Louisiana Medicaid

Provider Update

Volume 24, Issue 4 **July/August 2007**

Employee Education on the Deficit Reduction Act

The Deficit Reduction Act (DRA) of 2005 requires states to comply with the restriction on the use of contingency fees in contracts; encourages them to enact false claims acts; prohibits States from double billing the federal government for prescription drugs; mandates that certain employers conduct education campaigns for employees about false claims acts; appropriates funds for the Secretary of Health and Human Services to improve payment integrity in the Medicaid program; and clarifies the legal responsibility of third parties to pay for health care provided to Medicaid beneficiaries.

In part, Section 6032, entitled Employee Education about False Claims Recovery, requires that any entity that receives or makes payments of $5,000,000 under the Medicaid State Plan must:

- Establish a written policy for all contractors and employees (including management) that provides detailed information about the False Claims Act, any state laws pertaining to civil or criminal penalties for false claims and statements and provides whistleblower protections for preventing fraud and abuse in federal health care program (as defined in Section 1128B(f);
- Have written policies and procedures for detecting and preventing fraud, waste and abuse; and
- Include in all employee handbooks, the laws described in subparagraph (A) of this Act, the rights of employees to be protected as whistleblower and the policies and procedures for detecting and preventing fraud, waste and abuse.

As a condition of payment for goods, services and supplies provided to recipients of the Medicaid Program, providers and entities must comply with the False Claims Act employee training and policy requirements in

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1902(a) of the Social Security Act as set forth in that subsection and as the Secretary of the U.S. Department of Health and Human Services may specify. As an enrolled provider/entity, it is your obligation to inform all of your employees and affiliates of the provisions of the False Claims Act and the Louisiana Medicaid Assistance Program Integrity Law (MAPIL). When monitored or audited, you will be required to show evidence of compliance with this requirement.

Currently enrolled Medicaid providers will be monitored for compliance beginning November 1, 2007. This monitoring will be conducted through established monitoring/auditing processes, i.e. desk audits, on-site monitoring, and/or random samples. At the time of monitoring/auditing, the Bureau of Health Services Financing will determine if the provider/entity is obligated to comply with the requirements of the Act. If the requirements of the Act are met, the provider/entity must demonstrate that it has met its responsibility regarding Employee Education about False Claims Recoveries, and any Louisiana laws and/or rules pertaining to civil or criminal penalties for false claims and statements, and whistleblower protections under such laws and/or rules. A provider/entity that fails to demonstrate compliance at the time of the monitoring will be given a specific period of time to demonstrate compliance. Failure to demonstrate compliance, after written notice of noncompliance, will subject the provider/entity to sanctions.

New providers who enroll in the Louisiana Medicaid Program after July 1, 2007, must sign the PE-50 which will contain this requirement.

All Providers

National Provider Identifier Information
NPI Is Here. NPI Is Now.

Do you have your NPI? If not and you are eligible for an NPI, apply online at www.nppes.cms.hhs.gov/NPPES, or call for a paper application at 1-800-465-3203.

OR

If you have your NPI and need to register it with Louisiana Medicaid, go online to www.lamedicaid.com (under NPI on the secured provider site).

Louisiana Medicaid encourages providers to get one NPI for each Medicaid provider number. If you have any problems with the registration process or need a paper registration form, please contact the LA NPI Assistance line at 225-216-6400 or email at LAMEDICAIDNPI@UNISYS.COM.

Continue to monitor the Louisiana Medicaid website (www.lamedicaid.com) for future updates on the Louisiana NPI contingency plan and deadlines.

CMS Issues Final Citizenship Guidelines for Medicaid Eligibility

The following is a press release from the Centers for Medicare and Medicaid Services (CMS) issued July 5, 2007.

Establishing citizenship for Medicaid eligibility will be easier for states and program applicants under final regulations implementing the new law, issued by CMS.

Today's final rule both expands the types of documentation that can be used to establish citizenship and formally exempts certain groups from the requirements. The changes reflect over 1,400 public comments received after publication of the citizenship interim final rule on July 1, 2006, as well as changes enacted as part of the Tax Relief and Health Care Act of 2006.

"We recognize the diversity of beneficiaries served by Medicaid and these new guidelines provide for a range of ways that citizenship status and personal identity may be documented," said Leslie V. Norwalk, Esq., acting administrator of CMS. "Our overriding goal is in ensuring that Medicaid dollars are being spent effectively on those who are qualified for coverage."

