Louisiana CARTS FY2020 Report

Basic State Information

Welcome!

We already have some information about your state from our records.
If any information is incorrect, please contact the CARTS Help Desk.

1. State or territory name:

Louisiana

2.

Program type:

- (•) Both Medicaid Expansion CHIP and Separate CHIP
- ( ) Medicaid Expansion CHIP only
- ( ) Separate CHIP only

3. CHIP program name(s):

Louisiana Children's Health Insurance Program (LaCHIP)

Who should we contact if we have any questions about your report?

4. Contact name:

Tara Leblanc

5. Job title:

Interim Medicaid Executive Director

6. Email:

tara.leblanc@la.gov

7. Full mailing address:

Include city, state, and zip code.

628 N. Fourth Street Baton Rouge, LA 70802

8. Phone number:

2253429240

PRA Disclosure Statement.

This information is being collected to assist the Centers for Medicare & Medicaid Services (CMS) in partnership with States with the ongoing management of Medicaid and CHIP programs and policies. This mandatory information collection (42 U.S.C. 1397hh) will be used to help each state meet the statutory requirements at section 2108(a) of the Social Security Act to assess the operation of the State child health plan in each Federal fiscal year and to report the results of the assessment including the progress made in reducing the number of uncovered, low-income children. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #1). The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Program Fees and Policy Changes

Part 1: Medicaid Expansion CHIP Enrollment Fees, Premiums, and Delivery Systems

1.

Does your program charge an enrollment fee?

- ○ Yes
- ◉ No

2.

Does your program charge premiums?

- ○ Yes
- ◉ No

3.

Is the maximum premium a family would be charged each year tiered by FPL?

- ○ Yes
- ◉ No

4. Do premiums differ for different Medicaid Expansion CHIP populations beyond FPL (for example, by eligibility group)? If so, briefly explain the fee structure breakdown.

There are no premiums.

5.

Which delivery system(s) do you use?

Select all that apply.

- ☑ Managed Care
- ☐ Primary Care Case Management
- ☑ Fee for Service

6. Which delivery system(s) are available to which Medicaid Expansion CHIP populations? Indicate whether eligibility status, income level, age range, or other criteria determine which delivery system a population receives.

The primary delivery system for LaCHIP is Healthy Louisiana, the state's full-risk MCO health care delivery model. Dental benefits are provided through a single Dental Benefit Manager operating as a Prepaid Ambulatory Health Plan (PAHP) with 1915(b) waiver authority.

Part 2: Separate CHIP Enrollment Fees, Premiums, and Delivery Systems

1.

Does your program charge an enrollment fee?

- ○ Yes
- ◉ No

2.

Does your program charge premiums?

- ◉ Yes
- ○ No

3.

Is the maximum premium a family would be charged each year tiered by FPL?

- ○ Yes
- ◉ No

4. Do your premiums differ for different CHIP populations beyond FPL (for example, by eligibility group)? If so, briefly explain the fee structure breakdown.

No

5.

Which delivery system(s) do you use?

Select all that apply.

- ☑ Managed Care
- ☐ Primary Care Case Management
- ☑ Fee for Service

6. Which delivery system(s) are available to which CHIP populations? Indicate whether eligibility status, income level, age range, or other criteria determine which delivery system a population receives.

The primary delivery system for LaCHIP is Healthy Louisiana, the state's full-risk MCO health care delivery model. Dental benefits are provided through a single Dental Benefit Manager operating as a Prepaid Ambulatory Health Plan (PAHP) with 1915(b) waiver authority.

Part 3: Medicaid Expansion CHIP Program and Policy Changes

Indicate any changes you've made to your Medicaid Expansion CHIP program policies in the past federal fiscal year. Many changes listed in this section require a State Plan Amendment (SPA), while some don't, such as changing outreach efforts or changing the health plan enrollment process. Please submit a SPA to reflect any changes that do require a SPA.

1.

Have you made any changes to the eligibility determination process?

- (•) Yes
- ( ) No
- ( ) N/A

2.

Have you made any changes to the eligibility redetermination process?

- (•) Yes
- ( ) No
- ( ) N/A

3.

Have you made any changes to the eligibility levels or target populations?

For example: increasing income eligibility levels.

- ○ Yes
- ◉ No
- ○ N/A

4.

Have you made any changes to the benefits available to enrollees?

For example: adding benefits or removing benefit limits.

- ◉ Yes
- ○ No
- ○ N/A

5.

Have you made any changes to the single streamlined application?

- ◉ Yes
- ○ No
- ○ N/A

6.

Have you made any changes to your outreach efforts?

For example: allotting more or less funding for outreach, or changing your target population.

- ○ Yes
- ◉ No
- ○ N/A

7.

Have you made any changes to the delivery system(s)?

For example: transitioning from Fee for Service to Managed Care for different Medicaid Expansion CHIP populations.

- ○ Yes
- ◉ No
- ○ N/A

8.

Have you made any changes to your cost sharing requirements?

For example: changing amounts, populations, or the collection process.

- ○ Yes
- ◉ No
- ○ N/A

9.

Have you made any changes to the substitution of coverage policies?

For example: removing a waiting period.

- ○ Yes
- ◉ No
- ○ N/A

10.

Have you made any changes to the enrollment process for health plan selection?

- ○ Yes
- ◉ No
- ○ N/A

11.

Have you made any changes to the protections for applicants and enrollees?

For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

- (•) Yes
- ( ) No
- ( ) N/A

12.

Have you made any changes to premium assistance?

For example: adding premium assistance or changing the population that receives premium assistance.

- ( ) Yes
- (•) No
- ( ) N/A

13.

Have you made any changes to the methods and procedures for preventing, investigating, or referring fraud or abuse cases?

- ○ Yes
- ◉ No
- ○ N/A

14.

Have you made any changes to eligibility for "lawfully residing" pregnant women?

- ○ Yes
- ◉ No
- ○ N/A

15.

Have you made any changes to eligibility for "lawfully residing" children?

- ○ Yes
- ◉ No
- ○ N/A

16.

Have you made changes to any other policy or program areas?

- ○ Yes
- ◉ No
- ○ N/A

17. Briefly describe why you made these changes to your Medicaid Expansion CHIP program.

Changes were made in response to the COVID Public Health Emergency and Families First Coronavirus Response Act (FFCA).

18.

Have you already submitted a State Plan Amendment (SPA) to reflect any changes that require a SPA?

- ◉ Yes
- ○ No
- ○ N/A

Part 4: Separate CHIP Program and Policy Changes

Indicate any changes you've made to your Separate CHIP program and policies in the past federal fiscal year. Many changes listed in this section require a State Plan Amendment (SPA), while some don't, such as changing outreach efforts or changing the health plan enrollment process. Please submit a SPA to reflect any changes that do require a SPA.

1.

Have you made any changes to the eligibility determination process?

- (•) Yes
- ( ) No
- ( ) N/A

2.

Have you made any changes to the eligibility redetermination process?

- (•) Yes
- ( ) No
- ( ) N/A

3.

Have you made any changes to the eligibility levels or target populations?

