1.4.7. Other (Describe) The state will use the Medicaid network of providers but offer the limited benefit package outlined in the separate program and offer the same benefits package except for LaCHIP Phase IV children. LaCHIP Phase IV for unborn child coverage mirrors the benefit package offered through Title XIX program in Louisiana.

6.2. The state elects to provide the following forms of coverage to children: (Check all that apply. If an item is checked, describe the coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations) (Section 2110(a)) (42CFR 457.490)

For the unborn child, the State covers pregnancy related services and services that if not treated could complicate the pregnancy, i.e., the State covers the same services that it covers for the SOBRA pregnant women category in the Medicaid State Plan.

Exception: Sterilization procedures are not covered for the SCHIP unborn child group. The services checked below are generally covered for Medicaid categorically needy eligibles and are potentially covered for the SCHIP unborn child group, depending on the need of the recipient. Louisiana Medicaid program rules apply; examples include benefit limits, extension of benefit limit procedures, prior authorization requirements, age limits, etc.

6.2.1. Inpatient services (Section 2110(a)(1))
6.2.1.1 Unborn - Louisiana Medicaid program rules apply; examples include benefit limits, extension of benefit limit procedures, prior authorization requirements, age limits, etc.

6.2.2. Outpatient services (Section 2110(a)(2))
6.2.2.1 Unborn - Louisiana Medicaid program rules apply; examples include benefit limits, extension of benefit limit procedures, prior authorization requirements, age limits, etc.

6.2.3. Physician services (Section 2110(a)(3))

6.2.4. Surgical services (Section 2110(a)(4))

6.2.5. Clinic services (including health center services) and other ambulatory health care services (Section 2110(a)(5))

6.2.6. Prescription drugs (Section 2110(a)(6))

6.2.7. Over-the-counter medications (Section 2110(a)(7))

Limited to unborn children covered in LaCHIP Phase IV.

6.2.8. Laboratory and radiological services (Section 2110(a)(8))

6.2.9. Pre-natal care and pre-pregnancy family services and supplies (Section 2110(a)(9))

6.2.10. Inpatient mental health services, other than services described in 6.2.18., but including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Section 2110(a)(10))

6.2.10.1 Unborn - Louisiana Medicaid program rules apply; examples include benefit limits, extension of benefit limit procedures, prior authorization requirements, age limits, etc.

6.2.11. Outpatient mental health services, other than services described in 6.2.19, but including services furnished in a state-operated mental hospital and including community-based services (Section 2110(a)(11))

6.2.11.1 Unborn - Louisiana Medicaid program rules apply; examples include benefit limits, extension of benefit limit procedures, prior authorization requirements, age limits, etc.

- 6.2.12. Durable medical equipment and other medically related or remedial devices (such as prosthetic devices, implants, eyeglasses, hearing aids, dental devices, and adaptive devices) (Section 2110(a)(12))
- 6.2.13. Disposable medical supplies (Section 2110(a)(13))
- 6.2.14. Home and community-based health care services (See instructions) (Section 2110(a)(14))
- 6.2.15. Nursing care services (See instructions) (Section 2110(a)(15))
- 6.2.16. Abortion only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest (Section 2110(a)(16))
- 6.2.17. Dental services (Section 2110(a)(17))
LaCHIP Phases IV and LaCHIP Phase V has the same benefit as outlined in the Medicaid State Plan. Please reference Appendix A: EPSDT Dental Program Fee Schedule for full list of services.
- 6.2.18. Inpatient substance abuse treatment services and residential substance abuse treatment services (Section 2110(a)(18))
6.2.18.1 Unborn - Louisiana Medicaid program rules apply; examples include benefit limits, extension of benefit limit procedures, prior authorization requirements, age limits, etc.
- 6.2.19. Outpatient substance abuse treatment services (Section 2110(a)(19))
6.2.19.1 Unborn - Louisiana Medicaid program rules apply; examples include benefit limits, extension of benefit limit procedures, prior authorization requirements, age limits, etc.
- 6.2.20. Case management services (Section 2110(a)(20))
- 6.2.21. Care coordination services (Section 2110(a)(21))
- 6.2.22. Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders (Section 2110(a)(22))
- 6.2.23. Hospice care (Section 2110(a)(23))

- 6.2.24. Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (See instructions) (Section 2110(a)(24))
These services are limited to unborn children covered through LaCHIP Phase IV, who would obtain those services through the Medicaid State Plan.
- 6.2.25. Premiums for private health care insurance coverage (Section 2110(a)(25))
- 6.2.26. Medical transportation (Section 2110(a)(26))
- 6.2.27. Enabling services (such as transportation, translation, and outreach services) (See instructions) (Section 2110(a)(27))
- 6.2.28. Any other health care services or items specified by the Secretary and not included under this section (Section 2110(a)(28))

6.2.-D The state will provide dental coverage to children through one of the following. Dental services provided to children eligible for dental-only supplemental services must receive the same dental services as provided to otherwise eligible CHIP children (Section 2103(a)(5):

6.2.1.-D State Specific Dental Benefit Package. The State assures dental services represented by the following categories of common dental terminology (CDT) codes are included in the dental benefits for LaCHIP Phase V:

1. Diagnostic (CDT codes: D0100-D0999) (must follow periodicity schedule)
2. Preventive (CDT codes: D1110-D1206) (must follow periodicity schedule)
3. Restorative (CDT codes: D2000-D2999)
4. Endodontic (CDT codes: D3000-D3999)
5. Periodontic (CDT codes: D4000-D4999)
6. Prosthodontic (CDT codes: D5000-5899 and D5900-D5999 and D6200-D6999)
7. Oral and Maxillofacial Surgery (CDT codes: D7000-D7999)
8. Orthodontics (CDT codes: D8000-D8999)
9. Adjunctive General Services (CDT codes: D9000-D9999)

Please reference Appendix A: EPSDT Dental Program Fee Schedule for full list of services.

