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REPORT

FINAL REPORT

Congressionally Mandated Evaluation of the Children's Health Insurance Program: A Case Study of Louisiana's LaCHIP Program

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Fiona Adams

Embry Howell

Brigette Courtot

The Urban Institute

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U.S. Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation
200 Independence Avenue, SW
Washington, DC 20201

Project Officer: Rose Chu
Contract Number: HHSP23320095642WC/HHSP23337021T

Submitted by:

Mathematica Policy Research
220 East Huron Street
Suite 300

Ann Arbor, MI 48104-1912
Telephone: (734) 794-1120
Facsimile: (734) 794-0241

Project Director: Mary Harrington
Reference Number: 06873.703

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II.1 Number of Children Ever Enrolled in *LaCHIP* (1998-2010)4

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I. BACKGROUND AND OVERVIEW

The Louisiana Children’s Health Insurance Program (*LaCHIP*) is a “combination” program under Title XXI, consisting of both a Medicaid expansion and a separate program. With the creation of the Children Health Insurance Program (CHIP) by the Balanced Budget Act of 1997, Louisiana’s program was the forty-third state plan approved by the Centers for Medicare and Medicaid Services (CMS). *LaCHIP* was originally conceived as a pure Medicaid expansion program, with a small separate program, called *LaCHIP Affordable Plan*, added a decade later. Throughout the decade, both programs have enjoyed strong bipartisan support in the state, including from the current Republican Governor Bobby Jindal and previous Democratic Governor Kathleen Blanco. The program is also a source of pride for state officials at the Department of Health and Hospitals’ Bureau of Health Services Financing (DHH), which has administered *LaCHIP* since its inception.

Since 2006—the end of the study period for the previous Congressionally Mandated SCHIP Evaluation—Louisiana has made a small, but significant number of changes to *LaCHIP*. The program continues to be dominated by its Medicaid expansion component, representing 95 percent of *LaCHIP*’s 125,595 enrollees (LA Department of Health and Hospitals 2011) and shares common administration, enrollment/renewal processes, and benefits with Medicaid. The most significant changes in this time period have been two eligibility expansions, along with extensive enrollment and renewal simplification efforts. In particular, in 2007 the state added otherwise-eligible uninsured pregnant women using Title XXI funds (called the “unborn child option”), and through the initiative of Governor Blanco, added a small separate CHIP program (*LaCHIP Affordable Plan*) for those with incomes in the 201-250% FPL range. Over the last six years, Louisiana has continued its efforts to streamline the enrollment and renewal process for *LaCHIP* enrollees, including: utilization of an electronic case record; extensive use of third-party databases for verification of personal information; a joint, online application; 12-month continuous eligibility; and administrative, ex parte, and rolling renewals. The success of the state’s outreach and simplification work can be measured by declines in the uninsurance rate among children, from 7.6 percent in 2005 to 3.5 percent in 2011 according to estimates by Louisiana State University researchers (Goidel et al. 2012). The state also received modest Children’s Health Insurance Program Reauthorization Act (CHIPRA) performance bonuses in Federal Fiscal Years 2009, 2010, and 2011, as rewards for these simplifications and the increased Medicaid enrollment that they engendered (KFF State Health Facts).

The state brought the *LaCHIP* program unscathed through the major catastrophes of Hurricanes Katrina and Rita in 2005, and the Gulf of Mexico oil spill of 2010. Katrina had a major effect on the health care delivery system of New Orleans, although the disruptions were less substantial for children covered by *LaCHIP* than for uninsured adults. The flood also caused major population shifts, with many people moving out of New Orleans to other places,

particularly Baton Rouge, which has recently replaced New Orleans as Louisiana's largest city.¹ Another demographic shift has been an influx of immigrants into the state, many of whom are undocumented. This has placed another strain on the health and social service delivery system. More generally, service delivery statewide under *LaCHIP* has evolved in recent years, as the state has transitioned to Medicaid/CHIP risk-based managed care and moved away from its previous Primary Care Case Management (PCCM) model.

This case study is based primarily on a site visit to Louisiana conducted February 27-March 2, 2012, by staff from Urban Institute on behalf of the Assistant Secretary for Planning and Evaluation (ASPE).² Louisiana was selected as one of ten states being studied in the second Congressionally-Mandated Evaluation of CHIP authorized by the CHIP Reauthorization Act (CHIPRA). It builds upon the findings of the first Evaluation's case study (Fasciano 2002) and highlights changes to state programs that have occurred since 2006, with a particular focus on state responses to provisions of CHIPRA in 2009. The site visit to Louisiana included interviews with 24 key informants including: state CHIP and Medicaid officials, legislators, health providers and associations, front-line eligibility workers, a health plan association, and community-based organizations involved in outreach and enrollment. (See Appendix A for a list of key informants and site visitors.) Three focus groups were also conducted—in Baton Rouge and Mandeville—with a total of 33 parents of children enrolled in *LaCHIP* (Mandeville is a small city located on the North Shore of Lake Pontchartrain, adjacent to North Orleans). Findings from these focus groups are included throughout the report and serve to augment information gathered through stakeholder interviews.

The remainder of this case study will describe recent *LaCHIP* program developments and their perceived effects in the key implementation areas of: eligibility, enrollment, and retention; outreach; benefits; service delivery, quality, and access to care; cost-sharing; crowd out; financing; and preparation for health care reform. The report concludes with cross-cutting lessons learned about the successes and challenges associated with administering the *LaCHIP* program.

¹ New Orleans is slowly regaining its population, and many of the areas that did not flood are back to pre-Katrina population levels. However, Baton Rouge gained a large population that has now put down roots there and is not returning to New Orleans, shifting the demographic make-up of both cities permanently and causing a continued strain on the social service delivery system in Baton Rouge.

² Since our site visit was conducted before the Supreme Court ruled on the constitutionality of the Affordable Care Act, this case study report largely reflects the *LaCHIP* program and policy developments prior to the ruling. Where relevant, updates have been made to the extent possible.

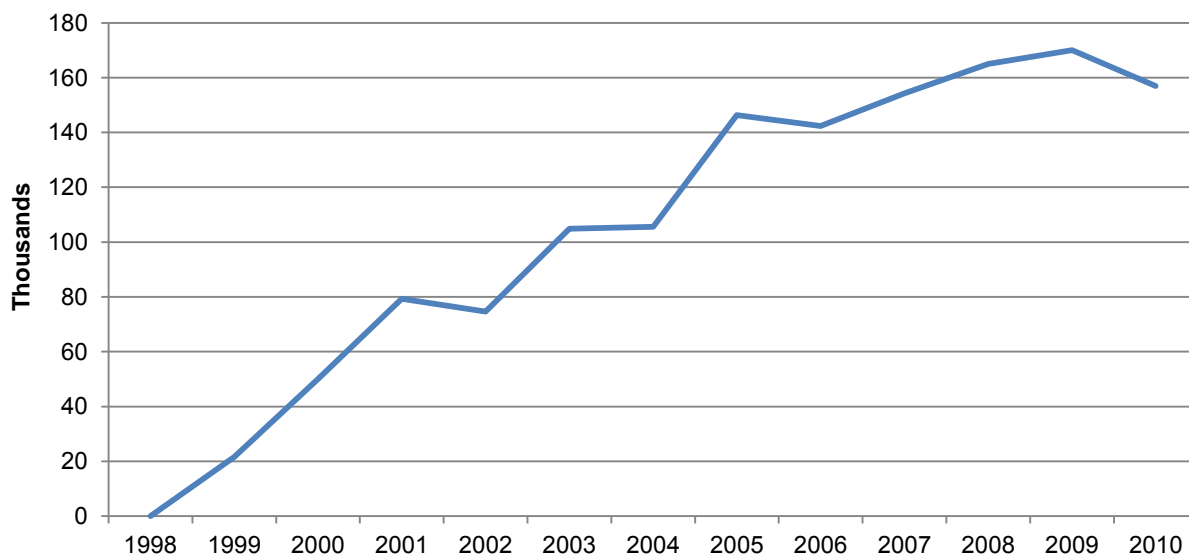
II. ELIGIBILITY, ENROLLMENT, AND RETENTION

Since the *LaCHIP* program's inception, Louisiana has emerged as a national leader in devising strategies to simplify eligibility, enrollment and renewal processes for children in CHIP. Shortly after the implementation of *LaCHIP* in 1998, Louisiana officials noted that they were losing as many children at renewal as they were enrolling in the program, and set about changing their business model to address this problem through the adoption of a wide variety of practices from other states, as well as innovation of their own Louisiana-born solutions. This section describes Louisiana's *LaCHIP* policies, procedures, and experience in these areas.

Eligibility

LaCHIP was originally implemented in 1998 as a Medicaid expansion program, and gradually expanded eligibility thresholds from 133% FPL to 200% FPL for 0-18 year olds by January 2001. In 2007, Louisiana exercised the unborn child option (available since 2002), by using Title XXI dollars to cover prenatal care services from conception to delivery for non-citizen uninsured women up to 200% FPL. With the implementation of the unborn child option, Louisiana became a "combination program." In June 2008, Louisiana expanded eligibility once again to 250% FPL, creating a separate program named *LaCHIP Affordable Plan* for children with family incomes between the 200-250% FPL. Louisiana had intended the upper eligibility threshold of this separate program to be 300% FPL (through legislation entitled Act 407, Louisiana Children and Youth Health Insurance Program in 2007). However, this amendment was denied by the Bush Administration under its CMS August 17 Directive which limited states' ability to expand beyond 250 percent of poverty, though the legislative authority to expand to 300% FPL still exists in the state (Georgetown Center for Children and Families 2008). While *LaCHIP* is administered by DHH, the *LaCHIP Affordable Plan* is administered through the Office of Group Benefits (OGB) within the Governor's Division of Administration (which oversees the state's employee health insurance plans). OGB acts as the third party administrator for the program; they are responsible for claims payment and premium collections. This choice in administration for the separate program was supported by informants' characterization of the program as acting as a "bridge between private insurance coverage and traditional Medicaid and CHIP," with cost-sharing and a benefits package similar to private insurance.

Figure II.1, below, illustrates the increase in the number of children ever enrolled in *LaCHIP* since its implementation through 2010.

Figure II.1. Number of Children Ever Enrolled in LaCHIP (1998-2010)

Eligibility thresholds for children in Louisiana have remained unchanged since the most recent expansion in 2008. In contrast to its coverage of children, Louisiana only covers low-income parents up to 11% FPL, with no childless adults included. Table II.1, below, illustrates the current eligibility thresholds for *LaCHIP*.

Table II.1. Eligibility Rules, By Age and Income for Medicaid, *LaCHIP*, and *LaCHIP Affordable Plan*

	Age Categories		
	Infants	1 to 5	6 to 18
Medicaid ^a	133%	133%	100%
M-CHIP (<i>LaCHIP</i>)	200%	200%	200%
S-CHIP (<i>LaCHIP Affordable Plan</i>)	250%	250%	250%

^a In Louisiana, Medicaid for kids has also been marketed as *LaCHIP* since CHIP's implementation. For the purposes of this report, we refer to those kids below 133% FPL (0-6) and below 100% (6-18) as Medicaid-related where distinctions exist.