For example: increasing income eligibility levels.

- ( ) Yes
- (•) No
- ( ) N/A

4.

Have you made any changes to the benefits available to enrolees?

For example: adding benefits or removing benefit limits.

- (•) Yes
- ( ) No
- ( ) N/A

5.

Have you made any changes to the single streamlined application?

- (•) Yes
- ( ) No
- ( ) N/A

6.

Have you made any changes to your outreach efforts?

For example: allotting more or less funding for outreach, or changing your target population.

- ○ Yes
- ◉ No
- ○ N/A

7.

Have you made any changes to the delivery system(s)?

For example: transitioning from Fee for Service to Managed Care for different Separate CHIP populations.

- ○ Yes
- ◉ No
- ○ N/A

8.

Have you made any changes to your cost sharing requirements?

For example: changing amounts, populations, or the collection process.

- (•) Yes
- ( ) No
- ( ) N/A

9.

Have you made any changes to substitution of coverage policies?

For example: removing a waiting period.

- ( ) Yes
- (•) No
- ( ) N/A

10.

Have you made any changes to an enrollment freeze and/or enrollment cap?

- ( ) Yes
- (•) No
- ( ) N/A

11.

Have you made any changes to the enrollment process for health plan selection?

- ○ Yes
- ◉ No
- ○ N/A

12.

Have you made any changes to the protections for applicants and enrollees?

For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

- ○ Yes
- ◉ No
- ○ N/A

13.

Have you made any changes to premium assistance?

For example: adding premium assistance or changing the population that receives premium assistance.

- ○ Yes
- ◉ No
- ○ N/A

14.

Have you made any changes to the methods and procedures for preventing, investigating, or referring fraud or abuse cases?

- ○ Yes
- ◉ No
- ○ N/A

15.

Have you made any changes to your conception to birth expansion (as described in the October 2, 2002 final rule)?

For example: expanding eligibility or changing this population's benefit package.

- ○ Yes
- ◉ No
- ○ N/A

16.

Have you made any changes to your Pregnant Women State Plan expansion?

For example: expanding eligibility or changing this population's benefit package.

- ○ Yes
- ◉ No
- ○ N/A

17.

Have you made any changes to eligibility for "lawfully residing" pregnant women?

- ○ Yes
- ◉ No
- ○ N/A

18.

Have you made any changes to eligibility for "lawfully residing" children?

- ○ Yes
- ◉ No
- ○ N/A

19.

Have you made changes to any other policy or program areas?

- ○ Yes
- ◉ No
- ○ N/A

20. Briefly describe why you made these changes to your Separate CHIP program.

Changes were made in response to the COVID Public Health Emergency and Families First Coronavirus Response Act (FFCA). As part of the COVID-19 response, the State invoked its authority to provide temporary adjustments to enrollment and redetermination polices, prior authorization requirements, and cost-sharing requirements for children in families living in a FEMA or governor-declared disaster state or federally declared disaster or public health emergency area at the time of the disaster event.

21.

Have you already submitted a State Plan Amendment (SPA) to reflect any changes that require a SPA?

- (•) Yes
- ( ) No

Enrollment and Uninsured Data

Part 1: Number of Children Enrolled in CHIP

This table is pre-filled with your SEDS data for the two most recent federal fiscal years (FFY). If the information is inaccurate, adjust your data in SEDS (go to line 7: "Unduplicated Number Ever Enrolled" in your fourth quarter SEDS report) and then refresh this page. If you're adjusting data in SEDS, allow one business day for the CARTS data below to update.

Program	Number of children enrolled in FFY 2019	Number of children enrolled in FFY 2020	Percent change
Medicaid Expansion CHIP	172,001	164,439	-4.396%
Separate CHIP	12,649	12,182	-3.692%

1. If you had more than a 3% percent change from last year, what are some possible reasons why your enrollment numbers changed?

The FFY 2020 data in SEDS are preliminary. Our expectation is that enrollment numbers will be higher once finalized in January.

Part 2: Number of Uninsured Children in Your State

This table is pre-filled with data on uninsured children (age 18 and under) who are below 200% of the Federal Poverty Level (FPL) based on annual estimates from the American Community Survey.

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
2015	29,000	4,000	2.5%	0.3%
2016	23,000	4,000	2%	0.3%
2017	21,000	4,000	1.8%	0.3%
2018	21,000	4,000	1.8%	0.3%
2019	22,000	4,000	1.9%	0.3%

Percent change between 2018 and 2019
Not Available

2.

Are there any reasons why the American Community Survey estimates wouldn't be a precise representation of the actual number of uninsured children in your state?

- (•) Yes
- ( ) No

3.

Do you have any alternate data source(s) or methodology for measuring the number and/or percent of uninsured children in your state?

- (•) Yes
- ( ) No

4. Is there anything else you'd like to add about your enrollment and uninsured data?

No

5.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Eligibility, Enrollment, and Operations

Program Outreach

1.

Have you changed your outreach methods in the last federal fiscal year?

- ○ Yes
- ◉ No

2.

Are you targeting specific populations in your outreach efforts?

For example: minorities, immigrants, or children living in rural areas.

- ○ Yes
- ◉ No

3. What methods have been most effective in reaching low-income, uninsured children?

For example: TV, school outreach, or word of mouth.

LDH continues to partner with school systems by piggy backing Medicaid information with the free/reduced lunch program literature. We are encouraging schools to post the flyer to their websites in an effort to reduce printing and mailing costs; many schools prefer the printed flyer. Effectiveness can be measured through enrollment in the program in areas of the state that have traditionally had higher uninsured rates for children and families. LDH continues to conduct outreach to non-profit organizations, faith based organizations, private employers and other government agencies. At these events, staff provide a clear, consistent message about Medicaid and LaCHIP and the benefits that the programs have to offer. Outstation Analysts work with Trusted Users at Medicaid Application Centers within Disproportionate Share Hospitals (DSH) and Federally Qualified Health Centers (FQHC) across the state to ensure priority processing for pregnant women, infants, and children under age 19 with incomes up to 133 percent. The bilingual Strategic Enrollment Unit (SEU) continues to reach out to Spanish and Vietnamese communities in our state to assist with navigating the Medicaid application process, responding to eligibility related questions, and instruction on how to retain eligible children at renewal.

4. Is there anything else you'd like to add about your outreach efforts?

Each of the strategies listed above has proven effective in the enrollment and retention of eligible children residing in Louisiana.

5.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
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Browse...

Eligibility, Enrollment, and Operations

Substitution of Coverage

Substitution of coverage (also known as crowd-out) occurs when someone with private insurance drops their private coverage and substitutes it with publicly funded insurance such as CHIP.

1.

Do you track the number of CHIP enrollees who have access to private insurance?

- (•) Yes
- ( ) No
- ( ) N/A

2.

Do you match prospective CHIP enrollees to a database that details private insurance status?

- (•) Yes
- ( ) No
- ( ) N/A

12.6 %

5. Is there anything else you'd like to add about substitution of coverage that wasn't already covered? Did you run into any limitations when collecting data?

