

# **BEHAVIORAL HEALTH DATA BOOK**

## **STATE OF LOUISIANA**

### **CAPITATED BEHAVIORAL HEALTH**

#### **PROGRAM**

AUGUST 1, 2014

Government Human Services Consulting

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## Introduction

### **Purpose of this Data Book**

The intent of this Data Book is to summarize historical data on the cost and utilization patterns by Medicaid-eligible Adults and Children for use in the development of capitation rates effective March 2015 for the State of Louisiana's (State) Behavioral Health Partnership (LBHP) contract with a prepaid inpatient health plan (PIHP).

The LBHP program began March 1, 2012, and has operated under an at-risk capitation contract for the Adult population since the program inception. The Children's program has been administered on a non-risk basis by the PIHP. The State is planning to operate both programs under at-risk contracts, effective March 2015.

This Data Book has been produced by the State's actuarial contractor, Mercer Government Human Services Consulting (Mercer).

### **Contents of this Data Book**

This Data Book contains demographic, cost, and utilization data related to Behavioral Health (BH) services only. The managed care data summarized in this Data Book was submitted by the contracted PIHP and includes encounter data for Medicaid-eligible individuals in the State's Medicaid program.

- The encounter data is submitted by the PIHP to the State's fiscal agent, Molina. Molina provided an extract of the encounter data to Mercer in March 2014.
- The pharmacy data includes both Medicaid fee-for-service (FFS) pharmacy data and Managed Care Organization (MCO) pharmacy data submitted by the MCOs under contract for the Bayou Health Medicaid managed care physical health program.
- The eligibility information used in the encounter data analysis is summarized from the State's eligibility file provided by Molina, which outlines the PIHP enrollment segments for each member.

The PIHP also submitted financial data directly to Mercer based on specifications outlined in a data request specific to the historical Adult program. This data, along with information from the quarterly financial reports encompassing both the Children and Adult programs, was used for validation purposes and to support adjustments made to the encounter data. Mercer determined the encounter data are consistent with the financial data and reasonable for use in rate development. If the data and information is incomplete or inaccurate, the values shown in this report may need to be revised accordingly. The State and its vendors are responsible for the

validity and completeness of this supplied data and information. We have reviewed the data and information for internal consistency and reasonableness, but we did not audit it.

Users of this Data Book are cautioned that direct comparisons cannot be made between the information in this Data Book and raw encounter data. Mercer applied adjustments to the raw data, which are described in Section 3.

The encounter and pharmacy data in this Data Book is summarized for Calendar Year (CY) 2013, incurred from January 1, 2013 through December 31, 2013, paid through February 2014. The LBHP program began March 1, 2012. The data for the early months of the program reflects a lower volume of services due to program start-up. As such, the CY 2013 time period was selected for use in rate development.

Additionally, completion factors were applied to reflect claims not yet adjudicated in the encounter or financial data. Please see Section 4 for more detail.

This Data Book summarizes information provided by the State's contracted PIHP, Magellan, and the supplemental pharmacy data from Bayou Health and Medicaid FFS.

**Users of this Data Book are cautioned against relying solely on the data contained herein. The State and Mercer provide no guarantee, either written or implied, that this book is 100% accurate or error-free.**

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## Covered Populations

This Data Book is summarized according to the rate cell structure listed below.

### Rate Cell Structure

Mercer summarized the data for the eligible individuals into the following rate cell structure. This structure is based on Mercer's review of the historical cost and utilization patterns in the available experience. The historical BH costs vary by age and eligibility category. Separate rate cells were designed for the Child and Adult populations.

Non-Disabled Adults have significantly lower BH costs compared to Disabled Adults. The dually eligible population is eligible for services where Medicare is the primary payer. As the Medicare crossover services will be excluded from the LBHP program going forward, a separate rate cell was necessary to address the cost differences for the dually eligible populations.

Similarly, Non-Disabled Children have significantly lower BH costs compared to the Disabled and Foster Care Children. Children enrolled in the Coordinated System of Care (CSoC) 1915(c) and 1915(b)(3) waiver programs have significantly different costs and are eligible for enhanced benefits and care planning.

The following rate cell structure was designed to take these cost differentials into account. The managed care contractor will be responsible for delivering BH services on a statewide basis; therefore, rate cells were not developed by region.

#### LBHP Child Rate Cells

- Non-Disabled Children, Ages 0-20.
- Foster Care and Disabled Children, Ages 0-20.
- Dually Eligible Children, Ages 0-20.
- CSoC Children.

#### LBHP Adult Rate Cells

- Non-Disabled Adults, Ages 21+.
- Disabled Adults, Ages 21+.
- Dually Eligible Adults, Ages 21+.
- 1915(i) only Adults, Ages 19+.

The LBHP Child rate cells represent newly capitated groups, effective March 1, 2015. Previously, this group was covered on a non-risk basis by the PIHP.

The LBHP Adult rate cells represent a change from the current rate cell structure, which includes a separate rate cell for all individuals age 65+. LBHP will cover Medicare and Medicaid dually eligible individuals under a separate rate cell effective March 1, 2015, the start of the next contract period. As a result of this change, a separate rate cell for individuals age 65+ is no longer necessary for the non-dually eligible Adults. Remaining non-dually eligible members from this rate cell are now included in the Non-Disabled Adults 21+ rate cell.

For the dually eligible individuals, Medicare crossover claims have been excluded from this Data Book. These services will be paid directly by the State after coordinating with Medicare and are excluded from the services covered under the capitation rates effective March 1, 2015.

The rate cell structure is summarized based on a combination of aid category, type case, and Medicare eligibility status from the Louisiana Medicaid data.

Child Rate Cell	Aid Category	Type Case Codes
Non-Disabled Child, Ages 0-20 (Non-Dually Eligible*)	03	001, 002, 007, 008, 013-015, 052, 053, 055, 086, 090, 093, 099, 104, 127, 148, 151, 210
	13	001, 009, 071, 085
Foster Care and/or Disabled Child, Ages 0-20 (Non-Dually Eligible*)	02	001, 003, 005, 018, 019, 021-027, 043, 050, 051, 057-062, 064, 065, 070, 076-078, 081, 083, 086, 088, 090, 099, 117-120, 130-132, 136-145, 149, 150
	04	001, 003, 005, 018, 019, 021-027, 043, 050, 051, 057-062, 064, 065, 070, 076-078, 081, 083, 086, 088, 090, 099, 117-120, 125, 130-133, 136-145, 149, 150, 211
	06	005, 007, 013, 014, 030, 034, 043, 053, 062, 064, 065, 070, 076-078, 081, 090, 099, 119, 120, 149, 150
	08	005, 029, 031, 043, 062, 064, 065, 070, 076-078, 081, 086, 090, 099, 119, 120, 149, 150
	22	005, 007, 013, 014, 032, 033, 035, 043, 053, 062, 064, 065, 070, 076-078, 081, 086, 090, 099, 119, 120, 149, 150
Dually Eligible Children*, Ages 0-20	All Aid Category/Type Case combinations listed for Non-Dually eligible Children, plus a match to Medicare eligibility data.	
CSoC Children	40	200
	Or any one of the above Aid Category/Type Case combinations, plus Waiver Segment 200 or 202.	

Adult Rate Cell	Aid Category	Type Case Codes
Non-Disabled Adults, Ages 21+ (Non-Dually Eligible*)	01	001, 005, 018, 019, 024, 043, 050, 056, 059, 070, 078, 080, 081, 086, 090, 117, 118, 119, 125, 127, 130, 149, 150, 153, 154
	03	001, 002, 007, 008, 013, 014, 052, 053, 055, 090, 104, 148, 151, 210
	13	001, 009, 071
Disabled Adults, Ages 21+ (Non-Dually Eligible*)	02	001, 005, 018, 019, 043, 050, 059, 060, 061, 070, 078, 081, 088, 090, 117, 118, 149, 150, 153, 154
	04	001, 005, 018, 019, 024, 043, 050, 056, 057, 058, 059, 060, 061, 070, 076, 077, 078, 079, 080, 081, 086, 088, 090, 117, 118, 119, 120, 125, 130, 131, 149, 150, 153, 154, 211
Dually Eligible Adults*, Ages 21+	All Aid Category-Type Case combinations listed for Non-Dually eligible Adults, plus a match to Medicare eligibility data.	
1915(i) only Adults, Ages 19+	All	201

\*Dually eligible individuals are identified according to their Medicare status as provided in the TPL MEDICARE RESOURCE TABLE (TPLM) supplied by Molina.