- 6.2.1.1.-D Periodicity Schedule. Please select and include a description.
- Medicaid
- American Academy of Pediatric Dentistry

Other Nationally recognized periodicity schedule:
(Please Specify) _____

- 6.2.2.-D Benchmark coverage; (Section 2103(c)(5), 42 CFR 457.410 and 42 CFR 457.420) States must, in accordance with 42 CFR 457.410, provide coverage for dental services necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions if these services are not provided in the chosen benchmark package.
- 6.2.3.-D FEHBP-equivalent coverage; (Section 2103(c)(5)(C)(i)) (If checked, attach a copy of the dental supplemental plan benefits description and the applicable CDT codes. If the necessary dental services are not provided, please also include a description of, and the CDT code(s) for, the required service(s).)
- 6.2.4.-D State employee coverage; (Section 2103(c)(5)(C)(ii)) (If checked, identify the plan and attach a copy of the benefits description and the applicable CDT codes. If the necessary dental services are not provided, please also include a description of, and the CDT code(s) for, the required service(s).)
- 6.2.5.-D HMO with largest insured commercial enrollment (Section 2103(c)(5)(C)(iii)) (If checked, identify the plan and attach a copy of the benefits description and the applicable CDT codes. If the necessary dental services are not provided, please also include a description of, and the CDT code(s) for, the required service(s).)

6.2.-E Effective for dates of service on or after July 1, 2012, the reimbursement fees for EPSDT dental services are reduced to the following percentages of the 2009 National Dental Advisory Service Comprehensive Fee Report 70th percentile, unless otherwise stated.

- 6.2.1.-E 65 percent for the following oral evaluation services:
- a) periodic oral examination;
 - b) oral examination- patients under three years of age; and
 - c) comprehensive oral examination- new patients;
- 6.2.2.-E 62 percent for the following annual and periodic, diagnostic and preventive services:
- a) radiographs – periapical, first film;
 - b) radiographs- periapical, each additional film;
 - c) radiographs- panoramic film;
 - d) diagnostic casts;
 - e) prophylaxis- adult and child;
 - f) topical application of fluoride, adult and child (prophylaxis not included); and
 - g) topical fluoride varnish, therapeutic application for moderate to high caries risk patients (under 6 years of age);

- 6.2.3.-E 45 percent for the following diagnostic and adjunctive general services:
- a) oral/facial image
 - b) non-intravenous conscious sedation; and
 - c) hospital call; and
- 6.2.4.-E 56 percent for the remainder of the dental services.

Removable prosthodontics and orthodontic services are excluded from the July 1, 2012 rate reduction.

6.3 The state assures that, with respect to pre-existing medical conditions, one of the following two statements applies to its plan: (42CFR 457.480)

- 6.3.1. The state shall not permit the imposition of any pre-existing medical condition exclusion for covered services (Section 2102(b)(1)(B)(ii)); **OR**
- 6.3.2. The state contracts with a group health plan or group health insurance coverage, or contracts with a group health plan to provide family coverage under a waiver (see Section 6.4.2. of the template). Pre-existing medical conditions are permitted to the extent allowed by HIPAA/ERISA (Section 2103(f)). Please describe: *Previously 8.6*

6.4 **Additional Purchase Options.** If the state wishes to provide services under the plan through cost effective alternatives or the purchase of family coverage, it must request the appropriate option. To be approved, the state must address the following: (Section 2105(c)(2) and (3)) (42 CFR 457.1005 and 457.1010)

6.4.1. **Cost-Effective Coverage.** Payment may be made to a state in excess of the 10% limitation on use of funds for payments for: 1) other child health assistance for targeted low-income children; 2) expenditures for health services initiatives under the plan for improving the health of children (including targeted low-income children and other low-income children); 3) expenditures for outreach activities as provided in section 2102(c)(1) under the plan; and 4) other reasonable costs incurred by the state to administer the plan, if it demonstrates the following (42CFR 457.1005(a)):

6.4.1.1. Coverage provided to targeted low-income children through such expenditures must meet the coverage requirements above; **Describe the coverage provided by the alternative delivery system. The state may cross reference section 6.2.1 - 6.2.28.** (Section 2105(c)(2)(B)(i)) (42CFR 457.1005(b))

- 6.4.1.2. The cost of such coverage must not be greater, on an average per child basis, than the cost of coverage that would otherwise be provided for the coverage described above. **Describe the cost of such coverage on an average per child basis.** (Section 2105(c)(2)(B)(ii)) (42CFR 457.1005(b))
- 6.4.1.3. The coverage must be provided through the use of a community-based health delivery system, such as through contracts with health centers receiving funds under section 330 of the Public Health Service Act or with hospitals such as those that receive disproportionate share payment adjustments under section 1886(c)(5)(F) or 1923 of the Social Security Act. **Describe the community-based delivery system.** (Section 2105(c)(2)(B)(iii)) (42CFR 457.1005(a))
- 6.4.2. **Purchase of Family Coverage.** Describe the plan to purchase family coverage. Payment may be made to a state for the purpose of family coverage under a group health plan or health insurance coverage that includes coverage of targeted low-income children, if it demonstrates the following: (Section 2105(c)(3)) (42CFR 457.1010)
 - 6.4.2.1. Purchase of family coverage is cost effective relative to the amounts that the state would have paid to obtain comparable coverage only of the targeted low-income children involved; and **(Describe the associated costs for purchasing the family coverage relative to the coverage for the low income children.)** (Section 2105(c)(3)(A)) (42CFR 457.1010(a))
 - 6.4.2.2. The state assures that the family coverage would not otherwise substitute for health insurance coverage that would be provided to such children but for the purchase of family coverage. (Section 2105(c)(3)(B)) (42CFR 457.1010(b))
 - 6.4.2.3. The state assures that the coverage for the family otherwise meets title XXI requirements. (42CFR 457.1010(c))

Section 7. Quality and Appropriateness of Care

- Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 8.

