

**DEPARTMENT OF HEALTH
LOUISIANA MEDICAID PROGRAM
BUREAU OF HEALTH SERVICES FINANCING**

**FORECAST REPORT
STATE FISCAL YEAR 2016/17**

March 2017



LOUISIANA MEDICAID PROGRAM
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Table-1: Revenue Forecast - Means of Finance - SFY 2016/17

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Financing Category	Budget Appropriation (1.1)	Forecast Revenue Collections	Over / (Under)	Percent Difference
	A	B	C = B - A	D = (C/A)*100
State General Fund	2,109,238,041	2,109,238,041	0	0.0
Interagency Transfers	35,573,960	30,573,960	(5,000,000)	(14.1)
Self Generated Revenue	332,224,531	332,224,531	0	0.0
Statutory Dedications	776,594,020	776,594,020	0	0.0
State Total	3,253,630,552	3,248,630,552	(5,000,000)	(0.2)
Federal	7,140,713,613	7,140,713,613	0	0.0
Total Means of Finance	10,394,344,165	10,389,344,165	(5,000,000)	(0.0)
Contingency State General Fund	17,000,000	0	(17,000,000)	(100.0)
Revised Means of Finance	10,411,344,165	10,389,344,165	(22,000,000)	(0.2)

Table-2: Expenditure Forecast by Budget Program - SFY 2016/17

Program	Budget Appropriation (1.1)	Current Forecast (2)	(Over) / Under	Percent Difference
	A	B	C = A - B	D = (C/A)*100
Private Providers	8,749,228,826	9,071,174,604	(321,945,778)	(3.7)
Public Providers	215,495,865	192,616,086	22,879,779	10.6
Buy-Ins & Supplements	471,154,777	462,473,392	8,681,385	1.8
Uncompensated Care	958,464,697	943,464,697	15,000,000	1.6
Total Program	\$10,394,344,165	\$10,669,728,780	(\$275,384,615)	(2.6)
Contingency Private Providers	17,000,000	0	17,000,000	100.0
Revised Total Program	\$10,411,344,165	\$10,669,728,780	(\$258,384,615)	(2.5)

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Table-3: Expenditure Forecast by Budget Category of Service - SFY 2016/17

		Initials (1.2)	Current Forecast (2)	Difference	State
A: Private Providers Sub-programs		A	B	C = A - B	Match
Ambulatory Surgical Clinics	A_01	1,877,613	1,891,627	(14,014)	(5,289)
Applied Behavioral Analysis (3)	A_02	24,512,388	28,083,477	(3,571,089)	(1,347,729)
Case Management Services	A_03	7,178,445	6,974,664	203,781	76,907
Durable Medical Equipment	A_04	10,276,481	10,896,078	(619,597)	(233,836)
EPSDT (Screening and Early Diagnosis)	A_05	23,430,182	21,782,104	1,648,078	621,985
Early Steps	A_06	9,142,384	9,087,440	54,944	20,736
Family Planning	A_07	1,077,154	472,553	604,601	60,460
Federally Qualified Health Centers	A_08	2,150,484	1,792,474	358,010	135,113
Hemodialysis Services	A_09	17,913,116	19,787,442	(1,874,326)	(707,371)
Home Health Services	A_10	21,156,393	19,041,261	2,115,132	798,251
Hospice Services	A_11	60,210,427	60,374,687	(164,260)	(61,992)
Hospital - Inpatient Services	A_12	156,485,281	171,391,401	(14,906,120)	(5,625,570)
Hospital - Outpatient Services	A_13	47,252,522	49,786,003	(2,533,481)	(956,136)
ICF-DD Community Homes	A_14	266,256,347	250,882,989	15,373,358	5,801,905
Laboratory and X - Ray Services	A_15	6,956,904	6,467,423	489,481	184,730
Long Term Personal Care Services (LT - PCS)	A_16	153,712,748	157,203,512	(3,490,764)	(1,317,414)
Mental Health - Inpatient Services	A_17	6,976,435	7,119,341	(142,906)	(53,933)
Nursing Homes	A_18	1,025,252,214	1,012,954,862	12,297,352	4,641,021
Program for All Inclusive Care for the Elderly (PACE)	A_19	16,974,365	14,791,575	2,182,790	823,785
Pediatric Day Health Care (PDHC)	A_20	3,352,863	3,159,149	193,714	73,108
Pharmacy Payments	A_21	93,306,433	76,208,389	17,098,044	6,452,802
Physician Services	A_22	31,837,654	32,541,874	(704,220)	(265,773)
Rural Health Clinics	A_23	4,049,838	4,231,488	(181,650)	(68,555)
Transportation: Emergency-Ambulance	A_24	6,336,518	5,895,839	440,679	166,312
Transportation: Non-Emergency-Ambulance	A_25	1,079,904	999,938	79,966	30,179
Waiver: Adult Day Health	A_26	8,946,888	8,227,348	719,540	271,555
Waiver: Children's Choice	A_27	13,047,011	11,787,569	1,259,442	475,313
Waiver: Community Choices	A_28	110,149,222	108,122,880	2,026,342	764,742
Waiver: New Opportunities (NOW)	A_29	448,175,964	447,976,933	199,031	75,114
Waiver: Residential Options (ROW)	A_30	2,982,380	1,087,574	1,894,806	715,100
Waiver: Supports	A_31	13,287,511	12,847,032	440,479	166,237
Other Private Providers	A_32	3,514,396	389,310	3,125,086	1,179,407
Supplemental (5)	A_33	171,434,281	171,434,281	0	0
Sub-Total Traditional Private Providers		\$2,770,292,746	\$2,735,690,517	34,602,229	12,891,165
<u>Managed Care Organizations</u>					
Managed Care - Regular	A_34	4,514,670,323	4,465,240,996	49,429,327	1,654,628
Managed Care - Expansion	A_35	1,679,793,158	2,062,331,059	(382,537,901)	(13,388,827)
Dental Benefit Program - Regular	A_36	158,114,632	159,906,466	(1,791,834)	(676,238)
Dental Benefit Program - Expansion	A_37	9,910,376	11,436,751	(1,526,375)	(53,423)
Behavioral Health Partnership	A_38	42,530,591	48,635,089	(6,104,498)	(4,572,411)
Sub-Total MCOs		\$6,405,019,080	\$6,747,550,361	(342,531,281)	(17,036,270)
Pharmacy Rebates: YTD (\$234,247,674)					
		(\$426,083,000)	(412,066,274)	(14,016,726)	13,340,618
Total Private Providers		\$8,749,228,826	\$9,071,174,604	(321,945,778)	9,195,512