Published in today's *Federal Register*, the final rule codifies earlier guidance issued to states that exempts children in foster care as well as individuals enrolled in Medicare, individuals who receive Supplemental Security Income, and those who receive Social Security Disability Insurance. The rule also makes final a CMS policy change that will extend Medicaid benefits for up to the first year of life to a newborn child whose mother was receiving Medicaid on the date of his or her birth, regardless of the mother's immigration status. Announcement of CMS' policy with respect to newborn "deeming" was first made in March.

Enacted as part of the Deficit Reduction Act of 2005 (DRA), the new law requires that as of July 1, 2006, persons applying for Medicaid, or renewing their eligibility, document their citizenship. United States citizenship or legal immigration status has always been a requirement for Medicaid eligibility; but prior to the DRA, states could accept a person's statement of citizenship as sufficient. The new law is designed to ensure that beneficiaries who are citizens have documented such status without imposing undue burdens on them or the states. The new law does not apply to applicants and recipients who are legal immigrants. Such individuals continue to provide documentation of their immigration status as previously required.

The law requires that a person provide both evidence of citizenship and identity. In many cases, a single document, such as a passport, will be enough to establish both citizenship and identity. However, if secondary documentation is used, such as a birth certificate, the individual will also need evidence of their identity. Once citizenship has been proven, it need not be documented again with each eligibility renewal unless later evidence raises a question.

If other forms of citizenship documentation cannot be obtained, documentation may be provided by a written affidavit, signed under penalty of perjury by the applicant or recipient and by two additional individuals with specific knowledge of a beneficiary's citizenship status who are also citizens. At least one of the individuals cannot be related to the applicant or recipient. Affidavits can only be used in rare circumstances.

Additional types of documentation, such as school records, may be used to document identity for children. Current beneficiaries should not lose benefits during the period in which they are undertaking a good-faith effort to provide documentation to the state.

Health Standards Develops a Nursing Facility Emergency Preparedness Website

The Louisiana Department of Health and Hospitals, Health Standards Section has created a website to provide operational information about nursing facilities located in Louisiana. This information will be used to facilitate emergency services should the need arise. The required monthly updating of this website will replace the current system of faxing these updates to the Health Standards Section, then manually updating a database. The following facility information is displayed for the individual facility after log-in:

Facility Information
State ID - Unique ID number assigned by the Health Standards Section
Name - Facility name
Address - Geographic address
Type of provider - Skilled nursing facility, nursing facility, etc.
Medicaid Vendor Number
Administrator's Name
Telephone Number
Fax Number and
Parish

After checking the facility information for errors, the following operational information should be updated:

Bed Information
Licensed Beds - Number of beds licensed by the state
Operational beds - Number of beds available for occupancy and
Census - Number of residents currently residing at the facility

If an emergency event were to occur, the 'Events' section of the webpage should be updated. In this section, the facility can give specific information about the event such as type of event, date of event, evacuation site if needed, date event ended, and return to the facility.

All nursing facilities are now required to update this information on a monthly basis beginning July 2007. During an emergency event, facilities will be required to update their information more frequently. Information about the launch of this site was forwarded via fax and email to all Louisiana nursing facilities on July 5, 2007. Any questions regarding the website can be directed to:

Malcolm H. Tietje
DHH-HSS
Nursing Home Emergency Preparedness Manager
(225)342-2390
mtietje@dhh.la.gov.

Questions regarding passwords should be directed to:

Nursing Home Program Desk - 225-342-0114, fax 225-342-5292
Kay Morris, Clerical (lkmorris@dhh.la.gov)

a. Discrepancies in information displayed on left side of window
b. Request to add, modify or delete username & passwords.

Pending Phase IV LaCHIP Claims Now Being Processed

The following article is a summary of a press release from the Department of Health and Hospitals.

In May 2007, the Louisiana Department of Health and Hospitals (DHH) implemented Phase IV of the LaCHIP program to expand health care among low-income pregnant woman. Since the activation of the program, all claims submitted by providers have been listed as "pending" while procedures for processing claims were fine tuned.

On Monday, July 30, 2007, DHH began processing all claims for Phase IV LaCHIP. Claims are processed in the order in which they were received.

