



State of Louisiana
Department of Health and Hospitals
Office of Management and Finance

May 17, 2016

MEMORANDUM

TO: Monthly Medicaid Report Distribution List

FROM: W. Jeff Reynolds
Undersecretary 

RE: SFY 2016 – Monthly Medicaid Report

Please find attached a copy of the current SFY 2016 Medicaid Financial Report for the period ending April 30, 2016. With this report, DHH is now projection the Medicaid programs revenues and the expenditures in the Public/DSH programs. The following is an overview of the report at the Means of Financing and Appropriated Program levels:

Page 1: Table 1 – Interagency Transfers: DHH is currently projection to under collect this Means of Financing by \$57.4 million. \$16.0 million of this shortfall is associated with DCFS and OJJ failing to reimburse DHH for the State’s portion of the Behavioral Health Medicaid claims associated with their clients. The remaining balance of the under collection is related to the privatization of the State Facilities that historically have transferred revenue for the LINCCA program.

Page 1: Table 1 – Self Generated Revenue: DHH is currently projecting to over collect this Means of Financing by \$41.0 million. This projected over collection is the related to the LINCCA program and the amount of local match being received by DHH to support the supplemental payments to the Hospital program. If DHH does not received additional authority to collect these funds, then the local governmental entities will not transfer these funds and DHH will be required to reduce this projected revenue.

Page 1: Table 1 – Statutory Dedications: DHH is currently projection to under collect the over collections funds by \$62.0 million. It is our understanding that the \$62.0 million shortfall is related to a budgeted Attorney General’s Drug settlement not expected to occur.

Page 1: Table 1 – Federal Revenue: DHH is currently projected to under collect the Federal Means of Financing by \$148.6 million. This under collection is excess budget authority, meaning more than we need to support our projected expenditures.

Page 1: Table 2 – Private Providers: DHH is currently projecting a surplus of \$85.5 million in this appropriated program. The surplus in this program is related to the legacy fee-for-service program and the projected shift of expenditures to the managed care program.

Page 1: Table 2 – Public Providers: DHH is currently projecting a surplus of \$44.6 million in this appropriated program. \$34.2 million of this surplus is related to the withdrawal of the DCFS Targeted Case Management State Plan Amendment (100% Federal) from review for approval by the Centers for Medicare/Medicaid Services (CMS). The remaining surplus is related to the legacy fee-for-service program and the projected shift of expenditures to the managed care program.

Page 1: Table 2 – Buy-In Program: DHH is currently projecting a surplus of \$92.6 million in the appropriated program. \$88.8 million of this surplus is related to the Federal Electronic Health Records Program (100% Federal) nearing the end of the current grant awards. DHH is currently working with the Centers for Medicare/Medicaid Services (CMS) to determine the next phase of this program. The remaining surplus balance is related to the premiums for the Part D Medicare program.

Page 1: Table 2 – UCC/DSH Program: DHH is currently projecting a surplus of \$12.1 million in this appropriated program. The surplus budget authority is related to the overall program.

Overall, the Medical Vendor Payments program is currently projecting a revenue short fall of \$227.0 million and an expenditure surplus of \$234.9 million. At this time, DHH does not anticipate being able to use the \$234.9 million in expenditure authority because there is not sufficient projected revenue to support additional Medicaid payments.

For SFY 2016, DHH requires \$41,005, 339 of additional self-generated revenue and DHH is currently projecting to have sufficient expenditure authority to cover the SFY 2016 projected expenditures.

If you have any questions or need any additional information, please contact me at 225-342-6726 or by email at jeff.reynolds@la.gov.

DEPARTMENT OF HEALTH AND HOSPITALS
LOUISIANA MEDICAID
HEALTH ECONOMICS

EXPENDITURE FORECAST REPORT
STATE FISCAL YEAR 2015/16

April 2016



LOUISIANA MEDICAID PROGRAM STATE FISCAL YEAR 2015/16

Page	Contents
1	Table-1: Means of Finance
1	Table-2: Budget and Forecast by Program
2 & 3	Table-3: Current Forecast by Sub-Program
4	Notes