7.1. Describe the methods (including external and internal monitoring) used to assure the quality and appropriateness of care, particularly with respect to well-baby care, well-child care, and immunizations provided under the plan. (2102(a)(7)(A)) (42CFR 457.495(a))

The methods used to assure quality and appropriateness of care are the same as under Title XIX.

The State Employees Health Plan will provide data for children covered in LaCHIP Phase V in order for DHH to track the appropriateness of care provided at the same level as that of children covered under Title XIX or Medicaid expansion SCHIP.

Will the state utilize any of the following tools to assure quality?

(Check all that apply and describe the activities for any categories utilized.)

7.1.1. Quality standards

7.1.2. Performance measurement

The following HEDIS measures will be tracked on a quarterly basis:

- Well child visits for children in the first 15 months of life
- Well child visits in the 3rd, 4th, 5th and 6th years of life
- Use of appropriate medications for children with asthma
- Children and adolescents' access to primary care practitioners
- Childhood immunization status
- Adolescent well-care visits

7.1.3. Information strategies – parent surveys and claims data will be used

7.1.4. Quality improvement strategies – Disease Management program is available for children with asthma and diabetes.

7.2. Describe the methods used, including monitoring, to assure: (2102(a)(7)(B)) (42CFR 457.495)

7.2.1 Access to well-baby care, well-child care, well-adolescent care and childhood and adolescent immunizations. (Section 2102(a)(7)) (42CFR 457.495(a))

The methods used to assure access to well-baby care, well-child care, well-adolescent care and childhood and adolescent immunizations, as appropriate, are the same as under Title XIX for

unborn children in LaCHIP Phase IV.

7.2.2 Access to covered services, including emergency services as defined in 42 CFR 457.10. (Section 2102(a)(7)) 42CFR 457.495(b))

The methods used to assure access to covered services, including emergency services as defined in 42 CFR are the same as under Title XIX for unborn children in LaCHIP Phase IV.

7.2.3 Appropriate and timely procedures to monitor and treat enrollees with chronic, complex, or serious medical conditions, including access to an adequate number of visits to specialists experienced in treating the specific medical condition and access to out-of-network providers when the network is not adequate for the enrollee's medical condition. (Section 2102(a)(7)) (42CFR 457.495(c))

The methods used to assure access to appropriate and timely procedures to monitor and treat enrollees with chronic, complex, or serious medical conditions, including access to an adequate number of visits to specialists experienced in treating the specific medical condition and access to out-of-network providers when the network is not adequate for the enrollee's medical condition are the same as under Title XIX for unborn children covered in LaCHIP Phase IV.

Children between 200-300% FPL with chronic, complex or serious medical conditions will also be eligible for the optional Family Opportunity Act program being implemented concurrently with LaCHIP Phase V. This program will have the same methods to assure access as Medicaid, as it is a Title XIX program.

7.2.4 Decisions related to the prior authorization of health services are completed in accordance with state law **or**, in accordance with the medical needs of the patient, within 14 days after the receipt of a request for services. (Section 2102(a)(7)) (42CFR 457.495(d))

Decisions related to the prior authorization of health services are completed within 14 days after the receipt of a request for services, in accordance with Title XIX for unborn children covered in LaCHIP Phase IV

Section 8. Cost Sharing and Payment (Section 2103(e))

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 9.

8.1. Is cost sharing imposed on any of the children covered under the plan? (42CFR 457.505)

8.1.1. YES – Children Covered in LaCHIP Phase V

8.1.2. NO, skip to question 8.8. – **Unborn children covered in LaCHIP Phase IV**

8.2. Describe the amount of cost sharing, any sliding scale based on income, the group or groups of enrollees that may be subject to the charge and the service for which the charge is imposed or time period for the charge, as appropriate. (Section 2103(e)(1)(A)) (42CFR 457.505(a), 457.510(b) &(c), 457.515(a)&(c))

Families who have been exempted from cost-sharing as members of federally recognized Native American Tribes will not be subject to copayments and a \$0 copayment will be printed on their health insurance card.

8.2.1. Premiums: \$50 per month per family where family income is from 201 up to and including 250% of FPL.

8.2.2. Deductibles: A \$150 deductible for hospital emergency rooms (waived if admitted as inpatient) and a separate \$200 deductible in place for mental health/substance abuse services.

8.2.3. Coinsurance or copayments: Enrollees pay the same cost sharing as state employees covered in the PPO which is 10% of contracted rate for most covered services. Difference includes 20% of negotiated rate for hospice care & mental health/substance abuse services & 30% of negotiated rate for Home Health. For prescription drugs, enrollee pays 50% or a maximum \$50 per 30 day supply. After \$1200 per person per plan year, the co-payment is reduced to \$15 for brand name drugs and \$0 for generic drugs. Ambulance copayments are \$50 for ground transport and \$250 for licensed air ambulance services.