The ultimate goal of Phase IV LaCHIP is the reduction in premature deliveries and costly emergency care for drop-in deliveries by focusing on the prenatal care of the child. It is open to non-citizen pregnant women regardless of immigration status. Phase IV closely mirrors the benefits of the Medicaid Pregnant Woman Program, often referred to as LaMOMS, with the exception that this new group will not be eligible for 60 days of post partum care as a separate procedure or service because of federal regulations. However, post partum care as part of the reimbursement for the delivery will be covered by this program. To take advantage of the Phase IV LaCHIP program, applicants must meet the following eligibility criteria: The applicant:

- Must be a Louisiana resident.
- Cannot be eligible for Medicaid benefits through any other Medicaid eligibility group.
- Must have a family income at or below 200 percent of the federal poverty level.
- Cannot be covered under a group health insurance plan.
- Cannot have access to a state employee health benefits plan.
- Must be uninsured at the time of application (uninsured is defined as not having creditable health insurance that provides prenatal care services).

Eligible applicants may be enrolled in the program as early as the month of conception. Coverage can extend through the month the pregnancy ends. Eligibility will end upon delivery or the month the participant moves out of state, dies, miscarries or is determined eligible for another Medicaid eligibility group.

Applicants, who were previously eligible for emergency medical services only, may now be considered for three months of retroactive coverage, and their children may be deemed eligible for one year.

Professional Services Providers

Clarification of Louisiana Incentive Program

The following article appeared in the Kaiser Daily Health Policy Report on July 12, 2007.

The Louisiana Department of Health and Hospitals has issued a release to clarify that medical professionals who participate in the Greater New Orleans Health Service Corps program do not need to dedicate 30% of their practice to treating Medicaid, Medicare and uninsured patients, the *Lafayette Daily Advertiser* reports.

DHH Secretary Fred Cerise said, "This was a misconception that was circulating among medical professionals," adding, "It is important that doctors and other health care professionals understand the requirements of the grant and not get wrong information that might keep them from applying" (*Lafayette Daily Advertiser*, July 9). The program, developed by the state, is working to attract health care professionals to areas affected by Hurricane Katrina in 2005 by offering financial incentives, including student loan repayment and income guarantees. Since the hurricane, physician practices have flooded, some hospitals have closed, and the number of uninsured residents has increased. To receive incentives, worth as much as $110,000, medical professionals must agree to practice in the area for at least three years (Kaiser Daily Health Policy Report, June 12). While there is no quota, health care providers must agree to treat Medicare and Medicaid beneficiaries and accept payment on a sliding fee scale for uninsured patients based on their income to be eligible for the program. Priority is given to health care providers who accept and treat a high rate of Medicaid and uninsured patients for the duration of the three years (*Lafayette Daily Advertiser*, July 9).

Home Health Providers

Rate Increases for Extended Nursing Services

Effective for dates of service on or after July 20, 2007, the reimbursement rates for extended nursing services are increased as follows:

- Nurse care in home performed by a registered nurse (RN) is increased to $34 per hour;
- Nurse care in home performed by a licensed practical nurse (LPN) is increased to $32 per hour;
- Multiple visits - Nurse care in home performed by an RN is increased to $17 per hour; and
- Multiple visits - Nurse care in home performed by an LPN is increased to $16 per hour.

2007 Fall Provider Workshop Schedule

2007 Fall Provider Workshop Schedule

CITY — DAY, DATE, TIME, AND SESSION

Baton Rouge

Room Name	Tuesday, September 11		Auditorium	Classroom 1	Wednesday, September 12		Auditorium	Thursday, September 13		Auditorium
LA State Police Training Academy/Building A 7901 Independence Blvd Baton Rouge, LA	8:30-10:30	Professional			8:30-10:00	Hospital		8:00 – 9:00	DME	
	10:45-12:15	KIDMED			10:15-11:45	RHC/FQHC		9:15 – 10:15	Mental Health Rehabilitation	
								10:30-11:45	Waiver & Waiver Case Management	
	1:00-2:15	CMS 1500 Claim Form Revisions	2:00-3:00	DHH Eligibility	12:45-3:15	LA Medicaid Web Appl ications		1:00 – 1:45	Program Integrity	
	2:30-5:00	CommunityCARE	3:15-4:15	EPSDT Health Services	3:30-5:00	UB-04 Claim Form Revisions		2:00 – 3:30	PCS (EPSDT & LT)	
	5:30-6:30	Non-Emergency Medical Transportation (NEMT)						3:45 – 4:45	LTC (Nursing Home & ICF -DD)	