### **1915(i) Only Population**

Under the 1915(i) authority, the State expanded Medicaid eligibility to adults meeting certain functional criteria who were not previously eligible for Medicaid. These clients are reimbursed via a separate 1915(i) only rate cell.

These individuals only receive State Plan home and community-based services (HCBS) and any Medicaid services specifically outlined in the HCBS State Plan. These individuals must be over 18, not otherwise be covered by Medicaid, determined to be medically needy using institutional rules, and have income that does not exceed 150% of the Federal Poverty Level.

The 1915(i) population must meet the following target criteria as well as additional needs-based criteria to receive State Plan HCBS services:

- Persons with Acute Stabilization Needs.
- Persons with Serious Mental Illness (SMI) (federal definition of SMI).
- Persons with Major Mental Disorder.
- Persons with Co-occurring Disorders
- An adult who has previously met the above criteria and needs subsequent medically necessary services for stabilization and maintenance.

The new 1915(i) only population was historically served by the Office of Behavioral Health (OBH) through State-funded clinics. Only very limited claim experience has been reported by the PIHP and this is not considered credible; therefore, it has been excluded from consideration in

this Data Book. Rates will be developed using a cost modeling approach consistent with the prior rate development for this population.

## **CSoC Population**

The CSoC is a component of the LBHP, which brings together the Department of Health & Hospitals (OBH and Medicaid), the Department of Children & Family Services (DCFS), the Department of Education, the Office of Juvenile Justice (OJJ), the Governor's Office, family, youth, and advocate representatives to establish a service delivery system that is better integrated, has enhanced service offerings, and achieves improved outcomes. Children/youth eligible for CSoC are those who have significant BH challenges and are in or at-risk of out-of-home placement.

Along with the array of services provided by OBH and other network providers through the LBHP, children and families enrolled in CSoC will be eligible to receive additional services under 1915(c) and 1915(b)(3) waiver authorities as further described in Section 3.

The CSoC Children have a distinct rate cell as they are eligible for additional services. The capitation rates have been constructed under the assumption that any month a child is enrolled in the CSoC program a full capitation payment will be made. As such, for partial months of enrollment in CSoC, utilization of State Plan services prior to or after the CSoC enrollment period are considered in the base data summarized for the CSoC rate cell.

## **Excluded LBHP Populations**

Medicaid groups excluded from participating in the LBHP include the following populations:

- Eligible under the Refugee Cash/Medical Assistance program;
- Eligible for Tuberculosis-related services only program;
- Eligible under the Medicare Savings Program (Qualified Medicare Beneficiary, Specified Low-Income Medicare Beneficiary, Qualified Individuals, and Qualified Disabled Working Individuals);
- Eligible under the Emergency Services Only program (aliens who do not meet Medicaid citizenship/ 5-year residency requirements);
- Eligible under the Long-Term Care Medicare Co-insurance program;
- Eligible under the Section 1115 Greater New Orleans Community Health Connection Waiver;
- Medically Needy Spend-down individuals;
- Eligible under the Family Planning Eligibility Option (FPEO) that provides family-planning-services;
- Eligible under the Program of All-Inclusive Care for the Elderly (PACE), a community-based alternative to placement in a nursing facility that includes a complete “managed care” type benefit combining medical, social and long-term care services;
- Adults residing in Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD);

- Non-Medicaid adult on the eligibility file who is eligible for a Low-Income Subsidy program administered by the Social Security Administration; and
- Any Medicaid eligible person during a period of incarceration.

# 3

## Covered Services

The specific services required under the LBHP contract are detailed in the Request for Proposal issued by the State. The State is implementing a new service protocol as described further below. Covered services will no longer be identified according to diagnosis and instead will be identified primarily based on provider type, with any service provided by BH specialists as well as BH facilities covered under the LBHP contract. In addition, the State has included coverage for medications prescribed by BH professionals in the LBHP contract. Previously, prescription drugs were covered by Bayou Health or legacy FFS Medicaid.

For Dually Eligible Adults, Medicare crossover claims including Inpatient, Outpatient, Emergency Room (ER), and Professional claims are excluded from this Data Book. These services will be paid directly by the State after coordinating with Medicare and are excluded from the services covered under the capitation rates effective March 1, 2015. Additional detail is provided under the heading “Medicare Crossover Claims,” below.

## Encounter Data

The paid claims for these services are summarized in Section 5 using the following logic. Only services covered under the new service protocol are included. A detailed description of Provider Types and Provider Specialties is provided in Appendix A.

Category of Service (COS)	Criteria	Units
Inpatient	Revenue codes 0100-0214 (with BH provider types and specialties) or Provider Type 64 or 69 with Place of Service = 21 or 51. Note this includes acute detox services provided in a BH facility.	Days
Psychiatric ER	Provider Type 64, 69, or professional claims with Provider Specialty 26, 27 with Place of Service = 23, procedure codes 99281-99285 or revenue codes 450, 459, or 981.	Visits
Outpatient	Revenue Codes 0510, 0905, 0906, 0912, 0914, 0915, 0916 (with BH provider types and specialties) or Provider Type 64 or 69 with Place of Service not 21, 23, 51.	Claims
Crisis Intervention	Procedure Codes S9485, H2011.	Units
Community Psychiatric Support	Procedure Codes H0036.	Units
Assertive Community Treatment (ACT)	Procedure Code H0039, H0040.	Units
Multi-Systemic Treatment (MST)	Procedure Code H2033 (Children only).	Units

Category of Service (COS)	Criteria	Units
Addiction Services	Procedure Codes H0001, H0004, H0005, H0010, H0011, H0012, H0015, H0019, H2034, H2036.	Units
Medical Physician / Psychiatrist / Nurse Practitioner	Provider Types 19, 20, 78, 93, 94 with Provider Specialty 26, 27.	Claims
Psychosocial Rehabilitation	Procedure Code H2017.	Units
Other BH Professional (Mental Health (MH) Providers and Clinics, Nurses, and Other Licensed Providers)	Provider Types 12, 18, 31, 33, 38, 56, 68, 73, 74, 77, AG, AH, AJ, AK.	Claims
FQHC	Procedure Code T1015 or Provider Type 72 with any BH specialist servicing provider (Provider Types 19, 20, 78, 93, 94 with Provider Specialty 26, 27 or Provider Type 31 any specialty).	Claims
Psychiatric Residential Treatment Facility (PRTF)	Procedure Code H2013 or Provider Type 96 (Children only).	Units
Therapeutic Group Home (TGH)	Procedure Code H0018 (Children only).	Units
Parent Support	Procedure Code S5110 (CSoC Children only).	Units
Respite	Procedure Code S5150, H0045 or Provider Type 83 (CSoC Children only).	Units
Youth Support	Procedure Code H0038 (CSoC Children only).	Units
Independent Living Skills	Procedure Code H2014 (CSoC Children only).	Units
1915(b)(3) Services - Case Conference	Procedure Codes 99367, 99368.	Units
Other	Unclassified provider types delivering MH services authorized by the PIHP.	Claims
Pharmacy	Any drugs prescribed by Provider Types 19, 20, 33, 56, 78, 93 with Provider Specialty 26, 27 or Provider Type 31 any specialty.	Scripts

Please note: the PIHP contractor will be required to provide treatment planning for the identified populations in the contract under regulatory authority 42 CFR 438.208(c). Treatment planning is an administrative function funded out of the administrative portion of the capitation rate, as discussed in Section 6.

## State Plan Service Considerations

The costs in this Data Book reflect costs for State Plan services delivered in a managed care environment. In some cases for the Adult population, the PIHP provided an approved service in-lieu-of a State Plan service. In these cases, Mercer has reflected the costs of the State Plan service and applied a managed care discount to arrive at total costs consistent with actual paid expenses. The table below identified the key services priced using this methodology.

### 2013 Paid Encounter Claims

State Plan	In Lieu Of	Non-Dual	Dual Eligible	Encounter Unit Cost	State Plan Unit Cost	Managed Care Discount
Inpatient	IP IMD (21-64)	\$ 13,021,841	N/A	\$ 489.45	\$ 646.94	-24%
Acute Detox Facilities	SUD Residential	\$ 4,163,515	\$ 338,654	\$ 67.14	\$ 145.51	-54%
ER	Crisis	\$ 141,408	\$ 25,365	\$ 81.79	\$ 249.12	-67%

The unit costs for the in-lieu-of services was less than the alternative State Plan services, demonstrating the cost-effectiveness of these services.

