

# **BAYOU HEALTH DATA BOOK**

## **STATE OF LOUISIANA**

### **DEPARTMENT OF HEALTH AND HOSPITALS**

July 29, 2014

## CONTENTS

1. Introduction .....	1
• Purpose of this Data Book .....	1
• Contents of this Data Book .....	1
• Caveats .....	1
2. Bayou Health Populations.....	3
• Mandatory Populations .....	3
• Voluntary Populations .....	4
• Excluded Populations.....	5
• LaHIPP Population.....	5
• Capitation Rating Groups.....	5
3. Bayou Health Services.....	7
• Covered Services.....	7
• New Services .....	7
• Excluded Services.....	8
4. Exhibit Description .....	9
5. Adjustments Reflected in this Data Book.....	11
• Third Party Liability.....	11
• IBNR.....	11
• Under-Reporting Adjustments.....	12
6. Developing Actuarially Sound Contract Rates .....	13
• Risk Adjustment .....	14
7. Appendix A: Medicaid Services Included in this Data Book.....	15
8. Appendix B: Bayou Health Eligibility Designation .....	16
9. Attachment 1: Data Summaries by Region .....	21

# 1

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## Introduction

### Purpose of this Data Book

The purpose of this Data Book is to summarize historical data on the cost and utilization patterns by Medicaid-eligible category for use in the development of capitation rates effective February 1, 2015 – January 31, 2016 for State of Louisiana’s Bayou Health program contract with prepaid managed care organizations (MCO).

Historically, Bayou Health included two side-by-side programs, the Shared Savings program (an enhanced primary care case management (ePCCM) model) and the Prepaid program (a full risk-bearing capitation model). Effective February 1, 2015, the two programs will be merged into a single Prepaid program.

This Data Book has been produced by the State’s actuarial contractor, Mercer Government Human Services Consulting (Mercer), part of Mercer Health & Benefits LLC.

### Contents of this Data Book

This Data Book contains demographic, cost, and utilization data related to Bayou Health covered services, including:

- encounter data reported from the State’s Bayou Health Prepaid program
- claims data from the State’s Bayou Health Shared Savings program
- fee-for-service (FFS) data for services to be covered under the Bayou Health program, but historically covered under Legacy Medicaid/FFS

The encounter, Shared Savings claims, and Legacy Medicaid/FFS data in this Data Book is summarized for Calendar Year (CY) 2013 (January 1, 2013 through December 31, 2013) incurred dates with payments through February 28, 2014. This base year of data was selected because it reflects the only full calendar year of data since the implementation of the Bayou Health program.

### Caveats

This document assumes the reader is familiar with the Louisiana Medicaid program, Medicaid eligibility rules and actuarial rating techniques. It is intended for the State, the Centers for Medicare & Medicaid Services (CMS), and responding health plans and should not be relied upon by other parties. Other readers should seek the advice of actuaries or other qualified professionals competent in the area of actuarial rate projections to understand the technical nature of these data. This document should only be reviewed in its entirety. The State and

Mercer provide no guarantee, either written or implied, that this Data Book is 100% accurate or error- free.

**This document is being provided for informational purposes only. The State and Mercer reserve the right to refine it as they see fit for release of the final RFP.**