Lafayette

Room Name	Monday, September 17		Grand Pre-Louisbourg	Les Voyages	Tuesday, September 18		Grand Pre-Louisbourg	Wednesday, September 19		Grand Pre-Louisbourg
Holiday Inn Holidome 2032 NE Evangeline Thruway Lafayette, LA	8:30-10:30	Professional			8:30-10:00	Hospital		8:00 – 9:00	DME	
	10:45-12:15	KIDMED			10:15-11:45	RHC/FQHC		9:15 – 10:15	Mental Health Rehabilitation	
								10:30-11:45	Waiver & Waiver Case Management	
	1:00-2:15	CMS 1500 Claim Form Revisions	2:00-3:00	DHH Eligibility	12:45-3:15	LA Medicaid Web Applications		1:00 – 1:45	Program Integrity	
	2:30-5:00	CommunityCARE	3:15 – 4:15	EPSDT Health S ervices	3:30-5:00	UB-04 Claim Form Revisions		2:00 – 3:30	PCS (EPSDT & LT)	
								3:45 – 4:45	LTC (Nursing Home & ICF -DD)	

Lake Charles

Room Name	Thursday, September 20		West/East Exhibition Hall
Lake Charles Convention Center 900 Lakeshore Dr Lake Charles, LA	8:30-10:30	Professional	
	10:45-12:15	KIDMED	
	1:00-2:15	CMS 1500 Claim Form Revisions	
	2:30-5:00	CommunityCARE	

Shreveport

Room Name	Tuesday, September 25		Hall A	Bodcau Room	Wednesday, September 26		Hall A	Thursday, September 27		Hall A
Bossier Civic Center 620 Benton Road Bossier City, LA	8:30-10:30	Professional			8:30-10:00	Hospital		8:00 – 9:00	DME	
	10:45-12:15	KIDMED			10:15-11:45	RHC/FQHC		9:15 – 10:15	Mental Health Rehabilitation	
				2:00-3:00 DHH Eligibility				10:30-11:45	Waiver & Waiver Case Management	
	1:00-2:15	CMS 1500 Claim Form Revisions		3:15 – 4:15 EPSDT Health Services	12:45-3:15	LA Medicaid Web Applications		1:00 – 1:45	Program Int egrity	
	2:30-5:00	CommunityCARE			3:30-5:00	UB-04 Claim Form Revisions		2:00 – 3:30	PCS (EPSDT & LT)	
	5:30-6:30	Non-Emergency Medical Transportation (NEMT)						3:45 – 4:45	LTC (Nursing Home & ICF -DD)	

New Orleans

Room Name	Tuesday, October 2		Rivertown 2 & 3	Rivertown 1	Wednesday, October 3		Rivertown 2 & 3	Thursday, October 4		Rivertown 2 & 3
Pontchartrain Cente r 4545 Williams Blvd Kenner, La	8:30-10:30	Professional			8:30-10:00	Hospital		8:00 – 9:00	DME	
	10:45-12:15	KIDMED			10:15-11:45	RHC/FQHC		9:15 – 10:15	Mental Health Rehabil itation	
								10:30-11:45	Waiver & Waiver Case Management	
	1:00-2:15	CMS 1500 Claim Form Revisions	2:00-3:00	DHH Eligibility	12:45-3:15	LA Medicaid Web Applications		1:00 – 1:45	Program Integrity	
	2:30-5:00	CommunityCARE	3:15 – 4:15	EPSDT Health Services	3:30-5:00	UB-04 Claim Form Revisions		2:00 – 3:30	PCS (EPSDT & LT)	
								3:45 – 4:45	LTC (Nursing Home & ICF -DD)	

**********Announcing**********
2007 Unisys/Louisiana Medicaid Provider Workshops
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Following is the schedule for the 2007 Fall Unisys Provider Workshops. Please carefully review the schedule to see which cities are included and which programs are offered at each location as program offerings vary by city.

The annual Unisys/Louisiana Medicaid Provider Workshops focus on presenting vital policy and billing information and addressing questions relating to recent policy and procedure changes. These workshops will not include basic Medicaid information. Providers who need basic training should contact the Unisys Field Analyst for their geographic territory.

This year's workshops include a discussion of CMS-1500 and UB-04 claim form revisions and an expansion of the LA Medicaid Web Applications.

All workshop sessions will be identical in content and will only be presented once in each location.

All providers should be using the LA Medicaid web applications. These web applications will be covered in their entirety in the **LA Medicaid Web Applications** workshop. DHH and Unisys encourage providers who are not currently using them to begin using these applications as we continue moving toward providing LA Medicaid data electronically.

CommunityCARE will be covered in separate **CommunityCARE** workshops. These workshops will cover all aspects of the CommunityCARE Program (including e-RA). These workshops are not restricted to Primary Care Providers and all Medicaid Providers are encouraged to attend. **CommunityCARE** will not be discussed in detail in any other workshops.