## Medicare Crossover Claims

For dually eligible adults, Medicare “crossover” claims (claims that include primary payment from Medicare) for Inpatient, Outpatient, ER, and Professional services are excluded from this Data Book. These services will be paid directly by the State after coordinating with Medicare and are excluded from the services covered under the capitation rates effective March 1, 2015.

In order to exclude crossover claims from the Data Book, Mercer identified claims submitted to the State and coded with claim type “14” (Medicare Crossover Institutional) or claim type “15” (Medicare Crossover Professional). This includes claims with a Medicare qualifying Electronic Media Claim (EMC) submitter ID and claim format 837-I (Institutional) or 837-P (Professional), as well as Hardcopy claims with an Explanation of Benefits (EOB) attached from Medicare. Mercer then cross-referenced these claims to the encounter data and excluded matching records from this Data Book.

## 1915(i) Only Population

The services covered for the 1915(i) only population are limited to the following outpatient modalities:

- Treatment by a licensed MH practitioner.
- Community Psychiatric Support and Treatment.
- Psychosocial Rehabilitation.
- Crisis Intervention.
- Psychiatrist services.

## CSoC Population

The CSoC population is eligible for an enhanced service package under 1915(c) and 1915(b)(3) waiver authorities as further described in Section 3. The additional services are included below:

- Wraparound Facilitation.
- Crisis Stabilization.
- Parent Support and Training.
- Youth Support and Training.
- Independent Living/Skills Building.
- Short Term Respite Care.

A key component of that package is the wraparound facilitation, which includes an integrated system of care planning and management across multiple levels. These services are provided as an administrative function outside the claims payment data. For reference, we have summarized the historical costs of these services provided by the wraparound agency (WAA) and paid for through a supplemental administrative payment.

<b>WAA Administrative Fees</b>	<b>Notes</b>	
A. Total 2013 WAA Fees	\$10,866,074	<i>Partial months receive pro-rated fee</i>
B. Full Month WAA Fee PMPM	\$1,035.00	<i>Contract rate for full participating month</i>
C. 2013 WAA Unique User Months	12,757	<i>Partial months are fully counted</i>
D. Average Monthly WAA Fee PMPM	\$851.77	<i>D = A/C</i>

## New Mixed Service Protocol

The State is implementing changes to the covered services under the contract. Currently, Institutional services (Inpatient, Outpatient, and ER) are covered services under LBHP if the claim is identified with a qualifying BH diagnosis. Effective March 1, 2015, only claims from BH facilities or services provided by BH specialists are covered, as described below. In addition, the State has included coverage for medications prescribed by BH professionals in the LBHP contract. Previously, prescription drugs were covered by Bayou Health or legacy FFS Medicaid.

- **Inpatient and Outpatient Services** — BH facilities include freestanding psychiatric hospitals, general hospital distinct part psych (DPP) units, MH clinics and rehab facilities, substance use disorder facilities, residential settings, and other BH providers.
- **Professional BH Services** — BH specialists include physicians, Doctors of Osteopathic Medicine (DO), and Advanced Practice Registered Nurses with specialty in psychiatry, as well as psychologist and licensed MH professionals. Unlicensed BH providers are covered for Rehab services only. Coverage includes services provided by BH specialists regardless of service location, including consults and services provided by a BH specialist in a general Inpatient or ER setting. Servicing provider specialty (as opposed to billing provider) is used to determine coverage under LBHP. Services billed and provided separately by non-BH

specialists (such as general nurse practitioner) where place of service is a BH facility are covered under Bayou Health and not covered under the LBHP contract.

- **ER Services** — ER services are not covered, except for professional components billed by BH specialists or when the facility component is billed by a BH facility (for example, a freestanding psychiatric facility or DPP unit billing revenue code 450).
- **Federally Qualified Health Center (FQHC) & Rural Health Clinic (RHC) Services** — FQHC and RHC services are covered in full when any service provided during a visit is provided by a BH specialist. All other FQHC and RHC visits are not covered under the LBHP contract.
- **Pharmacy Benefit** — Any drug prescribed by a BH specialist is covered under the LBHP. All other drugs, including BH drugs prescribed by non-BH specialists, are covered under Bayou Health. Note as prescription drugs are covered under Medicare Part D, no pharmacy expenses are included for the dual eligible populations.

### Excluded Services

- Physical Health and other Acute Care services.
- Medicare Crossover services.
- Services covered under a non-CSoC 1915(c) waiver. Note 1915(c) CSoC Severely Emotionally Disturbed services are covered by the PIHP for children.
- Outpatient prescription drugs prescribed by non-BH specialists (Note: prescription drugs provided during a covered behavioral health inpatient stay are the responsibility of the PIHP).
- Transportation services.
- Intermediate Care Facility for the Developmentally Disabled (DD) services.
- Nursing Facility services.
- Personal Care services.
- Dental services.
- Independent Lab services (Note: lab charges incurred by the hospital during a qualified Inpatient stay or ER visit are the responsibility of the PIHP).
- Services delivered in general physician offices that are not MH or Addictive Disorder services (i.e., MD, DO, or RHC other than services provided by a psychiatrist).

For more specific information on covered services, please refer to the Request for Proposal issued by the State.

# 4

## Adjustments Reflected in this Data Book

This Section lists the adjustments Mercer made to the Encounter data. These adjustments are reflected in the summaries shown in Section 5.

### Completion Factors — Encounter Data

The encounter data in this Data Book include claims for dates of service from January 1, 2013 through December 31, 2013 and reflects payments processed through February 2014. Mercer developed completion factors to estimate incurred-but-not-reported (IBNR) claims (those claims not yet adjudicated). Mercer used processing date defined by “time key” in the encounter data to analyze historical payment patterns and develop completion factors by major COS. For the Adult population, financial lags were available separately for Inpatient and all other services. Mercer compared the results of the encounter completion analysis to the financial lags and determined that approximately a half month of additional lag time was present in the encounter data. The following factors are applied to both dollars and utilization.

Completion COS	Adult Rate Cells	Child Rate Cells
Inpatient	1.0665	1.0631
Community Psychiatric Support / ACT	1.0264	1.0181
Psychiatric Rehab	1.0242	1.0145
PRTF	N/A	1.2280
All Other	1.2195	1.1670
<b>Total</b>	<b>1.1002</b>	<b>1.0775</b>

Note that the pharmacy data summarized in this Data Book is considered 100% complete and no adjustment has been applied.

### Encounter Underreporting

Mercer compared the reported encounter data to financial reports submitted by the PIHP. For the adult population, Mercer reviewed the financial lag data and the population-specific financial data. Based upon a comparison of the data by population, COS, and incurred month, Mercer determined an encounter underreporting adjustment was warranted. Comparing fully completed encounter data to fully completed financial data, Mercer developed underreporting factors for non-pharmacy costs of 5.7% for the Non-Disabled adult population and 10.2% for the Disabled Adult populations. The net impacts to the base data were increases of 3.8% for the Non-Disabled Adult rate cell, 6.2% for the Disabled Adult rate cell, and 9.6% for the Dual Eligible Adult rate cell.

Based on Mercer's review of the Children's data, comparing the encounters to financial reports, no adjustment was warranted. During 2013, the Children's population was operated under a non-risk model where the PIHP was only reimbursed for submitted and approved encounter claims. Based on this service model, it is reasonable that encounters fully reflect the incurred costs, while under the adult service model encounter reporting was not as complete and the PIHP was paid a capitation rate regardless of submitted encounters.

### **ACT Payment Adjustment**

Claims for ACT services were not correctly reported in the encounter data for dates of service from January 1, 2013 through September 30, 2013. While units were available, paid amounts were zero for the dates listed. Mercer received supplemental financial data from the PIHP plan for ACT services by month and calculated an adjustment to the encounter data for non-dual eligible members reflected in this Data Book. In total, this adjustment incorporated approximately \$7.2 million in additional costs incurred for ACT services for 2013 in the encounter data.

### **Mixed Services Protocol Claim Allocation**

In order to reflect the new mixed service protocol effective March 1, 2015, the encounter data were adjusted. For the encounter data, Mercer identified services previously paid by the PIHP that would no longer be covered services and exclude these costs from the data as described below. For new LBHP coverage responsibilities, Mercer summarized FFS claim and Bayou Health program encounter experience to incorporate costs for the new services under LBHP. Figures provided below reflect reported encounter data prior to adjustments for IBNR and encounter underreporting.