# 2

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## Bayou Health Populations

### Mandatory Populations

- Children under 19 years of age including those who are eligible under Section 1931 poverty-level related groups and optional groups of older children in the following categories:
  - Temporary Assistance for Needy Families (TANF)
  - CHAMP – Child Program
  - Deemed Eligible Child Program
  - Youth Aging Out of Foster Care (Chafee Option)
  - Former Foster Care Children
  - Regular Medically Needy Program
  - Louisiana Children’s Health Insurance Program (LaCHIP) Program
- Parents and Caretaker Relative eligible under Section 1931 of the Social Security Act (SSA) including:
  - Parents and Caretakers Relatives Program
  - TANF (FITAP) Program
  - Regular Medically Needy Program
- Pregnant Women – Individuals whose basis of eligibility is pregnancy, who are eligible only for pregnancy-related services [42 CFR §440.210(2)] including:
  - LaMOMS (CHAMP-Pregnant Women)
  - LaCHIP Phase IV Program
- Breast and Cervical Cancer (BCC) Program – Uninsured women under the age of 65 who are not otherwise eligible for Medicaid and are identified through the Centers for Disease Control (CDC) National Breast and Cervical Cancer Early Detection Program as being in need of treatment for breast and/or cervical cancer, including pre-cancerous conditions and early stage cancer
- Aged, Blind, and Disabled Adults – Individuals, 19 or older, who do not meet any of the conditions for exclusion from participation in an MCO, including:
  - Supplemental Security Income (SSI) Program
  - Extended Medicaid Programs consisting of the following:
    - Disabled Adult Children
    - Early Widows/Widowers
    - Pickle (Group One and Group Two)
    - Disabled Widows/Widowers (DW/W) and Disabled Surviving Divorced Spouses Unable to Perform Any Substantial Gainful Activity
    - Blood Product Litigation Program
    - Medicaid Purchase Plan Program
    - Provisional Medicaid Program

- Continued Medicaid Program

## **Voluntary Populations**

### ***Voluntary Opt-Out Populations***

The following individuals are automatically enrolled into Bayou Health, but may voluntarily disenroll:

- Children under 19 years of age who meet one of the following:
  - Eligible for SSI under title XVI of the SSA
  - Eligible under Section 1902(e)(3) of the SSA
  - In foster care or other out-of-home placement
  - Receiving foster care or adoption assistance
  - Receiving services through a family-centered community-based, coordinated care system that receives grant funds under Section 501(a)(1)(D) of title V of the SSA, and is defined by the Department of Health and Hospitals (DHH) in terms of either program participation or special health care needs
  - Enrolled in the Family Opportunity Act Medicaid Buy-In Program
- Native Americans who are members of federally recognized tribes except when the MCO is:
  - The Indian Health Service; or
  - An Indian health program or urban Indian program operated by a tribe or tribal organization under a contract, grant, cooperative agreement, or compact with the Indian Health Service

### ***Voluntary Opt-In Populations***

The following individuals are not automatically enrolled into Bayou Health, but may voluntarily enroll:

- Individuals receiving services through any 1915(c) Home- and Community-Based Services (HCBS) Waiver
  - Adult Day Health Care (ADHC)
  - New Opportunities Waiver (NOW)
  - Children’s Choice (CC)
  - Residential Options Waiver (ROW)
  - Supports Waiver
  - Community Choices Waiver (CCW)
  - Other HCBS waivers as may be approved by CMS
- Individuals under the age of 21 otherwise eligible for Medicaid who are listed on the Office for Citizens with Developmental Disabilities’ (OCDD’s) Request for Services Registry who are *Chisholm* Class Members

## Excluded Populations

The following individuals are excluded from participation in the Prepaid program:

- Medicare-Medicaid Dual Eligible Beneficiaries
- Qualified Medicare Beneficiaries (QMB) (only where State only pays Medicare premiums)
- Specified Low-income Medicare Beneficiaries (SLMB) (where State only pays Medicare premiums)
- Medically Needy Spend-Down Individuals
- Individuals residing in Long-term Care Facilities (Nursing Home, Intermediate Care Facility/Developmentally Disabled (ICF/DD))
- Individuals enrolled in the Program for All-inclusive Care for the Elderly (PACE)
- Individuals only eligible for Family Planning services

## LaHIPP Population

Effective February 1, 2015, Bayou Health will include individuals covered by the Louisiana's Health Insurance Premium Payment (LaHIPP) Program. This program pays for some or all of the health insurance premiums for an employee and their family if they have insurance available through their job and someone in the family is enrolled in Medicaid. The program also covers out of pocket expenses incurred by the enrollee (Medicaid is the secondary payer). Premiums will continue to be paid by DHH, but out of pocket expenses incurred by the enrollee will be the responsibility of the Bayou Health MCO. LaHIPP is not a category of eligibility. Enrollees in this program are eligible under other categories of aid (COA) and their experience will be included in the applicable COA and Rate Cell combination during rate development.