8.2.4. Other:

8.3. Describe how the public will be notified, including the public schedule, of this cost sharing (including the cumulative maximum) and changes to these amounts and any differences based on income. (Section 2103(e)((1)(B)) (42CFR 457.505(b))

The cost sharing information is explained to potential enrollees through the application, which includes a chart of income eligibility and premium payment

amounts. This information is also prominently displayed on the LaCHIP website. If changes are necessary to the cost sharing requirements, all current enrollees are notified by letter of the changes and the effective dates. Public hearings are held to allow the public to comment on any proposed changes to cost sharing.

8.4. The state assures that it has made the following findings with respect to the cost sharing in its plan: (Section 2103(e))

8.4.1. Cost sharing does not favor children from higher income families over lower income families. (Section 2103(e)(1)(B)) (42CFR 457.530)

8.4.2. No cost sharing applies to well-baby and well-child care, including age-appropriate immunizations. (Section 2103(e)(2)) (42CFR 457.520)

8.4.3 No additional cost sharing applies to the costs of emergency medical services delivered outside the network. (Section 2103(e)(1)(A)) (42CFR 457.515(f))

8.5. Describe how the state will ensure that the annual aggregate cost sharing for a family does not exceed 5 percent of such family's income for the length of the child's eligibility period in the State. Include a description of the procedures that do not primarily rely on a refund given by the state for overpayment by an enrollee: (Section 2103(e)(3)(B)) (42CFR 457.560(b) and 457.505(e))

Families will be notified upon enrollment of their family cost-sharing limit with instructions to notify DHH should their own estimated expenses exceed that amount. The TPA will electronically track family cost sharing for each individual and notify DHH of any family who is nearing co-payment amounts in excess of 5% of the income for a household of two at 200% FPL. DHH will then monitor this case monthly to ensure that the family doesn't exceed 5% of their own family income. If the family reaches that amount, DHH will notify the family via letter that the dollar amount is met. The notification can be shown to providers to indicate they are exempt from further cost sharing for the remainder of the year.

8.6 Describe the procedures the state will use to ensure American Indian (as defined by the Indian Health Care Improvement Act of 1976) and Alaska Native children will be excluded from cost sharing. (Section 2103(b)(3)(D)) (42CFR 457.535)

All Louisiana Medicaid and SCHIP applications request ethnicity information on each applicant. No cost sharing is imposed on those children who are verified to be a member of a federally recognized tribe. The applicant's statement on the application form is sufficient to exempt the child from any cost-sharing obligations. The case record containing such individuals will be marked as no cost sharing and will be set up in the TPA's system as a different group number. The group number will

indicate that the member is not responsible for any cost-sharing.

- 8.7 Please provide a description of the consequences for an enrollee or applicant who does not pay a charge. (42CFR 457.570 and 457.505(c))

Applicants will not be enrolled in LaCHIP Phase V until they pay for the first month's premium. They will not receive access to benefits and will subsequently be notified that their eligibility is ending due to failure to pay. Premiums are due by the first of each month. If payment is not received by the tenth of the month a notice is generated notifying the responsible party that coverage will be terminated if payment is not received by the twenty-first of the month. Non-payment of premium results in disenrollment effective the following month after the due date. Non-payment of coinsurance and/or deductible a provider may refuse service, but the recipient would remain covered.

- 8.7.1 Please provide an assurance that the following disenrollment protections are being applied:

- State has established a process that gives enrollees reasonable notice of and an opportunity to pay past due premiums, copayments, coinsurance, deductibles or similar fees prior to disenrollment. (42CFR 457.570(a))
- The disenrollment process affords the enrollee an opportunity to show that the enrollee's family income has declined prior to disenrollment for non-payment of cost-sharing charges. (42CFR 457.570(b))
- In the instance mentioned above, that the state will facilitate enrolling the child in Medicaid or adjust the child's cost-sharing category as appropriate. (42CFR 457.570(b))
- The state provides the enrollee with an opportunity for an impartial review to address disenrollment from the program. (42CFR 457.570(c))

- 8.8 The state assures that it has made the following findings with respect to the payment aspects of its plan: (Section 2103(e))

- 8.8.1. No Federal funds will be used toward state matching requirements. (Section 2105(c)(4)) (42CFR 457.220)
- 8.8.2. No cost sharing (including premiums, deductibles, copays, coinsurance and all other types) will be used toward state matching requirements. (Section 2105(c)(5)) (42CFR 457.224) (Previously 8.4.5)
- 8.8.3. No funds under this title will be used for coverage if a private insurer would have been obligated to provide such assistance except for a provision limiting this obligation because the child is eligible under the this title. (Section 2105(c)(6)(A)) (42CFR 457.626(a)(1))
- 8.8.4. Income and resource standards and methodologies for determining Medicaid eligibility are not more restrictive than

- those applied as of June 1, 1997. (Section 2105(d)(1)) (42CFR 457.622(b)(5))
- 8.8.5. No funds provided under this title or coverage funded by this title will include coverage of abortion except if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest. (Section 2105)(c)(7)(B)) (42CFR 457.475)
- 8.8.6. No funds provided under this title will be used to pay for any abortion or to assist in the purchase, in whole or in part, for coverage that includes abortion (except as described above). (Section 2105)(c)(7)(A)) (42CFR 457.475)

Section 9. Strategic Objectives and Performance Goals and Plan Administration (Section 2107)

- 9.1. Describe strategic objectives for increasing the extent of creditable health coverage among targeted low-income children and other low-income children: (Section 2107(a)(2)) (42CFR 457.710(b))

See Section 9.2

- 9.2. Specify one or more performance goals for each strategic objective identified: (Section 2107(a)(3)) (42CFR 457.710(c))

Louisiana's strategic objectives are outlined below. For the sake of clarity and flow, performance goals, measures and data/information sources are included under the objective they support rather than in their own separate sections. Our strategic objectives address the issues which the State Children's Health Insurance Program legislation was passed to address. While they have been formulated for our Medicaid expansion, they also would be applicable to additional phases for children's health insurance under Title XXI which the State may undertake in the future, dependent upon legislative approval and funding.

