



Louisiana Health & Human Services System Market Profile: 2025



Health & Human Services System Market Profile Overview

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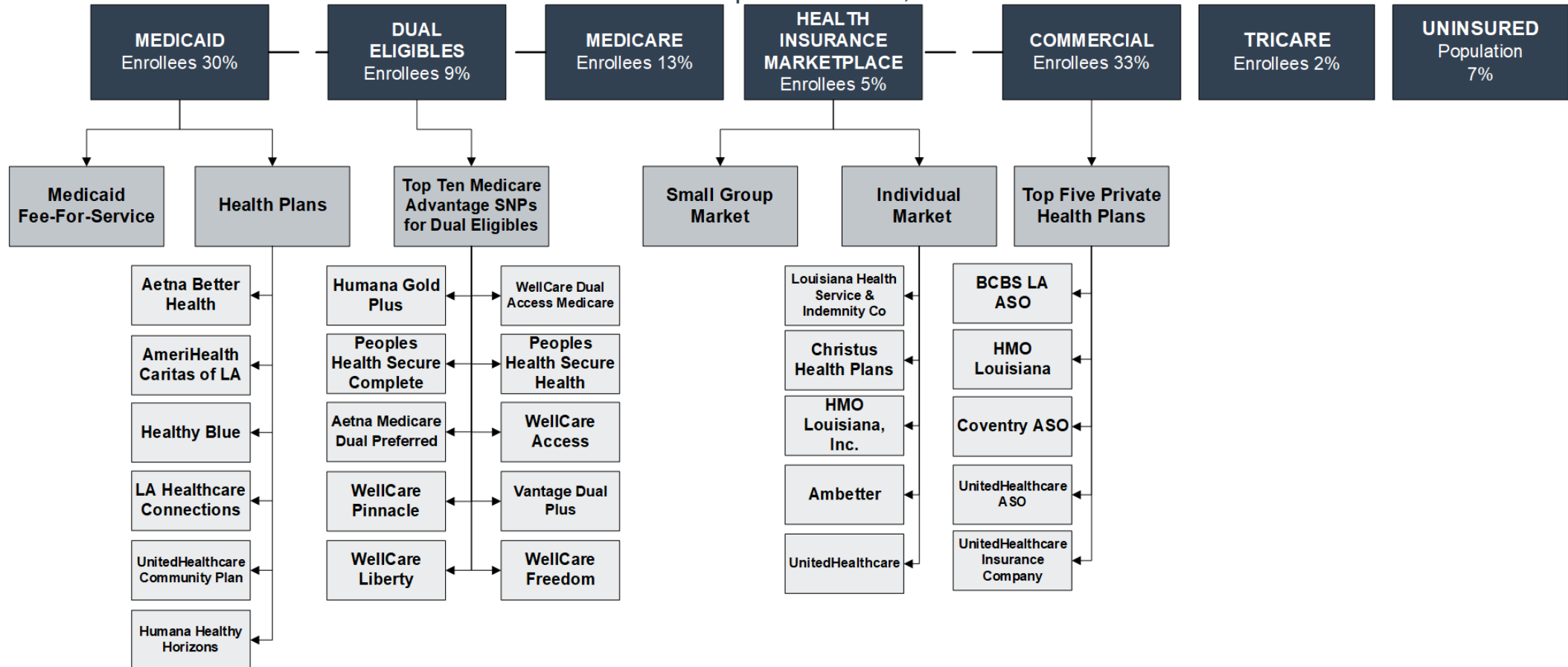
1. *OPEN MINDS* Estimates For The Share Of SMI Consumers By Payer/Plan
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A. Executive Summary