LOUISIANA MEDICAID PROGRAM

Table-1: Revenue Forecast - Means of Finance - SFY 2015/16

Financing Category	Budget	Forecast Revenue Collections	Difference	Percent Difference
	A	B	C=B-A	D = (C/A)*100
State General Fund	2,053,493,691	2,053,493,691	0	0.0
Interagency Transfer	82,378,166	24,948,483	(57,429,683)	(69.7)
Self Generated Revenue	193,458,518	234,463,857	41,005,339	21.2
Statutory Dedications	589,173,826	527,173,826	(62,000,000)	(10.5)
State Total	2,918,504,201	2,840,079,857	(78,424,344)	(2.7)
Federal	5,619,143,793	5,470,542,351	(148,601,442)	(2.6)
Total Means of Finance	8,537,647,994	8,310,622,208	(227,025,786)	(2.7)

Table-2: Expenditure Forecast by Budget Program - SFY 2015/16

See "Notes" Page 4

Program	Budget Appropriation (1.1)	Current Forecast (2)	Difference	Percent Difference
	A	B	C=A-B	D = (C/A)*100
Private Providers	6,586,102,214	6,500,583,583	85,518,632	1.3
Public Providers	248,021,546	203,387,825	44,633,721	18.0
Buy-Ins & Supplements	540,968,657	448,352,002	92,616,655	17.1
Uncompensated Care	1,162,555,577	1,150,390,836	12,164,741	1.0
Total Program	\$8,537,647,994	\$8,302,714,246	\$234,933,748	2.8

LOUISIANA MEDICAID PROGRAM

Table-3: Expenditure Forecast by Budget Category of Service - SFY 2015/16

		Initials (1.2)	Current Forecast (2)	Difference
A: Private Providers		A	B	C = A - B
Ambulatory Surgical Clinics	A_01	1,882,993	1,736,908	146,085
Applied Behavioral Analysis (3)	A_02	18,348,975	17,356,571	992,404
Case Management Services	A_03	6,992,114	6,743,731	248,383
Durable Medical Equipment	A_04	10,231,876	10,471,775	(239,899)
EPSDT (Screening and Early Diagnosis)	A_05	31,716,836	26,956,923	4,759,913
Early Steps	A_06	8,253,425	8,353,341	(99,916)
Family Planning	A_07	16,203,783	13,594,767	2,609,016
Federally Qualified Health Centers	A_08	3,079,351	2,087,242	992,109
Hemodialysis Services	A_09	20,663,157	18,310,128	2,353,029
Home Health Services	A_10	26,666,710	23,999,304	2,667,406
Hospice Services	A_11	56,722,295	56,562,602	159,694
Hospital - Inpatient Services	A_12	166,377,988	145,880,239	20,497,749
Hospital - Outpatient Services	A_13	59,829,850	52,511,015	7,318,835
ICF-DD Community Homes	A_14	264,074,495	260,067,227	4,007,269
Laboratory and X - Ray Services	A_15	7,966,068	6,932,077	1,033,991
LT - PCS	A_16	193,237,593	163,994,677	29,242,916
Nursing Homes	A_17	948,096,593	963,380,590	(15,283,997)
PACE	A_18	13,039,775	12,130,278	909,497
PDHC	A_19	5,365,855	3,975,483	1,390,372
Pharmacy Payments	A_20	24,999,815	19,657,531	5,342,284
Physician Services	A_21	42,153,453	35,361,097	6,792,356
Rural Health Clinics	A_22	4,965,576	4,965,727	(152)
Transportation: Emergency-Ambulance	A_23	6,649,028	5,698,630	950,398
Transportation: Non-Emergency-Ambulance	A_24	4,580,126	4,156,546	423,580
Transportation: Non-Emergency-Non-Ambulance	A_25	4,770,871	4,091,294	679,577
Waiver: Adult Day Health	A_26	10,589,073	9,190,230	1,398,843
Waiver: Children's Choice	A_27	12,917,727	12,035,341	882,386
Waiver: Community Choices	A_28	109,608,993	113,344,417	(3,735,424)
Waiver: NOW DD-Community Services	A_29	425,706,997	444,862,337	(19,155,340)
Waiver: Residential Options (ROW)	A_30	1,366,034	715,626	650,408
Waiver: Supports	A_31	14,257,268	11,967,715	2,289,552
Other Private Providers	A_32	6,993,689	5,509,829	1,483,861
Supplemental	A_33	448,666,517	209,101,265	239,565,252
Sub-Total Traditional Private Providers		2,976,974,897	2,675,702,460	301,272,437
Bayou Health (4)	A_34	3,223,413,967	3,432,830,434	(209,416,467)
Dental Benefit Program	A_35	150,186,476	158,168,937	(7,982,461)
Behavioral Health Partnership	A_36	235,526,874	233,881,751	1,645,123
Sub-Total MCOs		3,609,127,317	3,824,881,123	(215,753,806)
Grand Total		\$6,586,102,214	\$6,500,583,583	\$85,518,632