## Capitation Rating Groups

Capitation rates will vary by the major categories of eligibility, and where appropriate, by age and gender bands to reflect differences in risk. In addition, DHH will pay a Maternity Kickpayment to the plans for each delivery that takes place. Note these capitation rate groupings are at the discretion of DHH and may be refined. Table 1 below summarizes the historical Bayou Health program rating groups.

**TABLE 1: Capitation Rating Groups**

<b>SSI</b>	
0 – 2 Months, Male and Female	14 – 18 Years, Male and Female
3 – 11 Months, Male and Female	19 – 44 Years, Male and Female
1 – 5 Years, Male and Female	45+ Years, Male and Female
6 – 13 Years, Male and Female	
<b>Family &amp; Children (TANF)</b>	
0 – 2 Months, Male and Female	14 – 18 Years, Male
3 – 11 Months, Male and Female	19 – 44 Years, Female
1 – 5 Years, Male and Female	19 – 44 Years, Male
6 – 13 Years, Male and Female	45+ Years, Female
14 – 18 Years, Female	45+ Years, Male
<b>HCBS Waiver</b>	
18 & Under, Male and Female	19+ Years, Male and Female
<b>Foster Care Children, All Ages (FCC)</b>	
<b>Breast and Cervical Cancer, All Ages (BCC)</b>	
<b>Chisholm, All Ages Male &amp; Female (CCM)</b>	
<b>LaCHIP Affordable Plan, All Ages (LAP)</b>	

***Note: Costs and membership for voluntary opt-out population members who have disenrolled from Bayou Health and excluded populations are not reflected in this Data Book. Costs and membership for voluntary opt-in populations reflect the total population eligible to enroll in Bayou Health.***

# 3

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## Bayou Health Services

### Covered Services

Appendix A lists the services that the Bayou Health plans must provide. The plans also have the ability to develop creative and innovative solutions to care for their members (i.e., provide other cost-effective alternative services) as long as the contractually-required Medicaid services are covered. Costs of alternative services are expected to be funded through savings on the contractually-required services for which these services are a cost-effective substitute.

### New Services

The Prepaid and Shared Savings program did not have identical sets of covered services. Additionally, effective February 1, 2015, DHH has decided to incorporate services covered historically by FFS in the Bayou Health program.

The following services were previously excluded from both the Bayou Health Prepaid and Shared Savings programs and are now included:

- Hospice services
- Personal care services for ages 0-20

The following services were previously excluded from the Shared Savings program and are now included:

- Inpatient acute detox services
- Non-emergent transportation Services (NEMT)
- Behavioral health prescribed drugs
- Durable medical equipment (DME) services

### ***Basic Behavioral Health Services***

The state is implementing a new mixed services protocol. Currently, basic behavioral health covered services is defined as services provided in the primary care setting and inpatient hospital services for acute medical detoxification based on medical necessity. Institutional services (Inpatient, Outpatient, and ER) are covered services under the Louisiana Behavioral Health Partnership (LBHP) if the claim is identified with a qualifying BH diagnosis.

Effective February 1, 2015, the new mixed services protocol delineates coverage responsibility based on provider type and specialty or facility type. Basic Behavioral Health continues to include services provided in a primary care setting, but also includes all inpatient hospital

services provided in a general hospital setting regardless of diagnosis. Specialized BH includes services from BH facilities (distinct part psychiatric units of general hospitals and freestanding psychiatric hospitals) and services provided by BH specialists. In addition, the State has included coverage for medications prescribed by BH professionals in the LBHP contract and excluded those prescriptions from the Bayou Health program. Adjustments for this change in covered services are not reflected in the data exhibits but will be included in rate setting.

