

Louisiana CARTS FY2021 Report

Welcome!

We already have some information about your state from our records. If any information is incorrect, please contact the mdct_help@cms.hhs.gov.

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:

Patrick Gillies

5. Job title:

Medicaid Executive Director

6. Email:

patrick.gillies@la.gov

7. Full mailing address:

Include city, state, and zip code.

628 N. Fourth Street, Baton Rouge, LA 70802

8. Phone number:

(225) 342-9500

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.

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.

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

2a. Are your premiums for one child tiered by Federal Poverty Level (FPL)?

Yes

No

2c. How much is the premium for one child?

\$ 50

No

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

Yes

No

3b. What's the maximum premium fee a family would be charged each year?

\$ 600

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.

The state has ended its temporary 1135 authority to extend appeal request due dates from 90 to 120 days as there was no longer a need for it. Also, the state is no longer using some of the flexibilities allowed under the Disaster Relief MAGI-Based Verification Plan Addendum in moving toward unwinding COVID changes per CMS guidance.

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

- Yes
- No

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

The state has ended its temporary 1135 authority to extend appeal request due dates from 90 to 120 days. Also, the state is no longer using some of the flexibilities allowed under the Disaster Relief MAGI-Based Verification Plan Addendum. Louisiana added three exceptions to the 90-day waiting period for CHIP coverage including involuntary termination of health benefits due to a long-term disability or other medical condition, exhausting coverage under the COBRA continuation provision, and reaching the lifetime maximum.

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 2020	Number of children enrolled in FFY 2021	Percent change
Medicaid Expansion CHIP	68,316	171,590	151.171%
Separate CHIP	1,001	10,059	904.895%

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

Economic impact of COVID-19 caused some movement from the higher income level separate CHIP into other programs along with regular disenrollment reasons. This group was not protected under the FFCR Act of 2020. The uptick in Medicaid Expansion also is related to COVID-19 due to restrictions placed on terminations for states to claim the enhanced FMAP during the PHE under the FFCR Act of 2020.

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. Due to the impacts of the COVID-19 PHE on collection of ACS data, the 2020 children's uninsurance rates are currently unavailable. Please skip to Question 3.

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
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%
2020	Not Available	Not Available	Not Available	Not Available

Percent change between 2019 and 2020
Not Available

1. What are some reasons why the number and/or percent of uninsured children has changed?

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

3a. What is the alternate data source or methodology?

The Louisiana Health Insurance Survey (LHIS), conducted by the LSU Economics and Policy Research Group on behalf of LDH, is a biennial survey designed to assess Louisiana's uninsured populations. The Survey (LHIS), interviews at least 8,500 Louisiana households. In the 2019 survey, a new source of surveying was added due to increasing difficulty of gathering survey data from phone surveys. Collection methods included telephone surveys and online surveys.

3b. Tell us the date range for your data

Start

mm/yyyy

09 / 2019

End

mm/yyyy

03 / 2020

3c. Define the population you're measuring, including ages and federal poverty levels.

All non-elderly Louisiana households. The report also provides detailed results for more specific age and income ranges. (see report attached)

3d. Give numbers and/or the percent of uninsured children for at least two points in time.

11.1% of all children were uninsured in 2003. This number decreased to 7.6% in 2005, to 5.4% in 2007, to 5.0% in 2009, to 3.5% in 2011, increased slightly to 4.4% in 2013, dropped in 2015 to 3.8%, decreased slightly to 2.4% in 2017 and increased slightly to 3.8% in 2019.

3e. Why did your state choose to adopt this alternate data source?

This Survey (LHIS) addresses what health researchers have long known—that a substantial proportion of Medicaid enrollees misreport their insurance status, often reporting themselves (or their families) as uninsured or as having private insurance. The consequence of this undercount is that survey-based estimates of the uninsured often include respondents who are actually covered through Medicaid or LaCHIP. That is, they overstate uninsured rates. Because Louisiana has a high proportion of individuals who are enrolled in Medicaid, particularly children enrolled in Medicaid or LaCHIP, the consequences of the Medicaid undercount are likely to be more substantial in Louisiana (and in other southern states) than has been reported in the existing literature. The Survey also gives the state an opportunity to customize the wording of questions to ensure that recognizable terminology is used, which increases the accuracy of survey responses.

3f. How reliable are these estimates? Provide standard errors, confidence intervals, and/or p-values if available.

The Survey (LHIS) was designed in such a way as to assure large samples by region and within demographic characteristics to gain estimates by location. The general confidence interval estimated from the sample size provides a meaningful estimate of statistical significance. The statewide standard of error is 0.2 percent.

3g. What are the limitations of this alternate data source or methodology?

None that we are aware of at this time.