Some data points are not formally captured in our systems, such as question 4d.

6.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Eligibility, Enrollment, and Operations

Renewal, Denials, and Retention

Part 1: Eligibility Renewal and Retention

1.

Does your state provide presumptive eligibility, allowing children to access CHIP services pending a final determination of eligibility?

This question should only be answered in respect to Separate CHIP.

- ○ Yes
- ◉ No
- ○ N/A

2.

In an effort to retain children in CHIP, do you conduct follow-up communication with families through caseworkers and outreach workers?

- ◉ Yes
- ○ No

3.

Do you send renewal reminder notices to families?

- (•) Yes
- ( ) No

4. What else have you done to simplify the eligibility renewal process for families?

We implemented prepopulated renewal letters with key eligibility information pre-populated so the recipient could confirm the information on file or provide updated information to complete their renewal.

5. Which retention strategies have you found to be most effective?

Exparte renewals, telephone renewals, and Administrative renewals.

6. How do you measure the effectiveness of your retention strategies? What data sources and methodology do you use to track retention?

We monitor our churn rate due to procedural closures.

7. Is there anything else you'd like to add that wasn't already covered?

No

Part 2: CHIP Eligibility Denials (Not Redetermination)

1.

How many applicants were denied CHIP coverage in FFY 2020?

Don't include applicants being considered for redetermination - this data will be collected in Part 3.

14698

2.

How many applicants were denied CHIP coverage for procedural reasons?

For example: They were denied because of an incomplete application, missing documentation, or a missing enrollment fee.

63

3.

How many applicants were denied CHIP coverage for eligibility reasons?

For example: They were denied because their income was too high or too low, they were determined eligible for Medicaid instead, or they had other coverage available.

14631

3a.

How many applicants were denied CHIP (Title XXI) coverage and determined eligible for Medicaid (Title XIX) instead?

6064

4.

How many applicants were denied CHIP coverage for other reasons?

6

5. Did you have any limitations in collecting this data?

No

Table: CHIP Eligibility Denials (Not Redetermination)

This table is auto-populated with the data you entered above.

Type	Number	Percent
Total denials	14698	100%
Denied for procedural reasons	63	0.43%
Denied for eligibility reasons	14631	99.54%
Denials for other reasons	6	0.4%

Part 3: Redetermination in CHIP

Redetermination is the process of redetermining whether a child is eligible to renew in CHIP (Title XXI) every 12 months. This section doesn't apply to any mid-year changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

1.

How many children were eligible for redetermination in CHIP in FFY 2020?

111182

2.

Of the eligible children, how many were then screened for redetermination?

95169

3.

How many children were retained in CHIP after redetermination?

55147

4.

How many children were disenrolled in CHIP after the redetermination process?

This number should be equal to the total of 4a, 4b, and 4c below.

35612

Computed: 35582

4a.

How many children were disenrolled for procedural reasons?

This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

2944

4b.

How many children were disenrolled for eligibility reasons?

This could be due to income that was too high or too low, eligibility in Medicaid (Title XIX) instead, or access to private coverage.

26855

4c.

How many children were disenrolled for other reasons?

5783

5. Did you have any limitations in collecting this data?

There were limitations in categorizing some parts of this population. There are 4,410 individuals who were screened for redetermination but a final decision has yet to be rendered (Pending - No Packet Returned; Pending - Worker Review Pending).

Table: Redetermination in CHIP

These tables are auto-populated with the data you entered above.

Type	Number	Percent
Children screened for redetermination	95169	100%
Children retained after redetermination	55147	57.95%
Children disenrolled after redetermination	35612	37.42%

Table: Disenrollment in CHIP after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	35612	100%
Children disenrolled for procedural reasons	2944	8.27%
Children disenrolled for eligibility reasons	26855	75.41%
Children disenrolled for other reasons	5783	16.24%

Part 4: Redetermination in Medicaid

Redetermination is the process of redetermining whether a child is eligible to renew in Medicaid (Title XIX) every 12 months. This section doesn't apply to any mid-year changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

1.

How many children were eligible for redetermination in Medicaid in FFY 2020?

463785

2.

Of the eligible children, how many were then screened for redetermination?

431051

3.

How many children were retained in Medicaid after redetermination?

323744

4.

How many children were disenrolled in Medicaid after the redetermination process?

This number should be equal to the total of 4a, 4b, and 4c below.

84103

Computed: 84103

4a.

How many children were disenrolled for procedural reasons?

This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

12429

4b.

How many children were disenrolled for eligibility reasons?

This could be due to an income that was too high and/or eligibility in CHIP instead.

42417

4c.

How many children were disenrolled for other reasons?

29257

5. Did you have any limitations in collecting this data?

There were limitations in categorizing some parts of this population. There are 23,204 individuals who were screened for redetermination but a final decision has yet to be rendered (Pending - No Packet Returned; Pending - Worker Review Pending).

Table: Redetermination in Medicaid

These tables are auto-populated with the data you entered above.

Type	Number	Percent
Children screened for redetermination	431051	100%
Children retained after redetermination	323744	75.11%
Children disenrolled after redetermination	84103	19.51%

Table: Disenrollment in Medicaid after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	84103	100%
Children disenrolled for procedural reasons	12429	14.78%
Children disenrolled for eligibility reasons	42417	50.43%
Children disenrolled for other reasons	29257	34.79%

Part 5: Tracking a CHIP cohort (Title XXI) over 18 months

Tracking a cohort of children enrolled in CHIP (Title XXI) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.

To track your cohort, identify a group of children ages 0 to 16 years who are newly enrolled in CHIP and/or Medicaid as of January through March 2020 (the second quarter of FFY 2020). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.

You'll identify a new cohort every two years. This year you'll report on the number of children at the start of the cohort (Jan - Mar 2020) and six months later (July - Sept 2020). Next year you'll report numbers for the same cohort at 12 months (Jan - Mar 2021) and 18 months later (July - Sept 2021). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

Helpful hints on age groups

Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2020. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2020 must be born after January 2004. Similarly, children who are newly enrolled in February 2020 must be born after February 2004, and children newly enrolled in March 2020 must be born after March 2004.

1.

How does your state define "newly enrolled" for this cohort?

◉ Newly enrolled in CHIP: Children in this cohort weren't enrolled in CHIP (Title XXI) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP in December 2019.

○ Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP or Medicaid in December 2019.

2.

Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-16 years) instead.

◉ Yes

○ No

January - March 2020 (start of the cohort)

3.

How many children were newly enrolled in CHIP between January and March 2020?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
269	4043	10328	3942

July - September 2020 (6 months later)

4.

How many children were continuously enrolled in CHIP six months later?

Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
176	2789	8389	3224

5.

How many children had a break in CHIP coverage but were re-enrolled in CHIP six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
9	135	419	162

6.

Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
2	111	379	141

7.

How many children were no longer enrolled in CHIP six months later?

Possible reasons for no longer being enrolled:
b" Transferred to another health insurance program other than CHIP
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
86	1101	1573	583

8.

Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
74	1039	1477	555

9. Is there anything else you'd like to add about your data?

No

January - March 2021 (12 months later)

Next year you'll report this data. Leave it blank in the meantime.