* The SGF projected deficit for the Managed Care Non-Expansion line results from the absence of \$17 million in state general fund that is contingent revenue as identified in Act 17 of the 2016 regular legislative session.

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Table-3: Expenditure Forecast by Budget Category of Service - SFY 2016/17.. Continued

		Initials (1.2)	Current Forecast (2)	Difference	State
		A	B	C = A - B	Match
<u>B: Public Providers Sub-Programs</u>					
LSU - Facilities	B_01	3,294,291	4,547,341	(1,253,050)	(472,901)
LSU - Physicians	B_02	14,889,037	9,252,739	5,636,298	2,127,139
DHH - State Developmental Facilities	B_03	104,244,899	112,109,000	(7,864,101)	(2,967,912)
LDH - Villa Feliciana Nursing Home	B_04	18,057,109	17,729,258	327,851	123,731
LDH - Office of Public Health	B_05	9,610,204	353,623	9,256,581	3,493,434
LDH - Office of Behavioral Health	B_06	3,429,479	3,242,889	186,590	70,419
LDH - Human Services Districts	B_07	549,175	464,728	84,447	31,870
State - Education	B_08	18,668,912	16,190,162	2,478,750	935,480
Local Education Agencies	B_09	42,752,759	28,726,346	14,026,413	0
Total Public Providers		\$215,495,865	\$192,616,086	\$22,879,779	\$3,341,260
<u>C: Buy-Ins & Supplements Sub-Programs</u>					
Medicare Premiums & Supplements	C_01	329,866,939	345,037,051	(15,170,112)	(5,725,200)
Part-D Clawback (6)	C_02	141,287,838	117,436,341	23,851,497	23,851,497
Total Buy-Ins		\$471,154,777	\$462,473,392	\$8,681,385	\$18,126,297
<u>D: Uncompensated Care Sub-Programs</u>					
LSU - Facilities	D_01	17,072,737	17,072,737	0	0
DHH - Office of Behavioral Health	D_02	74,841,407	74,841,407	0	0
Private Hospitals	D_03	863,461,441	848,461,441	15,000,000	(8,255,567)
GNOCHC - 1115 Waiver	D_04	3,089,112	3,089,112	0	0
Total Uncompensated Care		\$958,464,697	\$943,464,697	\$15,000,000	(\$8,255,567)
Grand Total Medical Vendor Program		\$10,394,344,165	\$10,669,728,780	(\$275,384,615)	\$22,407,502