3h. How do you use this alternate data source in CHIP program planning?

The Survey (LHIS) has been the primary source of health insurance-related data on Louisiana residents since its inception in 2003 and has helped state policy makers track changes in health insurance as the state's economy, health care environment, and public policies have changed.

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...

LA-health-insurance-survey-2019.pdf

LA-health-insurance-survey-2019.pdf

LA-health-insurance-survey-2019.pdf

Program Outreach

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

Yes

1a. What are you doing differently?

In December 2020, Louisiana Medicaid launched a new social media page focused on outreach and education for members. Over the past fiscal year, Medicaid has worked to build an audience and refine the ways the social media page is used. Medicaid continues to monitor and assess the effectiveness of this new tool.

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. Due to the COVID-19 pandemic, the agency has participated in an increased number of virtual outreach events.

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).

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

1a. What percent of CHIP enrollees had access to private insurance at the time of application?

No

N/A

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

Yes

2a. Which database do you use?

No

N/A

3. What percent of applicants screened for CHIP eligibility cannot be enrolled because they have group health plan coverage?

4	%
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4. If you have a Separate CHIP program, do you require individuals to be uninsured for a minimum amount of time before enrollment ("the waiting period")?

Yes

4a. How long is the waiting period?

Three months

4b. Which populations does the waiting period apply to? (Include the FPL for each group.)

CHIP V (LaCHIP Affordable Plan) - up to 250% FPL

4c. What exemptions apply to the waiting period?

• The premium paid by the family for coverage of the child under the group health plan exceeded 5 percent of household income. • The child's parent is determined eligible for advance payment of the premium tax credit for enrollment in a QHP through the Marketplace because the ESI in which the family was enrolled is determined unaffordable in accordance with 26 CFR 1.36B-2(c)(3)(v). • The cost of family coverage that includes the child exceeded 9.5 percent of the household income. • The employer stopped offering coverage of dependents (or any coverage) under an employer-sponsored health insurance plan. • A change in employment, including involuntary separation, resulted in the child's loss of employer-sponsored insurance (other than through full payment of the premium by the parent under COBRA). • The child has special health care needs. • The child lost coverage due to the death or divorce of a parent. • Involuntary termination of health benefits due to a long-term disability or other medical condition. • The child has exhausted coverage under the COBRA continuation provision (i.e., COBRA expired). • The lifetime maximum has been reached.

4d. What percent of individuals subject to the waiting period meet a state or federal exemption?

Exemptions are not tracked.

- No
- N/A

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?

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).

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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?

When possible, we have aligned annual renewals for family members.

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

Express Lane Eligibility using SNAP. Physical and mailing address updates by managed care organizations. Address validation and correction services.

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

We monitor churn rates 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 2021?

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

8859

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.

61

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.

8796

3a. How many applicants were denied CHIP (Title XXI) coverage and determined eligible for Medicaid (Title XIX) instead?

2826

4. How many applicants were denied CHIP coverage for other reasons?

<11

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.

	Percent
Total denials	100%
Denied for procedural reasons	0.69%
Denied for eligibility reasons	99.29%
Denials for other reasons	0.2%

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 2021?

136174

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

127394

3. How many children were retained in CHIP after redetermination?

72115

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.

29519

4a. How many children were disenrolled for procedural reasons?

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

57

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.

25831

4c. How many children were disenrolled for other reasons?

3631

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

There were limitations in categorizing some parts of this population. There are 25,760 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.

	Percent
Children screened for redetermination	100%
Children retained after redetermination	56.61%
Children disenrolled after redetermination	23.17%

Table: Disenrollment in CHIP after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	0.19%
Children disenrolled for eligibility reasons	87.51%
Children disenrolled for other reasons	12.3%

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 2021?

486887

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

463748

3. How many children were retained in Medicaid after redetermination?

348805

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.

47066

4a. How many children were disenrolled for procedural reasons?

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

100

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.

39196

4c. How many children were disenrolled for other reasons?

7770

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

There were limitations in categorizing some parts of this population. There are 67,877 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.

	Percent
Children screened for redetermination	100%
Children retained after redetermination	75.21%
Children disenrolled after redetermination	10.15%

Table: Disenrollment in Medicaid after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	0.21%
Children disenrolled for eligibility reasons	83.28%
Children disenrolled for other reasons	16.51%

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 last year you reported on the number of children at the start of the cohort (Jan - Mar 2020) and six months later (July - Sept 2020). This year you'll report on 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): included in 2020 report.

You completed this section in your 2020 CARTS Report. Please refer to that report to assist in filling out this section if needed.

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): included in 2020 report.