A.1. Louisiana Physical Health Care Coverage by Payer

Total Louisiana Population- 4,573,749

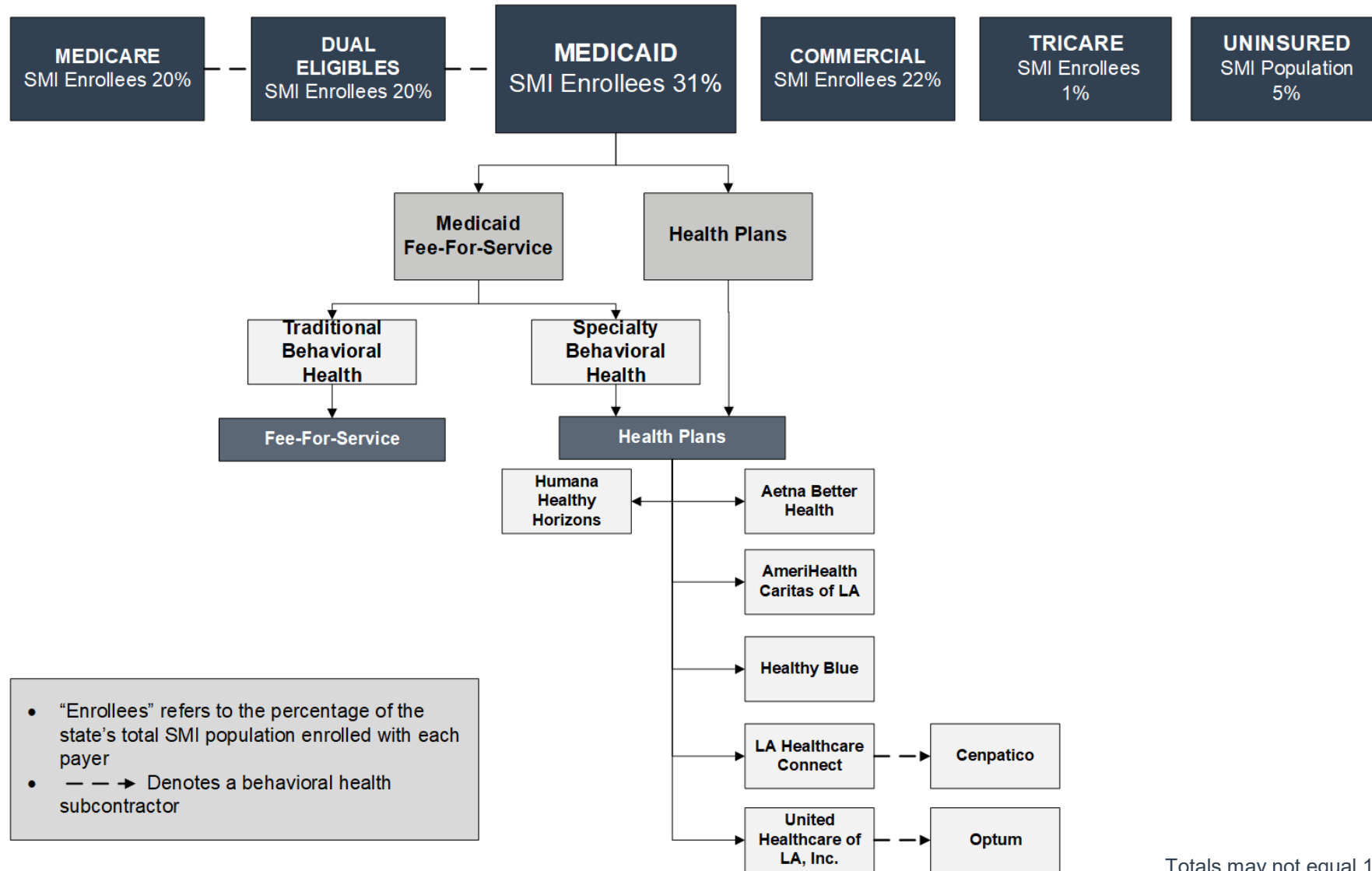
Estimated SMI Population- 274,425



“Enrollees” refers to the percentage of the state’s total population enrolled with each payer.

Totals may not equal 100% due to rounding.

A.1. Louisiana Behavioral Health Care Coverage by Payer



Totals may not equal 100% due to rounding.

A.2. Health & Human Services System Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Health plans are responsible for care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home		None
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	There are currently seven CCBHCs operating under grants.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Louisiana Department of Health, Bureau of Primary Care and Rural Health provides physical health services to the safety-net population.

Mental Health Services

- The Louisiana Office of Behavioral Health provides mental health services to the safety-net population through ten local governing entities (LGEs).

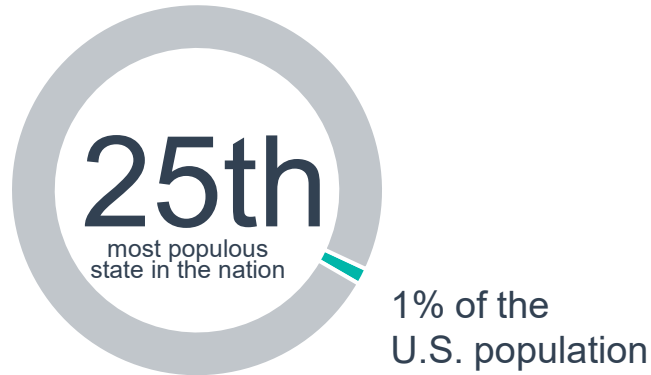
Addiction Treatment Services

- Addiction treatment services are also provided through the state's LGEs.

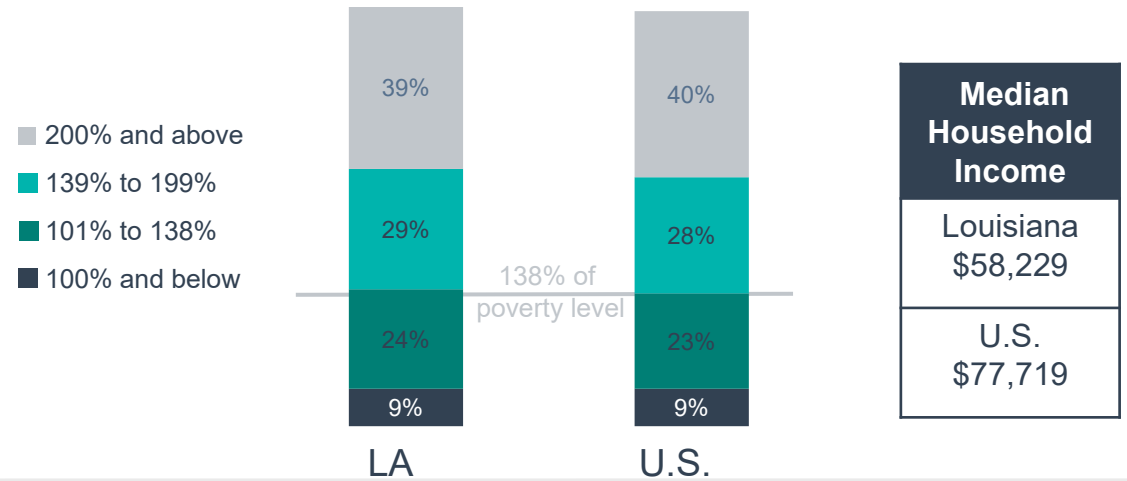
B. Louisiana Health Financing System Overview