Louisiana chose not to pursue the CHIPRA option for the elimination of the five-year waiting period for legally resident immigrant children and pregnant women. Key informants interviewed for this case study described this decision as both financially- and politically-motivated.

Eligibility and enrollment is conducted by Medicaid analysts through local-level offices that act as extensions of DHH. Medicaid analysts are state employees and work in 14 local offices (representing the 64 parishes across the state), with 5 additional offices slated to close in the

future³. These offices are responsible for eligibility determinations and renewals for Medicaid/*LaCHIP* and the *LaCHIP Affordable Plan* within their region’s parishes. An exception to this is the state-level Strategic Enrollment Unit, which handles eligibility/enrollment and renewal processes for non-English speaking families, including Spanish and Vietnamese.

Eligibility policies for *LaCHIP* and *LaCHIP Affordable Plan* are illustrated in Table II.2, below.

Table II.2. LaCHIP Affordable Plan and LaCHIP Eligibility Policies

	LaCHIP	LaCHIP Affordable Plan
Retroactive Eligibility	Yes; for three months prior to the month of application	No
Presumptive Eligibility	No	No
Continuous Eligibility	Yes; 12 months	Yes; 12 months
Asset Test	No	No
Income Test	Self-declaration with internal verification	Self-declaration with internal verification
Citizenship Requirement	Self-declaration with internal verification	Self-declaration with internal verification
Identity Verification	Yes	Yes
Redetermination Frequency	12 months	12 months
In-person Interview	No	No

Enrollment Process

Parents may apply to the *LaCHIP* program in two main ways: through submission of a paper application (sent in by mail, fax, or delivered in-person to a Medicaid Parish Office), or through an online portal (from a client’s own personal computer or at one of over 500 Medicaid Application Centers across the state). The paper application is four pages long with one page of instructions, and is available in English, Spanish and Vietnamese. It is a joint application for *LaCHIP* and the *LaCHIP Affordable Plan*. An online application for exclusive use at Medicaid Application Center sites was implemented in 2004, and the publicly available online application went live in 2007. At this time, state officials estimate that approximately 60% of *LaCHIP* applications are submitted in paper form, 20% are submitted online at Medicaid Application Centers, and the remaining 20% are individually completed online applications. The online application was highly valued and praised by informants for its speed and for the more complete applications that it tends to produce.

Certified application assistors exist in over five hundred “Medicaid Application Assistance” sites across the state. These sites include community-based social service agencies, hospitals,

³ Previously, every Parish in the state had its own Medicaid office, but consolidations have occurred in recent years, as described in Section VII. This decline has continued since the time of our site visit.

FQHCs, and school-based health centers, among others. These assistors must go through state-level training in order to be eligible for receiving reimbursement at a rate of \$14 per complete Medicaid/*LaCHIP* application submitted. As mentioned above, Louisiana has a centralized “Strategic Enrollment Unit” located in Baton Rouge which has the capacity to field calls from Spanish and Vietnamese-speaking families to assist them with the application and renewal processes. The perspective of those working in eligibility and enrollment in Louisiana is that application assistance at the Medicaid Application Centers is highly valued, since much of the population is not computer-savvy and may struggle with completing an online application independently.

As mentioned above, Louisiana has made impressive strides in streamlining its eligibility determination and verification processes. Significantly, in May 2004, Louisiana implemented its web-based Medicaid Electronic Case Record (ECR) system. According to key informants, this has allowed the workload of Medicaid eligibility determination and renewal to be “redistributed...across the state,” and become a largely paperless process. Documentation provided by families is scanned in at a central location and at each local office by Medicaid analysts and is available within the ECR. State officials saw this to be a system in tune with the needs of the populations they serve: “Our population is mobile: they move from Parish to Parish. [With ECR], now all of our eligibility workers have access to the same information.” Along similar lines, this facilitates the ability of Medicaid analysts to work in the field at out-stationed sites and allows for the flexibility evident in Medicaid’s generous work-at-home policy for analysts (using agency-issued, networked computers). The portability of this ECR has also proved valuable in the event of natural disasters, such as Hurricane Gustav in 2008, as the state was able to keep the system “up and running” despite several office closures. The ECR has also helped the state justify the consolidation of many Medicaid Parish Offices in recent years (i.e., multiple Parishes now operate out of the same bricks-and-mortar office).

Focus Group Findings:

Eligibility, Enrollment, and Retention

Focus group participants reported being satisfied with the *LaCHIP* eligibility and enrollment process. They described the process as easy and the application as short. Those who were required to submit documentation with their application felt that this process was straightforward. Most focus group participants received a *LaCHIP* approval letter in the mail within four weeks of applying.

I didn't have any problems. It was easy, really.

They gave me a whole check-off list...of everything I needed to bring.

It was easy for me because I applied, and like the next week, I was approved.

Applications are dispersed electronically through the ECR system to Medicaid analysts at the regional level. Each analyst has their own “application management queue” within the system, with applications assigned by date. Analysts estimated that they have approximately seven applications each day for processing. When an application is first reviewed, analysts use a variety of systems including SNAP records, State Online Query (for verification of social security income), LDET (a third party employer payroll databases for verification of income), Health Management Systems Coordination of Benefits (for retroactive and current private health insurance information), Louisiana Automatic Support Enforcement Service (for child support information), federal tax information (for long-term care cases), and Systematic Alien Verification for Entitlements (an Immigration and Naturalization Service system for information on legally-resident immigrants’ date of entry into the U.S). Analysts have been able to draw upon the Social Security Administration (SSA) match process since 2010 for proof of citizenship, directly as a result of *CHIPRA*’s extending this citizenship documentation

requirement beyond Medicaid to Title XXI-funded programs. For cases where SSA does not turn up a match, Medicaid analysts may use the state’s vital records database, called Louisiana Electronic Event Registration System (LEERS). According to state staff, asking for paper documentation is considered an analysts’ “last resort.” Current *LaCHIP* Application Requirements and Procedures are illustrated in Table II.3, below.

For *LaCHIP* applicants with self-declared incomes that are below 75% of the program limit, analysts that find no conflicting income information in the third-party systems are able to approve them directly without requiring any additional documentation or follow-up. Analysts expressed that “it is rare” to not find a person with any information in at least one of these databases. For applicants with self-declared income that is higher than 75% FPL and there is no information in these systems, then paystubs are requested. As such, cases where documentation is needed typically require paystubs for the purpose of resolving discrepancies found during this income verification process. Once eligibility is determined, new *LaCHIP* enrollees are added to the Medicaid Eligibility Data System (MEDS), and sent a letter with their *LaCHIP* insurance card. Informants indicated that eligibility determinations for pregnant women take an average of three days, while for children it is ten days or less.

Table II.3. Current LaCHIP Application Requirements and Procedures

Form	
Joint Application with Medicaid	Yes
Length of Joint Application	4 pages; 1 pages of instruction, 3 pages of application
Languages	English, Spanish, Vietnamese
Application Requirements	
Age	Under age 19
Income	Yes – income is electronically verified; if the state cannot verify it against other databases, documentation must be submitted
Deductions	Yes– \$90 for each working parent, \$50 of all child support received, all child support paid outside of the home up to the amount in the court order, and \$175/\$200 for child care expenses
Social Security Number	Self-declaration with post-verification through SSA match
Citizenship	Citizenship verified through SSA match. 5-year waiting period for legally resident immigrants verified through SAVE, an Immigration and Naturalization Services system, for Date of Entry
Enrollment Procedures	
Express Lane Eligibility	Yes
Mail-In Application	Yes
Telephone Application	No
Online Application	Yes
Hotline	Yes
Out-stationed Application Assistors	Yes
Community-Based Enrollment	Yes

Renewal

Louisiana has four key renewal pathways, including: ex parte renewal, administrative renewal, telephone renewal, and web-based renewal. These strategies have helped reduce the

procedural closure rate, or the rate of children lost at renewal for reasons other than a change in income eligibility (e.g., they couldn’t successfully navigate the renewal process), from over 22% in 2001 to less than one percent in 2011 (Kellenberg et al. 2010). An overview of Louisiana’s renewal procedures in *LaCHIP* is provided at the end of this section in Table II.4.

In advance of their twelve-month anniversary mark, cases coming up for renewal in Louisiana are first reviewed through data mining at the state level for their appropriateness for administrative renewal. Some examples of cases that qualify for administrative renewal include those with an applicant other than a parent (e.g., grandparent), or a case with no change in eligibility in the last three years and net income is less than or equal to \$500. The state requests that these cases report any changes to their family circumstances. With this renewal pathway, once qualifying cases are identified, the parent is automatically sent a notice that their child’s coverage has been renewed for another 12 months. Only 4% of *LaCHIP* cases are administratively renewed (in contrast to 44% of Medicaid cases). Ex parte renewal is then performed on cases that do not qualify for administrative renewal. In Louisiana, ex parte renewal entails state-level eligibility staff reviewing other systems for verifying information (including SNAP and others mentioned above) and extend eligibility if the client still qualifies. This ex parte process is used for approximately 33% of *LaCHIP* children (Kellenberg et al. 2010).

When neither administrative nor ex parte renewal results in a determination, cases are “pushed” through the Medicaid Eligibility Data System (MEDS) to Medicaid analysts for a renewal process involving direct contact with the client. These analysts have a “scroll” of approximately 160-170 clients to work on renewing each month. Analysts send a notice to these clients at the 11-month point of their coverage, letting them know that it is time to renew. This letter includes the state-level Customer Service Unit’s toll-free number, the Medicaid analysts’ direct line, and a link to the online renewal portal. Analysts indicated that in working on these renewals, most contact with clients occurs by phone—in total, just over 37% of all *LaCHIP* cases are renewed over the phone, while only four percent use web-based renewal (Kellenberg et al. 2010). According to one informant, “No matter how simple we make a paper process, clients don’t like dealing with paper. They would much rather not deal with paper if they had a choice.” In addition, Medicaid analysts interviewed for this case study felt that they received better information out of a telephone interview than information received from a paper form. Nonetheless, 11% of *LaCHIP* cases are renewed by mail.

Focus Group Findings: Renewal

Focus group participants generally described the *LaCHIP* renewal process as uncomplicated and requiring little effort. Some with children who had been enrolled in the program for many years noted that the process has improved over time, since documentation is no longer required, the eligibility period is one year (as opposed to six months), and the entire process can be completed by mail or over the phone.

Renewal is easy. It’s pretty simple.

When it came time to renew eligibility, there were several years in a row [in the past] that they needed me to bring in proof that we were residents of the United States... even though I brought it to them last year.