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

<11

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

<11

111

379

141

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

Possible reasons for no longer being enrolled:• Transferred to another health insurance program other than CHIP• Didn't meet eligibility criteria anymore• Didn't complete documentation• 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): to be completed this year.
This year, please report data about your cohort for this section

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

146

2110

7099

2705

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

<11

271

688

289

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

<11

271

688

289

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

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

108

1586

2137

803

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

94

1503

1984

750

July - September of 2021 (18 months later): to be completed this year

This year, please report data about your cohort for this section.

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

129

Ages 1-5

1863

Ages 6-12

5935

Ages 13-16

2300

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

Ages 0-1

25

Ages 1-5

471

Ages 6-12

951

Ages 13-16

383

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

19

Ages 1-5

434

Ages 6-12

906

Ages 13-16

364

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

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

Ages 0-1

114

Ages 1-5

1689

Ages 6-12

3401

Ages 13-16

1238

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

95

Ages 1-5

1584

Ages 6-12

3147

Ages 13-16

1156

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

No

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 last year you reported the number of children identified at the start of the cohort (Jan-Mar 2020) and six months later (July-Sept 2020). This 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 2021. 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 2021 must be born after January 2004. Similarly, children who are newly enrolled in February 2021 must be born after February 2004, and children newly enrolled in March 2021 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): included in 2020 report

You completed this section in your 2020 CARTS Report. Please refer to that report to assist in filling out this section if needed.

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): included in 2020 report

You completed this section in your 2020 CARTS report. Please refer to that report to assist in filling out this section if needed.

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:• Transferred to another health insurance program other than Medicaid• Didn't meet eligibility criteria anymore• Didn't complete documentation• 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): to be completed this year
This year, please report data about your cohort for this section.

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

9993

8014

7526

2837

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

90

405

881

344

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

11

247

766

287

13. How many children were no longer enrolled in Medicaid 12 months later?
Possible reasons for not being enrolled:• Transferred to another health insurance program other than Medicaid• Didn't meet eligibility criteria anymore• Didn't complete documentation• Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

419

742

1876

689

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

30

407

1625

591

July - September of 2021 (18 months later): to be completed next year
This year, please report data about your cohort for this section.

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

9543

7520

6983

2614

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

178

451

723

293

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

49

243

569

225

18. How many children were no longer enrolled in Medicaid 18 months later?
Possible reasons for not being enrolled:• Transferred to another health insurance program other than Medicaid• Didn't meet eligibility criteria anymore• Didn't complete documentation• Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

823

1255

2417

904

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

295

718

1969

747

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

No

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

2b. Who tracks cost sharing?

Because there are no co-pays, the maximum amount that a family would pay for coverage is \$600 per year for premiums. This will never exceed the five percent cost sharing required for 200 percent FPL.

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

N/A. See answer to 2b above.

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

N/A. See answer to 2b above.

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

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...

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

1. Under which authority and statutes does your state offer premium assistance?
Check all that apply.

Purchase of Family Coverage under CHIP State Plan [2105(c)(3)]

Additional Premium Assistance Option under CHIP State Plan [2105(c)(10)]

Section 1115 Demonstration (Title XXI)

2. Does your premium assistance program include coverage for adults?

Yes

No

3. What benefit package is offered as part of your premium assistance program, including any applicable minimum coverage requirements?

This only applies to states operating an 1115 demo.

4. Does your premium assistance program provide wrap-around coverage for gaps in coverage?

This only applies to states operating an 1115 demo.

Yes

No

N/A

5. Does your premium assistance program meet the same cost sharing requirements as that of the CHIP program?

This only applies to states operating an 1115 demo.

Yes

No

N/A

6. Are there protections on cost sharing for children (such as the 5% out-of-pocket maximum) in your premium assistance program?

This only applies to states operating an 1115 demo.

Yes

No

N/A

7. How many children were enrolled in the premium assistance program on average each month in FFY 2021?

73

8. What's the average monthly contribution the state pays towards coverage of a child?

\$ 117

9. What's the average monthly contribution the employer pays towards coverage of a child?

\$ 0

10. What's the average monthly contribution the employee pays towards coverage of a child?

\$ 38

Table: Coverage breakdown

Child

State	Employer	Employee
117	0	38

11. What's the range in the average monthly contribution paid by the state on behalf of a child?

Average Monthly Contribution

Starts at

\$ 22



Ends at

\$ 651

12. What's the range in the average monthly contribution paid by the state on behalf of a parent?

Average Monthly Contribution

Starts at

\$ 0



Ends at

\$ 0

13. What's the range in income levels for children who receive premium assistance (if it's different from the range covering the general CHIP population)?

Federal Poverty Levels

Starts at



Ends at

14. What strategies have been most effective in reducing the administrative barriers in order to provide premium assistance?

Internal case reviews and training.