10.

How many children were continuously enrolled in CHIP 12 months later?

Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

11.

How many children had a break in CHIP coverage but were re-enrolled in CHIP 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

12.

Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

13.

How many children were no longer enrolled in CHIP 12 months later?

Possible reasons for not being enrolled:
b" Transferred to another health insurance program other than CHIP
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

14.

Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

July - September of 2021 (18 months later)

Next year you'll report this data. Leave it blank in the meantime.

15.

How many children were continuously enrolled in CHIP 18 months later?

Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

16.

How many children had a break in CHIP coverage but were re-enrolled in CHIP 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

17.

Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

18.

How many children were no longer enrolled in CHIP 18 months later?

Possible reasons for not being enrolled:
b" Transferred to another health insurance program other than CHIP
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

19.

Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

20. Is there anything else you'd like to add about your data?

Part 6: Tracking a Medicaid (Title XIX) cohort over 18 months

Tracking a cohort of children enrolled in Medicaid (Title XIX) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.
To track your cohort, identify a group of children ages 0 to 16 years, who are newly enrolled in Medicaid and/or CHIP as of January through March 2020 (the second quarter of FFY 2020). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.
You'll identify a new cohort every two years. This year you'll report the number of children identified at the start of the cohort (Jan-Mar 2020) and six months later (July-Sept 2020). Next year you'll report numbers for the same cohort at 12 months (Jan-Mar 2021) and 18 months later (July-Sept 2021). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

Helpful hints on age groups

Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2020. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2020 must be born after January 2004. Similarly, children who are newly enrolled in February 2020 must be born after February 2004, and children newly enrolled in March 2020 must be born after March 2004.

1.

How does your state define "newly enrolled" for this cohort?

(•) Newly enrolled in Medicaid: Children in this cohort weren't enrolled in Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in Medicaid in December 2019.

( ) Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP or Medicaid in December 2019.

2.

Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-16 years) instead.

(•) Yes

( ) No

January - March 2020 (start of the cohort)

3.

How many children were newly enrolled in Medicaid between January and March 2020?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
10579	9315	10188	3830

July - September 2020 (6 months later)

4.

How many children were continuously enrolled in Medicaid six months later?

Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
10259	8634	8590	3223

5.

How many children had a break in Medicaid coverage but were re-enrolled in Medicaid six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
58	266	943	344

6.

Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
14	179	877	313

7.

How many children were no longer enrolled in Medicaid six months later?

Possible reasons for no longer being enrolled:
b" Transferred to another health insurance program other than Medicaid
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
212	417	1346	489

8.

Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
18	277	1212	434

9. Is there anything else you'd like to add about your data?

No

January - March 2021 (12 months later)

Next year you'll report this data. Leave it blank in the meantime.

10.

How many children were continuously enrolled in Medicaid 12 months later?

Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

11.

How many children had a break in Medicaid coverage but were re-enrolled in Medicaid 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

12.

Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

13.

How many children were no longer enrolled in Medicaid 12 months later?

Possible reasons for not being enrolled:
b" Transferred to another health insurance program other than Medicaid
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

14.

Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

July - September of 2021 (18 months later)

Next year you'll report this data. Leave it blank in the meantime.

15.

How many children were continuously enrolled in Medicaid 18 months later?

Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

16.

How many children had a break in Medicaid coverage but were re-enrolled in Medicaid 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

17.

Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

18.

How many children were no longer enrolled in Medicaid 18 months later?

Possible reasons for not being enrolled:
b" Transferred to another health insurance program other than Medicaid
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

19.

Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

20. Is there anything else you'd like to add about your data?

Eligibility, Enrollment, and Operations

Cost Sharing (Out-of-Pocket Costs)

States can choose whether or not to require cost sharing in their CHIP program. Cost sharing includes payments such as enrollment fees, premiums, deductibles,

coinsurance, and copayments.

1.

Does your state require cost sharing?

- (•) Yes
- ( ) No

2.

Who tracks cost sharing to ensure families don't pay more than the 5% aggregate household income in a year?

- ○ Families ("the shoebox method")
- ○ Health plans
- ○ States
- ○ Third party administrator
- ◉ Other

3. How are healthcare providers notified that they shouldn't charge families once families have reached the 5% cap?

The Louisiana Department of Insurance calculates the out-of-pocket maximum for the Louisiana Medicaid.

4. Approximately how many families exceeded the 5% cap in the last federal fiscal year?

None have been reported to date.

5.

Have you assessed the effects of charging premiums and enrollment fees on whether eligible families enroll in CHIP?

- ○ Yes
- ◉ No

6.

Have you assessed the effects of charging copayments and other out-of-pocket fees on whether enrolled families use CHIP services?

- ○ Yes
- ◉ No

7. You indicated in Section 1 that you changed your cost sharing requirements in the past federal fiscal year. How are you monitoring the impact of these changes on whether families apply, enroll, disenroll, and use CHIP health services? What have you found when monitoring the impact?

These were temporary changes in response to the COVID-19 Pandemic Health Emergency.

8. Is there anything else you'd like to add that wasn't already covered?

No

9.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Eligibility, Enrollment, and Operations

Employer Sponsored Insurance and Premium Assistance

States with a premium assistance program can use CHIP funds to purchase coverage through employer sponsored insurance (ESI) on behalf of eligible children and parents.

1.

Does your state offer ESI including a premium assistance program under the CHIP State Plan or a Section 1115 Title XXI demonstration?

- ○ Yes
- ◉ No

Eligibility, Enrollment, and Operations

Program Integrity

States with a premium assistance program can use CHIP funds to purchase coverage through employer sponsored insurance (ESI) on behalf of eligible children and parents.

1.

Do you have a written plan with safeguards and procedures in place for the prevention of fraud and abuse cases?

- (•) Yes
- ( ) No

2.

Do you have a written plan with safeguards and procedures in place for the investigation of fraud and abuse cases?

- (•) Yes
- ( ) No

3.

Do you have a written plan with safeguards and procedures in place for the referral of fraud and abuse cases?

- (•) Yes
- ( ) No

4. What safeguards and procedures are in place for the prevention, investigation, and referral of fraud and abuse cases?

Program Integrity uses the federal rules and regulations and the authority provided in our state Medical Assistance Program Integrity Law (MAPIL) LA RS 46:437.1 - 440.1 and the Surveillance and Utilization Review System (SURS Rule) Louisiana Register, LAC 50:I, Chapter 41 as our general procedures. Specific procedures and processes are covered in the SURS Manual. Procedures can also be found in the Provider Enrollment application: PE 50 & Addendum and our MOU with the Attorney General's Medicaid Fraud Control Unit (MFCU).

5.

Do the Managed Care plans contracted by your Separate CHIP program have written plans with safeguards and procedures in place?

- (•) Yes
- ( ) No
- ( ) N/A

6.

How many eligibility denials have been appealed in a fair hearing in FFY 2020?

345

7.

How many cases have been found in favor of the beneficiary in FFY 2020?

1

8.

How many cases related to provider credentialing were investigated in FFY 2020?

3

9.