B.1. Population Demographics

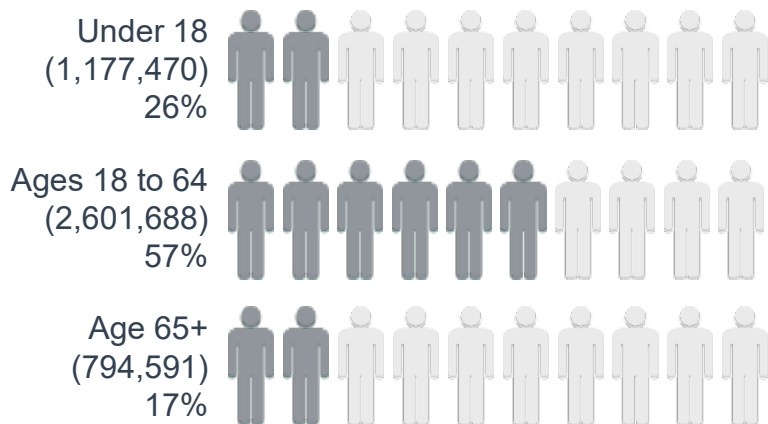
Total Louisiana Population- 4,573,749
 Estimated SMI Population- 274,425



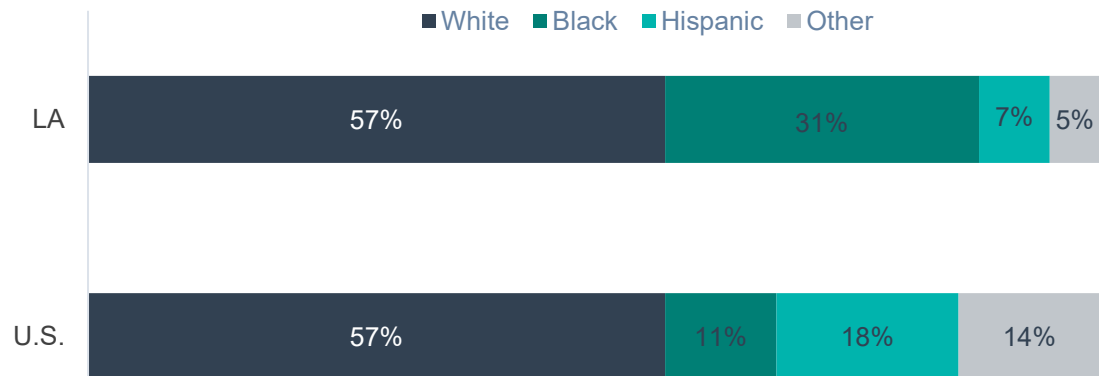
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age