Now [the renewal process] is good, because you don’t really do anything. You do it over the phone...you don’t even have to go into the office anymore. The only thing they ask is if anything changes, you notify them.

Table II.4. Renewal Procedures in *LaCHIP* & *LaCHIP* Affordable Plan as of January 2012

Passive/Active	Both
----------------	------

Ex-Parte	Yes
Rolling Renewal	Yes
Same Form as Application	No
Preprinted/Pre-populated Form	No
Mail-In or Online Redetermination	Either
Income Documentation Required at Renewal	Self-declaration with internal verification
State Administratively Verifies Income	Yes
Other Verification Required	No

Discussion

As a result of CHIPRA, states that have taken specific steps to simplify Medicaid and CHIP enrollment and renewal procedures and have also increased Medicaid enrollment of children above a baseline level were awarded “Performance Bonuses” for FYs 2009-2013. The amount of the award correlates with the percentage increase in enrollment above the baseline; states that achieve more than a ten percent increase in enrollment receive an even larger (“Tier 2”) bonus. CHIPRA Performance Bonus enrollment/renewal simplification criteria met by Louisiana in the 2009, 2010 and 2011 Federal Fiscal Years include: no asset test⁴, no in-person interview, a joint application with Medicaid, ex parte renewal, and twelve-month continuous eligibility. In large part, the over seven million dollars in CHIPRA Performance Bonuses that Louisiana received over the course of three years were for simplifications that they had already achieved, and provided support for the ongoing continuation of these efforts. In terms of the coverage gains award criteria, while Louisiana met its baseline improvement target, it did not achieve additional “Tier 2” coverage gains for any year of funding.

A critical factor that has permitted Louisiana’s success over the last decade has been the significant effort to change the “culture” of the eligibility staff that performs these functions for Medicaid/*LaCHIP*. Specifically, this change involved reshaping staff attitudes toward eligibility, and moving away from a gatekeeper frame of mind toward a more facilitative, client-centered approach aimed at making enrollment and renewal processes as minimally burdensome as possible. To accomplish this goal, DHH drew upon the expertise and experience of those working in the field—the Medicaid analysts themselves—to solicit their input on process improvements.

⁴ The asset test has been eliminated since early 1990s in Louisiana for poverty-related Medicaid children.

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III. OUTREACH

Since 1998, Louisiana has conducted coordinated marketing of its Medicaid and CHIP programs for children, publicly branding them as one, seamless program— *LaCHIP*. Over time, the state’s outreach efforts have been characterized by extensive use of word-of-mouth and networking approaches. Some notable strategies include: participation in health fairs and community gatherings, educational “in-service” events with local businesses and other agencies, and massive distributions of flyers and applications within communities. Key messages of *LaCHIP* marketing efforts have included: “applying for *LaCHIP* is easy,” and “preventive health care is important” (Center for Medicare and Medicaid Services).

Also, in recent years, DHH has worked with eleven Covering Kids and Families (CKF) grantees to conduct outreach activities across the state, including helping to organize a set of regional stakeholder coalitions. Initially, these grantees were funded by the Robert Wood Johnson Foundation, but since 2004 have been funded by the state. However, as of June 2012, the DHH contracts will not be renewed for fiscal year 2013. Given the very low rate of uninsurance among children in Louisiana, state officials noted that “at some point, the return on investment changes [for outreach]. We are not getting the same rate of return we did 10 years ago, because we have now achieved a lot of what we were previously trying to achieve.” These contracts had been approximately \$100,000 each in size. Similarly, state officials say that the remaining uninsured children (likely children between 50 percent and 100 percent FPL) in the state may not be well-reached by CKF’s traditional outreach methods, and instead benefit most from passive enrollment processes such as Express Lane Eligibility that automatically enroll existing SNAP cases into Medicaid. State officials also emphasized that they have monitoring in place and are prepared to step in again using the existing outreach infrastructure if rates of uninsurance begin to rise. Several key informants had mixed feelings about this funding cut. Some were concerned about losing long-standing regional coalitions and worried that they would not be able to survive without state funding. Others expressed the opinion that the state’s new risk-based managed care program, *BayouHealth*, may partially substitute for traditional outreach – particularly given the natural incentive for health plans to enroll and retain eligible families. However, informants expressed concern that *BayouHealth* MCOs may not have the same to offer since “traditional outreach agencies are the faces that [families] are used to seeing.”

Focus Group Findings: Outreach

Focus group participants found out about LaCHIP from a variety of sources. Most commonly, they heard about the program from social service (e.g., WIC, SNAP) caseworkers, health care providers, family, and friends. They also reported seeing information about LaCHIP at schools, in print advertisements, and on television.

My caseworker... was a delight, and he helped out a whole lot and told me about [LaCHIP]. He actually helped me apply for it, and he told me about LaMOMS as well, because I didn't have insurance.

When I was younger, I was on LaCHIP, so I knew about it already through my mom.

My daughter ended up having to go to the emergency room...and the doctors..., informed me of LaCHIP.

I was able to qualify for WIC, and then [the WIC office] told me about the LaCHIP. And I'm thinking I'll qualify for it too.

Under CHIPRA, Louisiana was awarded two Cycle I Outreach Grants in 2009: one to the DHH’s *LaCHIP*/Medicaid Eligibility Division, and one to the TECHE Action Board, a FQHC in St. Mary’s Parish along the Gulf Coast. DHH chose to contract with ten community partners under its grant, deploying “*LaCHIP* Community Canvassers,” in targeted areas across the state

with the goal of finding and enrolling 10,000 eligible-but-not-enrolled children into Medicaid/*LaCHIP*, with a particular focus on Hispanic, rural, and children of families affected by Hurricanes (CARTS 2010). According to informants with experience working as Community Canvassers, “We literally had two dedicated staff with months of heavy aggressive outreach, and we could not ‘scare up the bodies’ to find the [last 5%] of uninsured kids.” The state fell short of its goal of 10,000 children under this grant. The other CHIPRA Outreach grantee, TECHÉ Action Board, was focused upon building a local outreach infrastructure in the St. Mary’s area.

Notably, eligibility and outreach staff in New Orleans highlighted unique difficulties in reaching families since Hurricane Katrina, difficulties that persist to the present day. Informants noted that this was likely due to continued transience of the low-income population in New Orleans, and the fact that many of them frequently change cell phone numbers. Analysts there stated that they spend a great deal of time trying to track down clients at the time of renewal- and have had to resort to untraditional methods like Facebook to find clients whose cases would otherwise close.

IV. BENEFITS

Given that the vast majority of children enrolled in *LaCHIP* are in the Medicaid expansion portion of the program, they receive regular Medicaid benefits as required by federal law, including EPSDT (called *KidMed* in Louisiana), which provides broad coverage of needed services. Dental benefits were added for pregnant women in 2006. As one provider said, “The benefit package is good for kids and pregnant women. There are never real reductions.”

LaCHIP Affordable Plan, the separate program, has a non-Medicaid benefits package. As mentioned above, this program is modeled after the state employees program and is similarly administered by the Louisiana Office of Office of Group Benefits. The benefits package covers standard benefits such as physician’s care, hospitalization, and emergency room visits. However, the package is more limited than that of Medicaid. It does not include EPSDT (and the open-ended access to benefits that it brings when health problems are identified). As a result of CHIPRA’s mandate for coverage of dental as a part of separate CHIP programs, dental benefits were added effective February 2012. In addition, some benefits in the *LaCHIP Affordable Plan* have limits (e.g., speech therapy is limited to 26 visits per year), and hospitalizations require prior authorization. Behavioral health also had been subject to prior authorization until such restrictions were eliminated by mental health parity provisions of CHIPRA. There is no limit on preventive health care or for physician visits. Emergency room visits are not limited, but are subject to extensive copayments as discussed below. Vision care is not covered by the *LaCHIP Affordable Plan* (LA DHHS 2012).

Focus Group Findings: Benefits

While focus group participants were generally satisfied with the *LaCHIP* benefit package, some thought coverage for durable medical equipment and dental services was not comprehensive enough, and several noted the lack of coverage for orthodontia. A few participants also expressed frustration with recent formulary changes that eliminated coverage for some name-brand drugs.

I had to get him put on [a separate, prescription-drug only] insurance in order to get the ADD medicine covered. I have to go to see if the insurance card is going to cover it. If not, that's an out of pocket expense at \$196 a month, and he only gets 30 pills.

[My son] has got a size 17 foot, and he's flat footed, and [LaCHIP] doesn't pay for arches and all that stuff. It's not considered medical, because they do sell arches, you know. Wal-Mart sells them like for \$50.

When [my daughter] was smaller [LaCHIP] would only pay for two pair of glasses a year. And that makes sense for older children, but when you're talking about a two-and-a-half year old...my only complaint is, you know, when they're smaller, they need to be able to get three, possibly four pair a year instead.

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V. SERVICE DELIVERY, ACCESS, AND QUALITY OF CARE

Recent years have seen Louisiana adopt significant changes to its service delivery and payment arrangements under LaCHIP. These developments are described below, as well as the implications they hold for access to and quality of care.

Service Delivery

Dating back to the first half of the 20th century, the health care delivery system for poor Louisianans historically consisted of ten “charity” hospitals which receive most of their funding from the state. As an example, Charity Hospital in New Orleans, which was destroyed by Katrina, had been the second longest continually-open public hospital in the country, dating back to the late eighteenth century. Currently these hospitals are all managed by the state’s largest medical school, Louisiana State University (LSU). This hospital-based delivery system resulted in poor people relying primarily on either hospital outpatient clinics or emergency rooms for primary care. As one respondent said, “We were locked into that old model, because we had so much ‘bricks and mortar.’”

After the flood, New Orleans lost many physicians who moved elsewhere, including the faculty of medical schools, who had traditionally served the poor, but left in part because the medical schools lost students, compounded by a loss in hospital-affiliated clinic revenue. To provide incentives for medical providers to return to New Orleans, there were substantial bonuses (funded through Greater New Orleans Health Service Corps, created after Katrina in 2007) offered to doctors (up to \$100,000 in loan repayment per physician, as well as other financial incentives) to work at one of the new post-Katrina primary care clinics (Croasdale 2007). All had to agree to accept Medicaid/*LaCHIP* patients.

Risk-Based Managed Care

The spring of 2012 witnessed Louisiana’s transition to a statewide mandatory risk-based managed care program, called *BayouHealth*, for its Medicaid/*LaCHIP* program. The impetus for managed care came from the desire to increase access to care and improve health outcomes by holding the plans accountable for outcomes and service delivery. State officials point to the experience of Georgia and South Carolina for their improvements in health outcomes after moving to risk-based managed care. The budget predictability of a risk-based managed care arrangement was an additional motivation.