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Table-4: Public Private Partnership - Projected Payments - SFY 2016/17

Hospital	UPL	UCC/DSH	Total Payments
Bogalusa (Wash/St. Tamm)	16,362,941	23,049,069	39,412,010
Houma (LJ Chabert)	58,616,970	83,891,316	142,508,286
Baton Rouge - OLOL	135,500,000	0	135,500,000
Baton Rouge - Woman's	9,509,055	0	9,509,055
New Orleans (ILH)	155,876,597	256,121,160	411,997,757
Lafayette (Univ Med Cntr)	55,493,914	68,931,614	124,425,528
Independence (Lallie Kemp)	6,117,224	17,072,737	23,189,961
Lake Charles (WO Moss)	7,500,000	48,472,886	55,972,886
Monroe (EA Conway)	127,436,300	0	127,436,300
Alexandria (Huey P. Long)	0	50,482,811	50,482,811
Shreveport (LSU-HSC)	0	143,532,935	143,532,935
Total	\$572,413,001	\$691,554,528	\$1,263,967,529

Amounts listed in the chart are based on the current appropriation, including the BA-7 approved on October 28, 2016, by the Joint Legislative Committee on the Budget (JLCB).

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State Fiscal Year 2017 Expansion

Table-5: Assumed Distribution of Members vs. Actual Distribution of Members

Rate Cell	Statewide PMPM Avg	Assumed Distribution	Member Months	= PMPM * MM	Update Statewide PMPM Avg	Actual Distribution	Member Months	= PMPM * MM	Difference (Actual - Assumed)
Female, 19-24	362.20	22%	712,084	\$257,915,593	\$360.14	14%	506,985	\$182,586,160	(\$75,329,433)
Male, 19-24	315.73	7%	226,690	\$71,572,618	\$315.85	8%	279,185	\$88,179,611	\$16,606,992
Female, 25-39	478.44	31%	1,001,509	\$479,166,432	\$479.11	27%	967,093	\$463,341,794	(\$15,824,638)
Male, 25-39	435.05	11%	355,072	\$154,473,415	\$441.62	13%	460,700	\$203,453,241	\$48,979,826
Female, 40-49	675.30	9%	282,958	\$191,080,512	\$684.63	11%	384,966	\$263,558,561	\$72,478,049
Male, 40-49	661.30	5%	174,625	\$115,479,118	\$673.43	6%	227,459	\$153,178,639	\$37,699,521
Female, 50-64	780.49	8%	272,610	\$212,768,458	\$797.32	13%	483,610	\$385,592,954	\$172,824,497
Male, 50-64	872.80	6%	208,257	\$181,766,075	\$893.75	9%	328,390	\$293,499,502	\$111,733,427
Kickpayments				\$15,570,936			0	\$28,940,597	\$13,369,660
Totals			3,233,804	\$1,679,793,158			3,638,388	2,062,331,059	\$382,537,901

Table-6: Medicaid Expansion Enrollment Projections

July-16	Actuals	279,632
August-16	Actuals	301,026
September-16	Actuals	315,209
October-16	Actuals	332,995
November-16	Actuals	352,463
December-16	Actuals	371,320
January-17	Actuals	391,241
February-17	Projection	403,802
March-17	Projection	417,524
April-17	Projection	427,216
May-17	Projection	436,747
June-17	Projection	444,856

*February 2017 rates were not approved on time to be paid in March and projected numbers were used instead.

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(Numbered Notes to the Monthly Financial Report)

- 1.1 This column represents the Initial Appropriation (Act 17 of the 2016 Regular Legislative Session and Act 14 of the 2016 Second Extraordinary Session) for the Medicaid Program's four (4) budgeted programs: (A) Payments to Private Providers, (B) Payments to Public Providers, (C) Medicare Buy-Ins & Supplements, and (D) Uncompensated Care Costs, plus approved Budget Adjustments (BA-7s).
- 1.2 This column represents initial Appropriation plus approved BA-7s for private provider sub-programs, public providers, Medicare Buy-Ins & Supplements, and Uncompensated care payments.
- 2 This column represents SFY 2016/17 expenditures forecast based on the latest available data/information and reflects projected payments through the end of the State
- 3 State Match.
- 4 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.
- 6 Report includes reductions from 1st mid-year cuts. Reductions for 2nd mid-year cut not included. Pending BA-7 approval.
- 5 Part-D Clawback Expenditures - All State Funds.