

DEPARTMENT OF HEALTH AND HOSPITALS

LOUISIANA CHILDREN'S HEALTH INSURANCE PROGRAM

August 19, 2014

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EXECUTIVE SUMMARY

The Louisiana Children’s Health Insurance Program (LaCHIP) is an optional Medicaid program that provides healthcare coverage to uninsured children up to age 19 and enrollees in the LaCHIP Unborn Option (Phase IV) which provides prenatal care services, from conception to birth, for low-income uninsured mothers who are not otherwise eligible for Medicaid. This program was created by Congress in the Balanced Budget Act of 1997, and enacted on August 5, 1997, under Title XXI of the Social Security Act. In Louisiana, LaCHIP was authorized by Senate Bill 78 of the First Extraordinary Session of 1998. Louisiana implemented the first phase of LaCHIP as a Medicaid expansion program in November of 1998. Phase I provides coverage to children and youth in families with income up to 133% of the Federal Poverty Income Guidelines (FPIG). Since 1998, there have been four additional phases of LaCHIP:

Program	Income Guideline	Implementation Date
Phase II	150% FPIG	October 1999
Phase III	200% FPIG	January 2001
Phase IV ¹	200% FPIG	May 2007
Phase V ²	250% FPIG	June 2008

Since the inception of LaCHIP, there have been **514,530** children and Phase IV enrollees in LaCHIP, which has allowed them to receive much needed healthcare services.

LACHIP STATUS REPORT

PROGRAM OVERVIEW

To be eligible for LaCHIP Phases I, II, III, and V, children must be under 19 years old, residents of Louisiana, and must meet citizenship and income guidelines. The services covered include doctors, hospitals, prescriptions, mental health, dental, vision, and immunizations. For Phase IV, pregnant women must be residents of Louisiana and uninsured. Citizenship is not a requirement, and coverage is provided through the date of delivery and subsequent case review to determine if eligibility is met for any other programs.

Act 407 of 2007 authorized the addition of Phase V, known as the LaCHIP Affordable Plan. This program provides coverage to children in families with moderate incomes at a cost of \$50.00 per family per month. To be eligible, these children must not have other insurance and must not have access to the State Employees’ Health Plan. The premium collection functions are administered by the Office of Group Benefits.

¹Prenatal care services from conception to birth for low-income uninsured women.

²LaCHIP Affordable Plan – \$50.00 monthly premium for each enrolled family.

With the implementation of the Affordable Care Act in January 2014, the following changes have been made to the LaCHIP program:

- Phase I is now a mandatory coverage group under Medicaid but will continue to receive CHIP enhanced funding match rate. The income limit using the new Modified Adjusted Gross Income (MAGI) income budgeting methodology is 147% FPIG (includes standard 5% disregard).
- Phases II and III are no longer identified separately and the new income limit under the MAGI methodology is 217% FPIG (includes standard 5% disregard).
- Phase IV now includes uninsured citizen women and the new income limit under the MAGI methodology is 214% FPIG (includes standard 5% disregard).
- Phase V new income limit is 255% FPIG (includes standard 5% disregard).

The income limits for LaCHIP Phases I-V are provided below.

Monthly Income Limits (Effective 2/1/2014)

FAMILY SIZE	LaCHIP Phase I Monthly Income 147% FPIG	LaCHIP Phases II-III Monthly Income 217% FPL	LaCHIP Phase IV Monthly Income 214% FPL	LaCHIP Phase V Monthly Income 255% FPL
1	\$1,430	\$2,111	\$2,082	\$2,480
2	\$1,927	\$2,845	\$2,806	\$3,343
3	\$2,425	\$3,579	\$3,530	\$4,206
4	\$2,922	\$4,313	\$4,254	\$5,069
5	\$3,419	\$5,048	\$4,978	\$5,931
6	\$3,917	\$5,782	\$5,702	\$6,794
7	\$4,414	\$6,516	\$6,426	\$7,657
8	\$4,912	\$7,250	\$7,150	\$8,520
More each additional household member, add this amount.	\$498	\$735	\$725	\$863

DHH staff and contractors have done a superb job of providing information about LaCHIP to the public and ensuring that DHH has the most up-to-date information on children to ensure their continued coverage. As a result of this concerted effort, only 4.4% of Louisiana’s children are uninsured.³ In addition, efforts to ensure retention for those who still qualify mean that very few people lose coverage at their yearly case review.