Program Integrity and Eligibility workshops will be presented by staff from DHH. Providers are encouraged to have staff attend these workshops.

Workshop Registration:

- Due to space limitations in all workshops, please limit attendees to two (2) persons per provider.
- Attendees should arrive 15 - 20 minutes early to register.
- **Each attendee must register individually and supply the provider name and Medicaid ID number of the provider they represent.**
- **In order to attend a workshop, providers are required to be enrolled in that program and must register using the provider number for that specific program.**

Medicaid Programs to be Presented at these Workshops

1. **CMS-1500:** All providers who bill using this claim form may attend. Information concerning the claim form revisions as they relate to LA Medicaid billing will be presented.

2. **CommunityCARE:** All providers may attend. CommunityCARE information will be presented (**includes** e-RA).

3. **DME:** All Durable Medical Equipment providers including Pharmacies functioning as DME providers.

4. **EPSDT Health Services:** For School Boards, Early Intervention Centers, and EarlySteps providers. EPSDT PCS services will be discussed in the **PCS** workshop.

5. **Eligibility:** All providers may attend. Includes a discussion by DHH of recipient eligibility categories.

6. **Hospital:** For Acute, Rehabilitation, Long Term, Free-Standing Psychiatric and Distinct Part Psychiatric Hospitals.

7. **KIDMED:** For all KidMed providers **(excluding RHC/FQHC providers)**.

8. **LA Medicaid Web Applications:** For all providers. All LA Medicaid Web Applications will be presented.

9. **Long Term Care:** For ICF/DD and Nursing Home providers ONLY.

10. **Mental Health Rehabilitation:** For Mental Health Rehabilitation providers.

11. **Non-Emergency Medical Transportation (NEMT):** For NEMT providers ONLY.

12. **PCS (EPSDT and Long Term):** All EPSDT PCS and Long Term PCS providers.

13. **Professional:** Professional services include physicians, APRNs, physician assistants, optometrists, ophthalmologists, audiologists, podiatrists, chiropractors, laboratories, ambulatory surgery centers, school-based health centers, and oral surgeons for medical services.

14. **Program Integrity:** All providers may attend. Includes current fraud and abuse information and the Medicaid Services Chart.

15. **RHC/FQHC:** For Rural Health Clinic and Federally Qualified Health Center Providers (includes Encounter, KIDMED, and Dental services).

16. **UB-04:** All providers who bill using this claim form may attend. Information concerning the claim form revisions as they relate to LA Medicaid billing will be presented.

17. **Waiver/Waiver Case Management:** For Waiver and Waiver Case Management (Support Coordination) providers. PCS services will be presented in the **PCS** workshop.

Specific program workshops <u>WILL NOT</u> be held at this time for the following programs: ADHC, Ambulance, Basic, Dental, Free Standing Rehabilitation Centers, Hemodialysis, Home Health, Hospice, Mental Health Clinics, Pharmacy, and Vision (Eyewear). However, any of these providers who use the CMS or UB claim forms for billing are encouraged to attend the claim form revision workshops.

Please refer to the workshop schedule for dates (Day 1, Day 2, or Day 3) and times for each workshop location. **Note that on the first day there may be more than one session held at the same time.** There is no pre-registration required. Please direct any questions concerning the workshops to Unisys Provider Relations at 800/473-2783 or 225/924-5040. Meeting sites should be contacted for directions or sleeping accommodations ONLY. **DO NOT contact the meeting sites with questions related to the workshops.**

EPSDT Personal Care Services Providers

EPSDT PCS Standardized Plan of Care

Effective August 1, 2007, all prior authorization requests received in the Unisys prior authorization unit will be required to be written on the EPSDT PCS Standardized Plan of Care (Form EPSDT PCS POC - 1). A copy of the Plan of Care form and instructions can be downloaded from the Louisiana Medicaid web site at www.lamedicaid.com. All prior authorization requests received in the prior authorization unit on or after September 1, 2007 which do not utilize this form will be returned to the provider.

EPSDT PCS Rate Increase

Effective with dates of service February 9, 2007, the Department of Health and Hospitals implemented the $2.00 wage pass-through for direct care workers for the EPSDT Personal Care Services program. Claims previously paid under the old reimbursement rate with dates of service beginning February 9, 2007 will automatically be recycled for payment. Providers do not have to resubmit these claims.