## **Excluded Services**

Bayou Health plans are not responsible for providing acute care services and other Medicaid services not identified in Appendix A, including the following services:

- Applied Behavioral Analysis
- Dental services with the exception of Early and Periodic Screening & Diagnostic Treatment (EPSDT) varnishes provided in a primary care setting
- ICF/DD services
- Personal Care services for those ages 21 and older
- Nursing Facility services
- School-based Individualized Education Plan services provided by a school district and billed through the intermediate school district, or school-based services funded with certified public expenditures including school nurses
- HCBS Waiver services
- Specialized Behavioral Health, including hospital services provided to recipients with a mental health diagnosis
- Targeted Case Management services
- Services provided through DHH's Early-Steps Program

# 4

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## Exhibit Description

The exhibits included in Attachment 1 of this Data Book provide encounter cost and utilization data for the Prepaid populations, claims data for the Shared Savings population, and Legacy Medicaid/FFS claims data for the Chisholm, HCBS, and LaHIPP populations. The applicable population is displayed at the top of each table. Only data for populations that are allowed to enroll in the Bayou Health program, as defined in Appendix B, have been included.

Demographic information, including COA, gender, age, and rating region, is provided at the top of the page. Additional key data elements contained in the exhibits include:

- MEMBER MONTHS – number of member months for the CY 2013 period
- CATEGORY AND UNIT OF SERVICE – services that are the responsibility of the Bayou Health plan, as defined in Appendix A
- ADJUSTED BASE DATA
  - TOTAL PAID – total paid amount, including IBNR and under-reporting adjustments, summarized on date of service and paid claims through February 28, 2014
  - NUMBER OF UNITS – total number of units, including IBNR and under-reporting adjustments, summarized on date of service and paid claims through February 28, 2014
  - ANNUALIZED UTILIZATION PER 1,000 – computed as the total units divided by member months multiplied by 12,000
  - AVERAGE UNIT COST – computed as the total paid amount divided by the total number of units
  - PER MEMBER PER MONTH (PMPM) – computed as the total paid amount divided by the member months

Maternity Kickpayments are shown in a separate exhibit, segregated by the Prepaid, Shared Savings, and LaHIPP programs. Key data elements contained in the exhibits include:

- RATING REGION – geographic service areas that are the responsibility of the Bayou Health plan
- ADJUSTED BASE DATA
  - DELIVERIES – number of deliveries, including IBNR and under-reporting adjustments summarized on date of service and paid through February 28, 2014
  - TOTAL PAID – total paid amount, including IBNR and under-reporting adjustments, summarized on date of service and paid through February 28, 2014
  - COST PER DELIVERY – computed as the total paid amount divided by the number of deliveries

Claims reported in the base data follow the enrollee, not necessarily the payer. Services rendered for a Bayou Health enrollee in a category of service that was excluded from Bayou Health during CY 2013 but that will be included effective February 1, 2015 are reported with the Bayou Health membership even though the claims were covered under the Legacy Medicaid/FFS program. For example, DME was not covered by the Shared Savings program, therefore Shared Savings enrollees' DME claims were identified in the FFS data and included in the Shared Savings table of each exhibit.

Users of this Data Book are advised to review the information in Sections 5 and 6 regarding adjustments made to the data within this Data Book and adjustments that are expected to be considered in the rate development process.

# 5

## Adjustments Reflected in this Data Book

The following adjustments have been made to the historical data contained in the Data Book exhibits:

### Third Party Liability

Historical data is net of Third Party Liability recoveries, so no adjustment was necessary.

### IBNR

This Data Book is based on claims data for services delivered in CY 2013 and paid by February 28, 2014. Completion factors were developed to incorporate consideration for any outstanding claims liability. To establish the completion factors for the Shared Savings/Legacy Medicaid FFS data, claims were grouped into three COA and seven main completion service categories. All remaining service categories were grouped into the other service category. Completion category mapping is provided in Appendix B. Note that the FCC, BCC, and CCM populations utilized SSI completion factors and the LAP population utilized TANF completion factors, as these populations are expected to exhibit similar completion patterns. Encounter claim completion factors, developed separately for each Prepaid plan, were compared to completion factors provided by the Prepaid plan actuaries and summarized by completion category of service. Table 2 below summarizes the completion factors that were applied to the data.