³ Stephanie Virgets, Kirby Goidel, Stephen Barnes, and Dek Terrell, *A Report from the 2013 Louisiana Health Insurance Survey*, The Public Policy Research Lab and the Division of Economic Development, Louisiana State University (Baton Rouge, LA), 2014.

Louisiana's success in providing health coverage to uninsured children through a combination of technical and policy improvements has been studied by national organizations and used as a model for other states' children's public health coverage programs. A report by Health Management Associates based upon extensive information gathering and site visits revealed the following about the management of LaCHIP⁴:

- Louisiana has leveraged both technological and policy solutions to create customer-oriented, simplified enrollment and renewal processes.
- An integrated culture of and sustained commitment to continuous quality improvement has helped Louisiana repeatedly simplify the steps that families and workers follow in enrolling and renewing coverage.
- Louisiana has made children's health insurance programs and their management seamless, reducing complexity for families and aligning workers under a single set of goals.

The experiences of families with children enrolled in LaCHIP have been very positive as well. According to information obtained in focus groups conducted by Lake Research Partners in the summer of 2010, parents and caretakers of children enrolled in LaCHIP expressed appreciation that the cost is affordable or free and indicated that they like the services it covers.⁵ These individuals also mentioned access to dental care, specialists, and care for chronic health conditions as important advantages of LaCHIP.⁶ DHH staff continues to strive to reach individuals who are eligible for public health coverage but not enrolled.

To provide support to the growing number of residents of Louisiana who have limited or no English proficiency, DHH formed the Strategic Enrollment Unit (SEU) in 2004. The unit provides service to applicants and enrollees in the language that they choose. This unit consists of ten bilingual Medicaid Analysts, eight Spanish and two Vietnamese, who provide service to all applicants and enrollees across the state who choose a language other than English as their primary language. SEU staff also provides community service by attending community events where they may reach current enrollees and educate the public on the availability of CHIP coverage.

⁴Lisa Duchon, Eileen Ellis, and Rebecca Kelleberg, *Maximizing Enrollment in Louisiana: Results from a Diagnostic Assessment of the State's Enrollment and Retention Systems for Kids*, Health Management Associates (Washington, D.C.), February 2010.

⁵Michael Perry, *Insights from Parents Who Recently Enrolled Their Children and Parents Who Failed to Renew*, Lake Research Partners (Chicago, IL), June 30, 2010.

⁶Id.

PROGRAM STATUS

Enrollment

As of June 30, 2014, there were 123,350 children and Phase IV enrollees in LaCHIP.

	SFY 12	SFY 13	SFY 14
Phase I	46,125	46,178	45,716
Phase II	34,155	34,856	35,384
Phase III	36,591	35,033	36,716
Phase IV	1,347	1,498	2,249
Phase V	3,196	3,584	3,285
Total	121,374	121,095	123,350

Total Expenditures

	SFY12	SFY13	SFY14
Total	\$195,909,097	\$194,039,282	\$203,027,833

Per Member Per Month Cost

	SFY12	SFY13	SFY14
Total	\$131.28	\$131.25	\$139.16

CONCLUSION

The Louisiana Children’s Health Insurance Program benefits all citizens of Louisiana. Currently, 123,350 children and pregnant women have access to much needed healthcare coverage. National research has shown that healthy children do better in school on many levels. According to the Kaiser Commission on Medicaid and the Uninsured, “Studies of SCHIP’s impact have found an association between enrollment in the program and improved school performance among low-income children. Improvements include increased school attendance, greater ability to pay attention in class, improved reading scores, and increased ability to participate in school and normal childhood activities.”⁷ Work continues statewide to enroll the remaining uninsured but eligible children.

⁷ Caryn Marks, Cathy Hoffman and Julia Paradise, *The Impact of Medicaid and SCHIP on Low-Income Children’s Health*, Kaiser Commission on Medicaid and the Uninsured, Henry J. Kaiser Family Foundation (Washington, D.C.), February 2009.