- **Inpatient Services** — Costs should exclude claims for Inpatient service provided in general hospitals. After reviewing the encounter data, Mercer determined costs were being reported under general hospital provider types that should have more appropriately been reported under general hospital DPP units. Mercer adjusted the reported encounters by facility according to historical FFS cost splits between the general hospital and its DPP unit for each hospital in the data. After reallocating the claims, Mercer excluded the portion remaining under the general hospital, totaling approximately \$992,000 for Adults and \$1,123,000 for Children.
- **Outpatient Services** — Mercer excluded facility claims for Outpatient services not billed by BH facilities or BH professionals. In total, this excluded approximately \$212,000 for Adults and \$78,000 for Children.
- **Professional BH Services** — Mercer excluded claims for professional services not provided by BH specialists. In total, this excluded approximately \$459,000 for Adults and \$1,714,000 for Children.
- **ER Services** — Mercer excluded claims for ER services, except for professional components billed by BH specialists or when the facility component is billed by a BH facility professional. In total, this excluded approximately \$3,579,000 for Adults and \$1,934,000 for Children.

- **FQHC or RHC Services** — FQHC services will only be covered when services during an FQHC or RHC visit are provided by a BH specialist. Servicing provider was not readily available for FQHC encounter claims paid by the PIHP. Previously, only FQHC claims for certain members were covered under LBHP. For members enrolled in a Bayou Health prepaid plan contracted under the acute care program, all FQHC claims were the responsibility of Bayou Health MCOs. Mercer reviewed the prepaid encounter data, which included servicing provider, to determine the proportion of FQHC costs for BH specialists to calculate the expected costs covered under the new mixed service protocol. Mercer then incorporated encounter data from both the acute care program and LBHP for the covered population to determine the totality of FQHC claims and expected BH program expenses. Compared to the expenses previously paid by the LBHP PIHP, the net impact of this change is a reduction to the FQHC COS of approximately \$222,000 for Adults and \$1,755,000 for Children.
- **Pharmacy Benefit** — Any drug prescribed by a BH specialist is covered under the LBHP. Mercer reviewed the pharmacy data from FFS and the acute care managed care program for the applicable providers, and included this amount in the data summaries.

## Pharmacy Rebates

Mercer incorporated Medicaid FFS pharmacy data and MCO pharmacy data from the Bayou Health Medicaid managed care physical health program. As this data was claims data, Mercer applied an adjustment to account for typical pharmacy rebates for Medicaid Managed care programs based on supplemental financial information submitted by the Bayou Health MCOs. The overall adjustment for the CY 2013 pharmacy data was -1.40%.

## Disproportionate Share Hospital (DSH) Payments

The Federal Centers for Medicare and Medicaid Services (CMS) requires that all DSH payments be made directly by the State to the DSH facilities. Mercer confirmed that the encounter claims data did not reflect DSH payments. DSH payments are supplemental payments made directly to providers outside of the claims data. The PIHP is not responsible for DSH payments to the hospitals. Since the DSH payments are not captured in the Encounter data, no adjustment was necessary.

## Graduate Medical Education (GME)

The State does not make supplemental payments to hospitals for GME and has chosen to include the GME portion of Inpatient claims in the capitation rates. This is allowable per CMS. The PIHP will negotiate their reimbursement with hospitals and will be expected to reimburse the GME hospitals using rates with GME included. Therefore, Mercer did not make an adjustment to remove these payments from the encounter claims data.

# 5

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## Encounter Data Summaries

These exhibits contain encounter data for CY 2013 data, provided separately for each rate cell as listed at the top of each page. On each page, at the top of each table is the member months (MMs) associated with each rate cell. The MMs are a count of Medicaid eligibles taken from the State's eligibility files.

The remaining columns on each page are described below:

- **COS:** As described in Section 3, each of the covered services is listed.
- **Expenses:** Amount paid for each service line item. These amounts are based on date of service and reflect the Medicaid expenses.
- **Utilization:** Utilization for each service line item. This represents the number of visits, days or services for each category (see chart in Section 3).
- **Utilization Per 1,000:** Annual utilization for each service divided by total MMs multiplied by 12,000.
- **Unit Cost:** Average cost of each service line item; paid claims divided by the utilization of services delivered.
- **Per Member Per Month (PMPM):** Paid claims divided by total MMs.

**Rate Cell:** Non-Disabled Children, Ages 0-20 (Non-Dual)  
**Data Source:** Encounter data

	Calendar Year 2013				
Member Months:	8,231,871				
Category of Service	Expenses	Units	Utilization Per 1,000	Unit Cost	PMPM
Inpatient	\$ 13,602,012	26,183	38	\$ 519.50	\$ 1.65
Emergency Room	\$ 516,493	2,393	3	\$ 215.84	\$ 0.06
Outpatient	\$ 112,250	1,686	2	\$ 66.59	\$ 0.01
Crisis Intervention	\$ 1,815,594	48,412	71	\$ 37.50	\$ 0.22
Comm. Psychiatric Support	\$ 29,373,750	1,442,901	2,103	\$ 20.36	\$ 3.57
ACT	\$ -	-	-	\$ -	\$ -
MST	\$ 10,088,588	283,194	413	\$ 35.62	\$ 1.23
Addiction Services	\$ 3,018,173	48,231	70	\$ 62.58	\$ 0.37
Medical Physician/ Psychiatrist	\$ 2,252,978	41,926	61	\$ 53.74	\$ 0.27
Psychosocial Rehabilitation	\$ 31,006,043	2,497,044	3,640	\$ 12.42	\$ 3.77
Other Professional	\$ 9,475,413	164,625	240	\$ 57.56	\$ 1.15
FQHC	\$ 1,881,768	13,476	20	\$ 139.64	\$ 0.23
PRTF	\$ 2,653,287	4,930	7	\$ 538.14	\$ 0.32
TGH	\$ 12,693	90	0	\$ 141.26	\$ 0.00
Parent Support	\$ -	-	-	\$ -	\$ -
Respite	\$ -	-	-	\$ -	\$ -
Youth Support	\$ -	-	-	\$ -	\$ -
Independent Living Skills	\$ -	-	-	\$ -	\$ -
1915(b)(3) Services - Case Conference	\$ -	-	-	\$ -	\$ -
Other	\$ 1,020,444	17,847	26	\$ 57.18	\$ 0.12
Pharmacy	\$ 15,133,126	207,978	303	\$ 72.76	\$ 1.84
<b>Total</b>	<b>\$121,962,613</b>			<b>\$</b>	<b>14.82</b>

**Rate Cell:** Foster Care and Disabled Children, Ages 0-20 (Non-Dual)  
**Data Source:** Encounter data

	Calendar Year 2013				
Member Months:	677,357				
Category of Service	Expenses	Units	Utilization Per 1,000	Unit Cost	PMPM
Inpatient	\$ 7,529,566	14,595	259	\$ 515.88	\$ 11.12
Emergency Room	\$ 248,456	1,032	18	\$ 240.66	\$ 0.37
Outpatient	\$ 84,332	1,654	29	\$ 50.99	\$ 0.12
Crisis Intervention	\$ 602,792	15,015	266	\$ 40.14	\$ 0.89
Comm. Psychiatric Support	\$ 12,433,623	609,903	10,805	\$ 20.39	\$ 18.36
ACT	\$ 4,149	29	1	\$ 145.56	\$ 0.01
MST	\$ 2,994,333	84,570	1,498	\$ 35.41	\$ 4.42
Addiction Services	\$ 1,060,900	21,952	389	\$ 48.33	\$ 1.57
Medical Physician/ Psychiatrist	\$ 851,965	15,746	279	\$ 54.11	\$ 1.26
Psychosocial Rehabilitation	\$ 13,357,911	1,078,276	19,103	\$ 12.39	\$ 19.72
Other Professional	\$ 3,985,185	71,941	1,274	\$ 55.40	\$ 5.88
FQHC	\$ 208,099	1,468	26	\$ 141.77	\$ 0.31
PRTF	\$ 12,824,718	36,470	646	\$ 351.66	\$ 18.93
TGH	\$ 379,404	2,783	49	\$ 136.32	\$ 0.56
Parent Support	\$ -	-	-	\$ -	\$ -
Respite	\$ -	-	-	\$ -	\$ -
Youth Support	\$ -	-	-	\$ -	\$ -
Independent Living Skills	\$ -	-	-	\$ -	\$ -
1915(b)(3) Services - Case Conference	\$ -	-	-	\$ -	\$ -
Other	\$ 391,996	7,080	125	\$ 55.37	\$ 0.58
Pharmacy	\$ 12,825,883	145,503	2,578	\$ 88.15	\$ 18.94
<b>Total</b>	<b>\$ 69,783,313</b>				<b>\$ 103.02</b>