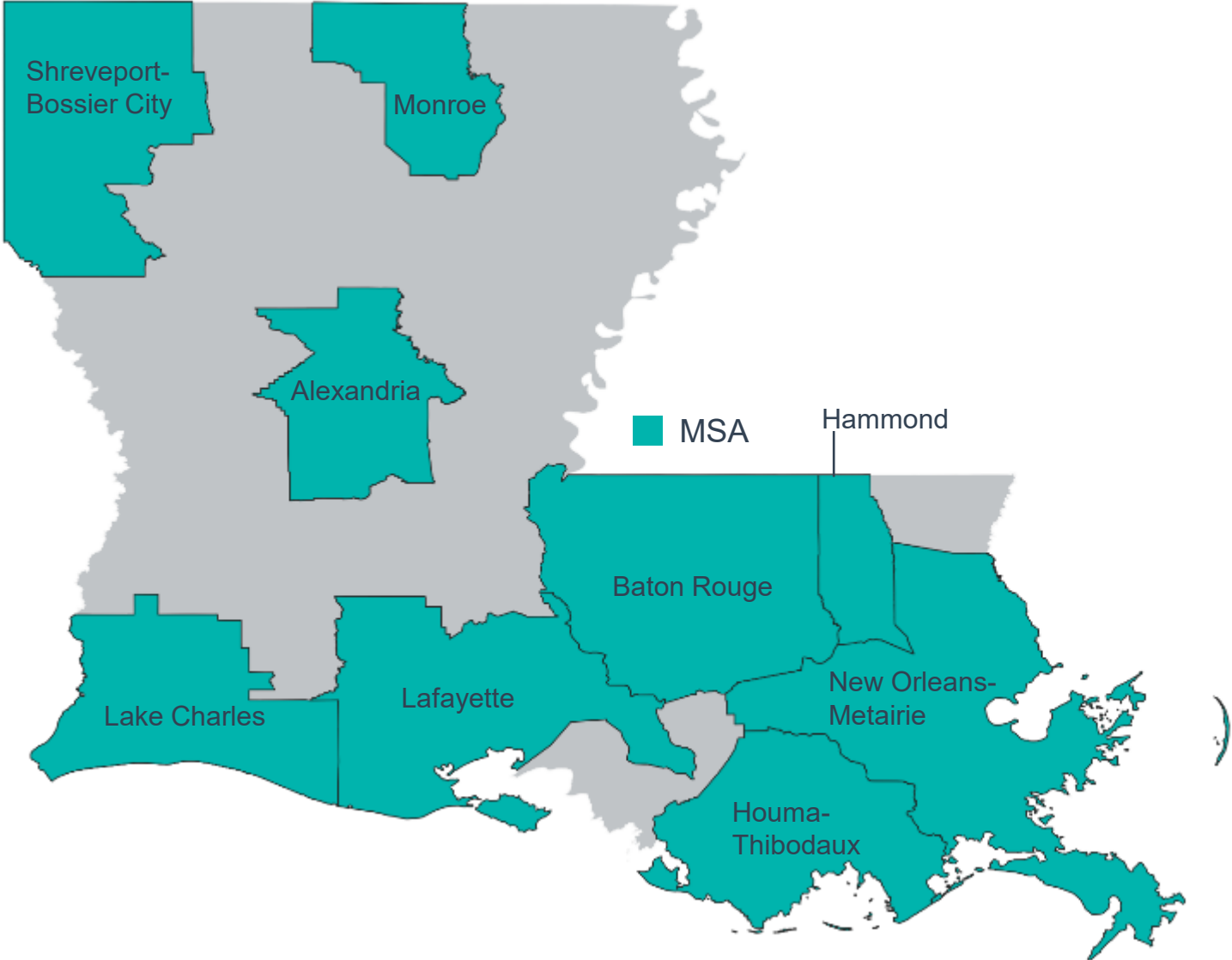
Louisiana & U.S. Racial Composition



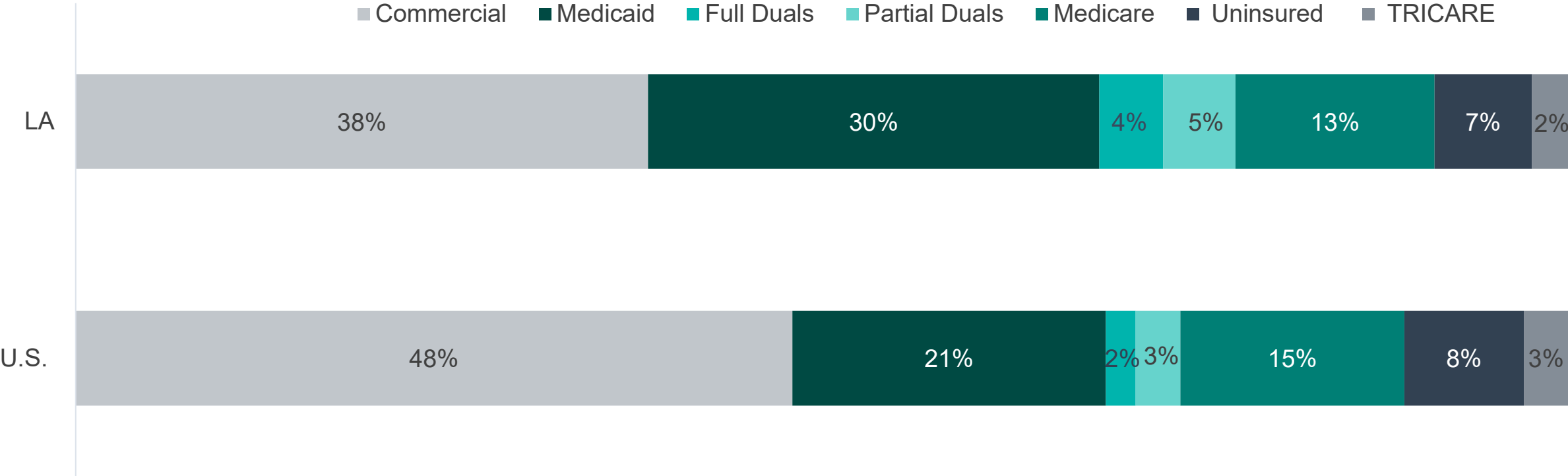
Totals may not equal 100% due to rounding.

B.2. Population Centers

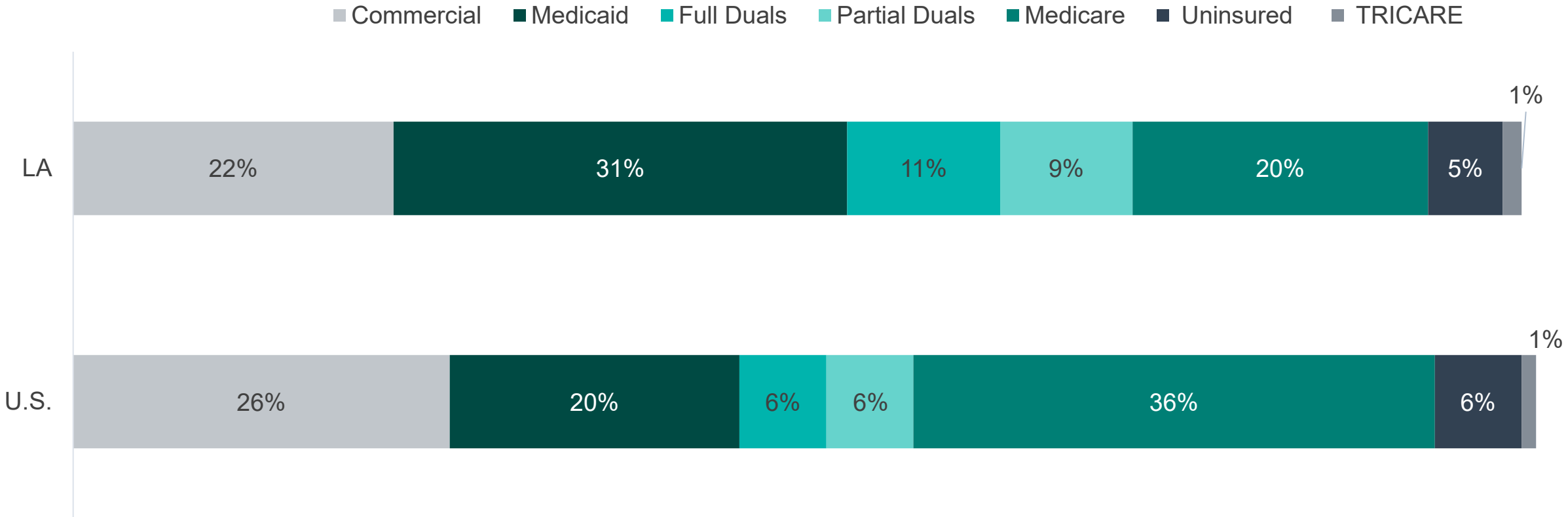
Metropolitan Statistical Areas (MSAs)		
MSA	MSA Residents	Percent Of Population
Total MSA Population	3,605,238	78%
New Orleans-Metairie, LA	966,230	21%
Baton Rouge, LA	882,652	19%
Lafayette, LA	419,704	9%
Shreveport-Bossier City, LA	383,269	8%
Lake Charles, LA	242,975	5%
Monroe, LA	221,921	5%
Houma-Thibodaux, LA	200,656	4%
Alexandria, LA	148,008	3%
Hammond, LA	139,823	3%



B.3. Population Distribution By Payer: National vs. State



B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding.