How many cases related to provider credentialing were referred to appropriate law enforcement officials in FFY 2020?

0

10.

How many cases related to provider billing were investigated in FFY 2020?

725 SURS cases closed

11.

How many cases were referred to appropriate law enforcement officials in FFY 2020?

493

12.

How many cases related to beneficiary eligibility were investigated in FFY 2020?

3072

13.

How many cases related to beneficiary eligibility were referred to appropriate law enforcement officials in FFY 2020?

1713

14.

Does your data for Questions 8-13 include cases for CHIP only or for Medicaid and CHIP combined?

- ○ CHIP only
- ◉ Medicaid and CHIP combined

15.

Do you rely on contractors for the prevention, investigation, and referral of fraud and abuse cases?

- ◉ Yes
- ○ No

16.

Do you contract with Managed Care health plans and/or a third party contractor to provide this oversight?

- ◉ Yes
- ○ No

17. Is there anything else you'd like to add that wasn't already covered?

No

18.

Optional: Attach any additional documents here.

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Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Eligibility, Enrollment, and Operations

Dental Benefits

Tell us about the children receiving dental benefits in your Separate CHIP program. Include children who are receiving full benefits and those who are only receiving supplemental dental benefits. Include the unduplicated number of children enrolled in all types of delivery systems (Managed Care, PCCM, and Fee for Service).

Note on age groups

Children should be in age groups based on their age on September 30th, the end of the federal fiscal year (FFY). For example, if a child turns three years old on September 15th, the child should be included in the "ages 3-5" group. Even if the child received dental services on September 1st while they were still two years old, all dental services should be counted as their age at the end of the FFY.

1.

Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-18 years) instead.

- (•) Yes
- ( ) No

2.

How many children were enrolled in Separate CHIP for at least 90 continuous days during FFY 2020?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
27	167	354	553	858	759

3.

How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one dental care service during FFY 2020?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	57	204	353	511	340

Dental care service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D0100-D9999 (or equivalent CDT codes D0100-D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

4.

How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one preventative dental care service during FFY 2020?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	55	199	347	504	333

Dental care service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (or equivalent CDT codes D0100 - D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.
All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

5.

How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received dental treatment services during FFY 2020?

This includes orthodontics, periodontics, implants, oral and maxillofacial surgery, and other treatments.

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	1	39	149	199	160

Dental treatment service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D2000-D9999 (or equivalent CDT codes D2000-D9999 or equivalent CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services) based on an unduplicated paid, unpaid, or denied claim.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

6.

How many children in the "ages 6-9" group received a sealant on at least one permanent molar tooth during FFY 2020?

75

Sealant codes and definitions

The sealant on a permanent molar tooth is provided by a dental professional for whom placing a sealant is within their scope of practice. It's defined by HCPCS code D1351 (or equivalent CDT code D1351) based on an unduplicated paid, unpaid, or denied claim. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, and 31, and additionally - for states covering sealants on third molars ("wisdom teeth") - teeth numbered 1, 16, 17, and 32.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

7.

Do you provide supplemental dental coverage?

- ○ Yes
- ◉ No

8. Is there anything else you'd like to add about your dental benefits? If you weren't able to provide data, let us know why.

No

9.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Eligibility, Enrollment, and Operations

CAHPS Survey Results

Children's Health Insurance Program Reauthorization Act (CHIPRA) requires that all CHIP programs submit survey results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The survey assesses your CHIP program quality and customer satisfaction.

1.

Did you collect the CAHPS survey?

- (•) Yes
- ( ) No

Part 2: You collected the CAHPS survey

Since you collected the CAHPS survey, please complete Part 2.

1.

Upload a summary report of your CAHPS survey results.

This is optional if you already submitted CAHPS raw data to the AHRQ CAHPS database. Submit results only for the CHIP population, not for both Medicaid (Title XIX) and CHIP (Title XXI) together. Your data should represent children enrolled in all types of delivery systems (Managed Care, PCCM, and Fee for Service).

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

2.

Which CHIP population did you survey?

- ○ Medicaid Expansion CHIP
- ◉ Separate CHIP
- ○ Both Separate CHIP and Medicaid Expansion CHIP
- ○ Other

3.

Which version of the CAHPS survey did you use?

- ○ CAHPS 5.0
- ◉ CAHPS 5.0H
- ○ Other

4.

Which supplemental item sets did you include in your survey?

Select all that apply.

- [ ] None
- [x] Children with Chronic Conditions
- [ ] Other

5.

Which administrative protocol did you use to administer the survey?

Select all that apply.

- [x] NCQA HEDIS CAHPS 5.0H
- [ ] HRQ CAHPS
- [ ] Other

6. Is there anything else you'd like to add about your CAHPS survey results?

No

Part 3: You didn't collect the CAHPS survey

Eligibility, Enrollment, and Operations

Health Services Initiative (HSI) Programs

All states with approved HSI program(s) should complete this section.
States can use up to 10% of their fiscal year allotment to develop Health Services Initiatives (HSI) that provide direct services and other public health initiatives for low-income children. [See Section 2105(a)(1)(D)(ii) of the Social Security Act.] States can only develop HSI programs after funding other costs to administer their CHIP State Plan, as defined in regulations at 42 CFR 457.10.

1.

Does your state operate Health Service Initiatives using CHIP (Title XXI) funds?

Even if you're not currently operating the HSI program, if it's in your current approved CHIP State Plan, please answer "yes."

- ○ Yes
- ◉ No

State Plan Goals and Objectives

Part 1: Tell us about your goals and objectives

Tell us about the progress you've made on your performance goals in the past year. The objectives and goals you add to this section should match those reflected in your CHIP State Plan, Section 9. Submit a CHIP State Plan Amendment (SPA) if any of them are different.
Objective 1 is required. We've provided examples for other objectives, but you can edit them so they match the objectives in your CHIP State Plan. You can add additional objectives and goals to fit what's in your CHIP State Plan.

1. Briefly describe your goal for this objective.

For example: In an effort to reduce the number of uninsured children, our goal is to enroll 90% of eligible children in the CHIP program.

Continue to impact the rate of uninsured children in Louisiana through enrollment of families potentially eligible for CHIP. Prevent reduction in the number of children covered as of the end of FFY20 thus decreasing the number of uninsured eligible children by October 1, 2020.

2.

What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP in the last federal fiscal year.

The number of children enrolled in CHIP at the end of federal fiscal year 2020.

4.

Numerator (total number)

132789

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of eligible children in the last federal fiscal year.

The total number of children enrolled in CHIP at the end of federal fiscal year 2019.

6.

Denominator (total number)

111425

Computed: 119.17%

7.

What is the date range of your data?

Start

mm/yyyy

09 / 2019

End

mm/yyyy

09 / 2020

8.

Which data source did you use?

- (•) Eligibility or enrollment data
- ( ) Survey data
- ( ) Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

We made progress on our goal with a net increase of 21,364 individuals enrolled from FFY19 to FFY20.

10. What are you doing to continually make progress towards your goal?

Continued simplified application/renewal processes and focused on minimizing the number of closures due to procedural reasons. Enhance member outreach activities, with a focus on schools and other community settings that focus on children.