15. What challenges did you experience with your premium assistance program in FFY 2021?

Members not being able to retain the same providers due to some Healthy La plan providers not enrolled as Fee-for-Service (FFS) providers, including specialists.
Timely notification of private insurance ending.

16. What accomplishments did you experience with your premium assistance program in FFY 2021?

Cost savings for the state by enrolling eligible members into premium assistance program.

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

In FFY 2022 the state is planning to implement a new LaHIPP module that will streamline case processing in real time.

18. 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).

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 50:1, Chapter 41 as our general procedures. Specific procedures and processes are in the SURS Manual. Procedures are also in the Provider Enrollment application: PE 50 & Addendum and our Memorandum of Understanding (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

5a. What safeguards and procedures do the Managed Care plans have in place?

Yes, the managed care plans are required to have written fraud, waste and abuse compliance plans in accordance with 42 CFR4 38.608(a). The Plans are required to be submitted to LDH for review annually for the physical health plans, and once at the start of a new contract term for the dental and Coordinated System of Care (CSoC) contracts.

No

N/A

6. How many eligibility denials have been appealed in a fair hearing in FFY 2021?

164

7. How many cases have been found in favor of the beneficiary in FFY 2021?

0

8. How many cases related to provider credentialing were investigated in FFY 2021?

0

9. How many cases related to provider credentialing were referred to appropriate law enforcement officials in FFY 2021?

0

10. How many cases related to provider billing were investigated in FFY 2021?

1647

11. How many cases were referred to appropriate law enforcement officials in FFY 2021?

375

12. How many cases related to beneficiary eligibility were investigated in FFY 2021?

1762

13. How many cases related to beneficiary eligibility were referred to appropriate law enforcement officials in FFY 2021?

23

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

15a. How do you provide oversight of the contractors?

Louisiana has a contractor that performs SURS investigations. Program Integrity Section within LDH provides oversight of all the investigations, referrals, recoupments, etc. conducted by the contractor. The Program Integrity Section Chief does all correspondence from SURS as well as disposition approval.

- No

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

Yes

16a. What specifically are the contractors responsible for in terms of oversight?

Each Managed Care Organization must have a Special Investigations Unit (SIU) to investigate fraud, waste and abuse.

No

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

None

18. 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...

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 2021?

Ages 0-1

Ages 1-2

Ages 3-5

Ages 6-9

Ages
10-14

Ages
15-18

484

4171

12436

38740

56694

44773

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 2021?

Ages 0-1

Ages 1-2

Ages 3-5

Ages 6-9

Ages
10-14

Ages
15-18

<11

1356

6847

23902

31689

21151

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 2021?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	1255	6499	22773	30245	19183

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 2021?

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	73	1723	9883	11100	9145

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 2021?

5578

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.

None

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).

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. For the 2021 CARTS report, we highly encourage states to report all raw CAHPS data to the Agency for Healthcare Research and Quality (AHRQ) CAHPS Database instead of reporting a summary of the data via CARTS. For 2022, the only option for reporting CAHPS results will be through the submission of raw data to ARHQ.

1. Did you collect the CAHPS survey?

Yes

1a. Did you submit your CAHPS raw data to the AHRQ CAHPS database?

Yes

No

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...

LA Child Sample 1 General LA CAHPS Results MY 2020.pdf

LA Child Sample 2 CCC LA CAHPS Results MY 2020.pdf

LA Adult Medicaid CAHPS MY 2020 Results.pdf

CAHPSLetterMY2020.pdf

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

3a. Which CAHPS survey did you use?

CAHPS 5.1H

4. Which supplemental item sets did you include in your survey?

Select all that apply.

- None
- Children with Chronic Conditions
- Other

5. Which administrative protocol did you use to administer the survey?
Select all that apply.

NCQA HEDIS CAHPS 5.0H

HRQ CAHPS

Other

5a. Which administrative protocol did you use?

NCQA HEDIS CAHPS 5.1H

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

None

Part 3: You didn't collect the CAHPS survey

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

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 FFY21 thus decreasing the number of uninsured eligible children by October 1, 2021.

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 2021.

4. Numerator (total number)

187860

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 2020.

6. Denominator (total number)

132789

Computed: 141.47%

7. What is the date range of your data?

Start

mm/yyyy

10

/

2020

End

mm/yyyy

09

/

2021

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 55,071 individuals enrolled from FFY20 to FFY21.

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

Improvements in our eligibility system in regards to application and renewal processes. Maintain member outreach activities with 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).

Do you have another Goal 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.

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.

The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: 1. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits. 2. Well-Child Visits for Age 15 Months-30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.

4. Numerator (total number)

43025

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)

66355

Computed: 64.84%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2020

End

mm/yyyy

12 / 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?