B.4. Largest Louisiana Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Blue Cross and Blue Shield of Louisiana ASO	Commercial administrative services only (ASO)	905,431
Medicare Fee-for-service (FFS)	Medicare	415,787
LA Healthcare Connections	Medicaid managed care	383,563
Louisiana Health Service and Indemnity Company	Commercial	375,356
UnitedHealthcare Community Plan	Medicaid managed care	349,942
Healthy Blue	Medicaid managed care	263,222
UnitedHealthcare ASO	Commercial ASO	260,102
Humana Gold Plus	Medicare Advantage	173,551
Aetna Better Health of Louisiana	Medicaid managed care	163,983
AmeriHealth Caritas Louisiana	Medicaid managed care	158,744

*Medicaid enrollment as of April 2025; TRICARE as of December 2023; Commercial as of September 2023; Medicare enrollment as of September 2024

B.4. Largest Louisiana Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Louisiana Medicare FFS	Medicare	415,787	54,052
Blue Cross and Blue Shield of Louisiana ASO	Commercial ASO	905,431	44,366
LA Healthcare Connections	Medicaid managed care	383,563	33,754
UnitedHealthcare Community Plan	Medicaid managed care	349,942	30,795
Healthy Blue	Medicaid managed care	263,222	23,164
Humana Gold Plus	Medicare Advantage	173,551	22,562
Louisiana Health Service and Indemnity Co.	Commercial	375,356	18,392
Peoples Health	Medicare Advantage	116,383	15,130
Aetna Better Health of Louisiana	Medicaid managed care	163,983	14,431
AmeriHealth Caritas Louisiana	Medicaid managed care	158,744	13,969

*Medicaid enrollment as of April 2025; TRICARE as of December 2023; Commercial as of September 2023; Medicare enrollment as of September 2024

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Plan Marketplace Percentage	5%
Type of Marketplace	Federal
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	No small group plans are available through the marketplace. Employers must purchase coverage directly from an insurance carrier or through an insurance broker.

2025 Individual Market Health Plans
<ol style="list-style-type: none"> 1. Ambetter 2. Louisiana Health Service & Indemnity Insurance Co. 3. Christus Health Plans 4. HMO Louisiana, Inc. 5. UnitedHealthcare