STRATEGIC OBJECTIVE I:

Through an outreach effort begun in November 1998 to identify 72,512 uninsured children eligible for Medicaid coverage under either Title XIX or Title XXI by October 31, 1999, an additional 10,725 by September 30, 2000; and an additional 22,575 by December 31, 2001; and thereby reduce the number and proportion of uninsured children in the state

Performance Goal I.1.

Outreach and market to the families of uninsured children eligible under either Medicaid provisions in effect prior to April 1, 1997, or LaCHIP-Phase I(<133% FPL). This goal has been met.

Performance Measures:

X Number of LaCHIP applications distributed and those returned for processing by October 31, 1999

- X Number of calls to the toll-free LaCHIP Helpline by October 31, 1999

Performance Goal I.2.

Outreach and market to the families of uninsured children covered by LaCHIP- Phase II (>133% FPL but <150% FPL). This goal has been met.

Performance Measures:

- X Number of LaCHIP applications distributed and those returned for processing from October 1, 1999 through September 30, 2000
- X Number of calls to the toll-free LaCHIP Helpline from October 1, 1999 through September 30, 2000
- X Number of LaCHIP applications distributed and those returned for processing from October 1, 2000 through September 30, 2001
- X Number of calls to the toll-free LaCHIP Helpline from October 1, 2000 through September 30, 2001

Performance Goal I.3.

Conduct a minimum of five specific outreach initiatives in the first year of LaCHIP. This goal has been met.

Performance Measures:

- X Number of targeted public information campaigns for LaCHIP Phase III eligibles and unenrolled Medicaid eligibles in Federal fiscal year 2001.

STRATEGIC OBJECTIVE II:

To determine eligibility and, by December 31, 2001, enroll 80 percent of all eligible children as Medicaid recipients under either Title XIX or Title XXI Medicaid expansion.

Performance Goal II.1.

Outreach and determine eligibility for 80 percent of all uninsured children potentially eligible for Medicaid or Title XXI Medicaid expansion.

Performance Measures

- X Percentage of uninsured children enrolled in Title XIX and Title XXI Medicaid expansion (71.6% by 10/31/99 and 75% by 9/30/2000 and 80% by 9/30/2001). This goal has been met.
- X Number of children enrolled as Title XIX (29,412) and Title XXI LaCHIP Phase I Medicaid expansion (28,350) eligibles by 10/31/99. This goal has been met.
- X Number of children enrolled as Title XIX (359,457) and Title XXI LaCHIP (Phases I-III) Medicaid expansion (61,650) eligibles by 12/31/2001. This goal has been met.
- X Average processing time
- X Percent of applications approved
- X Increase in percentage of Medicaid-eligible children enrolled
- X Reduction in percentage of uninsured children

STRATEGIC OBJECTIVE III:

To improve access to medical care in the most appropriate setting for children.

Performance Goal III.1.

To reduce inappropriate access to health care for children via emergency room visits for treatment of non-emergent conditions.

Performance Measure:

Frequency of top ten non-emergent conditions seen in emergency rooms and billed to Medicaid as compared to a baseline.

STRATEGIC OBJECTIVE IV:

To establish "health homes" for children under the Medicaid/LaCHIP programs.

Performance Goal IV.1.

To recruit and orient physicians for participation as primary care physicians in managed care programs such as CommunityCARE or other managed care pilot programs.

Performance Measure:

- X **Number and percent of Medicaid primary care physicians participating in “health home” programs such as CommunityCARE or other managed care pilot.**
- X **Number and percent of Medicaid children enrolled in CommunityCARE or other managed care pilot, thereby having a usual source of care available to them.**

STRATEGIC OBJECTIVE V:

Increase access to preventive care for LaCHIP enrolled children.

Performance Goal V.1.

Achieve immunization levels for children enrolled in LaCHIP equal to those for an age-comparable group(s) of children enrolled in non-expansion Medicaid.

Performance Measure:

Percent of non-expansion Medicaid children versus LaCHIP Medicaid children, for specified age groups, receiving all recommended immunizations.

STRATEGIC OBJECTIVE VI:

Improve management of chronic health conditions among LaCHIP enrolled children.

Performance Goal VI.1.

Decrease instances of hospital-based crisis care for asthma among LaCHIP enrolled children through dissemination of effective patient education and disease management strategies to physicians.

Performance Measure:

- X **Number of emergency room visits for asthma**
- X **Number of inpatient admissions for asthma**

- 9.3. Describe how performance under the plan will be measured through objective, independently verifiable means and compared against performance goals in order to determine the state’s performance, taking into account suggested performance indicators as specified below or other indicators the state develops:

(Section 2107(a)(4)(A),(B)) (42CFR 457.710(d))

Louisiana has measured performance by establishing a baseline for each

performance goal through various methods including: conducting a baseline population-based survey; using State vital records, hospital discharge and claims information; and using other Medicaid and non-Medicaid databases that provide relevant information. For each performance goal, the method(s) of measurement has been established and reports generated to monitor on an ongoing basis Louisiana's progress toward meeting the goal.