**TABLE 2: Completion Factor Summary**

Completion Category of Service	Encounter Data	Shared Savings Claims & Legacy Medicaid/FFS Cost Data		
	All COAs	TANF/LAP	SSI/BCC/FCC/CCM	HCBS
Inpatient	0.957	0.943	0.956	0.975
Outpatient	0.974	0.975	0.972	0.976
Physician	0.972	0.976	0.963	0.962
Transportation	0.983	0.963	0.977	0.987
Other	0.994	0.971	0.968	0.985
Prescribed Drugs	1.000	1.000	1.000	1.000
Maternity Kickpayment	0.979	0.962	0.962	0.962

## **Under-Reporting Adjustments**

Under-reporting adjustments were developed by comparing encounter data from the Medicaid management information system (MMIS) to financial information provided by the Prepaid MCOs. This adjustment was computed and applied on an MCO basis and resulted in an overall aggregate increase of 3.7% to the encounter cost and utilization data. Note this adjustment does not apply to the Shared Savings claims or Legacy Medicaid/FFS data.

# 6

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## Developing Actuarially Sound Contract Rates

This section describes the adjustments that Mercer will consider to calculate the capitation rate ranges. Mercer will develop actuarially sound rate ranges and certify that the final premiums are actuarially sound using the data presented in this Data Book. Mercer makes adjustments to the base data to project the historical experience into the contract period. These adjustments are required under 42 CFR §438.6(c) and reviewed by CMS in approving rates for Medicaid managed care programs.

Adjustments that may be made in order to develop actuarial sound rates, and which are **not** reflected in this Data Book, may include, but are not limited to:

- Anomalies may exist in the data; therefore, all of the historical data are considered when setting the rates. The base data from certain regions and rate cells may be blended using credibility factors, as appropriate.
- Adjustments for program changes occurring between the beginning of the base data period and the end of the contract period.
- Adjustments for utilization and unit cost trend between the base period and the contract period. Trends may be developed in light of the following sources as deemed appropriate:
  - Historical FFS and encounter data trends.
  - Consumer Price Index data.
  - Prevailing trends in other Medicaid managed care programs regionally and nationally.
- Differences in expected costs associated with the FFS, Shared Savings, and Prepaid programs care delivery channels and/or expectations around managed care efficiencies.
- Adjustments for hospital reimbursement at the full Medicaid payment level.
- Adjustments to convert Shared Savings and FFS prescription drugs from AAC to discounted average wholesale price (AWP) pricing.
- Adjustments to remove the impact of the ACA Section 1202 PCP Services enhanced payment mandate scheduled to expire on December 31, 2014.
- Adjustments for the new service protocol for behavioral health services.
- Inclusion of non-MMIS reported claims including cost settlements and outlier claims for children under 6. Outlier claims are capped at \$10 million per year.
- Adjustments for fraud and abuse recoveries.
- Rates will also include provisions for appropriate non-medical expenses. This includes costs associated with:
  - Administrative functions such as claims processing, utilization management, and provider network development and maintenance.
  - Underwriting gain, also known as the cost of capital.

- As allowed by CMS regulations, amounts associated with applicable taxes to be considered.

## **Risk Adjustment**

DHH intends to risk adjust the Base Capitation Rates beginning February 1, 2015 to reflect the different health status (acuity) of the members enrolled in each Bayou Health plan. DHH will utilize a risk-adjustment methodology to calculate health-based risk factors that will be developed using a generally accepted grouper model. Such risk-adjustment shall be based on an aggregation of the individual risk scores of the members enrolled in the health plan and will be applied on a budget neutral basis. The individual risk scores will be based on historical experience and will seek to adjust payments to Bayou Health plans for differences in actual selection risk of enrollees. DHH intends to update the risk adjustment results that are applied to the Base Capitation Rates at least semi-annually.