2025 Small Group Market Health Plans
None

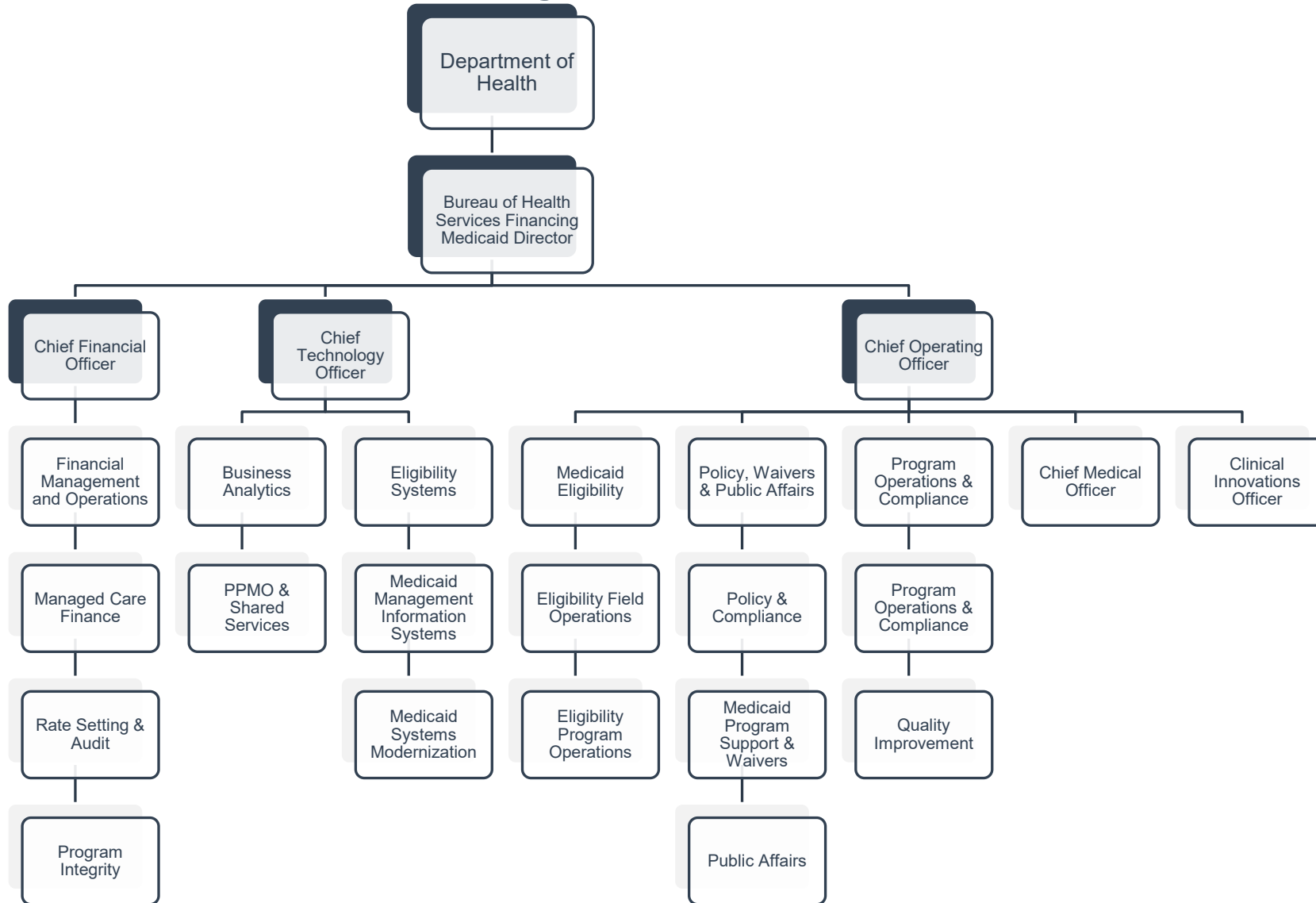
B.6. Accountable Care Organizations

Commercial ACOs	
ACO	Commercial Insurer
Ochsner Accountable Care Network, LLC	UnitedHealthcare

Medicare Shared Savings ACOs	
1. Caravan Health ACO 50 LLC	1. Main Street Rural Health Magnolia ACO LLC
2. CareMax Accountable Care Network, LLC	2. Aledade 155 National MSSP
3. CHRISTUS Health Quality Care Alliance	3. Ochsner Accountable Care Network, LLC
4. ELEHEALTH MEDICARE ACO LLC	4. Stellar Health ACO
5. Health Plus Network	5. The Rural Advantage LLC
6. Imperium Clinical Partners	6. TP-ACO LLC
7. IntraCare Premier ACO	7. UPQC
8. KPC Excel	8. Vytalize Health ACO
9. LHP Accountable Care	9. Wellvana Essential Care LLC
10. Louisiana Primary Care Accountable Care Organization, LLC	10. Aledade 149 Regional MSSP

C. Medicaid Administration, Governance & Operations

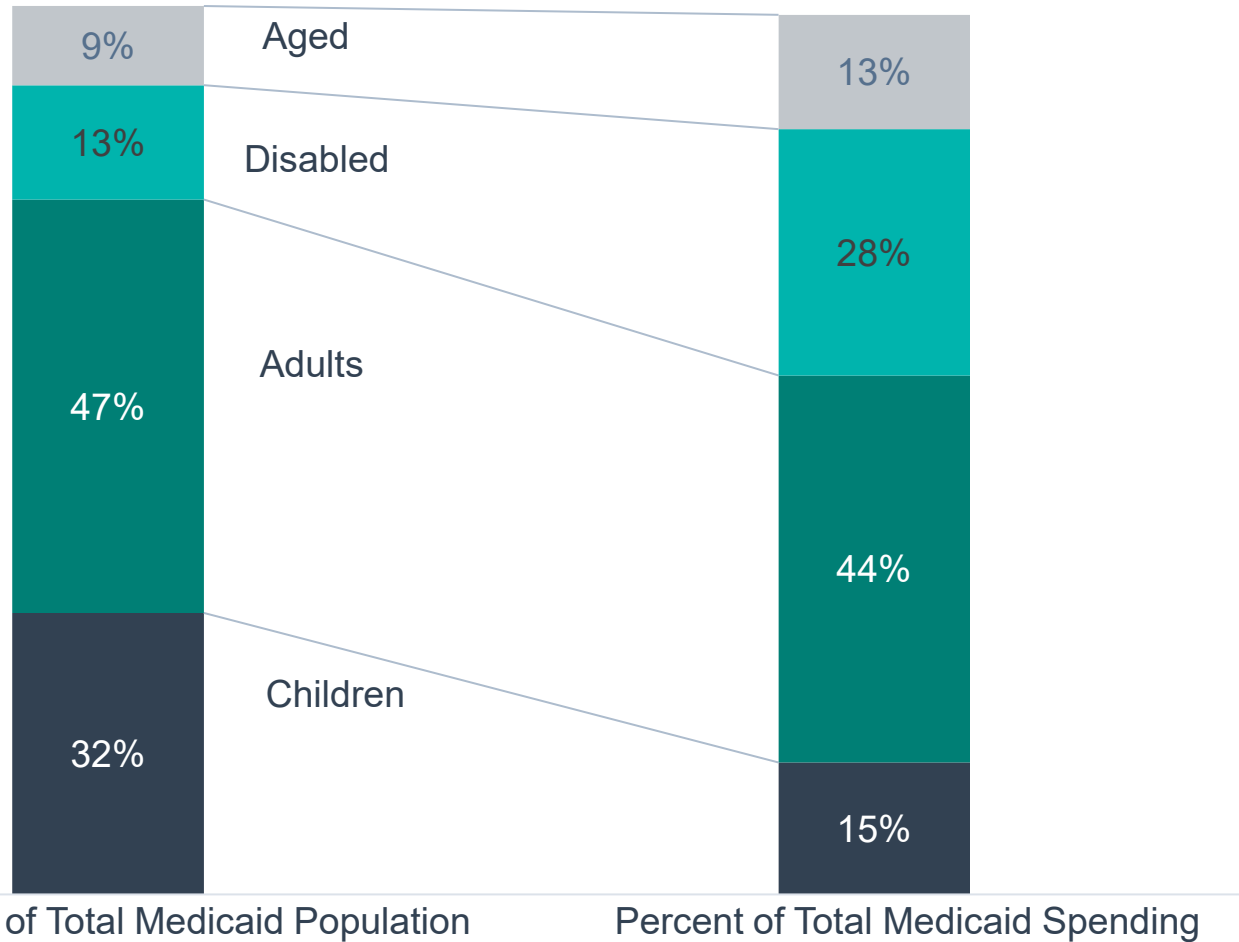
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Bruce Greenstein	Secretary	Louisiana Department of Health (LDH)	Not available
Kimberly Sullivan	Medicaid Director	LDH, Bureau of Health Services Financing	kimberly.sullivan@la.gov
Charlene Julien	Deputy Director Eligibility	LDH, Bureau of Health Services Financing	charlene.julien@la.gov
Mitzi Hochheiser	Medicare Deputy Director, Data & Systems	LDH, Bureau of Health Services Financing	mitzi.hochheiser@la.gov
Brian Bennett	Deputy Director, Policy, Waivers, and Public Affairs	LDH, Bureau of Health Services Financing	brian.bennett@la.gov
Kolynda Parker	Deputy Director, Program Operations and Compliance	LDH, Bureau of Health Services Financing	kolynda.parker@la.gov
Vacant	Chief Medical Officer	LDH, Bureau of Health Services Financing	N/A