Check the applicable suggested performance measurements listed below that the state plans to use: (Section 2107(a)(4))

- 9.3.1. The increase in the percentage of Medicaid-eligible children enrolled in Medicaid.
- 9.3.2. The reduction in the percentage of uninsured children.
- 9.3.3. The increase in the percentage of children with a usual source of care.
- 9.3.4. The extent to which outcome measures show progress on one or more of the health problems identified by the state.
- 9.3.5. HEDIS Measurement Set relevant to children and adolescents younger than 19.
- 9.3.6. Other child appropriate measurement set. List or describe the set used.
- 9.3.7. If not utilizing the entire HEDIS Measurement Set, specify which measures will be collected, such as:
 - 9.3.7.1. Immunizations
 - 9.3.7.2. Well-child care
 - 9.3.7.3. Adolescent well visits
 - 9.3.7.4. Satisfaction with care
 - 9.3.7.5. Mental health
 - 9.3.7.6. Dental care
 - 9.3.7.7. Other, please list: See attached EXHIBIT 9.3.7.7
- 9.3.8. Performance measures for special targeted populations.

- 9.4. The state assures it will collect all data, maintain records and furnish reports to the Secretary at the times and in the standardized format that the Secretary requires. (Section 2107(b)(1)) (42CFR 457.720)
The state assures it will collect all data, maintain all records and furnish reports to the Secretary at the times and in the standardized format that the Secretary requires.
- 9.5. The state assures it will comply with the annual assessment and evaluation required under Section 10. Briefly describe the state’s plan for these annual assessments and reports. (Section 2107(b)(2)) (42CFR 457.750)
The state complies with the required annual assessments and reports.

Louisiana has established the baseline levels for all performance measures established in Section 9 of the Plan. Most performance measures selected by the State are related to established data reporting systems. The data for establishing baseline levels was drawn from existing data sources such as vital records, Medicaid claims data, hospital discharge data and other such sources. Where necessary, Louisiana may supplement existing data sources by conducting a population-based survey.

The first year’s annual assessment reported the results of efforts made to establish baseline levels for all measures and will report the State’s progress in providing health benefits coverage to both “Medicaid eligible but unenrolled” children and “expanded LaCHIP Medicaid eligibles.” In subsequent years, the annual assessment provides updated information on the performance of all measures. State staff will complete each year’s annual assessment and will monitor ongoing progress toward meeting all performance goals.

Through analysis of the patterns of utilization of services under the plan and the effectiveness of the plan as demonstrated through the performance measures established in Section 9, the evaluation assesses the overall quality and outcome of health benefits coverage provided under the plan. The provision of services, as an expansion of Medicaid will be fully encompassed by all quality control mechanisms in place in Louisiana’s Medicaid managed care programs (PCCM).

The State's plan will be considered effective if it achieves the performance goals established in Sections 9.2.1. and 9.2.2.

- 9.6. The state assures it will provide the Secretary with access to any records or information relating to the plan for purposes of review of audit. (Section 2107(b)(3)) (42CFR 457.720)
- 9.7. The state assures that, in developing performance measures, it will modify those measures to meet national requirements when such requirements are developed. (42CFR 457.710(e))
- 9.8. The state assures, to the extent they apply, that the following provisions of the Social Security Act will apply under Title XXI, to the same extent they apply to a state under Title XIX: (Section 2107(e)) (42CFR 457.135)
- 9.8.1. Section 1902(a)(4)(C) (relating to conflict of interest standards)
- 9.8.2. Paragraphs (2), (16) and (17) of Section 1903(i) (relating to limitations on payment)
- 9.8.3. Section 1903(w) (relating to limitations on provider donations and taxes)
- 9.8.4. Section 1132 (relating to periods within which claims must be filed)
- 9.9. Describe the process used by the state to accomplish involvement of the public in the design and implementation of the plan and the method for insuring ongoing public involvement. (Section 2107(c)) (42CFR 457.120(a) and (b))
- On-going public involvement is assured by the interaction of the eligibility field staff in their communities as well as executive management's presentations to various legislative committees, providers and community groups. Executive management is also participating with the newly established legislative Task Force on the Working Uninsured and the Louisiana Health Care Commission's Subcommittee on the Uninsured. Eligibility regional staffs also keep "notebooks" on contacts with the public which are forwarded to headquarters. Any proposed expansion of coverage for the uninsured or amendment of program policy would require the promulgation of rules in compliance with the Administrative Procedures Act, which includes public hearings as part of the normal rule-making process. The program also responds to correspondence and calls regarding the LaCHIP program.**

BACKGROUND ON DEVELOPMENT OF LaCHIP PROGRAM:

Congress in 1997 passed Public Law 105-33 to establish a new Title XXI under the Social Security Act called the States' Children's Health Insurance Program (SCHIP). Louisiana's Governor Foster then issued Executive Order No. 97-37 which created a 15-member Task Force to make recommendations regarding all the available options to Louisiana in order to implement a Louisiana Children's Health Insurance Program (LaCHIP). The LaCHIP Task Force was composed of eight legislators, the Commissioner of Insurance, the Commissioner of Administration, the Secretary and the Medical Director of the Department of Health and Hospitals, the Chancellor of LSU Medical Center, the Executive Director of the Children's Cabinet, and the Governor's Chief of Staff. This Task Force is the designated forum for input from the public and other interested groups regarding the development and implementation of the LaCHIP program in Louisiana. As such, the LaCHIP Task Force held six meetings to receive information and recommendations from over 25 presenters which included children's advocates such as Family Voices, Louisiana Health Care Campaign, Mental Health Parity, Mental Health Association; health care providers such as Louisiana State Medical Society, Louisiana Primary Care Association, Louisiana Chapter of American Academy of Pediatrics, Louisiana Dental Association, Louisiana School Nurses' Organization and Office of Public Health; and academic centers such as Louisiana State University Medical Center, Tulane Medical School and Ochsner School of Medicine as well as HCFA and Dr. Kenneth Thorpe, Institute for Health Services Research, Tulane University School of Public Health. Task Force members were also encouraged to present their conceptual design(s) from their respective organization or department.