Under the new system, the state is contracting with five Managed Care Organizations (MCOs) which will operate statewide, including: Amerigroup, Community Health Solutions, LaCARE, Louisiana Healthcare Connection (a partnership between the national MCO Centene and 19 FQHCs in Louisiana), and United Healthcare. While these are all national health plans with a presence in other states, they have to have an existing presence in Louisiana to participate. Two of these MCOs—Community Health Solutions and United—have a “shared savings” arrangement with no downside risk and the remaining three have full-risk contracts. This financial arrangement does not affect the way the plans are portrayed to beneficiaries. The state’s health plan selection process was very competitive, and several plans (such as Aetna, Coventry, and WellCare) were not selected.

The state has hired MAXIMUS as its “enrollment broker” to manage the health plan selection and enrollment process for beneficiaries. There have been numerous informational meetings around the state as part of the Bayou Health roll-out. The first area of the state to “go live” with *BayouHealth* was New Orleans, which launched in February 2012. *BayouHealth* will be fully implemented statewide by June 1, 2012.

Initially, and perhaps reflecting the new nature of this type of program in Louisiana, only 28 percent of enrollees voluntarily selected a plan, so the rest were auto-assigned. Several key informants noted that for many beneficiaries, significant confusion has occurred among beneficiaries as a result of the branding. As one informant said, “[The beneficiaries] get the [plan selection] packet in the mail, and they say ‘I don’t need *BayouHealth*, I’ve already got Medicaid,” which may explain the low rates of plan selection among enrollees. However, since the auto-assignment relies on enrollees’ geographic proximity to providers, while also accounting for enrollees’ previous use of providers, informants hoped that most people are assigned to plans that include their participating primary care providers. Children with Special Health Care Needs (CSHCN) may opt out of *BayouHealth*, and those who do so will receive their care through traditional fee-for-service arrangements. If the family does not elect to opt out, they will be auto-assigned to a plan.

Another important change to Medicaid/*LaCHIP* service delivery is occurring simultaneously to *BayouHealth*’s roll-out. Behavioral health services are being carved out to Magellan (a managed behavioral health company), which will deliver adult services on an at-risk basis and children’s services on a non-risk basis (paid through fee-for-service arrangements). This development holds the potential to significantly expand access to behavioral health services under *LaCHIP*, as children will have access to a wider group of behavioral health providers, not just the public mental health clinics that have provided most Medicaid services in the past. In addition, dental and pharmacy benefits do not change under *BayouHealth*, but both are carved out to fee-for-service payment arrangements.

The move to *BayouHealth* has not been without controversy in the state. While the change is strongly supported by Governor Jindal and has substantial bi-partisan support in the

Focus Group Findings: Access to Care

Focus group participants had mixed views about access to care under *LaCHIP*. Though many were able to find a primary care doctor without trouble, a number said that it was challenging to find a doctor that was actually open to new *LaCHIP* patients. Participants expressed the most frustration with finding dentists that took *LaCHIP*.

Many participants had sought specialty care for their *LaCHIP*-enrolled child (e.g., behavioral, developmental, vision). Most reported that it was not difficult to find a specialist who participated in *LaCHIP* (in large part because PCPs generally refer patients to a particular provider), but noted that provider choices are often quite limited. Focus group participants were generally satisfied with appointment wait times for primary and dental care, but said they might wait months for a specialist appointment.

For shots and well child care, you might have to wait ... a couple days maybe, that’s the most.

*There was one dentist on the whole list that would take [my daughter]...it was a terrible appointment. She ended up getting on her like father’s private insurance...we’ve kept her on private dental insurance because we just determined that *LaCHIP* dental didn’t exist really.*

It seems like the mainstream is well taken care of...but when [care is needed that is] rare or outside the ordinary, that’s when your options get...very limited. Or you have to wait for a really long time before you can see the one specialist that’s available and still taking patients.

*What I’m concerned about now is, we’ve got a whole bunch of doctors...and I don’t want that to change [when the *BayouHealth* managed care program is implemented]... I just want him to stick with these people...you’re tossing me around here and there and here and there.”*

legislature, it was strongly opposed by provider groups in the state. The initial version of risk-based managed care (proposed in the 2010 legislative session) was stopped in the legislature due to significant opposition to the proposed model. At that point, the state reached a temporary compromise, to move to a more tightly managed PCCM program (called “CommunityCARE II”) for a year, in which the providers lost half of the monthly fee for PCPs and also participated in a pay-for-performance system. State officials again did not perceive that this program was effective, and continued to push for full risk-based managed care. As one state official noted, “The primary care provider only got \$3 per member per month (PMPM) in CommunityCARE to have that be the beneficiary’s medical home—but [we] didn’t get robust care management for that amount of money, [and] it wasn’t achieving the health outcomes.”

After further compromises, *BayouHealth* has finally been implemented. The providers persuaded the state to have fewer plans (moving away from an “Any Willing Provider” contracting approach⁵), which means the providers only have five health plans to negotiate with, and not the 18 originally expected. The providers also succeeded in having a pharmacy carve out (so that they did not have to use different formularies for each of the five MCOs), prompt payment provisions, and a medical loss ratio of 85 percent. A final controversial area is the transition to managed behavioral health services with Magellan, as mentioned above; the motive was to “privatize” more of mental health service delivery (i.e., moving away from a delivery system reliant on public mental health centers) and improve access to care.

At the time of this case study, it is too soon to say how *BayouHealth* will affect the health care delivery for low-income children in Louisiana, or whether access to care will be improved. However, informants reported few early implementation problems and were encouraged by good participation by primary care providers in plan networks. They also reported initial indications that participation of specialists in the program appeared to be better than before managed care. Hospital participation is also good, as most have signed up with all five plans. In general, those with whom we spoke were optimistic that *BayouHealth* would improve access, and by extension, health outcomes. As one informant quipped, “We’re at 49th [in health status, nationally], so we have nowhere to go but up!”

Access to Care

While there is a consensus in Louisiana that outreach and enrollment simplification have been incredibly successful at enrolling uninsured children, there is also a general agreement that once children are enrolled in Medicaid/*LaCHIP* they have not had consistently good access to high quality health services. In spite of improvement related to the move away from hospital-based care in New Orleans, there is still a stratified system of care, according to informants, with separate delivery systems for Medicaid/*LaCHIP* and the uninsured, and for persons with private coverage. This was reported to be especially true in urban areas. In rural areas and smaller towns/cities, physicians are more likely to take Medicaid/*LaCHIP*, since about half the state’s

⁵ With this approach, the state provides the contract terms and requirements to interested MCOs; any MCO meeting those requirements and willing to provide the contracted services within a certain rate range may do so (Howell et al., forthcoming).

children are eligible statewide, and even more in the poorest areas. Still there are shortages of private providers who participate in the public programs.

As evidence for this, state officials point to the very poor rankings that the state experiences for health outcomes. Kids Count found Louisiana ranked 49th in the nation in their Child Well Being index. The index is built around several components including health outcomes (Annie E. Casey Foundation 2010).

Louisiana, because of its large medical schools (LSU and Tulane), has an adequate physician supply in some urban areas, but not in most rural areas. As evidence, much of the state is designated as a Health Resources and Services Administration (HRSA) Health Professional Shortage Area. In addition, many doctors that do practice in the state refuse to accept Medicaid/*LaCHIP* patients due to lower reimbursement and other reasons. Provider shortage issues are more acute for specialty care than for primary care. Children's Hospital in New Orleans (affiliated with LSU, and where the state's Title V/CSHCN program is based) has six clinics for sub-specialty care. But no similar facility exists outside of New Orleans, meaning children from rural areas often have access difficulties related to obtaining sub-specialty care. Oftentimes families must travel to New Orleans for this care. State officials are hoping this problem will be lessened with managed care, since health plans may pay better rates to providers to encourage their participation in provider networks.

Due to budget cuts, subsidies flowing to the LSU/charity hospital system have been reduced. This is in part due to substantially reduced federal disproportionate share hospital (DSH) funds (of which Louisiana has historically been a major recipient) and to the gradual diminution of post-Katrina federal funding. Governor Jindal is known to prefer a private health care delivery system, and does not seek to increase government subsidies for the hospital-based indigent care system. As a result, all the pediatric clinics at the LSU Baton Rouge charity hospital closed, exacerbating the supply shortage for sub-specialty care.

There are also significant shortages in the areas of dental and behavioral health. Access is poor for dental care for *LaCHIP* enrollees, though informants noted that this issue has had increased attention and that there has been some improvement in recent years. For example, the state reports recent increases in reimbursement to dentists. A shortage of behavioral health providers was especially severe post-Katrina, when there was heavy demand due to post-traumatic stress disorder and depression. This problem is being addressed with the transition to *BayouHealth* as discussed above. In addition, these services are sometimes provided by primary care providers who can prescribe psychotropic medication, and may refer the patient for formal mental health services, and then provide follow-up care.

Physician reimbursement under Medicaid/*LaCHIP* has been closer to Medicare reimbursement levels than in many states; rates are currently approximately 80% of Medicare. There have been some cuts, however, as the state used to pay 90 percent of Medicare rates. The most recent cuts applied to sub-specialists but not to primary care. Still, Medicaid/*LaCHIP* reimbursement is at or below cost, and one informant indicated that a provider group likely has to have some subsidy (for example, from an affiliated hospital) to survive if their practice has more than about a third of Medicaid/*LaCHIP* patients.

Quality of Care

Under CommunityCARE, Louisiana took several steps to improve quality of care. To some extent, these efforts are now being incorporated into *BayouHealth's* contracts with MCOs. For example, the state has operated several pay-for-performance programs, whereby physicians achieving outcomes better than 50 percent of their peers received a bonus.

Since 2007, Louisiana has reported on the following five HEDIS quality measures for children in their CHIP Annual Reports: (1) Well-Child Visits in the First 15 Months; (2) Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life; (3) Annual Dental Visits (Ages 2-21); (4) Adolescent Well-Care Visits; and (5) Children's and Adolescents' Access to Primary Care Practitioners (Ages 12 months to 19 years). The state has included quality monitoring requirements in its contracts with the new MCOs, with 37 health care measures that plans must track and report. The state will also, for the first time, have an External Quality Review Organization (EQRO) to help monitor quality of care.

There is a move to strengthen the medical home model in Louisiana. Providers are paid an enhanced reimbursement of 50 cents on top of the monthly \$1.50 per month for being a primary care provider, if they obtain certification from NCQA or the Joint Commission as a medical home. This monthly PCP fee went down from \$3 under the PCCM system. The fee is being maintained with *BayouHealth*. About 70 percent of the state's FQHCs have obtained certification as a medical home. There are also various Health IT initiatives underway in the state. For example, there is one funded through the American Recovery and Reinvestment Act which is linking hospitals in Baton Rouge through an electronic medical record. Eventually, the goal is to also link the hospitals to affiliated physician practices. Some community health centers have used their expansion money from HRSA to implement health IT initiatives, and Primary Care Access Grantees in New Orleans also received money to implement electronic medical records.