11. Anything else you'd like to tell us about this goal?

No

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Do you have another in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

You can edit the suggested objective so it matches what's in your CHIP State Plan.

Increasing access to care

1. Briefly describe your goal for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

Increase preventative healthcare through the Medicaid Managed Care Program and improve quality, performance measurement, and patient experience for Medicaid managed care members.

2.

What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

Children and Adolescents' Access to Primary Care Practitioners (CAP) 12-24 months, 25 months-6 years: One or more visits with a PCP during the measurement year. 7-11 years, 12-19 years: One or more visits with a PCP during the measurement year or the year prior to the measurement year.

4.

Numerator (total number)

520232

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

CHIP and Medicaid (Title XIX)

6.

Denominator (total number)

Computed:

7.

What is the date range of your data?

Start

mm/yyyy

01 / 2019

End

mm/yyyy

12 / 2019

8.

Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ◉ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

For age ranges 12-24 months, 25 months-6 years, 7-11 years and 12-19 years, the rate showed a slight increase from 2019 to 2020.

10. What are you doing to continually make progress towards your goal?

b" Utilize data management and feedback to improve Louisiana health outcomes. Utilizing the existing data systems and infrastructure to create mechanisms for identifying children; b" Continue monitoring the Medicaid quality performance measures to assess improvements in the health outcomes of the Medicaid CHIP population. Updated data available June 2020. b" Supply providers and members with evidence-based information and resources to support optimal health management; b" Expand upon our Health Information Exchange efforts to improve Louisiana health outcomes by evaluation of known clinical results and quality measures; b" Review the implementation of MCO interventions to improve access to, quality and review data analysis of outcomes to care.

11. Anything else you'd like to tell us about this goal?

We cannot give a total number for the denominator. Below is the data representative of the denominator: Children and Adolescents' Access to Primary Care Practitioners (CAP) 12-24 months: 29,278 25 months-6 years: 167,768 7-11 years: 154,516 12-19 years: 223,398 Rate: 12-24 months: 96.51% 25 months-6 years: 88.84% 7-11 years: 91.27% 12-19 years: 90.38% Below is the breakdown of the total number given as the numerator: 12-24 months: 28,255 25 months-6 years: 149,053 7-11 years: 141,023 12-19 years: 201,901

12.

Do you have any supporting documentation?

Optional

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Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Do you have another in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

You can edit the suggested objective to match what's in your CHIP State Plan.

Increase the use of preventative care

1. Briefly describe your goal for this objective.

For example: In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more well child visits by 5%.

Increase preventative healthcare through the Medicaid Managed Care Program and improve quality, performance measurement, and patient experience for Medicaid managed care members.

2.

What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children who received one or more well child visits in the last federal fiscal year.

1. Child Visits in the First 15 Months of Life (W15) b" W15: The number of members who received 6 or more well-child visits with a PCP, on different dates of service, on or before the child's 15-month birthday. 2. Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34) b" W34: At least one well-child visit with a PCP during the measurement year. 3. Adolescent Well-Care Visits (AWC) b" AWC: At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

4.

Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

CHIP and Medicaid (Title XIX)

6.

Denominator (total number)

Computed:

7.

What is the date range of your data?

Start

mm/yyyy

01 / 2019

End

mm/yyyy

12 / 2019

8.

Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ◉ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

The rates significantly improved for W15, W34 and AWC. The W15 rate improved from 59.68% 2019 Reporting Year to 64.72% 2020 Reporting Year, the AWC improved from 56.69% 2019 Reporting Year to 58.97% 2020 Reporting Year and W34 improved from 67.99% 2019 Reporting Year to 71.86% 2020 Reporting Year.

10. What are you doing to continually make progress towards your goal?

b" Utilize data management and feedback to improve Louisiana health outcomes. Utilizing the existing data systems and infrastructure to create mechanisms for identifying children; b" Continue monitoring the Medicaid quality performance measures to assess improvements in the health outcomes of the Medicaid CHIP population. Updated data available June 2020. b" Supply providers and members with evidence-based information and resources to support optimal health management; b" Expand upon our Health Information Exchange efforts to improve Louisiana health outcomes by evaluation of known clinical results and quality measures; b" Review the implementation of MCO interventions to improve access to, quality and review data analysis of outcomes to care.

11. Anything else you'd like to tell us about this goal?

For hybrid measures, we do not sum the numerators and denominators to calculate the statewide rates. To calculate the statewide averages for the hybrid measures, we weight the relative contribution of each MCO's eligible population. The calculation is based on the measures' eligible populations and rates, and we produce weighted rates so that plans with more eligibles contribute a higher weighting toward the SWA. There isn't a specific numerator used to calculate the statewide average, it was calculated from the hybrid rate and then weighted by the eligible population. Below is the data representative of the numerator and denominator: Numerator: b" Child Visits in the First 15 Months of Life (W15): Rate 64.27% b" Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34): Rate 71.86% b" Adolescent Well-Care Visits (AWC): Rate 58.97% Denominator: Denominator includes CHIP and Medicaid (Title XIX)

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
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Do you have another in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

1. Briefly describe your goal for this objective.

2.

What type of goal is it?

- ○ New goal
- ○ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

4.

Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

6.

Denominator (total number)

Computed:

7.

What is the date range of your data?

Start

mm/yyyy

/

End

mm/yyyy

/

8.

Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ○ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

10. What are you doing to continually make progress towards your goal?

11. Anything else you'd like to tell us about this goal?

12.

Do you have any supporting documentation?

Optional

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/

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1. Briefly describe your goal for this objective.

2.

What type of goal is it?

- ○ New goal
- ○ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

4.

Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of eligible children in the last federal fiscal year.

6.

Denominator (total number)

Computed:

7.

What is the date range of your data?

Start

mm/yyyy

/

End

mm/yyyy

/

8.

Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
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12.

Do you have any supporting documentation?

Optional

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Do you have another in this list?

Optional

Do you have another objective in your State Plan?

Optional

Part 2: Additional questions

1. Do you have other strategies for measuring and reporting on your performance goals? What are these strategies, and what information have you found through this research?