The LaCHIP Task Force reviewed the three options available for a SCHIP under Title XXI:

- A Title XXI Medicaid (expansion) model
- A State-designed private insurance program model
- A combination program

After examining the various options, the LaCHIP Task Force recommended the following actions be taken:

1. **Program Design**
That the Department of Health and Hospitals pursue a phased-in Title XXI combination program over three years:
 - First Year - a Medicaid expansion model for children (six years¹ to 19 years) up to 133% of the Federal Poverty Level; and

¹ Children birth to six years whose family income is below 133% FPL are currently Medicaid eligible

- **Second Year - a Medicaid expansion model for children (birth to 19 years) up to 150% of the Federal Poverty Level; and**
- **Third Year - a private insurance model for children (birth to 19 years from 150% to 200% of the Federal Poverty Level.**

In May 1998 the Louisiana Legislature in its First Extraordinary Session of 1998, passed Senate Bill 78, designated as Act 128, which authorizes implementation of LaCHIP up to the 133% of FPL. The Department of Health and Hospitals is the designated agency to administer the LaCHIP program.

2. Outreach Efforts

That the Department of Health and Hospitals implement enrollment outreach initiatives for both the currently unenrolled Medicaid eligibles (birth to 19 years) as well as the "new" LaCHIP Medicaid eligibles. Such outreach initiatives are to include media notices of where and how to apply for LaCHIP, printed posters and flyers for distribution at public hospitals and clinics as well as community and rural health centers and recruitment of all FQHCs and Head Start Application Centers to become Medicaid Application Centers.

In June 1998 a workgroup was formed to develop the Outreach Plan. This workgroup included representatives from the LaCHIP Task Force and many advocacy and provider groups as well as representatives from all four federally recognized Indian tribes in Louisiana -- Biloxi-Tunica, Coushatta, Jena Band of Choctaw, and Chitimacha.

3. Enrollment

That innovative methods instituted to address existing barriers to applying for medical assistance include:

- a. That the Department of Health and Hospitals enhance and streamline the Medicaid enrollment process by developing a shortened application form as well as permit mail-in of applications and relaxation of some of the verification requirements.**
- b. That the possibilities of one-year guaranteed Medicaid eligibility and three-months presumptive eligibility be further explored.**

4. Access

That the Department of Health and Hospitals explore the feasibility of primary care physicians' (PCPs) reimbursement rates being increased to ensure health

care access to a “health home” for Medicaid eligibles, including Title XXI eligibles.

- 9.9.1 Describe the process used by the state to ensure interaction with Indian Tribes and organizations in the state on the development and implementation of the procedures required in 42 CFR 457.125. (Section 2107(e)) (42CFR 457.120(c))
Representatives from all four federally recognized Indian tribes in Louisiana were included on the workgroup that developed the Outreach plan. In addition, outreach coordinators worked with and continue to maintain contact with the various tribes by making presentations as requested. Application centers have been set up in areas where tribe members receive medical services. Four tribal liaisons also maintain contact with tribal leaders on an on-going basis.
- 9.9.2 For an amendment relating to eligibility or benefits (including cost sharing and enrollment procedures), please describe how and when prior public notice was provided as required in §457.65(b) through (d).
The state has not amended policies relating to eligibility or benefits as described in 42 CFR 457.65(b) through (d) that eliminate or restrict eligibility or benefits. Any future changes meeting these criteria will be promulgated under the state’s rulemaking process as described in the Administrative Procedures Act.

- 9.10. Provide a 1-year projected budget. A suggested financial form for the budget is attached. The budget must describe: (Section 2107(d)) (42CFR 457.140)
- Planned use of funds, including:
 - Projected amount to be spent on health services;
 - Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and
 - Assumptions on which the budget is based, including cost per child and expected enrollment.
 - Projected sources of non-Federal plan expenditures, including any requirements for cost sharing by enrollees.

SCHIP Budget Plan Template

	Federal Fiscal Year 2013 Costs
Enhanced FMAP rate	
Benefit Costs	
Insurance payments	
Managed care	
per member/per month rate @ # of eligibles	
Fee for Service*	\$222,902,669
Total Benefit Costs	\$222,902,669
(Offsetting beneficiary cost sharing payments)**	\$379,756
Net Benefit Costs	\$222,522,913
Administration Costs	
Personnel	\$2,384,905
General administration	\$9,781,619
Contractors/Brokers (e.g., enrollment contractors)	\$166,315
Claims Processing***	\$1,056,456
Outreach/marketing costs	\$1,702,939
Other (e.g., indirect costs)	\$0
Health Services Initiatives	\$0
Total Administration Costs	\$15,092,234
10% Administrative Cost Ceiling	\$24,724,768
Federal Title XXI Share	\$177,094,569
State Share	\$60,520,578
TOTAL PROGRAM COSTS	\$237,615,147

Note: The Federal Fiscal Year (FFY) runs from October 1st through September 30th.