**Rate Cell:** CSoC Children, Ages 0-20  
**Data Source:** Encounter data

	Calendar Year 2013				
Member Months:	12,757				
Category of Service	Expenses	Units	Utilization Per 1,000	Unit Cost	PMPM
Inpatient	\$ 1,938,049	3,894	3,663	\$ 497.73	\$ 151.92
Emergency Room	\$ 43,229	150	141	\$ 288.04	\$ 3.39
Outpatient	\$ 6,040	129	121	\$ 46.97	\$ 0.47
Crisis Intervention	\$ 193,212	4,580	4,309	\$ 42.18	\$ 15.15
Comm. Psychiatric Support	\$ 1,583,387	79,449	74,735	\$ 19.93	\$ 124.12
ACT	\$ -	-	-	\$ -	\$ -
MST	\$ 96,896	2,735	2,573	\$ 35.42	\$ 7.60
Addiction Services	\$ 236,469	2,029	1,909	\$ 116.52	\$ 18.54
Medical Physician/ Psychiatrist	\$ 94,697	1,504	1,415	\$ 62.97	\$ 7.42
Psychosocial Rehabilitation	\$ 1,467,361	117,700	110,716	\$ 12.47	\$ 115.02
Other Professional	\$ 489,301	8,508	8,004	\$ 57.51	\$ 38.36
FQHC	\$ 4,787	38	36	\$ 125.35	\$ 0.38
PRTF	\$ 709,852	1,956	1,840	\$ 362.87	\$ 55.64
TGH	\$ 61,834	454	427	\$ 136.21	\$ 4.85
Parent Support	\$ 403,663	41,631	39,160	\$ 9.70	\$ 31.64
Respite	\$ 81,475	20,575	19,354	\$ 3.96	\$ 6.39
Youth Support	\$ 332,385	34,237	32,205	\$ 9.71	\$ 26.06
Independent Living Skills	\$ 87,563	11,111	10,451	\$ 7.88	\$ 6.86
1915(b)(3) Services - Case Conference	\$ -	-	-	\$ -	\$ -
Other	\$ 45,694	809	761	\$ 56.50	\$ 3.58
Pharmacy	\$ 1,372,690	11,349	10,676	\$ 120.95	\$ 107.60
<b>Total</b>	<b>\$ 9,248,585</b>				<b>\$ 724.98</b>

**Rate Cell:** Dually Eligible Children, Ages 0-20  
**Data Source:** Encounter data

	Calendar Year 2013				
Member Months:	4,383				
Category of Service	Expenses	Units	Utilization Per 1,000	Unit Cost	PMPM
Inpatient	\$ 14,324	30	83	\$ 472.36	\$ 3.27
Emergency Room	\$ 1,802	3	9	\$ 531.58	\$ 0.41
Outpatient	\$ 1,942	7	20	\$ 266.78	\$ 0.44
Crisis Intervention	\$ -	-	-	\$ -	\$ -
Comm. Psychiatric Support	\$ 43,958	2,257	6,180	\$ 19.47	\$ 10.03
ACT	\$ -	-	-	\$ -	\$ -
MST	\$ -	-	-	\$ -	\$ -
Addiction Services	\$ 49	1	3	\$ 42.38	\$ 0.01
Medical Physician/ Psychiatrist	\$ 1,399	47	129	\$ 29.70	\$ 0.32
Psychosocial Rehabilitation	\$ 32,677	2,588	7,085	\$ 12.63	\$ 7.46
Other Professional	\$ 4,494	86	235	\$ 52.39	\$ 1.03
FQHC	\$ 409	3	8	\$ 138.57	\$ 0.09
PRTF	\$ -	-	-	\$ -	\$ -
TGH	\$ -	-	-	\$ -	\$ -
Parent Support	\$ -	-	-	\$ -	\$ -
Respite	\$ -	-	-	\$ -	\$ -
Youth Support	\$ -	-	-	\$ -	\$ -
Independent Living Skills	\$ -	-	-	\$ -	\$ -
1915(b)(3) Services - Case Conference	\$ -	-	-	\$ -	\$ -
Other	\$ 165	5	13	\$ 35.25	\$ 0.04
Pharmacy	\$ -	-	-	\$ -	\$ -
<b>Total</b>	<b>\$ 101,219</b>				<b>\$ 23.09</b>

**Rate Cell:** Non-Disabled Adults, Ages 21+ (Non-Dual)  
**Data Source:** Encounter data

	Calendar Year 2013				
Member Months:	1,119,612				
Category of Service	Expenses	Units	Utilization Per 1,000	Unit Cost	PMPM
Inpatient	\$ 6,890,313	12,815	137	\$ 537.66	\$ 6.15
Emergency Room	\$ 364,991	1,637	18	\$ 222.96	\$ 0.33
Outpatient	\$ 22,945	288	3	\$ 79.71	\$ 0.02
Crisis Intervention	\$ 36,866	377	4	\$ 97.88	\$ 0.03
Comm. Psychiatric Support	\$ 1,640,780	83,726	897	\$ 19.60	\$ 1.47
ACT	\$ 485,536	8,243	88	\$ 58.90	\$ 0.43
MST	\$ -	-	-	\$ -	\$ -
Addiction Services	\$ 3,996,592	107,824	1,156	\$ 37.07	\$ 3.57
Medical Physician/ Psychiatrist	\$ 792,079	12,810	137	\$ 61.83	\$ 0.71
Psychosocial Rehabilitation	\$ 591,377	49,385	529	\$ 11.97	\$ 0.53
Other Professional	\$ 1,951,797	32,330	347	\$ 60.37	\$ 1.74
FQHC	\$ 389,785	2,744	29	\$ 142.07	\$ 0.35
PRTF	\$ -	-	-	\$ -	\$ -
TGH	\$ -	-	-	\$ -	\$ -
Parent Support	\$ -	-	-	\$ -	\$ -
Respite	\$ -	-	-	\$ -	\$ -
Youth Support	\$ -	-	-	\$ -	\$ -
Independent Living Skills	\$ -	-	-	\$ -	\$ -
1915(b)(3) Services - Case Conference	\$ -	-	-	\$ -	\$ -
Other	\$ 74,580	1,183	13	\$ 63.03	\$ 0.07
Pharmacy	\$ 7,846,468	91,622	982	\$ 85.64	\$ 7.01
<b>Total</b>	<b>\$ 25,084,109</b>				<b>\$ 22.40</b>

**Rate Cell:** Disabled Adults, Ages 21+ (Non-Dual)  
**Data Source:** Encounter data

	Calendar Year 2013				
Member Months:	1,019,345				
Category of Service	Expenses	Units	Utilization Per 1,000	Unit Cost	PMPM
Inpatient	\$ 37,037,859	63,745	750	\$ 581.03	\$ 36.33
Emergency Room	\$ 1,143,513	4,385	52	\$ 260.77	\$ 1.12
Outpatient	\$ 56,140	819	10	\$ 68.53	\$ 0.06
Crisis Intervention	\$ 150,132	2,029	24	\$ 74.00	\$ 0.15
Comm. Psychiatric Support	\$ 4,506,665	235,928	2,777	\$ 19.10	\$ 4.42
ACT	\$ 9,927,080	170,158	2,003	\$ 58.34	\$ 9.74
MST	\$ -	-	-	\$ -	\$ -
Addiction Services	\$ 3,128,067	86,333	1,016	\$ 36.23	\$ 3.07
Medical Physician/ Psychiatrist	\$ 2,236,719	39,855	469	\$ 56.12	\$ 2.19
Psychosocial Rehabilitation	\$ 1,389,097	186,279	2,193	\$ 7.46	\$ 1.36
Other Professional	\$ 4,690,854	85,351	1,005	\$ 54.96	\$ 4.60
FQHC	\$ 451,768	3,163	37	\$ 142.84	\$ 0.44
PRTF	\$ -	-	-	\$ -	\$ -
TGH	\$ -	-	-	\$ -	\$ -
Parent Support	\$ -	-	-	\$ -	\$ -
Respite	\$ -	-	-	\$ -	\$ -
Youth Support	\$ -	-	-	\$ -	\$ -
Independent Living Skills	\$ -	-	-	\$ -	\$ -
1915(b)(3) Services - Case Conference	\$ -	-	-	\$ -	\$ -
Other	\$ 125,269	2,241	26	\$ 55.90	\$ 0.12
Pharmacy	\$ 38,605,902	324,978	3,826	\$ 118.80	\$ 37.87
<b>Total</b>	<b>\$103,449,065</b>				<b>\$ 101.49</b>