This is new measure. The baseline rate is: First 15 Months- 54.28% 15 Months-30 Months - 66.98%

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

- Utilize data management and feedback to improve Louisiana health outcomes. Utilizing the existing data systems and infrastructure to create mechanisms for identifying children; - Continue monitoring the Medicaid quality performance measures to assess improvements in the health outcomes of the Medicaid CHIP population. Updated data available June 2021.
- Supply providers and members with evidence-based information and resources to support optimal health management; - Expand upon our Health Information Exchange efforts to improve Louisiana health outcomes by evaluation of known clinical results and quality measures; - 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?

None

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...

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.

The percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

4. Numerator (total number)

300745

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)

656526

Computed: 45.81%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2020

End

mm/yyyy

12 / 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?

This is new measure. The baseline rate is 45.81%.

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

- Utilize data management and feedback to improve Louisiana health outcomes. Utilizing the existing data systems and infrastructure to create mechanisms for identifying children; - Continue monitoring the Medicaid quality performance measures to assess improvements in the health outcomes of the Medicaid CHIP population. Updated data available June 2021.
- Supply providers and members with evidence-based information and resources to support optimal health management; - Expand upon our Health Information Exchange efforts to improve Louisiana health outcomes by evaluation of known clinical results and quality measures; - 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?

None

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...

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.

The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

4. Numerator (total number)

43349

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)

61326

Computed: 70.69%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2020

End

mm/yyyy

12 / 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?

The rate slightly decreased Combo 2 rate in reporting year 2020 was 73.38% & in reporting year 2021 it decreased to 72.77%. While Combo 3 Rate in reporting year 2020 was 69.99% and in reporting year 2021 it decreased to 68.61%.

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

- Utilize data management and feedback to improve Louisiana health outcomes. Utilizing the existing data systems and infrastructure to create mechanisms for identifying children;
- Continue monitoring the Medicaid quality performance measures to assess improvements in the health outcomes of the Medicaid CHIP population. Updated data available June 2021.
- Supply providers and members with evidence-based information and resources to support optimal health management;
- Expand upon our Health Information Exchange efforts to improve Louisiana health outcomes by evaluation of known clinical results and quality measures;
- 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?

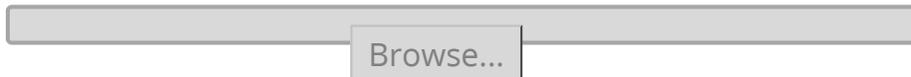
None

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).

A horizontal grey bar representing a file upload area. In the center of the bar is a smaller, lighter grey button with the text "Browse..." in a sans-serif font.

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.

Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday. Report all individual vaccine numerators and combinations.

4. Numerator (total number)

16857

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)

36821

Computed: 45.78%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2020

End

mm/yyyy

12 / 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?

The rate slightly decreased: Combo 2: In reporting year 2020 the rate was 44.44% & in reporting year 2021 was 45.78%. Combo 1 in reporting year 2020 the rate was 89.26% & in reporting year 2021 the rate is 87.96%

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

- Utilize data management and feedback to improve Louisiana health outcomes. Utilizing the existing data systems and infrastructure to create mechanisms for identifying children; - Continue monitoring the Medicaid quality performance measures to assess improvements in the health outcomes of the Medicaid CHIP population. Updated data available June 2021.
- Supply providers and members with evidence-based information and resources to support optimal health management; - Expand upon our Health Information Exchange efforts to improve Louisiana health outcomes by evaluation of known clinical results and quality measures; - 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?

None

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...

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.

The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

4. Numerator (total number)

75

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)

137

Computed: 54.74%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2020

End

mm/yyyy

12 / 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?

This is a new measure

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

- Receipt of Global Developmental Screening in the First Three Years of Life PIP implemented in 2021. 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. - Utilize data management and feedback to improve Louisiana health outcomes. Utilizing the existing data systems and infrastructure to create mechanisms for identifying children; - Continue monitoring the Medicaid quality performance measures to assess improvements in the health outcomes of the Medicaid CHIP population. Updated data available June 2021. - Supply providers and members with evidence-based information and resources to support optimal health management; - Expand upon our Health Information Exchange efforts to improve Louisiana health outcomes by evaluation of known clinical results and quality measures; - 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?

The numerator and denominator are the 2019 results are reported for 2020. Chart review for 2020 was not done due to COVID-19.

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...

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.

The percentage of individuals ages 1 to 20 who are enrolled for at least 90 continuous days, are eligible EPSDT services, and who received at least one preventive dental service during the reporting period.

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 / 2020

End

mm/yyyy

12 / 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?

This is a new measure.