The State of Louisiana uses the Medicaid Managed Care Quality Strategy as a function of the Medicaid Quality Assessment and Performance Improvement Program to continually monitor and evaluate the quality as well as the appropriateness of care and services; to ensure a culture of improvement for Medicaid/CHIP's care and services; and to promote improved patient outcomes through monitoring and evaluation activities. The Medicaid Quality and Performance Improvement Program incorporate strategies that include but are not limited to: performance improvement projects (PIP), medical record audits, performance measures, continuous quality improvement activities (PDSA), member satisfaction surveys, provider surveys, health information technology, and activities to ascertain health disparities identified through data collection. Examples of Medicaid Quality Improvement strategies include: b" In 2021, LDH will implement the Improving Receipt of Global Developmental Screening in the First Three Years of Life PIP. The goal is to increase the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized global developmental screening tool in the 12 months preceding or on their first, second or third birthday. b" One of the collaborative Performance Improvement Projects (PIP) for LDH Medicaid and the five Managed Care Plans is Improving Rates for Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and for Follow-Up after ED Visit for Alcohol and Other Drug Abuse/ Dependence (FUA). The aim of the PIP is twofold: to improve the rate of (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET; HEDIS 2020) and (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence. b" Enable population health management through statewide quality collaboratives such as the Louisiana Perinatal Quality Collaborative, Managed Care Organization (MCO) PIP Collaborative, Medicaid Quality Committee, Medicaid Quality Subcommittees, Perinatal Commission, Louisiana Obesity and Diabetes Collaborative, Louisiana Colorectal Taskforce, Louisiana Payer Council, LDH Health Equity Action Team. These collaboratives are valuable stakeholder engagement opportunities to improve health outcomes through provider and community outreach, policy updates, and feedback. b" Engaged stakeholders through outreach activities to solicit input from providers, specialists and clinicians to finalize the Medicaid

performance measures that will be effective 2021. b" Collaborate with the Office of Public Health on the Louisiana Immunizations Network for Kids (LINKS) information system, data collection and usage. b" Identified healthcare improvements in the Medicaid/CHIP population utilizing specified HEDIS and non-HEDIS performance metrics and updating the Medicaid Managed Care Quality Dashboard to display trends. The Dashboard can be accessed at: https://qualitydashboard.ldh.la.gov/. b" The state of Louisiana in partnership with MCOs, work to identify and address the factors that lead to health disparities among, racial, ethnic, geographic and socioeconomic groups so that barriers to health equity can be removed. The MCOs are required to report demographic data (including racial/ethnic/geographic data), outcome measures, utilization and special needs population (target population) data to the State through the required data submission process. The measurement of any disparity by racial or ethnic groups will be used to monitor: timely access, quality and appropriateness of care and coverage/authorization of care. Each MCO reports on cultural competency and linguistics requirements as well as core benefits and services. b" LDH survey the MCOs to identify any health disparities with the administration of Medicaid services and publish findings the Annual Technical Reports. b" The State of Louisiana has in place data teams and data collection systems that support data collection and analysis. b" LDH has developed a series of interventions and alternative payment models aligned closely with Louisiana's Medicaid Managed Care Quality Strategy, designed to build an innovative, whole-person centered, well-coordinated system of care that addresses both medical and non-medical drivers of health. These interventions drive progress towards the Quality Strategy aims, goals, and objectives to drive improvements in quality and health care delivery. b" Utilizing CAHPS 5.0H member satisfaction surveys to measure experience of care. b" Annual evaluation of the Medicaid Managed Care Quality Strategy to ensure effectiveness.

2. Do you plan to add new strategies for measuring and reporting on your goals and objectives? What do you plan to do, and when will this data become available?

b" The State of Louisiana intends to promote and further its mission by defining measurable results that will improve Medicaid and CHIP enrolled individuals' access and satisfaction, and will maximize program efficiency, effectiveness, responsiveness and reduce operational and service costs. The following strategies are intended to support the achievement of this mission: Continue to analyze and report the CMS Child Core Set measures to determine areas of improvement and identify disparities; b" Evaluate opportunities such as alternative payment models, along with our Managed Care Organizations and patient-centered medical homes for Medicaid and CHIP eligible recipients to promote continuity of care; b" Emphasize prevention and self-management in order to improve quality of life; Community partnerships to promote best practices, b" Supply providers and members with evidence-based information and resources to support optimal health management; b" Expand upon our Health Information Exchange efforts to improve Louisiana health outcomes by evaluation of known clinical results and quality measures; b" Review the implementation of MCO interventions to improve access to, quality and review data analysis of outcomes to care; b" Utilize data management and feedback to improve Louisiana health outcomes. Utilizing the existing data systems and infrastructure to create mechanisms for identifying children; b" Continue monitoring the Medicaid quality performance measures to assess improvements in the health outcomes of the Medicaid CHIP population. Updated data available June 2020. b" Continue monitoring the impact of COVID-19 to the Medicaid and CHIP population.

3. Have you conducted any focused studies on your CHIP population? (For example: studies on adolescents, attention deficit disorder, substance use, special healthcare needs, or other emerging healthcare needs.) What have you discovered through this research?

One of the collaborative Performance Improvement Projects (PIP) for LDH Medicaid and the five Managed Care Plans is Improving Rates for Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and for Follow-Up after ED Visit for Alcohol and Other Drug Abuse/Dependence (FUA). The aim of the PIP is twofold: to improve the rate of (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET; HEDIS 2020) and (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, by implementing interventions (examples below) to achieve the following objectives: 1. Conduct provider training to expand the workforce for treatment initiation and follow-up, and encourage provider enrollment in the following training programs: CMS Worksheet to Create a Performance Improvement Project Charter, adapted by IPRO 11/25/2019 b" Treatment of Opioid Use Disorder Course (includes training for the waiver to prescribe buprenorphine) - American Society of Addiction Medicine (ASAM); Targeted providers to include: PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers. b" Fundamentals of Addiction Medicine (ASAM); Targeted providers to include psychiatrists, pediatricians, LMHPs, PCPs, obstetricians, ER physicians, FQHC and urgent care providers. b" The ASAM Criteria Course for appropriate levels of care; Targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers b" ASAM Motivational Interviewing Workshop; Targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers 2. Link primary care providers for youth and adults to resources from the Substance Abuse and Mental Health Services Administration (SAMHSA) Resources for Screening, Brief Intervention, and Referral to Treatment (SBIRT) (https://www.samhsa.gov/sbirt/resources), and encourage primary care conduct of SBIRT for youth and adults; Targeted providers to include pediatricians, LMHPs, PCPs, obstetricians, ER physicians, FQHC and urgent care providers. 3. Partner with hospitals/EDs to improve timely initiation and engagement in treatment (e.g., MCO liaisons, hospital initiatives, ED protocols); and 4. Provide enhanced member care coordination (e.g., behavioral health integration, case management, improved communication between MCO UM and CM for earlier notification of hospitalization, improved discharge planning

practices and support, such as recovery coaches). 5. Other interventions as informed by the MCOs' barrier analyses they will conduct as part of the PIP process.

4.

Optional: Attach any additional documents here.

For example: studies, analyses, or any other documents that address your performance goals.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
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Program Financing

Tell us how much you spent on your CHIP program in FFY 2020, and how much you anticipate spending in FFY 2021 and 2022.

Part 1: Benefit Costs

Please type your answers in only. Do not copy and paste your answers.

1.

How much did you spend on Managed Care in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 408,524,265	**$** 554,985,903	**$** 505,367,621

2.

How much did you spend on Fee for Service in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 0	**$** 0	**$** 0

3.

How much did you spend on anything else related to benefit costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 0	**$** 0	**$** 0

4.

How much did you receive in cost sharing from beneficiaries to offset your costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 60,673	**$** 146,052	**$** 160,020

Table 1: Benefits Costs

This table is auto-populated with the data you entered above.