Focus Group Findings: Quality of Care

Overall, focus group participants were happy with the quality of care their children receive from primary and specialty care providers, though several reported dissatisfaction. Notably, most who related negative experiences with a PCP or specialist were ultimately able to switch to a provider with whom they were more satisfied. Reports on the quality of dental care were more varied, with a number of participants expressing unhappiness with how their child had been treated at the dentist office.

I switched [primary care providers] recently...I just didn't like sitting in the office all day. And, there was certain information, like medical information, he needed for school. And I had to keep calling, and [the provider's office] still, to this day, has not given me the information that I requested.

[The dental office] where I take my son and daughter is good...neat, clean, friendly. I mean, they are perfect ...they take their time.

I didn't like that [dentist] because I felt like they were taking advantage of Medicaid, and they wanted to put crowns on baby teeth. And I took her to another doctor to get a second opinion, and they said, 'no, don't crown a baby tooth.' So I was like, I'm not going back there anymore.

It seems as if when you go to a specialist, and they realize the child is receiving LaCHIP, they don't get the same kind of care... I have to take my daughter's child and my child to speech therapy, and it was two separate appointments. My [LaCHIP-enrolled] son was first, and they just kind of rushed through...when they got to the other child, who had private insurance, they took their time.

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VI. COST SHARING

As primarily a Medicaid expansion, *LaCHIP* has little cost-sharing; the only cost-sharing is for children in the separate program, *LaCHIP Affordable Plan*. Given that this program is small and relatively new, experience is limited. In this program, families pay a \$50 premium per month which covers all enrolled children in the household. Informants reported that this is a lower premium than is imposed on state employees. About four percent of cases are dropped each month in *LaCHIP Affordable Plan* because of failure to pay the premiums, which suggests that the vast majority of families find the premiums affordable. Families also pay co-payments calculated at 10 percent of the contracted fee-for-service rate for all in-network medical benefits, and 30 percent of charges for out-of-network care. There is an additional \$150 co-pay for each emergency room visit. In addition, families pay 50 percent of prescription drug costs, with an annual cap of \$1,200 per person, after which the copay is reduced to \$15 per prescription. The lifetime maximum benefit is \$5 million. A comparison of the cost-sharing structure for Medicaid/*LaCHIP* and *LaCHIP Affordable Plan* is illustrated in Table VI.1, below.

Focus Group Findings: Cost-Sharing

Virtually none of the focus group participants had experience with cost-sharing under *LaCHIP Affordable Plan*. However, some were aware that this separate program had a premium-paying component, and shared their perceptions of its affordability.

I believe that low cost LaCHIP... is \$50. So even if I had to pay, I could afford that. Unlike my insurance at my job, I can afford it.

Federal rules stipulate that, annually, family out-of-pocket costs cannot exceed five percent of family income, but state officials admit that it is administratively difficult to track this (since providers collect the co-pays). In addition, co-payments are not always collected by providers; for example, some FQHCs do not collect them. State officials report that in 2011, they have record of 30 *LaCHIP Affordable Plan* families reaching this cap. While we heard that the benefits are “affordable compared to private insurance,” heavy co-payments could be an important reason for the low enrollment levels in the *LaCHIP Affordable Plan*.

Table VI.1. Cost Sharing in Medicaid/*LaCHIP* and *LaCHIP Affordable Plan*

Program	Income Level	Premium/Child/Month	Copayments
<i>Medicaid</i>	<133%: Ages 0-5 <100%: Ages 6-18	\$0	N/A
<i>LaCHIP</i>	<200% FPL: Ages 0-18	\$0	N/A
<i>LaCHIP Affordable Plan</i>	200-200%FPL	\$50 per family	Enrollees pay 10% of the contracted rate for most services, 20% of the negotiated rate for hospice care and mental health/substance abuse services, and 30% of the negotiated rate for home health. For prescription drugs, enrollees pay 50% or a maximum of \$50 per 30 day supply. After reaching a cap of \$1,200 per person per plan year, the co-payment is reduced to \$15 for brand name drugs and \$0 for generics. A \$150 deductible is charged for ERs (waived if admitted), and a \$200 deductible for mental health/substance abuse services.

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VII. CROWD OUT

The 200% FPL threshold for the Medicaid expansion portion of *LaCHIP* brings the program to many families that would be considered “middle income” in this relatively poor state. It is possible that families who have not had insurance at all, but who have offers of private insurance, choose public coverage if their children qualify because of the relatively generous benefit package and the lack of premiums or cost-sharing. One informant asserted that “Some providers believe that *LaCHIP* has eroded commercial insurance in the state.” However, another informant asserted that, so far, this has not had a significant effect on the health insurance industry, and there is no concrete quantitative evidence of this crowd-out occurring.

There are significant crowd-out provisions for the separate *LaCHIP Affordable Plan*. There is a 12-month waiting period during which a child must be uninsured before they are permitted to apply the program. State officials report that, in 2010, only slightly over three percent of applicants were found to have other group insurance at the time of application for this program (CARTS 2010). In addition, as mentioned, cost-sharing in the program is heavy. Informants noted that parents who have commercial insurance for their child are reluctant to drop it, particularly when (after one year) the child would have access to a benefit package that is not a great improvement financially over private insurance.

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VIII. FINANCING

Because of growth in program enrollment (rising from 105,580 ever enrolled in 2004 to 152,404 in FFY; see Figure II.1), expenditures for *LaCHIP* have risen over time. While the state has a budget shortfall of \$1.6 billion, *LaCHIP* has not been a main target for cuts because of its political popularity. The main way the state hopes to save money (or slow spending growth) under *LaCHIP* is through the transition to *BayouHealth*, in which they can “fix the price” of their spending on the program through capitated payments to MCOs.

The state also saw a 147% increase in their CHIP allotment between FY 2008 and FY2009, from \$84.1 to \$207.7 million, directly as a result of CHIPRA’s new statutory formula for calculating state allotments (KFF State Health Facts) This represented a 30.3% increase over FY2008 CHIP spending in the state (Georgetown Center for Families and Children, 2009). According to state officials, the state has never outspent its CHIP allotment, and the size of the small separate program has never been as large as annually forecasted. Officials also stated that they have never had to consider imposing a waiting list or cap on the separate program. Thus problems with financing and spending cuts are not a major focus of current debate surrounding *LaCHIP* in Louisiana. Louisiana’s CHIP Allotments and Expenditures from 2005-present are shown in Table VIII.1, below.

Table VIII.1. *LaCHIP* Allotments and Expenditures (in millions of dollars)

FFY	Federal Allotment ^a	Federal Expenditures ^b	Federal Matching Rate ^c
2005	\$77.5	\$109.9	79.7
2006	\$77.1	\$96.5	78.9
2007	\$89.6	\$119.9	78.8
2008	\$84.1	\$159.2	80.7
2009	\$207.4	\$237.4	79.9
2010	\$229.1	\$227.2	77.3
2011	\$186.0	?	74.5
2012	\$195.2	?	72.8

^a 2005—2008 allotment data: Georgetown University Health Policy Institute, Center for Children and Families, 2009. *Original SCHIP Allotment by State, 1998-2008*. Available at: <http://ccf.georgetown.edu/index/cms-filesystem-action?file=statistics/historic%20schip%20allotments.pdf>; 2009—2012 allotment data: Georgetown University Health Policy Institute, Center for Children and Families, 2012. *FY 2009 - FY 2012 CHIP Allotments, in Millions, by State*. Available at: http://ccf.georgetown.edu/index/cms-filesystem-action?file=statistics/chipra_allotments.pdf

^b Georgetown University Health Policy Institute, Center for Children and Families, 2009. *Federal SCHIP Expenditures by State, 1998-2008*. Available at: http://ccf.georgetown.edu/index/cms-filesystem-action?file=policy/financing/historic_schip_expenditures.pdf

^c The Henry J. Kaiser Family Foundation, State Health Facts. *Louisiana: Enhanced Federal Medical Assistance Percentage (FMAP) for the Children’s Health Insurance Program (CHIP)*, Available at: <http://www.statehealthfacts.org/profileind.jsp?ind=239&cat=4&rqn=20&cmpgrn=1>

Though being awarded a total of over seven million dollars in CHIPRA performance bonuses, state officials at DHH noted that they were unfortunately not able to keep or spend the money they earned due to the state’s budget shortfall—the funds instead went directly into the General Fund. However, informants noted that the CHIPRA Performance Bonuses did earn the program political capital, and were likely essential in staving off deeper cuts to the program that might have otherwise occurred.

Nonetheless, persistent budget challenges within the Medicaid/*LaCHIP* program, have resulted in the closure and consolidation of parish Medicaid offices, as well as reductions in Medicaid/*LaCHIP* eligibility staff. Key informants noted that Medicaid staffing levels had been decreased by 17% between 2008 to 2011. Key informants noted that while the state has largely achieved these reductions by leaving previously-filled positions vacant when staff leave the department, in 2011 they had lay-offs of eligibility staff for the first time in 20 years.

IX. PREPARATION FOR HEALTH REFORM

Louisiana is one of the states that have declared they will not create a health insurance exchange, a decision of Governor Jindal. However, the Governor has also stated that Louisiana will cooperate in the effort to operate a federal exchange in the State. Projections cited by informants were that private insurance would cover only about 200,000 people, or 30% of the total State population come 2014, with the vast majority being covered by other sources, including: Medicaid (40%), Medicare (15%), and the VA and State employee coverage (15%). In addition, since DHH already has a “working business relationship” in place with CMS, including experience with data exchange, currently DHH staff see a federal-state partnership as going smoothly. The state has a Request for Proposals in preparation for a new IT vendor for its current Medicaid eligibility system, MEDS. The IT platform for this new eligibility system will set the stage for implementing health reform data exchange should the Affordable Care Act be implemented.

At the time of our visit, key informants expressed concerns that the Affordable Care Act would create huge challenges for the state, in terms of the Medicaid expansion to adults with incomes up to 133 percent of poverty; state officials estimated that such an expansion could double the size of the program by adding up to 600,000 new adults to the rolls. Concern was also expressed over whether or not Louisiana’s new Bayou Health managed care initiative would have the provider capacity to absorb all of these new enrollees. However, after the Supreme Court’s decision allowed states to opt out of the Medicaid expansion portion of the Affordable Care Act, Governor Jindal publicly declared that Louisiana would not take up the expansion for uninsured adults. While advocates continue to lobby for the expansion, it appears that in the near future Louisiana will not participate.

Focus Group Findings: Parents’ Coverage Status

About a third of focus group participants reported that they did not have health insurance coverage for themselves. All expressed worry about the health and cost-related repercussions of being uninsured. Some sought care from free clinics and others reported delaying or avoiding care because they could not afford it.

Right now I get care through [a clinic] free care program. But when they close that down, I don't know what I'm going to do.

It's scary, because I'm 60, you know, and I have no insurance, and I just don't go to the doctor.

[When I was uninsured] I worried about something major, you know, if something bad happened. I mean, I would not sleep sometimes. I would lay in bed at night and think 'What if I get cancer?'