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

- Utilize data management and feedback to improve Louisiana health outcomes. Utilizing the existing data systems and infrastructure to create mechanisms for identifying children; - Continue monitoring the Medicaid quality performance measures to assess improvements in the health outcomes of the Medicaid CHIP population. Updated data available June 2021.
- Supply providers and members with evidence-based information and resources to support optimal health management; - Expand upon our Health Information Exchange efforts to improve Louisiana health outcomes by evaluation of known clinical results and quality measures; - 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?

Data for the numerator and denominator was not available at the time of this report. CMS obtains data from CMS-416 Report.

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).

Do you have another Goal 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. The Quality Strategy establishes clear aims, goals, and objectives to drive improvements in care delivery and health outcomes as well as metrics by which progress will be measured. It articulates priority interventions, and details the standards and mechanisms for holding MCEs accountable for desired outcomes. The Quality Strategy is a roadmap by which LDH will use the managed care infrastructure to facilitate improvement in health and health care through programmatic interventions. The Quality Strategy will also ensure a culture of improvement for Medicaid/CHIP's care and services. The Medicaid Quality and Performance Improvement Program incorporate strategies that include but are not limited to: performance measurement, performance improvement projects (PIP), Medicaid quality interventions, medical record audits, continuous quality improvement activities (PDSA), member satisfaction surveys, provider surveys, health information technology, annual external independent reviews and procedures to identify, evaluate and reduce health disparities identified through data collection, evaluation, stakeholder engagement as well as other activities. Examples of Medicaid Quality Improvement strategies include:

- In 2021, LDH implemented 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. Collaborate with the Office of Public Health through the Bureau of Family Health to provide educational training materials and resources on Developmental Screening to our Stakeholders LDH, also implemented a COVID-19 Vaccine PIP to ensure access to the COVID-19 vaccine among Medicaid vaccine-eligible enrollees to include enrollees age 16 and older.
- One of the collaborative 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 MY 2020) and (2) Follow-Up After Emergency Department

Visit for Alcohol and Other Drug Abuse or Dependence. In 2021, this PIP was further expanded to include the Pharmacotherapy for Opioid Use Disorder (POD) measure. . • In 2021, LDH implemented a dental PIP, Improving the percentage of children with their 10th birthdate in the measurement year who have received sealants on permanent molar teeth. The goals are to improve member access to preventative dental visits, educate parents about the importance of dental sealants to prevent cavities and educate dental providers about evidence-based clinical recommendations regarding sealants. • In 2020, LDH initiated a PIP to improve the rates for the Follow-up After Hospitalization for Mental Illness (FUH) performance measure among the Coordinated System of Care (CSoC) population enrolled in Magellan of Louisiana. Interventions include the utilization of PST services to increase engagement with families while the youth is hospitalized, and the conduct of a crisis CFT by wraparound facilitators during the inpatient hospitalization or no later than three business days following discharge. Magellan of Louisiana's 2nd Interim report is due on May 1, 2021 and the Final Report is due on May 1, 2022. • LDH utilizes the five year Business Plan to improve child health outcomes of children through reducing racial disparities, increasing preventative health care, by reducing health barriers, implementing evidence-based practices. • Enable population health management through statewide quality collaboratives to include but not limited to the Louisiana Perinatal Quality Collaborative, Managed Care Organization (MCO) PIP Collaborative, Medicaid Medical Advisory. • 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. • Identify enrollees who meet Medicaid managed care program eligibility criteria for Special Health Care Needs and require MCOs monitor and assess the appropriateness of care furnished to individuals with SHCN through various means including but not limited to evaluation of the quality assessment and performance improvement programs, comprehensive care management program reporting, care coordination, and use of the CAHPS Children with Chronic Conditions survey. • Implement the Act 421 Children's Medicaid Option ("421-CMO"). The 421-CMO extends Medicaid eligibility to children covered by § 1902(e)(3) of the Social Security Act, i.e., children age 18 and younger who meet institutional level of care (Nursing Facility, Hospital, Intermediate Care Facility for Individuals with Intellectual/Developmental Disabilities) and are in families with income that is too

high to qualify for Medicaid, who could otherwise become Medicaid eligible if receiving extended care in an institutional setting. • Collaborate with the Office of Public Health on the Louisiana Immunizations Network for Kids (LINKS) information system, data collection and usage. • Ensure Louisiana's managed care entities (MCE) include robust requirements to ensure MCEs meet federal and state requirements and standards for adequate Medicaid enrollee access to covered services. All standards for network adequacy and availability of services are in accordance with the access and network adequacy standards set forth in the applicable federal regulations. • 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/>. • 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. • LDH survey the MCOs to identify any health disparities with the administration of Medicaid services and publish findings in the Annual Technical Reports. • The State of Louisiana has in place data teams and data collection systems that support data collection and analysis. • 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. • Utilizing CAHPS 5.1H general child and children with chronic conditions member satisfaction surveys to measure experience of care. LDH collects data on 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?