RA Message Corner

Claims Submitted Using 2007 HCPCS Codes Recycled

Louisiana Medicaid has recycled the claims submitted using 2007 HCPCS coding and subsequently denied with error code 232 (Procedure code not covered) when the claims were submitted prior to the loading of the 2007 HCPCS codes onto the Medicaid system. This recycle appears on the remittance advice dated 05/22/2007. A recycle does not assure payment; claims may deny for other edits in the claims processing system.

Trends in HEDIS® Children's Measures for the Louisiana Medicaid Program

By: Sandy Blake, PhD, ULM College of Pharmacy and Melwyn Wendt, PharmD, DHH/Medicaid Pharmacy Benefits Management

Issues

- ***Health Care and Employer Data and Information Set (HEDIS)® measures provide a standard for evaluating quality of care delivered by a health plan or provider.***
- ***The Louisiana Medicaid program has shown relative consistency in Children and Adolescents' Access to Primary Care Practitioners (CAP) measures.***
- ***The Medicaid program has also shown improvement in measures of selected immunizations.***

HEDIS Renamed

The National Committee for Quality Assurance (NCQA) announced that it is changing its underlying name from Health Care and Employer Data and Information Set to Healthcare Effectiveness Data and Information Set to reflect its broader scope and utility. When initially developed 10 years ago, HEDIS® measures were intended to provide information to employers when making decisions regarding health plan selection for employees. During the intervening period, the measures have evolved and are now widely used by consumers, purchasers, public programs and others to assess and compare physician and health plan performance.

NCQA also announced the addition of 5 new measures -- 3 are intended to be used to evaluate and compare costs for health care delivery. Two others are quality measures for the care of COPD and screening for lead in at-risk children.

Source: NCQA News Release, July 11, 2007. Available at: http://web.ncqa.org/tabid/517/Default.aspx.

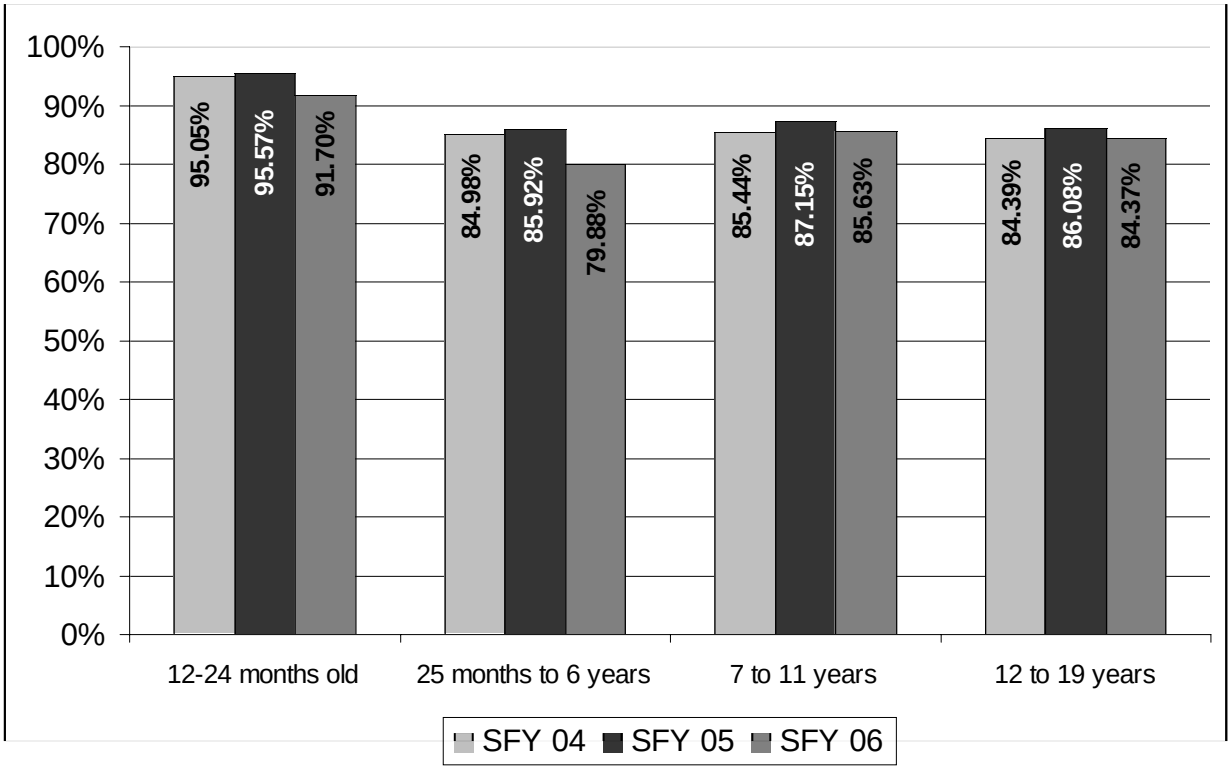
HEDIS®, developed by the National Committee for Quality Assurance (NCQA) about 10 years ago, is a set of performance measures that was originally developed to be a tool for employers to use in selecting from competing health plans for their employees' health care benefits. By using standardized measures, employers could compare the health plans using common metrics, i.e., apples to apples and oranges to oranges. Today, it is used by more than 90% of America's health plans.[1] Some measures can be calculated from paid claims data; others require clinical data from patient charts or electronic medical records; and still others require collecting primary data through member surveys (satisfaction measures). Today the 71 HEDIS® measures cover the following domains of care:

- Effectiveness of Care
- Access/Availability of Care
- Satisfaction with the Experience of Care (CHAPS®)
- Health Plan Stability
- Use of Services
- Health Plan Descriptive Information.

HEDIS® measures are reevaluated at least every three years in order to ensure that the measures still reflect clinical guidelines. Each fall, NCQA publishes the measures, incorporating any new ones and the changes to existing measures. The most recent was the 2008 HEDIS® publications, available in July 2007, that are intended to be used for the 2007 measurement year.

As the use of HEDIS® measures has broadened, they are also being used by state Medicaid agencies to evaluate the quality of care delivered to recipients, not only by Medicaid managed care plans, but also fee-for-service programs, primary care case management programs (PCCM) and other delivery models. For the past 3 years, the Louisiana Medicaid Program has calculated HEDIS® measures using paid claims data. Beginning with the diabetes measures, today 17 measures are calculated on a quarterly basis. Because of the time needed for claims to be submitted, processed and paid, there is a lag between the measurement year and the calculation of measures. Also, some additional time may be required for programming changes, depending on the extent of the annual modifications of the HEDIS® measures. HEDIS® measures are presented as ratios with the denominator being the population of interest and the numerator being those in the population who received the desired treatment. The remainder of this article will present the most recent Children and Adolescents' Access to Primary Care Practitioners (CAP) and Childhood Immunization Status (CIS) measures that were calculated for SFY (state fiscal year) 04 (July 1, 2003-June 30, 2004), SFY 05 (July 1, 2004 - June 30, 2005) and SFY 06 (July 1, 2005 - June 30, 2006). These are "modified" HEDIS® measures as we have changed the measurement year from the calendar year to the state fiscal year in order to present the most current measures available. Please also keep in mind that results were most likely affected by hurricanes Katrina and Rita.

Children and Adolescents' Access to Primary Care Practitioners (CAP)



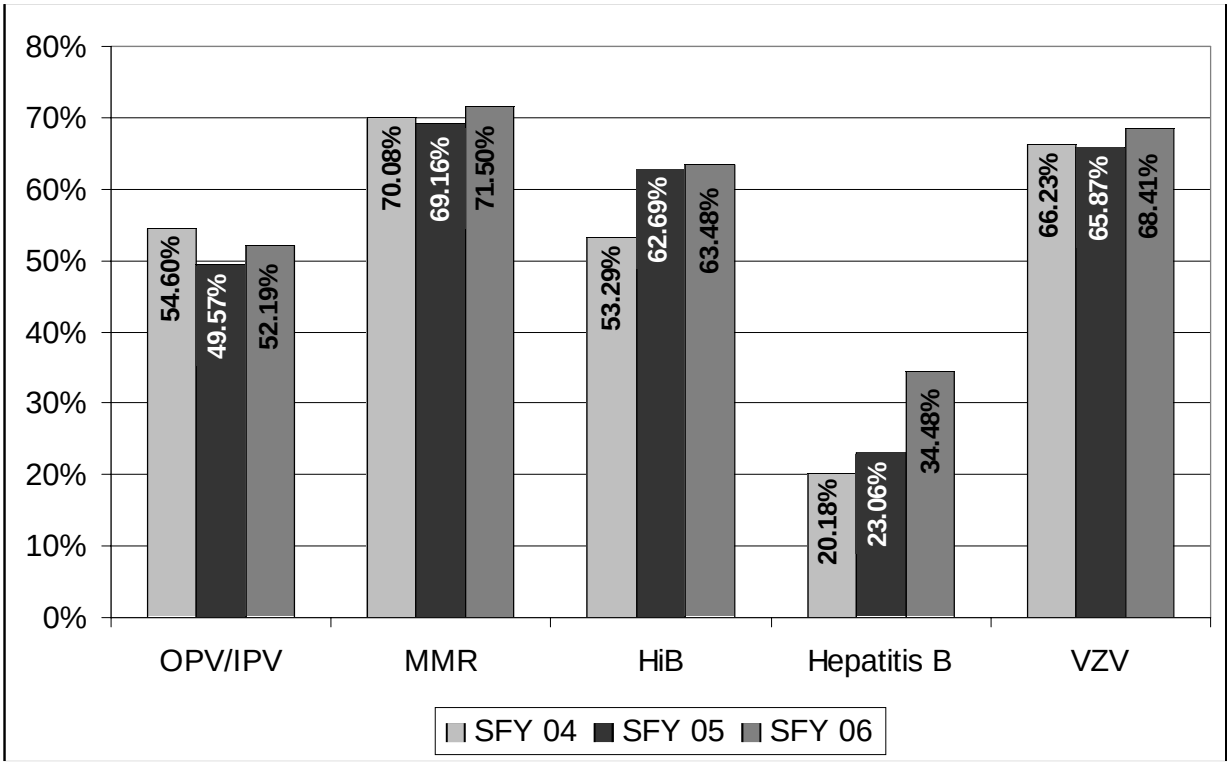
Description: The percentage of enrollees who had a visit with a primary care practitioner during the measurement year.