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X. CONCLUSIONS AND LESSONS

Over the course of *LaCHIP*'s 14-year history in Louisiana, it has made impressive progress in reaching eligible-but-uninsured children in the state. *LaCHIP* has driven continuous improvement not just within the realm of the Title XXI-funded program, but has had a broader, “trickle-down” effect on the Louisiana Medicaid program’s policies and practices. Following the passage of CHIPRA in 2009, Louisiana complied with all of the legislation’s mandatory requirements, and several of the optional provisions, listed below in Table X.1.

Key conclusions and lessons learned from this case study include the following:

- Over the past decade Louisiana has been a trailblazer not only compared to its neighbors in the South—but nationally—in the areas of eligibility, enrollment, and renewal simplification for children. As a result, the state has seen tremendous gains in the rate of children’s coverage. Louisiana has pioneered numerous innovations, especially eligibility staff’s extensive use of third-party databases for verifying “behind the scenes” beneficiary information. These efforts, among others, have significantly shifted the burden of documentation away from families—at the point of both initial enrollment and renewal—and resulted in streamlined processes that families consider easy to navigate and as meeting their needs. The Performance Bonuses extended by CHIPRA rewarded Louisiana for this job well done.
- Such high rates of children’s coverage and *LaCHIP*’s significant reliance on passive enrollment and renewal processes has led the state to recently re-think its approach to outreach. *LaCHIP* officials suggested that the widespread familiarity of the *LaCHIP* program across the state (a consequence of a decade worth of word-of-mouth and networking approaches) has diminished the need for outreach. DHH’s recent discontinuation of long-standing contracts with Covering Kids and Families grantees reflects its stance that, with fewer uninsured kids, the return on investment for such efforts is low. However, the state plans to continuously monitor rates of uninsurance to determine whether outreach may again be necessary in the future.
- Louisiana views quality as the “next frontier” in its efforts to continuously improve the *LaCHIP* program. The state has set out to improve quality through its recent transition to *BayouHealth*, a risk-based managed care delivery system. State officials see promise in *BayouHealth*’s potential to more intensively monitor quality of care, secure additional provider participation, and hold providers more accountable for their patient’s care. Given the initiative’s extremely recent implementation, however, it remains to be seen what impact *BayouHealth* will have on child health care quality in the state.
- While Louisiana’s charity hospital system was a cutting edge model in early 20th century, the state sees a need to transition away from a high reliance for care in such settings and toward a focus on community-based primary care. The introduction *BayouHealth* is viewed as one promising means to accomplish this goal.

- Though facing considerable budget shortfalls, Louisiana has been able to avoid severe cuts to *LaCHIP*, in part due to adequate annual federal allotments, and also because the influx of additional funds from CHIPRA Performance Bonuses helped keep threats of cuts at bay. While the program was unable to keep its bonuses for re-investment in the eligibility process improvements, state officials were pleased to report that these bonuses likely allowed them to continue their eligibility process improvements.

Focus Group Findings: Conclusions and Lessons

Even though some expressed dissatisfaction or frustration with certain elements of LaCHIP coverage—most notably in the areas of access and quality—focus group participants were universally appreciative of the program. They were most pleased with LaCHIP’s affordability and with the security and peace of mind that it gave them to know their children could access care when it was needed.

I'm very grateful that [my children] qualify for LaCHIP...it's a blessing [that] helps low-income, hardworking people.

[When children are uninsured] everything costs so much. I hate to say it, it makes me sound like a bad parent, but it's like you only take them [to the doctor] as needed. You can't take them for like a regular checkup, because it costs.

[LaCHIP gives you] peace of mind that you can count on knowing like if they're sick that you can go get care for them. And it's affordable.

Table X.1. Louisiana's Compliance with Key Mandatory and Optional CHIPRA Provisions

CHIPRA Provision	Implemented in Louisiana?
Mandatory CHIPRA provisions	
Mental health parity required for states that include mental health or substance abuse services in their CHIP Plans by October 1, 2009	Yes
Requires states to include dental services in CHIP plans	Yes
Medicaid citizenship and identity documentation requirements applied to Title XXI, effective January 1, 2010	Yes
30 day grace period before cancellation of coverage	Yes
Apply Medicaid prospective payment system to reimburse FQHCs and RHCs effective October 1, 2009	Yes
Optional CHIPRA provisions	
Option to provide dental-only supplemental coverage for children who otherwise qualify for a state's CHIP program but have other health insurance without dental benefits	No
Option to cover legal immigrant children and pregnant women in their first 5 years in the U.S. in Medicaid and CHIP	No
Bonus payments for those implementing 5 of 8 simplifications	Yes
Contingency funds for states exceeding CHIP allotments due to increased enrollment of low income children	No
\$100 million in outreach funding	Yes (2 grants) ^a
Quality initiatives, including development of quality measures and a quality demonstration grant program	Yes

^a Louisiana State Department of Health and Hospitals (\$955,681); TECHE Action Board (\$234,808)

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APPENDIX A
SITE VISITORS AND KEY INFORMANTS

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Louisiana Site Visit

February 27-March 2, 2012

Site Visitors

Urban Institute

Fiona Adams
Brigette Courtot
Embry Howell

U.S. Department of Health and Human Services

Rose Chu

Key Informants: Baton Rouge

Catholic Charities

Janice Allen
Kristi Hackney

Family Road

Alana Bonhomme

Louisiana Department of Health and Hospitals

Jerry Phillips
Don Gregory
Diane Batts
Robyn Schifano
Lesli Boudreaux
Darlene Hughes
Kerri Lea

East Baton Rouge Parish Medicaid Eligibility Office

Theresa Duplessis
Rachel Richard

Louisiana Primary Care Association

Jonathan Chapman

Capitol FQHC

Rhonda Litt

American Academy of Pediatrics – Louisiana Chapter

Ashley Pollitz
Dr. Horace Collinsworth

Louisiana Association of Health Plans
Gil Dupre

Key Informants: New Orleans/Mandeville

Louisiana House of Representatives
Scott Simon, State Representative, District 74

Volunteers of America- Mandeville
Mary Corban

Gulf Coast Social Services
Tarase Carter

LA Title V Children and Youth with Special Health Care Needs Programs, Department of Public Health
Dr. Susan Berry

Orleans Parish Medicaid Office
Sachie Namitz
Mary Anderson

Excelth FQHC
David Mandry

APPENDIX B
LACHIP APPLICATION

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4 EASY Ways to Apply



ONLINE:
www.LaCHIP.org



MAIL:
LaCHIP
P.O. Box 91278
Baton Rouge, LA
70821-9278



FAX:
1-877-523-2987
(toll-free)



IN PERSON:
Call 1-877-252-2447
for the office
closest to you.



LaCHIP Monthly Income Amounts

NUMBER IN FAMILY	LaCHIP	LaCHIP
	NO-COST	LOW-COST
1	\$1815	\$2269
2	\$2452	\$3065
3	\$3089	\$3861
4	\$3725	\$4657
5	\$4362	\$5453
6	\$4999	\$6248
7	\$5635	\$7044
8	\$6272	\$7840

Income Amounts April 2011 through March 2012.

It's a fact that kids with health insurance live healthier lives.

Apply today!

¿Necesita traductor de español?
Llame al 1-877-252-2447.

Qui vj có cần thông dịch viên người Việt không?
Nếu cần xin gọi số 1-877-252-2447.

TTY Text Telephone for the Hearing Impaired: 1-800-220-5404.

BHSF Form 1-CH
Rev. 05/2011
Prior Issue Obsolete



Apply Online
www.LaCHIP.org
1-877-2LaCHIP

Health Coverage For Children Under Age 19

PROOF YOU MAY NEED TO SEND US	
FOR ALL APPLICANTS	Send copies of health insurance cards (front and back).
FOR APPLICANTS WHO ARE NOT U.S. CITIZENS	Send copies of Permanent Resident Cards or other forms from U.S. Citizenship and Immigration Services.
FOR CHILDREN AND THEIR PARENTS	Send pay stubs from last month showing gross pay (before taxes) or a letter from the employer. If self-employed, send copies of last year's tax return and all schedule attachments. <i>Grandparents and other non-parent caregivers do not have to send this information.</i>
FOR CHILDREN AND THEIR PARENTS	Send proof of gross income (before taxes) for all money that is not from a job like Veteran's Benefits, and alimony. Proof could be award letters or 1099 tax statements. <i>Grandparents and other non-parent caregivers do not have to send this information.</i>

RIGHTS & RESPONSIBILITIES	
WHAT MEDICAID HAS THE RIGHT TO EXPECT OF YOU	
REPORTING CHANGES	You agree to tell Medicaid within 10 days of these changes: 1) if anyone getting Medicaid moves out of state; 2) if anyone moves into or out of the home; 3) if there are changes in mailing or home address; and/or 4) if there are changes in health insurance and premiums.
SOCIAL SECURITY NUMBERS	You understand Social Security numbers will only be used to get information from other government agencies to make an eligibility decision.
PAYMENT OF MEDICAL CARE BY A THIRD PARTY	By accepting Medicaid, you understand that the Department has the right to get money received by you from other sources like insurance payments or lawsuit settlements for services that Medicaid has paid for you.
CHILD SUPPORT ENFORCEMENT	You understand that Medicaid will only send case information to Child Support Enforcement for medical support if you ask them to. We will make a referral if the parents get Medicaid unless Medicaid determines you have good cause not to cooperate with Support Enforcement.
LOUISIANA HEALTH INSURANCE PREMIUM PAYMENT (LAHIPP)	If you qualify for LaHIPP, we will reimburse you for Employer Sponsored Health Insurance (ESI). You must be enrolled in ESI while you are receiving payments from LaHIPP. If your insurance coverage ends for any reason, you must tell LaHIPP. You will be responsible for paying back any money you received in error from LaHIPP program.
WHAT YOU HAVE THE RIGHT TO EXPECT FROM MEDICAID	
RIGHT TO A FAIR HEARING	You understand that you can ask for a Fair Hearing if you think any decision made on the case is unfair, incorrect, or made too late.
NO DISCRIMINATION	You understand Medicaid cannot treat you differently because of race, color, sex, age, disability, religion, nationality, or political belief. If you think it has, you can call the U.S. DHHS Regional Office for Civil Rights in Dallas, TX at 1-800-368-1019 or write to Louisiana's Department of Health & Hospitals, Human Resources at P. O. Box 4818, Baton Rouge, LA 70821-4818.
OTHER SERVICES	You understand that information about WIC, KIDMED, and other Medicaid services may be sent to the persons who are eligible for Medicaid.