**Rate Cell:** Dually Eligible Adults, Ages 21+  
**Data Source:** Encounter data

	Calendar Year 2013				
Member Months:	1,122,454				
Category of Service	Expenses	Units	Utilization Per 1,000	Unit Cost	PMPM
Inpatient	\$ 957,765	3,299	35	\$ 290.35	\$ 0.85
Emergency Room	\$ 9,811	56	1	\$ 173.75	\$ 0.01
Outpatient	\$ 411,108	1,550	17	\$ 265.25	\$ 0.37
Crisis Intervention	\$ 33,700	341	4	\$ 98.94	\$ 0.03
Comm. Psychiatric Support	\$ 1,193,430	63,264	676	\$ 18.86	\$ 1.06
ACT	\$ 2,526,189	43,222	462	\$ 58.45	\$ 2.25
MST	\$ -	-	-	\$ -	\$ -
Addiction Services	\$ 578,093	15,125	162	\$ 38.22	\$ 0.52
Medical Physician/ Psychiatrist	\$ 84,798	4,848	52	\$ 17.49	\$ 0.08
Psychosocial Rehabilitation	\$ 373,465	51,381	549	\$ 7.27	\$ 0.33
Other Professional	\$ 122,449	2,735	29	\$ 44.77	\$ 0.11
FQHC	\$ 5,700	46	0	\$ 123.52	\$ 0.01
PRTF	\$ -	-	-	\$ -	\$ -
TGH	\$ -	-	-	\$ -	\$ -
Parent Support	\$ -	-	-	\$ -	\$ -
Respite	\$ -	-	-	\$ -	\$ -
Youth Support	\$ -	-	-	\$ -	\$ -
Independent Living Skills	\$ -	-	-	\$ -	\$ -
1915(b)(3) Services - Case Conference	\$ -	-	-	\$ -	\$ -
Other	\$ 4,763	129	1	\$ 36.83	\$ 0.00
Pharmacy	\$ -	-	-	\$ -	\$ -
<b>Total</b>	<b>\$ 6,301,272</b>				<b>\$ 5.61</b>

# 6

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## Adjustment Considerations Made to Calculate the Capitation Rate Ranges

This Section describes the adjustments that Mercer will consider to calculate the capitation rate ranges effective March 2015. Mercer makes adjustments to the base data to match the experience of an actuarially equivalent population. These adjustments are required by CMS in determining rates for Medicaid managed care programs. Mercer will certify to CMS that the final rates are actuarially sound.

These adjustments have **not** been reflected in the Data Book pages:

- Mercer will project costs and utilization as part of the rate development. The trends used to project these costs will be based on historical data trends across different years and services in the State. In addition to the encounter and financial data, Mercer will review the Consumer Price Index and other published indices, and similar trend information from surrounding states.
- Cost and utilization will be trended to the midpoint of the rate year.
- Mercer will review the data to determine if an efficiency adjustment is necessary to reflect typical cost and utilization levels expected under a well-run managed care delivery system. For example, under managed care, Inpatient utilization typically decreases, while certain Outpatient services may increase. Mercer will review the experience of other state BH managed care programs to inform any additional adjustment beyond the managed care impact captured in the historical encounter data.
- An administrative assumption to account for PIHP's administrative expenses will be applied in the capitation rate development process. This amount will include consideration for treatment planning responsibilities of the PIHP.
- A separate cost load for the care planning and coordination of CSoC individuals will be incorporated into the capitation rate. As noted in Section 3, the average PMPM from the prior non-risk program for the wraparound facilitation was \$851.77. This differs from the stated monthly rate of \$1,035.00 due to partial months of coverage during the historical time period.
- Separate capitation rate calculations for State Plan and 1915(b)(3) services. In the 1915(b) waiver, the State has requested authority to provide Physician Case Consultation as a 1915(b)(3) service. As part of the capitation rate calculation, Mercer will include consideration for this service in the development of the capitation rate. Per federal regulations, the 1915(b)(3) rate will be documented separately from the State Plan rate. For reference, the 1915(b) waiver, includes approximately \$0.13 PMPM related to case conferences.
- A separate rate will be developed for the 1915(i) only population, using a modeled rate approach based on historical FFS data and OBH-provided financial information for services for the covered population.
- Programmatic changes not fully reflected in the base data will be incorporated into the capitation rates.

# APPENDIX A

## Provider Type and Provider Specialty Code Reference

### Louisiana Medicaid Provider Type Codes

Provider Type Code	Description
01	Fiscal Agent - Waiver
02	Transitional Support - Waiver
03	Children's Choice - Waiver (in-state only)
04	Pediatric Day Health Care (PDHC) facility
05	CCN-P Organization (Coordinated Care Network, Pre-Paid)
06	NOW Professional (Registered Dietician, Psychologist, Social Worker)
07	Case Mgmt - Infants & Toddlers (in-state only)
08	OAAS Case Management
09	Hospice Services (in-state only)
10	Comprehensive Community Support Services
11	Shared Living - Waiver (in-state only)
12	Multi-Systemic Therapy (in-state only)
13	Pre-Vocational Habilitation (in-state only)
14	Adult Day Habilitation - Waiver (in-state only)
15	Environmental Accessibility Adaptation - Waiver (in-state only)
16	Personal Emergency Response Systems - Waiver
17	Assistive Devices - Waiver
18	Community Mental Health Center/Magellan Registration
19	Doctor of Osteopathic Medicine (DO) and Doctors of Osteopathic Medicine(DO) Group
20	Physician (MD) and Physician (MD) Group
21	Third Party Submitter
22	Waiver Personal Care Attendant
23	Independent Lab
24	Personal Care Services (LTC/PCS/PAS) (in-state only)
25	Mobile X-Ray/Radiation Therapy Center
26	Pharmacy (out-of-state for crossovers only)
27	Dentist and Dental Group
28	Optometrist and Optometrist Group
29	EarlySteps and EarlySteps Group (in-state only)
30	Chiropractor and Chiropractor Group

<b>Provider Type Code</b>	<b>Description</b>
31	Medical or Licensed Psychologist
32	Podiatrist and Podiatrist Group
33	Prescribing Only Provider
34	Audiologist
35	Physical Therapist
36	Not assigned
37	Occupational Therapist
38	School-Based Health Center (in-state only)
39	Speech/Language Therapist
40	DME Provider (out-of-state for crossovers only)
41	Registered Dietician
42	Non-Emergency Medical Transportation (in-state only)
43	Case Mgmt - Nurse Home Visit - 1st Time Mother (in-state only)
44	Home Health Agency (in-state only)
45	Case Mgmt - Contractor (in-state only)
46	Case Mgmt - HIV (in-state only)
47	Case Mgmt - CMI
48	Case Mgmt - Pregnant Woman
49	Case Mgmt - DD
50	PACE Provider
51	Ambulance Transportation
52	CCN-S Organization (Coordinated Care Network, Shared Savings)
53	Self Directed/Direct Support
54	Ambulatory Surgical Center (in-state only)
55	Emergency Access Hospital
56	Prescriber Only for MCO's
57	OPH RN
58	Not in Use: to-be used for LPN
59	Neurological Rehabilitation Unit (Hosp)
60	Hospital
61	Venereal Disease Clinic
62	Tuberculosis Clinic
63	Tuberculosis Inpatient Hospital
64	Mental Health Hospital (Free-Standing)
65	Rehabilitation Center (in-state only)
66	KIDMED Screening Clinic (in-state only)

<b>Provider Type Code</b>	<b>Description</b>
67	Prenatal Health Care Clinic
68	Substance Abuse and Alcohol Abuse Center
69	Hospital - Distinct Part Psychiatric Unit (in-state only)
70	EPSDT Health Services (in-state only)
71	Family Planning Clinic
72	Federally Qualified Health Center (in-state only)
73	Licensed Clinical Social Worker (LCSW)
74	Mental Health Clinic
75	Optical Supplier (in-state only)
76	Hemodialysis Center (in-state only)
77	Mental Health Rehabilitation (in-state only)
78	Nurse Practitioner and Nurse Practitioner Group
79	Rural Health Clinic (Provider Based) (in-state only)
80	Nursing Facility (in-state only)
81	Case Mgmt - Ventilator Assisted Care Program
82	Personal Care Attendant - Waiver (in-state only)
83	Respite Care (Center Based)- Waiver (in-state only)
84	Substitute Family Care - Waiver (in-state only)
85	ADHC Home and Community Based Services - Waiver (in-state only)
86	ICF/DD Rehabilitation
87	Rural Health Clinic (Independent) (in-state only)
88	ICF/DD - Group Home (in-state only)
89	Supervised Independent Living - Waiver (in-state only)
90	Nurse-Midwife
91	CRNA or CRNA Group
92	Private Duty Nurse
93	Clinical Nurse Specialist
94	Physician Assistant
95	American Indian / Native Alaskan "638" Facilities
96	Psychiatric Residential Treatment Facility
97	Adult Residential Care
98	Supported Employment
99	Greater New Orleans Community Health Connection (in-state only)
AA	Assertive Community Treatment Team (ACT)
AB	Prepaid Inpatient Health Plan (PIHP)
AC	Family Support Organization