C.2. Medicaid Program Spending By Eligibility Group



Medicaid Spending Per Enrollee, FY 2022		
	U.S.	LA
All populations	\$8,813	\$7,611
Children	\$3,786	\$3,485
Adults	\$5,443	\$6,931
Expansion adults	\$7,569	\$7,234
Blind and disabled	\$25,483	\$16,737
Aged	\$19,191	\$11,280

Based on FY 2022 data

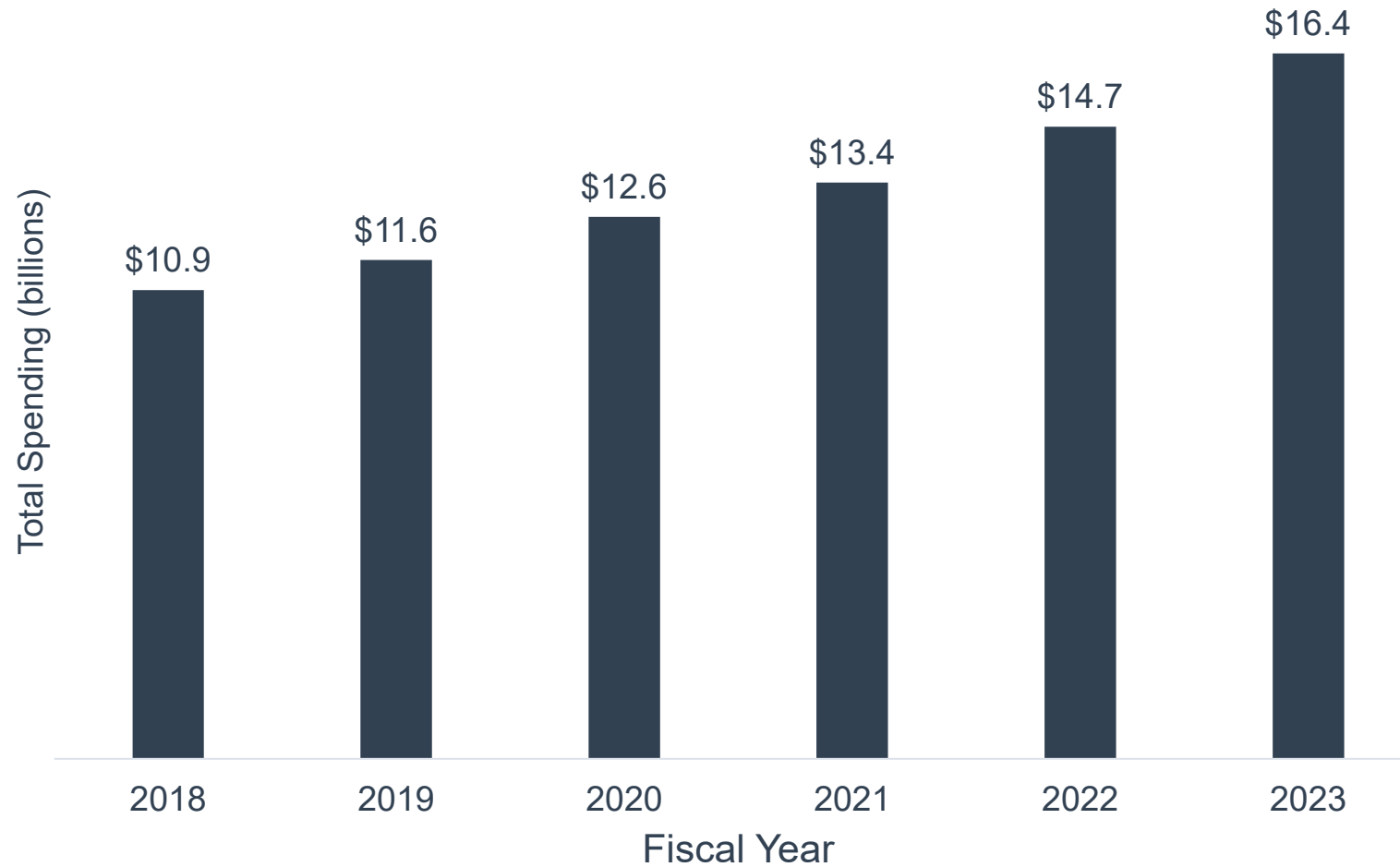
Totals may not equal 100% due to rounding.

C.2. Medicaid Program Spending

Budget Item	SFY 2023 Spending	Percent Of Budget
Managed care and premium assistance	\$11,676,000,000	71%
Institutional LTSS	\$1,776,000,000	11%
Home- and community-based LTSS	\$1,270,000,000	8%
Hospital	\$614,000,000	4%
Medicare premiums and coinsurance	\$539,000,000	3%
Other acute services	\$317,000,000	2%
Drugs	\$128,000,000	1%
Physician	\$34,000,000	<1%
Clinic and health center	\$33,000,000	<1%
Other practitioner	\$1,000,000	<1%
Budget Total: \$16,388,000,000		

Federal & County Financial Participation	
FY 2025 Federal Medical Assistance Percentage (FMAP)	68.1%
CY 2025 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	July 2016
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% of Federal Poverty Level (FPL) Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility.
Legislation Used To Expand Medicaid	Senate Bill 26, 98th General Assembly
Number Of Individuals Enrolled In The Expansion Group (June 2024)	784,585
Number Of Enrollees Newly Eligible Due To Expansion	568,287
Benefits Plan For Expansion Population	The alternative benefit plan is identical to the state plan.