Type	FFY 2020	FFY 2021	FFY 2022
Managed Care	408524265	554985903	505367621
Fee for Service	0	0	0
Other benefit costs	0	0	0
Cost sharing payments from beneficiaries	60673	146052	160020
Total benefit costs	408584938	555131955	505527641

Part 2: Administrative Costs

Please type your answers in only. Do not copy and paste your answers.

1.

How much did you spend on personnel in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

This includes wages, salaries, and other employee costs.

2020	2021	2022
$ 2,915,855	**$** 2,955,924	**$** 3,015,042

2.

How much did you spend on general administration in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 5,609,669	**$** 6,038,830	**$** 6,159,606

3.

How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 6,493,441	**$** 6,320,734	**$** 6,447,149

4.

How much did you spend on claims processing in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 1,641,945	**$** 1,678,642	**$** 1,712,214

5.

How much did you spend on outreach and marketing in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 0	**$** 0	**$** 0

6.

How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 0	**$** 0	**$** 0

7.

How much did you spend on anything else related to administrative costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 0	**$** 0	**$** 0

Table 2: Administrative Costs

This table is auto-populated with the data you entered above.
Your total administrative costs cannot be more than 10% of your total CHIP program costs (the sum of your benefit and administrative costs). The 10% administrative cap is calculated by dividing the total benefit costs by 9.

Type	FFY 2020	FFY 2021	FFY 2022
Personnel	2915855	2955924	3015042
General administration	5609669	6038830	6159606
Contractors and brokers	6493441	6320734	6447149
Claims processing	1641945	1678642	1712214
Outreach and marketing	0	0	0
Health Services Initiatives (HSI)	0	0	0
Other administrative costs	0	0	0
Total administrative costs	16660910	16994130	17334011
10% administrative cap	45384843.56	61648872.33	56134177.89

Table 3: Federal and State Shares

CHIP is funded by federal and state budgets. The federal share of funding is calculated by multiplying your state's Federal Medical Assistance Percentage (eFMAP) by your total program costs (the sum of your benefit and administrative costs). The remaining amount of your total program costs is covered by your state share of funding.
This table is auto-calculated using the data you entered above. The federal and state shares for FFY 2022 will be calculated once the eFMAP rate for 2022 becomes available. In the meantime, these values will be blank.

Type	**FFY 2020**	**FFY 2021**	**FFY 2022**
Total program costs	425124502	571833981	522541612
eFMAP	88.3	77.19	77.61
Federal share	375384935.27	441398649.93	405544545.07
State share	49739566.73	130435331.07	116997066.93

8.

What were your state funding sources in FFY 2020?

Select all that apply.

- [x] State appropriations
- [ ] County/local funds
- [ ] Employer contributions
- [ ] Foundation grants
- [ ] Private donations
- [x] Tobacco settlement
- [x] Other

8a. What other type of funding did you receive?

Premium Tax Revenue

9.

Did you experience a shortfall in federal CHIP funds this year?

- ○ Yes
- ◉ No

Part 3: Managed Care Costs

Complete this section only if you have a Managed Care delivery system.

1.

How many children were eligible for Managed Care in FFY 2020? How many do you anticipate will be eligible in FFY 2021 and 2022?

2020	2021	2022
$ 126,093	**$** 134,551	**$** 123,151

2.

What was your per member per month (PMPM) cost based on the number of children eligible for Managed Care in FFY 2020? What is your projected PMPM cost for FFY 2021 and 2022?

Round to the nearest whole number.

2020	2021	2022
$ 270	**$** 344	**$** 342

Type	FFY 2020	FFY 2021	FFY 2022
Eligible children	126093	134551	123151
PMPM cost	270	344	342

Part 4: Fee for Service Costs

Complete this section only if you have a Fee for Service delivery system.

1.

How many children were eligible for Fee for Service in FFY 2020? How many do you anticipate will be eligible in FFY 2021 and 2022?

2020 2021 2022

$** 0 **$ 0 **$** 0

2.

What was your per member per month (PMPM) cost based on the number of children eligible for Managed Care in FFY 2020? What is your projected PMPM cost for FFY 2021 and 2022?

Round to the nearest whole number.

2020 2021 2022

$** 0 **$ 0 **$** 0

Type	FFY 2020	FFY 2021	FFY 2022
Eligible children	0	0	0
PMPM cost	0	0	0

1. Is there anything else you'd like to add about your program finances that wasn't already covered?

CARTS is using an FMAP of 77.19 for FFY20. However, the actual blended FMAP for the period was 91.34%

2.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

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Challenges and Accomplishments

1. How has your state's political and fiscal environment affected your ability to provide healthcare to low-income children and families?

In FFY 2020, Louisiana Medicaid faced the hurdles brought on by the global COVID-19 pandemic as well as four major hurricanes that impacted communities across the state. Per the Families First Coronavirus Response Act (FFCRA), Medicaid members who were enrolled on or after March 18, 2020, were required to remain open for the duration of the COVID-19 emergency period with very limited exceptions in order for the state to receive the 6.2% enhanced Federal Medical Assistance Percentage (FMAP). Louisiana Medicaid was not able to disenroll or reduce coverage of Medicaid members under this provision. Louisiana Medicaid received the 6.2% in additional federal matching revenue to maintain existing programs and services for children during an otherwise significant revenue shortfall for the state related to COVID-19. Louisiana Medicaid also worked to help Louisiana children and families get the health coverage they needed by relaxing the application verification process at the outset of the public health emergency. Until September 27, 2020, Louisiana Medicaid allowed for self-attestation without comparing to available data sources.

2. What's the greatest challenge your CHIP program has faced in FFY 2020?

The greatest challenge in FFY2020 has been operationalizing the COVID-19 flexibilities.

3. What are some of the greatest accomplishments your CHIP program has experienced in FFY 2020?

A. Successfully transitioned the Medicaid Customer Service call center from a vendor to internal eligibility staff. B. Began utilizing federal tax data as part of a post eligibility review process. C. Maintained operations and worked with CMS on disaster flexibilities during a pandemic while Louisiana experienced a record number of major hurricanes. D. Submitted the Act 421 waiver application to CMS.

4. What changes have you made to your CHIP program in FFY 2020 or plan to make in FFY 2021? Why have you decided to make these changes?

There were no changes to the CHIP program in FFY 2020 and none planned for FFY 2021.

5. Is there anything else you'd like to add about your state's challenges and accomplishments?

In the midst of the COVID-19 public health emergency, Louisiana faced the additional challenge of an unprecedented four hurricanes making landfall in the state in 2020. Our Medicaid team worked diligently to mitigate the devastating effects of these natural disasters. This required transitioning to emergency response duty, which in turn impacted the day-to-day work and the necessary preparations for handling the COVID-19 public health emergency. When Medicaid members across the state were displaced and no longer able to receive mail, Medicaid and our managed care organizations conducted coordinated massive outreach to get people the information they needed, no matter where they were sheltered. During the critical time of Open Enrollment, Louisiana Medicaid redoubled our outreach efforts and took additional steps to ensure members were aware of both the open enrollment period and the numerous ways they could make changes and modify their coverage.

6.

Optional: Attach any additional documents here.

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