*Based on 119,678 total eligible children at per member per month cost of \$155 for 0-250% FPL group

**Projected source of non-Federal plan expenditures; based on 4,019 eligibles at

\$50 per family per month premium cost
***Based on claims processing contracts costing approximately \$1M

Section 10. Annual Reports and Evaluations (Section 2108)

- 10.1. Annual Reports. The state assures that it will assess the operation of the state plan under this Title in each fiscal year, including: (Section 2108(a)(1),(2)) (42CFR 457.750)
 - 10.1.1. The progress made in reducing the number of uncovered low-income children and report to the Secretary by January 1 following the end of the fiscal year on the result of the assessment, and
- 10.2. The state assures it will comply with future reporting requirements as they are developed. (42CFR 457.710(e))
- 10.3. The state assures that it will comply with all applicable Federal laws and regulations, including but not limited to Federal grant requirements and Federal reporting requirements.
- 10.3-D Specify that the State agrees to submit yearly the approved dental benefit package and to submit quarterly the required information on dental providers in the state to the Human Resources and Services Administration for posting on the Insure Kids Now! website.

Section 11. Program Integrity (Section 2101(a))

- Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state’s Medicaid plan, and continue to Section 12.**
- 11.1 The state assures that services are provided in an effective and efficient manner through free and open competition or through basing rates on other public and private rates that are actuarially sound. (Section 2101(a)) (42CFR 457.940(b))
- 11.2. The state assures, to the extent they apply, that the following provisions of the Social Security Act will apply under Title XXI, to the same extent they apply to a state under Title XIX: (Section 2107(e)) (42CFR 457.935(b)) *The items below were moved from section 9.8. (Previously items 9.8.6. - 9.8.9)*
 - 11.2.1. 42 CFR Part 455 Subpart B (relating to disclosure of information by providers and fiscal agents)
 - 11.2.2. Section 1124 (relating to disclosure of ownership and related information)
 - 11.2.3. Section 1126 (relating to disclosure of information about certain convicted individuals)
 - 11.2.4. Section 1128A (relating to civil monetary penalties)
 - 11.2.5. Section 1128B (relating to criminal penalties for certain additional charges)
 - 11.2.6. Section 1128E (relating to the National health care fraud and abuse data collection program)

Section 12. Applicant and enrollee protections (Sections 2101(a))

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state’s Medicaid plan.

Eligibility and Enrollment Matters

12.1 Please describe the review process for **eligibility and enrollment** matters that complies with 42 CFR 457.1120.
The review process for eligibility and enrollment matters is the same as the Medicaid Fair Hearing process.

Health Services Matters

12.2 Please describe the review process for **health services matters** that comply with 42 CFR 457.1120.
The State assures that the state laws or regulations are consistent with the intent of 42 CFR 457,1130(b). This grievance process for health service matters is provided by the insurance vendor and is in compliance with state laws, the Employee Retirement Income Security Act of 1974 (ERISA), and all other applicable regulations of the Department of Labor Procedures.

The review process for eligibility and enrollment matters is the same as the Medicaid Fair Hearing process for unborn children covered in LaCHIP Phase IV.

For children covered through the State Employee’s Health Plan in LaCHIP Phase V, the review process will mirror that which is in place for the PPO as outlined below:

For health services matters, LaCHIP Phase V will use a process that includes both internal review by the Third Party Administrator (TPA) and external review by the Department of Health & Hospitals Bureau of Health Services Financing. The State’s contract with the TPA will require the TPA to have grievance/complaint procedures for denials, delays, reductions, suspensions, or terminations in providing or paying for health services and for failure to approve, furnish or provide payment in a timely manner. These procedures must include participation by a health care provider with appropriate expertise in the review, must be followed prior to appealing to the state, and must be completed within 60 days. Expedited reviews (within 72 hours) will be available for situations in which a benefit determination or a preauthorization denial has been made prior to services being received and the attending

medical professional perceives the medical situation to be life threatening or would seriously jeopardize the enrollee's health or ability to attain, maintain or regain maximum functioning.

After the TPA's internal review is completed, the parent of an enrollee who disagrees with the decision may request further review by submitting a letter or form to the Department of Health & Hospitals Bureau of Health Services Financing. The Bureau will review the matter. If the appeal is not resolved, the request will be scheduled for impartial review by the LaCHIP Phase V Review Committee. The Committee will meet once per month to consider any appeals and will be composed of five members, including Department of Health & Hospitals staff and at least one licensed medical professional, selected by the Secretary or his designee. The parent will be given the opportunity to review the file, provide supplemental information and appear in person. The parent will receive written notification of the final decision. The decision of the LaCHIP Phase V Review Committee is the final recourse available to the member.

Internal and external reviews will be completed within 90 days. Reviews by both the Appeals Coordinator and the Committee may be expedited (completed within 72 hours) for situations in which a benefit determination or a preauthorization denial has been made prior to services being received and the attending medical professional perceives the medical situation to be life threatening or would seriously jeopardize the enrollee's health or ability to attain, maintain or regain maximum functioning. All required notices, including the final notice of the results from the LaCHIP Phase V Review Committee, will be issued within the specified timeframes (90-days or 72 hours, as applicable). Notices for denials, delays, reductions, suspensions, or terminations in providing or paying for health services and for failures to approve, furnish or provide payment in a timely manner will include information on the reasons for the determination, an explanation of applicable rights to review of that determination, the standard and expedited timeframes for review, the manner in which review can be requested and the circumstances under which enrollment may continue pending review.

The State assures that in the review process, enrollees have the opportunity to fully participate in the review process (including representing themselves or have representatives of their choosing in the review process) and review information relevant to the review of the decision in a timely manner; decisions are made in writing; impartial reviews are conducted in a reasonable amount of time and consideration is given for the need for expedited review when there is an immediate need for health services.

Premium Assistance Programs

- 12.3 If providing coverage through a group health plan that does not meet the requirements of 42 CFR 457.1120, please describe how the state will assure that applicants and enrollees have the option to obtain health benefits coverage other than through the group health plan at initial enrollment and at each redetermination of eligibility.