<b>Provider Type Code</b>	<b>Description</b>
AD	Transition Coordination (Skills Building)
AE	Respite Care Service Agency
AF	Crisis Receiving Center
AG	Behavioral Health Rehabilitation Provider Agency
AH	Licensed Marriage & Family Therapist (LMFT)
AJ	Licensed Addiction Counselors (LAC)
AK	Licensed Professional Counselors (LPC).
AL	Community Choices Waiver Nursing
AM	Home Delivered Meals
AN	Caregiver Temporary Support
AQ	Non-Medical Group Home (NMGH)
AR	Therapeutic Foster Care (TFC) Caregiver Temporary Support
AS	OPH Clinic
AU	OPH Registered Dietitian
AV	Extended Duty Dental Assistant
AW	Permanent Supportive Housing Agency
AX	Certified Behavior Analyst
BI	Behavior Intervention
IP	EHR Incentive Program
MI	Monitored In-Home Caregiving (MIHC)
SP	Super Provider/Organized Health Care Delivery System
XX	Error Provider

## Louisiana Medicaid Provider Specialty Codes

Specialty Code	Description	Type: 1=Specialty, 2=Subspecialty	Related Specialty	Related Provider Types
00	All Specialties	1		n/a
01	General Practice	1		19,20
02	General Surgery	1		19, 20, 93
03	Allergy	1		19,20
04	Otology, Laryngology, Rhinology	1		19,20
05	Anesthesiology	1		19, 20, 91
06	Cardiovascular Disease	1		19,20
07	Dermatology	1		19,20
08	Family Practice	1		19, 20, 78
09	Gynecology (DO only)	1		19
10	Gastroenterology	1		19,20
11	Not in Use	n/a		n/a
12	Manipulative Therapy (DO only)	1		19
13	Neurology	1		19,20
14	Neurological Surgery	1		19,20
15	Obstetrics (DO only)	1		19
16	OB/GYN	1		19, 20, 78, 90
17	Ophthalmology, Otology, Laryngology, Rhinology (DO only)	1		19
18	Ophthalmology	1		20
19	Orthodontist	1		19,20
20	Orthopedic Surgery	1		19,20
21	Pathologic Anatomy; Clinical Pathology (DO only)	1		19
22	Pathology	1		20
23	Peripheral Vascular Disease or Surgery (DO only)	1		19
24	Plastic Surgery	1		19,20
25	Physical Medicine Rehabilitation	1		19,20
26	Psychiatry	1		19, 20, 93
27	Psychiatry; Neurology (DO only)	1		19
28	Proctology	1		19,20
29	Pulmonary Diseases	1		19,20
30	Radiology	1		19,20
31	Roentgenology, Radiology (DO only)	1		19

Specialty Code	Description	Type: 1=Specialty, 2=Subspecialty	Related Specialty	Related Provider Types
32	Radiation Therapy (DO only)	1		19
33	Thoracic Surgery	1		19,20
34	Urology	1		19,20
35	Chiropractor	1		30,35
36	Pre-Vocational Habilitation	1		13
37	Pediatrics	1		19, 20, 78
38	Geriatrics	1		19,20
39	Nephrology	1		19,20
40	Hand Surgery	1		19,20
41	Internal Medicine	1		19,20
42	Federally Qualified Health Centers	1		72
43	Not in Use	n/a		n/a
44	Public Health/EPSDT	1		66,70
45	NEMT - Non-profit	1		42
46	NEMT - Profit	1		42
47	NEMT - F+F	1		42
48	Podiatry - Surgical Chiropody	1		20, 32
49	Miscellaneous (Admin. Medicine)	1		20
50	Day Habilitation	1		14
51	Med Supply / Certified Orthotist	1		40
52	Med Supply / Certified Prosthetist	1		40
53	Direct Care Worker	1		40
54	Med Supply / Not Included in 51, 52, 53	1		40
55	Indiv Certified Orthotist	1		40
56	Indiv Certified Prosthetist	1		40
57	Indiv Certified Prosthetist - Orthotist	1		40
58	Indiv Not Included in 55, 56, 57	1		40
59	Ambulance Service Supplier, Private	1		51
60	Public Health or Welfare Agencies & Clinics	1		61, 62, 66, 67
61	Voluntary Health or Charitable Agencies	1		unknown
62	Psychologist Crossovers only	1		29, 31
63	Portable X-Ray Supplier (Billing Independently)	1		25
64	Audiologist (Billing Independently)	1		29,34
65	Indiv Physical Therapist	1		29,35
66	Dentist, DDS, DMS	1		27

Specialty Code	Description	Type: 1=Specialty, 2=Subspecialty	Related Specialty	Related Provider Types
67	Oral Surgeon - Dental	1		27
68	Pedodontist	1		27
69	Independent Laboratory (Billing Independently)	1		23
70	Clinic or Other Group Practice	1		19, 20, 68, 74, 76, 91
71	Speech Therapy	1		29
72	Diagnostic Laboratory	1		23
73	Social Worker Enrollment	1		73
74	Occupational Therapy	1		29,37
75	Other Medical Care	1		65
76	Adult Day Care	1		85
77	Habilitation	1		85
78	Mental Health Rehab	1		77
79	Nurse Practitioner	1		78
80	Environmental Accessibility Adaptations	1		15
81	Case Management	1		07, 08, 43, 46, 81
82	Personal Care Attendant	1		82
83	Respite Care	1		83
84	Substitute Family Care	1		84
85	Extended Care Hospital	1		60
86	Hospitals and Nursing Homes	1		55, 59, 60, 64, 69, 80, 88
87	All Other	1		26,40,44, 60
88	Optician / Optometrist	1		28,75
89	Supervised Independent Living	1		89
90	Personal Emergency Response Sys (Waiver)	1		16
91	Assistive Devices	1		17
92	Prescribing Only Providers/Providers Not Authorized to Bill Medicaid	1		33
93	Hospice Service for Dual Elig.	1		09
94	Rural Health Clinic	1		79,87
95	Psychologist (PBS Program Only)	1		31
96	Psychologist (PBS Program and X-Overs)	1		31
97	Family Planning Clinic	1		71
98	Supported Employment	1		98
99	Provider Pending Enrollment	1		n/a

Specialty Code	Description	Type: 1=Specialty, 2=Subspecialty	Related Specialty	Related Provider Types
1A	Adolescent Medicine	2	37	19,20
1B	Diagnostic Lab Immunology	2	37	19,20
1C	Neonatal Perinatal Medicine	2	37	19,20
1D	Pediatric Cardiology	2	37	19,20
1E	Pediatric Critical Care Medicine	2	37	19,20
1F	Pediatric Emergency Medicine	2	37	19,20
1G	Pediatric Endocrinology	2	37	19,20
1H	Pediatric Gastroenterology	2	37	19,20
1I	Pediatric Hematology - Oncology	2	37	19,20
1J	Pediatric Infectious Disease	2	37	19,20
1K	Pediatric Nephrology	2	37	19,20
1L	Pediatric Pulmonology	2	37	19,20
1M	Pediatric Rheumatology	2	37	19,20
1N	Pediatric Sports Medicine	2	37	19,20
1P	Pediatric Surgery	2	37	19,20
1Q	Pediatric Neurology	2	37	19,20
1R	Pediatric Genetics	2	37	19,20
1S	BRG - Med School	2		19,20
1T	Emergency Medicine	1		19,20
1U	Pediatric Developmental Behavioral Health	2	37	19,20
1Z	Pediatric Day Health Care	1		04
2A	Cardiac Electrophysiology	2	41	19,20
2B	Cardiovascular Disease	2	41	19,20
2C	Critical Care Medicine	2	41	19,20
2D	Diagnostic Laboratory Immunology	2	41	19,20
2E	Endocrinology & Metabolism	2	41	19,20
2F	Gastroenterology	2	41	19,20
2G	Geriatric Medicine	2	41	19,20
2H	Hematology	2	41	19,20
2I	Infectious Disease	2	41	19,20
2J	Medical Oncology	2	41	19,20
2K	Nephrology	2	41	19,20
2L	Pulmonary Disease	2	41	19,20
2M	Rheumatology	2	41	19,20
2N	Surgery - Critical Care	2	41	19,20