• 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; • 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; • Emphasize prevention and self-management in order to improve quality of life; Community partnerships to promote best practices; • Supply providers and members with evidence-based information and resources to support optimal health management; • Expand upon our Health Information Exchange efforts to improve Louisiana health outcomes by evaluation of known clinical results and quality measures; • Review the implementation of MCO interventions to improve access to, quality and review data analysis of outcomes to care; • Utilize data management and feedback to improve Louisiana health outcomes. Utilizing the existing data systems and infrastructure to create mechanisms for identifying children; • Continue monitoring the Medicaid quality performance measures to assess improvements in the health outcomes of the Medicaid CHIP population. Updated data available November 2021 • Investigate the implementation of electronic clinical quality measures to ensure a more robust data set. • In 2022, implement a Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through Age 5 years by Primary Care Clinicians PIP to improve the rate of pediatric receipt of fluoride varnish application by PCPs. • Continue effective communication and collaboration with the MCOs, enrollees, and the public through a well-designed managed care LDH websites to provide informational bulletins, health plan advisories and the Medicaid managed care quality dashboard. • LDH continues to monitor 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 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. Additionally, more Provider and member education is needed to increase wellness attendance. • LDH conducts the Louisiana Health Insurance Survey (LHIS). The LHIS is a biennial survey designed to assess health insurance coverage in Louisiana. The LHIS has helped state policy makers track changes in health insurance as Louisiana's economy, health care environment, and public policies have changed. The broad trend has been towards wider health insurance coverage and fewer uninsured individuals. Key findings of the 2019 LHIS are (Insurance coverage for children (under 19)):

- Uninsured rates for children remain low, below 5% for 2009 and later
- An estimated 44,213 Louisiana children were uninsured (3.8%)
- Among Medicaid eligible children, 4.5% or 29,277 were uninsured
- With regard to sources of coverage, Medicaid continues to serve as the largest source of coverage at 51.1% while 40.8% of Louisiana children were covered by parent's employers

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.

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

FFY 2021 CHIP Annual Report Narrative.pdf

Tell us how much you spent on your CHIP program in FFY 2021, and how much you anticipate spending in FFY 2022 and 2023.

Part 1: Benefit Costs

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

Combine your costs for both Medicaid Expansion CHIP and Separate CHIP programs into one budget.

1. How much did you spend on Managed Care in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

\$ 451,319,300

2022

\$ 472,732,102

2023

\$ 511,695,537

2. How much did you spend on Fee for Service in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

\$ 0

2022

\$ 0

2023

\$ 0

3. How much did you spend on anything else related to benefit costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

\$ 0

2022

\$ 0

2023

\$ 0

4. How much did you receive in cost sharing from beneficiaries to offset your costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$ 129,211

\$ 128,100

\$ 161,568

Table 1: Benefits Costs

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

	FFY 2021	FFY 2022	FFY 2023
Managed Care	451319300	472732102	511695537
Fee for Service	0	0	0
Other benefit costs	0	0	0
Cost sharing payments from beneficiaries	129211	128100	161568
Total benefit costs	451448511	472860202	511857105

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 2021? How much do you anticipate spending in FFY 2022 and 2023?

This includes wages, salaries, and other employee costs.

2021

2022

2023

\$ 4,645,345

\$ 4,459,221

\$ 4,568,956

2. How much did you spend on general administration in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$ 7,016,220

\$ 5,859,024

\$ 5,901,332

3. How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$ 5,791,213

\$ 9,105,881

\$ 9,329,961

4. How much did you spend on claims processing in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

\$ 2,813,347

2022

\$ 2,681,966

2023

\$ 2,747,965

5. How much did you spend on outreach and marketing in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

\$ 0

2022

\$ 0

2023

\$ 0

6. How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

\$ 0

2022

\$ 1,932,741

2023

\$ 2,082,177

7. How much did you spend on anything else related to administrative costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

\$ 0

2022

\$ 0

2023

\$ 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.

	FFY 2021	FFY 2022	FFY 2023
Personnel	4645345	4459221	4568956
General administration	7016220	5859024	5901332
Contractors and brokers	5791213	9105881	9329961
Claims processing	2813347	2681966	2747965
Outreach and marketing	0	0	0
Health Services Initiatives (HSI)	0	1932741	2082177
Other administrative costs	0	0	0
Total administrative costs	20266125	24038833	24630391
10% administrative cap	50132232.11	52511555.78	56837107.67

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 2023 will be calculated once the eFMAP rate for 2023 becomes available. In the meantime, these values will be blank.

