

DEPARTMENT OF HEALTH AND HOSPITALS

# **LOUISIANA CHILDREN'S HEALTH INSURANCE PROGRAM**

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## EXECUTIVE SUMMARY

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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:

Phase II	150% FPIG	October 1999
Phase III	200% FPIG	January 2001
Phase IV	200% FPIG <sup>1</sup>	May 2007
Phase V	250% FPIG <sup>2</sup>	June 2008

Since the inception of LaCHIP, there have been **510,931** children and Phase IV enrollees in LaCHIP, which has allowed them to receive much needed healthcare services.

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## LACHIP STATUS REPORT

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### 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 requirements. 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 their date of delivery.

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 minimal cost, \$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. The income limits for LaCHIP Phases I - V are provided below.

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<sup>1</sup>Prenatal care services from conception to birth for low income uninsured non-citizen women.

<sup>2</sup>LaCHIP Affordable Plan – \$50.00 per family, per month premium plus cost sharing.

### Monthly Income Limits<sup>3</sup>

FAMILY SIZE	Phase I	Phase II	Phase III	Phase IV	Phase V
1	\$1,274	\$1,437	\$1,915	\$1,915	\$2,394
2	\$1,720	\$1,939	\$2,585	\$2,585	\$3,232
3	\$2,165	\$2,442	\$3,255	\$3,255	\$4,069
4	\$2,611	\$2,944	\$3,925	\$3,925	\$4,907
5	\$3,056	\$3,447	\$4,595	\$4,595	\$5,744
6	\$3,502	\$3,949	\$5,265	\$5,265	\$6,582
7	\$3,947	\$4,452	\$5,935	\$5,935	\$7,419
8	\$4,393	\$4,954	\$6,605	\$6,605	\$8,257
More than 8 <sup>4</sup>	+\$446	+\$503	+\$670	+\$670	+\$838

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. The efforts include securing partnerships with community-based organizations with missions to provide access to health care for children and providers, as well as going into the community to meet families where they spend their time like retail outlets, restaurants, shopping centers, malls, and civic events. As a result of this concerted effort, only 3.5% of Louisiana's children are uninsured.<sup>5</sup> In addition, those children with public health coverage retain that coverage almost 100% of the time.

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 LaCHIP<sup>6</sup>:

- 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 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.

<sup>3</sup>Amounts are valid from April 1, 2013 through March, 2014.

<sup>4</sup>For family units of more than 8 members, add this amount for each additional member.

<sup>5</sup>Stephen Barnes, Kirby Goidel, and Dek Terrell, *A Report from the 2011 Louisiana Health Insurance Survey*, The Public Policy Research Lab and the Division of Economic Development, Louisiana State University (Baton Rouge, LA), January 2012.

<sup>6</sup>Lisa 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.

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.<sup>7</sup> These individuals also mentioned access to dental care, specialists, and care for chronic health conditions as important advantages of LaCHIP.<sup>8</sup> DHH staff continues to strive to reach the remaining 3.5 percent of children 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 eight bilingual Medicaid Analysts, six 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. They also provide coverage for the Spanish and Vietnamese Medicaid customer service hotlines, which are available Monday through Friday from 7:30 a.m. - 4:30 p.m. 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.

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<sup>7</sup>Michael Perry, *Insights from Parents Who Recently Enrolled Their Children and Parents Who Failed to Renew*, Lake Research Partners (Chicago, IL), June 30, 2010.

<sup>8</sup>Id.

## PROGRAM STATUS

### Enrollment

As of June 30, 2013, there were 121,095 children and Phase IV enrollees in LaCHIP.

	SFY 11	SFY 12	SFY 13
Phase I	46,742	46,125	46,178
Phase II	33,090	34,155	34,856
Phase III	39,019	36,591	35,033
Phase IV	1,441	1,347	1,498
Phase V	3,594	3,196	3,584
<b>Total</b>	<b>123,886</b>	<b>121,374</b>	<b>121,095</b>

### Total Expenditures

	SFY11	SFY12	SFY13
<b>Total</b>	\$210,270,500	\$195,909,097	\$194,039,282

### Per Member Per Month Cost

	SFY11	SFY12	SFY13
<b>Total</b>	\$138.74	\$131.28	\$131.25

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## CONCLUSION

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The Louisiana Children’s Health Insurance Program benefits all citizens of Louisiana. Currently, 121,374 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.”<sup>9</sup> Work to enroll the remaining uninsured but eligible children in Louisiana continues statewide.

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<sup>9</sup> 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.