BHSF Form 1-CH
Rev. 06/2011
Prior Issue Obsolete



For Agency Use Only.
AC Rep Initials: _____

APPLICATION FOR HEALTH COVERAGE FOR CHILDREN UNDER AGE 19

REMEMBER: You can **APPLY ONLINE** at www.LaCHIP.org

Preferred language? ENGLISH SPANISH VIETNAMESE OTHER: _____

Where did you get this application? LaCHIP/Medicaid Office Business (Store/Work) Doctor's Office Friend/Relative
 Hospital Festival/Health Fair Pharmacy School Food Stamp Office Health Unit Other

SECTION 1		Please PRINT clearly in black ink.			
PARENTS OR CAREGIVERS LIVING IN THE HOME WITH THE CHILDREN					
PARENT/CAREGIVER #1	Name (first) (middle) (last) (suffix: Sr., Jr., etc.)				
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number		Date of Birth (month/day/year)	
	Race (Optional—you may mark one or more): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native—Tribe: _____ <input type="checkbox"/> Other:			Latino? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Home Phone () ()		Cell Phone () ()	Other Phone () ()	

PARENT/CAREGIVER #2	Name (first) (middle) (last) (suffix: Sr., Jr., etc.)				
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number		Date of Birth (month/day/year)	
	Race (Optional—you may mark one or more): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native—Tribe: _____ <input type="checkbox"/> Other:			Latino? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Home Phone () ()		Cell Phone () ()	Other Phone () ()	

SECTION 2			
MAILING ADDRESS	P.O. Box or Street Address		Apt/Lot Number
	City	State	Zip
	Home Parish		E-mail Address
HOME ADDRESS (IF DIFFERENT)	Street Address		Apt/Lot Number
	City	State	Zip

Questions? Call **1-877-252-2447** or visit us online at www.LaCHIP.org

SECTION 3		<i>If there are more than four children in the house, use a separate piece of paper.</i>			
CHILDREN'S INFORMATION		CHILD 1	CHILD 2	CHILD 3	CHILD 4
	FIRST NAME				
	MIDDLE INITIAL				
	LAST NAME, (Suffix: Sr., Jr., etc.)				
	DO THEY HAVE MEDICAID NOW?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DO THEY NEED A NEW MEDICAID CARD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ARE THEY APPLYING?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
	SOCIAL SECURITY #				
	DATE OF BIRTH (MONTH/DAY/YEAR)				
	RACE <i>(OPTIONAL—you may mark one or more)</i>	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native Tribe: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native Tribe: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native Tribe: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native Tribe: _____ <input type="checkbox"/> Other: _____
	LATINO? <i>(OPTIONAL)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	NAME OF 1 ST PARENT/ CAREGIVER:	<input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other: _____	<input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other: _____	<input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other: _____	<input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other: _____
	CHILD'S RELATIONSHIP TO THIS PERSON				
	NAME OF 2 ND PARENT/ CAREGIVER:	<input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other: _____	<input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other: _____	<input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other: _____	<input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other: _____
CHILD'S RELATIONSHIP TO THIS PERSON					
<i>A disability is a physical or mental impairment that lasts for at least one year or is expected to result in death.</i>					
DOES THIS CHILD HAVE A DISABILITY?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DOES CHILD HAVE HEALTH INSURANCE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HAS HEALTH INSURANCE ENDED IN THE PAST 12 MONTHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>The answers you give about immigration status are kept private.</i>					
IS THIS CHILD A U.S. CITIZEN?	<input type="checkbox"/> Yes—Skip to section 4 <input type="checkbox"/> No	<input type="checkbox"/> Yes—Skip to section 4 <input type="checkbox"/> No	<input type="checkbox"/> Yes—Skip to section 4 <input type="checkbox"/> No	<input type="checkbox"/> Yes—Skip to section 4 <input type="checkbox"/> No	
IS CHILD A LAWFUL PERMANENT RESIDENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DATE CHILD WAS GRANTED RESIDENCY?					
ALIEN #	A#	A#	A#	A#	
PERMANENT RESIDENT CARD #					

Questions? Call 1-877-252-2447 or visit us online at www.LaCHIP.org

SECTION 4	
PREGNANCY	Is anyone in the home pregnant who wants to apply for Medicaid? <input type="checkbox"/> Yes—Answer the next questions <input type="checkbox"/> No—Skip to section 5.
	Who is pregnant? Expected due date?

SECTION 5				
INCOME FROM A JOB	Do parents or children in the home work? <input type="checkbox"/> Yes—Fill out below <input type="checkbox"/> No—Skip to section 6. Examples: • Cash • Checks • Tips <i>Only include income of parents or children who work.</i> <i>Do not include income of grandparents or other non-parent caregivers. Please list each job.</i> Use a separate piece of paper if room is needed for information on additional jobs.			
	Worker Name			
	Employer Name & Phone Number <small>Check box if self employed.</small>	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Self Employed
	How Much Is Paid? <small>Gross income before taxes— including cash, checks, tips, bonuses, commission, etc.</small>			
	How Often Paid? <small>Weekly, every 2 weeks, twice a month, monthly.</small>			
	Is Health Insurance Offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6				
OTHER INCOME	Do parents or children in the home receive income that is not from a job? <input type="checkbox"/> Yes—Fill out below <input type="checkbox"/> No—Skip to section 7. Examples: • Child Support (list the child as the person who gets it) • Social Security • SSI • Unemployment • Worker’s Comp • Disability • Money from Friends/Relatives • Alimony • Veterans’ Benefits • Something Else <i>Only include income of parents or children receiving the income. Do not list income received by grandparents or other non-parent caregivers.</i>			
	Who Gets It?	Where is it from?	How Much?	How Often? <small>(Weekly, every 2 weeks, twice a month, monthly)</small>

SECTION 7	
CHILD SUPPORT/ALIMONY	Does any parent/caregiver in the home pay court-ordered child support or alimony? <input type="checkbox"/> Yes—Fill out below <input type="checkbox"/> No—Skip to section 8
	Who Pays It?
	How Much is Paid? Child Support: Alimony:

Questions? Call **1-877-252-2447** or visit us online at www.LaCHIP.org

SECTION 8	
DAYCARE/ ATTENDANT CARE	Does anyone in the home pay daycare for a child or for care for a person with a disability? <input type="checkbox"/> Yes—Fill out below <input type="checkbox"/> No—Skip to section 9
	Whose care is paid for? Who pays for the care?
	How much is paid? How often paid?
	Does anyone help pay for it? <input type="checkbox"/> Yes—How much? <input type="checkbox"/> No
	Name of daycare or caregiver: Phone Number ()

SECTION 9	
RECENT MEDICAL EXPENSES	Are there any medical bills, (paid or unpaid), for any child during the last three months? <input type="checkbox"/> Yes—Fill out below <input type="checkbox"/> No—Skip to section 10
	Who received medical services? In what months?
	Provider name(s) and phone number(s):

SECTION 10	
THIS IS THE END OF THE APPLICATION. SIGN BELOW.	
By signing this application I am giving my permission to the State of Louisiana and its agents to make contacts to verify the information given on this application. Under penalty of perjury, I certify that all information contained in this application, including U.S. citizenship or lawful immigrant status of all persons applying for benefits, is true and correct to the best of my knowledge. I have read or had read to me the "Rights and Responsibilities" section of the application, including fraud penalties, as described in this application.	SIGN HERE
	DATE

SEND YOUR COMPLETED APPLICATION TO:
 P. O. Box 91278 BATON ROUGE, LA 70821-9278 OR FAX TO: 1-877-523-2987

Questions? Call **1-877-252-2447** or visit us online at www.LaCHIP.org

BHSF Form VRD
Issued 07/21/11

AC/Office Name

Department of Health and Hospitals
Voter Registration Declaration (Optional)

If you fill it out, your answers will not affect the benefits you get from the
Louisiana Department of Health and Hospitals.

If you are not registered to vote where you live now, would you like to apply to register to vote here today? Yes No

- If you checked "Yes," please complete the attached form called the "Louisiana Mail Voter Registration Application." You may mail your completed Voter Registration Application to your local Registrar of Voters listed on the application or mail it to the Department of Health and Hospitals.
- **IF YOU DO NOT CHECK EITHER BOX YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help in filling out the voter registration application form, we will help you. **You may call us toll-free at 1-888-342-6207.** The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you choose to register to vote at this time, the information about the location where you completed the application to register will remain confidential and will only be used for voter registration purposes. If you choose not to register to vote, that information will also be kept confidential.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

Louisiana Secretary of State
Commissioner of Elections
P.O. Box 94125
Baton Rouge, LA 70804-9125
Phone: (toll-free) 1-800-883-2805