FMAP Table	FFY 2021	FFY 2022	FFY 2023
Total program costs	471714636	496899035	536487496
eFMAP	77.19	77.61	77.1
Federal share	364116527.53	385643341.06	413631859.42
State share	107598108.47	111255693.94	122855636.58

8. What were your state funding sources in FFY 2021?
Select all that apply.

- State appropriations
- County/local funds
- Employer contributions
- Foundation grants
- Private donations
- Tobacco settlement
- 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 2021? How many do you anticipate will be eligible in FFY 2022 and 2023?

2021

144742

2022

148186

2023

136241

2. What was your per member per month (PMPM) cost based on the number of children eligible for Managed Care in FFY 2021? What is your projected PMPM cost for FFY 2022 and 2023?

Round to the nearest whole number.

2021

\$ 260

2022

\$ 266

2023

\$ 313

	FFY 2021	FFY 2022	FFY 2023
PMPM cost	260	266	313

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 2021? How many do you anticipate will be eligible in FFY 2022 and 2023?

2021

2022

2023

2. What was your per member per month (PMPM) cost based on the number of children eligible for Fee For Service in FFY 2021? What is your projected PMPM cost for FFY 2022 and 2023?

The per member per month cost will be the average cost per month to provide services to these enrollees. Round to the nearest whole number.

2021

2022

2023

	FFY 2021	FFY 2022	FFY 2023
PMPM cost	0	0	0

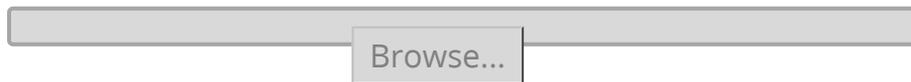
1. Is there anything else you'd like to add about your program finances that wasn't already covered?

The FMAPs included in CARTS do not include eFMAP associated with COVID funding. With 4 quarters enhanced for FY 21, FMAP would be 81.53%, & FY 22 FMAP would be 79.78% with 2 quarters enhanced (as of November CMS 37/21B Submission). For FY 23 we used the preliminary FMAP included in the November CMS 37/21B budget submission (72.04%), however, we believe there may be an error in that number and it may be revised to 77.10%.

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

The COVID-19 public health emergency, which began at the end of FFY 2020, continued to impact the Louisiana Medicaid program throughout FFY 2021. Provisions included in the Families First Coronavirus Response Act (FFCRA) requiring states to maintain enrollment for any Medicaid members who were enrolled on or after March 18, 2020, with limited exceptions, remained in place throughout FFY 2021. Louisiana continued to comply with these requirements to ensure receipt of the 6.2% Federal Medical Assistance Percentage (FMAP).

2. What's the greatest challenge your CHIP program has faced in FFY 2021?

The state has continued to modify its planning, as guidance has directed, to prepare for the resumption of normal state Medicaid operations upon the conclusion of the COVID 19 public health emergency. The availability of COVID-19 vaccines gave states the tools to combat the public health emergency, but vaccination was met with resistance in Louisiana. This was not entirely unexpected, but it did present a challenge. The state, elected leaders including the Governor, and the managed care organizations that serve the Medicaid population continue to put forth to encourage and incentivize Louisiana residents to get vaccinated.

3. What are some of the greatest accomplishments your CHIP program has experienced in FFY 2021?

Medicaid continues to work toward the implementation of a TEFRA program for certain children with disabilities. In mid- September 2021, the state withdraw its demonstration waiver application and submitted a State Plan Amendment. Pending CMS approval, the state intends to launch the program in January 2022. For the first time, Medicaid's managed care enrollees were given the choice of two dental program options during the fall 2020 open enrollment period. The two programs, DentaQuest and MCNA, were contracted with Medicaid earlier in the year with a launch date of January 1, 2021, following open enrollment.

4. What changes have you made to your CHIP program in FFY 2021 or plan to make in FFY 2022? Why have you decided to make these changes?

There were no changes in FFY 2021 and none planned for FFY 2022.

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

Hurricanes continued to serve as a barrier to access and care and a challenge for ongoing program operations throughout FFY 2021. Though Hurricane Laura made landfall in late FFY 2020, those living in the Southwestern parishes of the state struggled with the impact well into FFY 2021. This included Medicaid members and regional Medicaid staff. To add further challenges, Hurricane Delta made landfall as a strong category 2 storm 15 miles east of where Laura made landfall in early October 2020. Gulf activity proved an ongoing detriment to the state as the category 3 Hurricane Zeta made landfall in Terrebonne Parish in late October 2020. In August 2021, Hurricane Ida made landfall at Port Fouchon as a high-end category 4 hurricane.

6. Optional: Attach any additional documents here.

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