Specialty Code	Description	Type: 1=Specialty, 2=Subspecialty	Related Specialty	Related Provider Types
2P	Surgery - General Vascular	2	41	19,20
2Q	Nuclear Medicine	1		19,20
2R	Physician Assistant	1		94
2S	LSU Medical Center New Orleans	2		19,20
2T	American Indian / Native Alaskan	2		95
2Y	OPH Genetic Disease Program	1		40
3A	Critical Care Medicine	2	16	19,20
3B	Gynecologic oncology	2	16	19,20
3C	Maternal & Fetal Medicine	2	16	19,20
3D	Community Choices Waiver - Respiratory Therapy	2	87, 75	44, 65
3E	Community Choices Waiver - PT and OT	2	87, 75	44, 66
3F	Community Choices Waiver - PT and S/L T	2	87, 75	44, 67
3G	Community Choices Waiver - PT and RT	2	87, 75	44, 68
3H	Community Choices Waiver - OT and S/L T	2	87, 75	44, 69
3J	Community Choices Waiver - OT and RT	2	87, 75	44, 70
3K	Community Choices Waiver - S/L T and RT	2	87, 75	44, 71
3L	Community Choices Waiver - PT, OT & S/L T	2	87, 75	44, 72
3M	Community Choices Waiver - PT, OT & RT	2	87, 75	44, 73
3N	Community Choices Waiver - PT, S/L T & RT	2	87, 75	44, 74
3P	Organized Health Care Delivery System (OHCDs)	1		
3Q	Community Choices Waiver - OT, S/L T & RT	2	87, 75	44, 75
3R	Community Choices Waiver - All Skilled Maintenance Therapies (PT, OT, S/L T, RT)	2	87, 75	44, 76
3S	LSU Medical Center Shreveport	2		19,20
3U	Community Choices Waiver – Assistive Devices – Home Health	2		
3W	Supportive Housing Agency	1		AW
3X	Extended Duty Dental Assistant	1		AV
4A	Home and Community-Based Services	1		01,02
4B	NOW RN	1		06
4C	NOW LPN	1		06
4D	NOW Psychologist	1		06
4E	NOW Social Worker	1		06
4G	New, Provider Domain	1		
4H	Conversion, Participant Domain	1		

Specialty Code	Description	Type: 1=Specialty, 2=Subspecialty	Related Specialty	Related Provider Types
4J	Conversion, Provider Domain	1		
4K	Home and Community-Based Services (HCBS)	1		
4L	New, Participant Domain	1		
4M	EHR Managed Care (Behavior Health)	2		IP
4P	OAAS	1		
4R	Registered Dietician	1		41
4S	Ochsner Med School	2		19,20
4U	OPH Registered Dietitian	1		AU
4W	Waiver Services	1		42
4X	Waiver-Only Transportation	1		42
4Y	EHR Managed Care (Medical)	2		IP
5A	PCS-LTC	1		24
5B	PCS-EPSDT	1		24
5C	PAS	1		24
5D	PCS-LTC, PCS-EPSDT	1		24
5E	PCS-LTC, PAS	1		24
5F	PCS-EPSDT, PAS	1		24
5G	OCS-LTC, PCS-EPSDT, PAS	1		24
5H	Community Mental Health Center			18
5I	Statewide Management Organization (SMO)	1		AB
5J	Youth Support	1		AC
5K	Family Support	1		AC
5L	Both Youth and Family Support	1		AC
5M	Multi-Systemic Therapy			12
5N	Substance Abuse and Alcohol Abuse Center	1		68
5P	PACE	1		50
5Q	CCN-P (Coordinated Care Network, Pre-paid)	1		05
5R	CCN-S (Coordinated Care Network, Shared Savings)	1		52
5S	Tulane Med School	2		19,20
5T	Community Choices Waiver (CCW)	1		
5U	Individual	1		AD
5V	Agency/Business	1		AD
5W	Community Choices Waiver - Personal Assistance Service	2	87	44
5X	Therapeutic Group Homes	1		

Specialty Code	Description	Type: 1=Specialty, 2=Subspecialty	Related Specialty	Related Provider Types
5Y	PRCS Addiction Disorder	1		
5Z	Therapeutic Group Home Disorder	1		
6A	Psychologist -Clinical	1		31
6B	Psychologist-Counseling	1		31
6C	Psychologist - School	1		31
6D	Psychologist - Developmental	1		31
6E	Psychologist - Non-Declared	1		31
6F	Psychologist - All Other	1		31
6H	LaPOP	1		01
6N	Endodontist	1		27
6P	Periodontist	1		27
6S	E Jefferson Fam Practice Ctr - Residency Program	2		19,20
6T	Community Choices Waiver - Physical Therapy	2	65, 87, 75	35, 44, 65
6U	Applied Behavioral Analyst	1		AX
7A	SBHC - NP - Part Time - less than 20 hrs week	1		38
7B	SBHC - NP - Full Time - 20 or more hrs week	1		38
7C	SBHC - MD - Part Time - less than 20 hrs week	1		38
7D	SBHC - MD - Full Time - 20 or more hrs week	1		38
7E	SBHC - NP + MD - Part Time - combined less than 20 hrs week	1		38
7F	SBHC - NP + MD - Full Time - combined less than 20 hrs week	1		38
7G	Community Choices Waiver - Speech/Language Therapy	2	71, 87, 75	39, 44, 65
7H	Community Choices Waiver - Occupational Therapy	2	74, 87, 75	37, 44, 65
7M	Retail Convenience Clinics	2	70	19,20,78
7N	Urgent Care Clinics	2	70	19,20,79
7S	Leonard J Chabert Medical Center - Houma	2		19,20
8A	Elderly, Community Choices Waiver, DD	2	82	82
8B	Elderly, Community Choices Waiver	2	82	82
8C	DD services	2	82	82
8D	Community Choices Waiver - Caregiver Temporary Support	1	82, 83	82, 83

Specialty Code	Description	Type: 1=Specialty, 2=Subspecialty	Related Specialty	Related Provider Types
8E	CSoC/Behavioral Health	1, 2		AB, AC, AD, AE, AF, AG, AH, AJ, AK, 82, 31, 68, 70, 73, 83, 53
8F	Community Choices Waiver - Caregiver Temporary Support - Home Health	2	8D	AN
8G	Community Choices Waiver - Caregiver Temporary Support - Assisted Living	2	8D	AN
8H	Community Choices Waiver - Caregiver Temporary Support - ADHC	2	8D	AN
8J	Community Choices Waiver - Caregiver Temporary Support - Nursing Facility	2	8D	AN
8K	ADHC HCBS	1		AL
8L	Hospital-based PRTF	1		96
8M	Community Choices Waiver - Home-Delivered Meals	1		AM
8N	Community Choices Waiver - Nursing	2		44, 78
8O	IP - Doctor of Osteopathic Medicine	1		IP
8P	IP - Physician - MD	1		IP
8Q	Community Choices Waiver - EAA Assessor, Inspector, Approver	2		15
8S	OLOL Med School	2		
9A	Community Choices Waiver - Nursing and Personal Assistance Services	2		
9B	Psychiatric Residential Treatment Facility	1		96
9D	Residential Care	1		97
9E	Children's Choice Waiver	1		03
9F	Therapeutic Foster Care (TFC)	1		AR
9G	Non-Medical Group Home (NMGH)	1		AQ
9L	RHC/FQHC OPH Certified SBHC	1		72
9M	Monitored In-Home Caregiving (MIHC)	1		
9P	GNOCHC - Greater New Orleans Community Health Connection	1		99
9Q	PT 21 - EDI Independent Billing Company	2		21
9S	IP - Optical Supplier	1		IP
9U	Medicare Advantage Plans	1		21
9V	OCDD - Point of Entry	1		21
9W	OAAS - Point of Entry	1		21

<b>Specialty Code</b>	<b>Description</b>	<b>Type: 1=Specialty, 2=Subspecialty</b>	<b>Related Specialty</b>	<b>Related Provider Types</b>
9X	OAD - Point of Entry	1		21
9Y	Juvenile Court/Drug Treatment Center	1		21
9Z	Other Contract with a State Agency	1		21
XX	Error Provider	1		XX



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