## Appendix A: Medicaid Services Included in this Data Book

Medicaid Category of Service	Units of Measurement	Completion Category of Service
Inpatient Hospital	Days	Inpatient
Outpatient Hospital	Claims	Outpatient
Primary Care Physician	Visits	Physician
Specialty Care Physician	Visits	Physician
Federally Qualified Health Center (FQHC) / Rural Health Clinic (RHC)	Visits	Physician
Early Periodic Screening, Diagnostic, and Treatment (EPSDT)	Visits	Physician
Certified Nurse Practitioners/Clinical Nurse	Claims	Physician
Lab/Radiology	Units	Other
Home Health	Visits	Other
Emergency Transportation	Units	Transportation
Non-Emergency Transportation	Units	Transportation
Rehabilitation Services (OT, PT, ST)	Visits	Other
Durable Medical Equipment (DME)	Units	Other
Clinic	Claims	Physician
Family Planning	Visits	Physician
Other	Units	Other
Prescribed Drugs	Scripts	Prescribed Drugs
Emergency Room	Visits	Outpatient
Basic Behavioral Health	Claims	Physician
Hospice*	Admits	Inpatient
Personal Care Services (Age 0-20)*	Units	Physician

\* Services that were previously excluded from the Bayou Health program and now are included.

## Appendix B: Bayou Health Eligibility Designation

Category of Aid/Eligibility Category Name	Mandatory	Voluntary Opt-In	Voluntary Opt-Out	Excluded
<b>SSI (Aged, Blind and Disabled)</b>				
Acute Care Hospitals (LOS > 30 days)	●			
BPL (Walker vs. Bayer)	●			
Disability Medicaid	●			
Disabled Adult Child	●			
Disabled Widow/Widower (DW/W)	●			
Early Widow/Widowers	●			
Family Opportunity Program*	●		●	
Former SSI*	●		●	
Medicaid Buy-In Working Disabled (Medicaid Purchase Plan)	●			
PICKLE	●			
Provisional Medicaid	●			
Section 4913 Children	●			
SGA Disabled W/W/DS	●			
SSI (Supplemental Security Income)*	●		●	
SSI Conversion	●			
Tuberculosis (TB)	●			
<b>SSI (OCS Foster Care, IV-E OCS/OYD and OCS/OYD (XIX))</b>				
Foster Care IV-E - Suspended SSI			●	
SSI (Supplemental Security Income)			●	
<b>TANF (Families and Children, LIFC)</b>				
CHAMP Child	●			
CHAMP Pregnant Woman (to 133% of FPIG)	●			
CHAMP Pregnant Woman Expansion (to 185% FPIG)	●			
Deemed Eligible	●			
ELE - Food Stamps (Express Lane Eligibility-Food Stamps)	●			
Grant Review	●			
LaCHIP Phase 1	●			

Category of Aid/Eligibility Category Name	Mandatory	Voluntary Opt-In	Voluntary Opt-Out	Excluded
LaCHIP Phase 2	●			
LaCHIP Phase 3	●			
LaCHIP Phase IV: Non-Citizen Pregnant Women Expansion	●			
LIFC - Unemployed Parent / CHAMP	●			
LIFC Basic	●			
PAP - Prohibited AFDC Provisions	●			
Pregnant women with income greater than 118% of FPL and less than or equal to 133% of FPL	●			
Regular MNP (Medically Needy Program)	●			
Transitional Medicaid	●			
<b>FCC (Families and Children)</b>				
Former Foster Care children	●			
Youth Aging Out of Foster Care (Chaffee Option)	●			
<b>FCC (OCS Foster Care, IV-E OCS/OYD and OCS/OYD (XIX))</b>				
CHAMP Child			●	
CHAMP Pregnant Woman (to 133% of FPIG)			●	
IV-E Foster Care			●	
LaCHIP Phase 1			●	
OYD - V Category Child			●	
Regular Foster Care Child			●	
YAP (Young Adult Program)			●	
YAP/OYD			●	
<b>BCC (Families and Children)</b>				
Breast and/or Cervical Cancer	●			
<b>LAP (Families and Children)</b>				
LaCHIP Affordable Plan	●			
<b>HCBS Waiver</b>				
ADHC (Adult Day Health Services Waiver)		●		
Children's Waiver - Louisiana Children's Choice		●		
Community Choice Waiver		●		