Print Your Name

Social Security Number

Date of Birth

Sign Your Name

Today's Date

- ACADIA**
Courthouse #115
Crowley, LA 70525-4363
(337) 788-8841
- ALLEN**
P. O. Box 150
Oberlin, LA 70655-0150
(337) 639-4966
- ASCENSION**
609 S. Irma Blvd. #205
Gonzales, LA 70737-3631
(225) 621-5780
- ASSUMPTION**
P. O. Box 578
Napoleonville, LA 70390-0578
- AVOYELLES**
312 N. Main St. #E
Marksville, LA 71351-2409
(318) 253-7129
- BEAUREGARD**
P. O. Box 952
DeRidder, LA 70634-0952
(337) 463-7955
- BIENVILLE**
P. O. Box 697
Arcadia, LA 71001-0697
(318) 263-7407
- BOSSIER**
P. O. Box 635
Benton, LA 71006-0635
(318) 965-2301
- CADDO**
P. O. Box 1253
Shreveport, LA 71153-1253
(318) 226-8891
- CALCASIEU**
1000 Ryan St. #7
Lake Charles, LA 70601-5250
(337) 437-3572
- CALDWELL**
P. O. Box 1107
Columbia, LA 71418-1107
(318) 649-7364
- CAMERON**
P. O. Box 1
Cameron, LA 70631-0001
(337) 775-5493
- CATAHOULA**
P. O. Box 215
Harrisonburg, LA 71340-0215
(318) 744-5745
- CLAIBORNE**
507 W. Main Suite 1
Homer, LA 71040-3914
(318) 927-3332
- CONCORDIA**
4001 Carter St. #4
Vidalia, LA 71373-3021
(318) 3367770
- DESOTO**
105 Franklin St.
Mansfield, LA 71052-2046
(318) 872-1149
- E. BATON ROUGE**
222 St. Louis #201
Baton Rouge, LA 70802-5860
(225) 389-3940
- E. CARROLL**
P. O. Box 708
Lake Providence, LA 71254-0708
(318) 559-2015
- E. FELICIANA**
P. O. Box 468
Clinton, LA 70722-0468
(225) 683-3105
- EVANGELINE**
200 Court St. Ste. 102
Ville Platte, LA 70596-4463
(337) 363-5538
- FRANKLIN**
Courthouse
6560 Main St.
Winnsboro, LA 71295-2750
(318) 4354489
- GRANT**
Courthouse
200 Main St.
Coffey, LA 71417-1628
(318) 627-9938
- IBERIA**
300 S. Ibena St. #110
New Iberia, LA 70560-4543
(337) 369-4407
- IBERVILLE**
P. O. Box 554
Plaquemine, LA 70765-0554
(225) 687-5201
- JACKSON**
500 E. Court St. #102
Jonesboro, LA 71251-3400
(318) 259-2486
- JEFFERSON**
P. O. Box 10494
Jefferson, LA 70181-0494
(504) 736-6191
- JEFFERSON DAVIS**
302 N. Cutting Ave.
Jennings, LA 7054-65361
(337) 824-0834
- LAFAYETTE**
1010 Lafayette #313
Lafayette, LA 70501-6885
(337) 291-7140
- LAFOURCHE**
307 W. 4th St. #101
Thibodaux, LA 70301-3105
(985) 447-3256
- LASALLE**
P. O. Box 2439
Jena, LA 71312-2439
(318) 932-2254
- LINCOLN**
100 W. Texas Ave.
Ruston, LA 71270-4463
(318) 251-5110
- LIVINGSTON**
P. O. Box 968
Livingston, LA 70754-0968
(225) 686-3054
- MADISON**
100 N. Cedar St.
Tallulah, LA 71282-3892
(318) 574-2193
- MOREHOUSE**
129 N. Franklin
Bastrop, LA 71220-3815
(318) 281-1434
- NATCHITOCHES**
P. O. Box 677
Natchitoches, LA 71458-0677
(318) 357-2211
- ORLEANS**
1300 Perdido #1WZ3
New Orleans, LA 70112-2127
(504) 658-6300
- OUACHITA**
122 St. John St. #114
Monroe, LA 71201-7342
(318) 3271436
- PLAQUEMINES**
P. O. Box 969
Port Sulphur, LA 70093-0969
(504) 564-6957
- POINTE COUPEE**
211 E. Main St.
New Roads, LA 70760-3661
(225) 638-9537
- RAPIDES**
701 Murray St.
Alexandria, LA 71301-8099
(318) 473-6770
- RED RIVER**
P. O. Box 432
Coushatta, LA 71019-0432
(318) 532-5327
- RICHLAND**
P. O. Box 368
Rayville, LA 71269-0368
(318) 728-3682
- SABINE**
400 Capitol St. #107
Many, LA 71449-3099
(318) 256-3697
- ST. BERNARD**
8201 W. Judge Perez Rm 104
Chalmette, LA 70043-1696
(504) 278-4231
- ST. CHARLES**
P. O. Box 315
Hahnville, LA 70057-0315
(985) 783-2731
- ST. HELENA**
P. O. Box 543
Greensburg, LA 70441-0543
(225) 222-4440
- ST. JAMES**
P. O. Box 179
Convent, LA 70723-0179
(225) 562-2330
- ST. JOHN**
1801 W. Airline Hwy
LaPlace, LA 70068-3344
(985) 652-9797
- ST. LANDRY**
P. O. Box 818
Opelousas, LA 70571-0818
(337) 948-0572
- ST. MARTIN**
Courthouse
415 S. Martin St.
St. Martinville, LA 70582-4549
(337) 394-2204
- ST. MARY**
500 Main St. #301
Franklin, LA 70539-6144
(337) 628-4100
- ST. TAMMANY**
701 N. Columbia St.
Covington, LA 70433-2709
(985) 809-5500
- TANGIPAHOA**
P. O. Box 895
Amite, LA 70422-0895
(985) 748-3215
- TENSAS**
P. O. Box 183
St. Joseph, LA 71366-0183
(318) 766-3531
- TERREBONNE**
P. O. Box 9189
Houma, LA 70361-9189
(985) 873-6533
- UNION**
P. O. Box 235
Farmerville, LA 71241-0235
(318) 368-8660
- VERMILION**
100 N. State St. #120
Abbeville, LA 70510
(337) 898-4324
- VERNON**
P. O. Box 626
Leesville, LA 71496-0626
(337) 239-3690
- WASHINGTON**
Courthouse Bldg.
900 Washington St.
Franklinton, LA 70438
(985) 689-7850
- WEBSTER**
P. O. Box 674
Minden, LA 71058-0674
(318) 377-9272
- W. BATON ROUGE**
P. O. Box 31
Port Allen, LA 70767-0031
(225) 336-2421
- W. CARROLL**
P. O. Box 71
Oak Grove, LA 71263-0071
(318) 628-2391
- W. FELICIANA**
P. O. Box 2490
St. Francisville, LA 70775-2490
(225) 635-6161
- WINN**
Courthouse Room 105
Winnfield, LA 71493-3238
(318) 628-6133

OFFICIAL USE ONLY

Address Change

Name Change

Party Change

Remarks

Circle One: PA MV RG SDA SS

Received by: _____

PLACE IN AN ENVELOPE AND MAIL TO YOUR
REGISTRAR OF VOTERS

USE THIS FORM TO: 1) register to vote 2) change your address 3) request a name change 4) change party affiliation

TO REGISTER TO VOTE AND BE ELIGIBLE TO VOTE YOU MUST: 1) be a United States citizen 2) be at least 17 years old to register but must be 18 years old to vote 3) not be under an order of imprisonment for conviction of a felony 4) not be under a judgment of full interdiction or limited interdiction where your right to vote has been suspended 5) reside in the state and parish in which you seek to register and vote.

INSTRUCTIONS FOR COMPLETING THIS FORM: All information except your signature should be printed clearly in ink, preferably black, or typed. Fill in all boxes that apply to you.

Box 1: Indicate whether you are a citizen of the United States of America. Indicate whether you will be 18 years of age on or before election day.

Box 2: Provide full name. Do not use initials for middle or maiden name.

Box 3: 'Residence Address' means the address where you live and are registering to vote. If you claim a homestead exemption, you must list the address of that residence. Do not use a post office box for your 'Residence Address'. If you use a rural route and box number, draw a map in the space labeled 'Give Location.' Write in the names of the crossroads (streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores or landmarks near where you live and write the name of the landmark. Check the box provided if mail is not delivered to your residence address by the post office. Complete 'Mailing Address' only if it is different from the 'Residence Address' or if mail is not delivered to your residence address.

Box 4: Provide your age.

Boxes 6 & 14: You must provide your Louisiana driver's license number, if issued. If not issued, you must provide at least the last four digits of your social security number, if issued. The full social security number may be provided on a voluntary basis. If neither a social security number nor a Louisiana driver's license number has been issued, and this form is submitted by mail, and you are registering to vote for the first time, in order to avoid additional identification requirements for first time voters, attach either a) a copy of a current and valid photo identification or b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

Boxes 8, 12 & 13: The items 'race/ethnic origin', 'home phone' and 'daytime phone' are not required but are helpful.

Box 9: If you do not complete this item, your party affiliation will be listed as 'none', unless you are presently registered with a party affiliation and no change is being made today. If you are not registering with a political party, circle 'none'. The recognized political parties are Democrat, Green, Libertarian, Reform and Republican or you may specify any other party affiliation.

Box 18: If you are using this form to request a change of name, you must print the name to be changed here.

Box 19: Date and sign the card with your signature or mark.

If returned by mail, place in an envelope and mail to the appropriate registrar of voters at the address found on the reverse side of this card. If you have not been issued a social security number or Louisiana driver's license number, you must mail the required documentation with your application. Your application or envelope must be postmarked 30 days prior to the first election in which you seek to vote based on the residence listed on this application.

NOTE: 1. If you decline to register to vote, this fact will remain confidential and will be used only for voter registration purposes. If you register to vote, the office where your application was submitted will remain confidential and will be used only for voter registration purposes. 2. Your social security number will also remain confidential and is intended to be used for voter registration purposes only.

QUESTIONS? Call your Parish Registrar of Voters OR call the Department of State at 1-800-883-2805 or (225) 922-0900.

COMPLETE AND CHECK ALL APPLICABLE BOXES AND TEAR ALONG PERFORATED LINE BEFORE MAILING.

LOUISIANA MAIL VOTER REGISTRATION APPLICATION FORM #04		OFFICIAL USE ONLY COMP REG #				Reg Type	W/d Dist	Pct	In	Out
1 Are you a citizen of the United States of America? YES <input type="checkbox"/> NO <input type="checkbox"/> Will you be 18 years of age on or before election day YES <input type="checkbox"/> NO <input type="checkbox"/>										
If you checked no in response to either of these questions, DO NOT COMPLETE THIS FORM.										
2 NAME OF APPLICANT (PLEASE PRINT NAME)								GIVE LOCATION		
LAST		First		FULL MIDDLE OR MAIDEN						
3 RESIDENCE ADDRESS (MUST BE ADDRESS WHERE YOU CLAIM HOMESTEAD EXEMPTION, IF ANY)										
HOUSE OR APT. NO. & STREET		CITY OR TOWN		STATE		ZIP				
IF NO mail delivery to residential address, check here ()				MAILING ADDRESS IF DIFFERENT						
4 AGE		5 DATE OF BIRTH		6 * SOCIAL SECURITY # (CIRCLE ONE)		7 SEX (CIRCLE ONE)		8 ** RACE/ ETHNIC ORIGIN (CIRCLE ONE)		
MONTH DAY YEAR		NO YES #		MALE FEMALE		WHITE BLACK ASIAN HISPANIC AMER. INDIAN OTHER				
9 PARTY AFFILIATION (CIRCLE ONE)				10 APPLICANT'S PLACE OF BIRTH				11 MOTHERS MAIDEN NAME		
DEM. GRN. LBT. RFM. REP. NONE OTHER (SPECIFY)				CITY OR TOWN		PARISH OR COUNTY STATE		COUNTRY		
12 ** HOME PHONE				13 ** DAYTIME PHONE		14 LA DRIVERS LICENSE / I.D. # (CIRCLE ONE)		15 Will you require assistance at the polls? (CIRCLE ONE)		
()				()		NO YES #		NO YES IF YES, GIVE REASON		
16 LAST RESIDENCE ADDRESS				17 PLACE OF REGISTRATION		18 FORMER REGISTERED NAME, IF APPLICABLE				
ADDRESS				PARISH OR COUNTY STATE						
AFFIRMATION : I do hereby solemnly swear or affirm that I am a United States citizen, that I am at least 17 years old, that I am not currently under an order of imprisonment for conviction of a felony, that I am not currently under a judgment of full interdiction or limited interdiction where my right to vote has been suspended, that I am a bona fide resident of this state and parish, and that the facts given by me on this application are true to the best of my knowledge and belief. If I have provided false information, I may be subject to a fine of not more than \$1,000 (\$2,500 for subsequent offense) or imprisonment for not more than 1 year.										
19 SIGN YOUR NAME IN BOX AT RIGHT										
DATE: / /										
20 IF YOU ARE UNABLE TO SIGN YOUR NAME, TWO WITNESSES TO YOUR MARK MUST SIGN HERE										
WITNESS SIGNATURE					WITNESS SIGNATURE					
* Last 4 digits of the social security number required if no LA driver's license issued; social security number is intended to be used for voter registration purposes only Full # Optional ** OPTIONAL										
LR-1M (REV. 1/11, 7/11) R.S. 18:104 FORM#04										

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