Denominator: To be included in the denominator, children must have met the following criteria:

- 12 months to 19 years of age on the last day of the measurement year, in this case, June 30th, the last day of the SFY.
- Eligible for Medicaid 11 of the 12 months of the measurement year, including the last month of the measurement year.

Numerator: To be counted in the numerator, children must have a claim with a CPT® code for an office or outpatient service, home service, preventive medicine visit or an ICD-9-CM procedure code for a general medical examination. Mental health and chemical dependency services are excluded as are inpatient procedures, emergency department and specialist visits.[2-4]

Childhood Immunization Status (CIS)



Description: The percentage of enrollees who turned 2 years of age during the measurement year and who had the recommended vaccinations. The actual HEDIS® measure looks at: diphtheria/tetanus (DtaP/DT); polio (IPV); measles, mumps and rubella (MMR); H influenza type B (HiB); Hepatitis B; chicken pox (VZV); pneumococcal conjugate; and various combinations. However, because so many children receive basic immunizations at various sites, for this report, only IPV, MMR, HiB, Hepatitis B and VZV have been reported.

Denominator: To be included in the denominator, children must have met the following criteria:

- 2nd birthday during the measurement year
- Enrolled in Medicaid for 11 of the 12 months prior to the child's second birthday
- Enrolled the month of the child's 2nd birthday.

Numerator: To be counted in the numerator, the child must have a claim with the code for the vaccine, a combination vaccine or a documented history of the illness. [2-4]

Endnotes:

1. HEDIS® web site. Available at: http://web.ncqa.org/tabid/59/Default.aspx.
2. *HEDIS® 2005 Technical Specifications*. Washington, DC: National Committee for Quality Assurance; 2004.
3. *HEDIS® 2006 Technical Specifications*. Washington, DC: National Committee for Quality Assurance; 2005.
4. *HEDIS® 2007 Technical Specifications*. Washington, DC: National Committee for Quality Assurance; 2006.

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Provider Enrollment	**(225) 216-6370**
Prior Authorization	
Home Health/EPSDT - PCS	**1-800-807-1320**
Dental	**1-504-619-8589**
DME & All Other	**1-800-488-6334**
	(225) 928-5263
Hospital Pre-Certification	**1-800-877-0666**
Provider Relations	**1-800-473-2783**
	(225) 924-5040
REVS Line	**1-800-776-6323**
	(225) 216-REVS (7387)
Point of Sale Help Desk	**1-800-648-0790**
	(225) 216-6381
General Medicaid Eligibility Hotline	**1-888-342-6207**
LaCHIP Enrollee/Applicant Hotline	**1-877-252-2447**
MMIS/Claims Processing/ Resolution Unit	**(225)342-3855**
MMIS/Recipient Retroactive Reimbursement	**(225)342-1739** **1-866-640-3905**
Medicare Savings Program Medicaid Purchase Hotline	**1-888-544-7996**
KIDMED & CommunityCARE ACS	**1-800-259-4444**
For Hearing Impaired	**1-877-544-9544**
Pharmacy Hotline	**1-800-437-9101**