LOUISIANA MEDICAID PROGRAM

Table-3: Expenditure Forecast by Budget Category of Service - SFY 2015/16...Continued

		Initials (1.2) A	Current Forecast (2) B	Difference C = A - B
<u>B: Public Providers</u>				
LSU - Facilities	B_01	3,294,291	972,812	2,321,479
LSU - Physicians	B_02	14,796,018	5,964,372	8,831,646
DHH - State DD	B_03	105,952,337	107,701,207	(1,748,870)
DHH - Villa Feliciana Nursing Home	B_04	17,511,078	16,635,908	875,170
DHH - Office of Public Health	B_05	8,922,690	2,440,441	6,482,249
DHH - Office of Behavioral Health	B_06	3,429,476	2,931,810	497,666
DHH - Human Services Districts	B_07	759,691	443,874	315,817
State - Education	B_08	21,300,955	16,437,138	4,863,817
Local Education Agencies for SBH Services	B_09	37,818,513	49,860,263	(12,041,750)
State - DCFS-Targeted Case Management (5)	B_10	34,236,497	0	34,236,497
Total Public Providers		\$248,021,546	\$203,387,825	\$44,633,721
<u>C: Buy-Ins & Supplements</u>				
Medicare Premiums & Supplements	C_01	288,578,285	303,951,988	(15,373,703)
Part-D Clawback (6)	C_02	139,031,515	119,810,819	19,220,696
HIT-Electronic Health Records	C_03	113,358,857	24,589,195	88,769,662
Total Buy-Ins		\$540,968,657	\$448,352,002	\$92,616,655
<u>D: Uncompensated Care</u>				
LSU - Facilities	D_01	26,732,396	19,430,339	7,302,057
DHH - Office of Behavioral Health	D_02	70,704,473	70,704,473	0
Private Hospitals	D_03	1,043,949,085	1,043,626,157	322,928
GNOCHC - 1115 Waiver	D_04	21,169,623	16,629,867	4,539,756
Total Uncompensated Care		\$1,162,555,577	\$1,150,390,836	\$12,164,741
Grand Total Medical Vendor Program		\$8,537,647,994	\$8,302,714,246	\$234,933,748

**LOUISIANA MEDICAID PROGRAM
(Numbered Notes to the Monthly Financial Report)**

- 1.1 This column represents the Appropriation (Act 16) for the Medicaid Program's four (4) budget categories: (A) Payments to Private Providers, (B) Payments to Public Providers, (C) Medicare Buy-Ins, Part-D, and Supplements, and (D) Uncompensated Care Costs.
- 1.2 This column represents initial spread of Act 16 Medical Vendor Appropriation for private provider sub-programs, public providers, Medicare Buy-Ins & Supplements, and Uncompensated care payments. For those who also receive uncompensated care, the sub-program distribution is based upon expending the exact amount of their budget. It assumes the full budget is expended, but not exceeded.
- 2 This column represents SFY 2015/16 expenditures forecast based on the latest available data/information and reflects projected payments through the end of the State Fiscal Year.
- 3 Applied Behavior Analysis (ABA) services for children age 0-20 pursuant to federal court order in pending lawsuit Chisholm v. Kliebert. ABA services must be provided to class members who have a diagnosis of Autism Spectrum Disorder (ASD), for whom services are determined medically necessary.
- 4 Bayou Health expenditure forecast represents payments for 11 months during SFY 2015/16 (July 2015 through May 2016). Payment for the month of June 2016 (\$360M) is assumed to be made in SFY 2016/17.
- 5 DCFS - Targeted Case Management - 100% Federal Funds.
- 6 Part-D Clawback Expenditures - All State Funds.