Category of Aid/Eligibility Category Name	Mandatory	Voluntary Opt-In	Voluntary Opt-Out	Excluded
New Opportunities Waiver - SSI		●		
New Opportunities Waiver Fund		●		
New Opportunities Waiver, non-SSI		●		
Residential Options Waiver - NON-SSI		●		
Residential Options Waiver - SSI		●		
SSI Children's Waiver - Louisiana Children's Choice		●		
SSI Community Choice Waiver		●		
SSI New Opportunities Waiver Fund		●		
SSI/ADHC		●		
Supports Waiver		●		
Supports Waiver SSI		●		
<b>CCM</b>				
Chisholm Class Members**		●		
<b>LaHIPP</b>				
Louisiana's Health Insurance Premium Payment Program***	●	●	●	●
<b>Excluded</b>				
CHAMP Presumptive Eligibility				●
CSOC				●
DD Waiver				●
Denied SSI Prior Period				●
Disabled Adults authorized for special hurricane Katrina assistance				●
EDA Waiver				●
Family Planning, New eligibility / Non LaMOM				●
Family Planning, Previous LAMOMS eligibility				●
Family Planning/Take Charge Transition				●
Forced Benefits				●
GNOCHC Adult Parent				●
GNOCHC Childless Adult				●
HPE B/CC				●

Category of Aid/Eligibility Category Name	Mandatory	Voluntary Opt-In	Voluntary Opt-Out	Excluded
HPE Children under age 19				●
HPE Family Planning				●
HPE Former Foster Care				●
HPE LaCHIP				●
HPE LaCHIP Unborn				●
HPE Parent/Caretaker Relative				●
HPE Pregnant Woman				●
LBHP - Adult 1915(i)				●
LTC (Long-Term Care)				●
LTC Co-Insurance				●
LTC MNP/Transfer of Resources				●
LTC Payment Denial/Late Admission Packet				●
LTC Spend-Down MNP				●
LTC Spend-Down MNP (Income > Facility Fee)				●
OCS Child Under Age 18 (State Funded)				●
OYD (Office of Youth Development)				●
PACE SSI				●
PACE SSI-related				●
PCA Waiver				●
Private ICF/DD				●
Private ICF/DD Spenddown Medically Needy Program				●
Private ICF/DD Spenddown Medically Needy Program/Income Over Facility Fee				●
Public ICF/DD				●
Public ICF/DD Spenddown Medically Needy Program				●
QI-1 (Qualified Individual - 1)				●
QI-2 (Qualified Individual - 2) (Program terminated 12/31/2002)				●
QMB (Qualified Medicare Beneficiary)				●
SLMB (Specified Low-Income Medicare Beneficiary)				●

Category of Aid/Eligibility Category Name	Mandatory	Voluntary Opt-In	Voluntary Opt-Out	Excluded
Spend-Down Medically Needy Program				●
Spenddown Denial of Payment/Late Packet				●
SSI Conversion / Refugee Cash Assistance (RCA) / LIFC Basic				●
SSI DD Waiver				●
SSI Payment Denial/Late Admission				●
SSI PCA Waiver				●
SSI Transfer of Resource(s)/LTC				●
SSI/EDA Waiver				●
SSI/LTC				●
SSI/Private ICF/DD				●
SSI/Public ICF/DD				●
State Retirees				●
Terminated SSI Prior Period				●
Transfer of Resource(s)/LTC				●

\* Children under nineteen (19) years of age who are automatically enrolled into Bayou Health, but may voluntarily disenroll.

\*\* Individuals under the age of twenty-one (21) otherwise eligible for Medicaid who are listed on the OCDD’s Request for Services Registry who are *Chisholm* Class Members.

\*\*\* LaHIPP is not a category of eligibility. Eligibility designation for LaHIPP enrollees will vary according to the qualifying category of eligibility.

## Attachment 1: Data Summaries by Region

Data summaries by program (data source), COA, gender, age, and region are provided in the attached PDF file “LA DHH Bayou Health Data Book Summary.”