C.4. Medicaid Program Benefits

Federally Mandated Benefits

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Louisiana's Optional Benefits

1. Case management services
2. Nurse anesthetist and clinical nurse specialist services
3. Clinic services
4. Dentures
5. Preventive and rehabilitative services
6. Hospice services
7. Inpatient psychiatric services for individuals 22 and under
8. Intermediate care facility services for individuals with intellectual disabilities
9. Nursing facility services for individuals under 21 years old
10. Podiatric services
11. Prescribed drugs
12. Prosthetic devices
13. Special tuberculosis services
14. Transplant services
15. Services for individuals ages 65 or older in IMDs

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care
Enrollment (April 2025)	67,834	1,440,056
SMI Enrollment	<ul style="list-style-type: none"> Louisiana does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care. Estimated 4% of the SMI population in FFS, 96% in managed care 	
Management	<ul style="list-style-type: none"> Physical health and traditional behavioral health: Department of Health Specialty behavioral health: Four health plans 	Six health plans
Payment Model	<ul style="list-style-type: none"> Physical health and traditional behavioral health: FFS Specialty behavioral health: Capitated rate 	Capitated rate
Geographic Service Area	Statewide	Statewide

Total Medicaid: 1,507,890 | Total Medicaid With SMI: 132,694

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	As of April 2025: 4% in fee-for-service (FFS), 96% in managed care
SMI population inclusion in managed care	<ul style="list-style-type: none"> • Louisiana does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care. • Estimated 4% of population in FFS, 96% in managed care
Dual eligible population inclusion in managed care	<ul style="list-style-type: none"> • FFS is mandatory for dual eligibles • Estimated 100% of population in FFS, 0% in managed care
Long-term services and supports system inclusion in managed care	<ul style="list-style-type: none"> • LTSS beneficiaries are excluded from managed care and receive services FFS.

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional behavioral health	Covered FFS by the state	Included in the health plan's capitation rate
Specialty behavioral health	Covered by the Medicaid health plans who receive a capitated rate to deliver behavioral health services only	Included in the health plan's capitation rate
Pharmaceuticals	Covered FFS by the state	Included in the health plan's capitation rate
Long-term services and supports (LTSS)	Covered FFS by the state	Covered FFS by the state

D.1. Medicaid System Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Health plans are responsible for care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home		None
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	There are currently seven CCBHCs operating under grants.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			✓
Children			✓
Blind and disabled individuals			✓
Aged individuals			✓
Dual eligibles	✓		
Medicaid expansion			✓
Individuals residing in nursing homes	✓		
Individuals residing in ICF/IDD	✓		
Individuals in foster care			✓
Other populations	<ul style="list-style-type: none"> • Specialty program enrollees • Individuals receiving family planning program services only • Individuals receiving emergency services only 	<ul style="list-style-type: none"> • Individuals receiving home- and community-based services (HCBS) • Family Opportunity Act Medicaid buy-in enrollees • Native Americans • Children with disabilities, receiving adoption assistance, receiving services through a family-centered community-based coordinated care system • Individuals with I/DD under age 21 	Breast and cervical cancer program enrollees

D.2. Medicaid FFS Program: Overview

- FFS enrollment as of April 2025 was 67,834.

D.2. Medicaid FFS Program: Behavioral Health Overview

- Traditional behavioral health and all pharmacy services are financed FFS and administered by the state.
 - Traditional behavioral health services include screening, prevention, early intervention, medication management, and treatment and referral services in a primary care setting.
- Specialized behavioral health benefits, along with non-emergency medical transportation are delivered to the full benefit FFS population through the four Medicaid health plans.
 - The health plans receive a capitated rate for behavioral health services only for this population.
 - Individuals are offered a choice of health plan for their specialty behavioral health services. If they fail to select a plan, the state automatically enrolls them in a plan.
 - See [section D.3](#) for a list of plans.
- For children enrolled in the Coordinated System of Care (CSoC), a waiver program for youth in or at-risk for out-of-home treatment, behavioral health benefits are coordinated by Magellan, which is at-risk for these services.
 - The services offered by CsoC include: Parent Support and Training, Youth Support and Training, Independent Living and Skills building and Short-Term Respite.

D.2. Medicaid FFS Program: Behavioral Health Benefits

FFS Mental Health Benefits Provided By Health Plans

1. Services provided by psychiatrists, licensed mental health professionals, and advance practice registered nurses
2. Community psychiatric support and treatment including assertive community treatment
3. Psychosocial rehabilitation
4. Crisis intervention
5. Psychiatric residential treatment facilities and therapeutic group homes for persons under age 21
6. Crisis stabilization for persons under age 21
7. Inpatient care
8. Peer Support Services

FFS Addiction Treatment Benefits Provided By Health Plans

1. Outpatient services
2. Ambulatory withdrawal management
3. Intensive outpatient services
4. Inpatient services
5. Residential treatment
6. Clinically managed withdrawal management
7. Medically supervised withdrawal management
8. Medication assisted treatment (MAT)

D.2. Medicaid FFS Program: SMI Population

- Louisiana does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care.
- Members of the FFS population who require specialized behavioral health services must enroll in a Medicaid health plan to receive those services, as well as non-emergency medical transportation.
- As of April 2025, *OPEN MINDS* estimates that 4% of the SMI population was enrolled in FFS.

D.2. Medicaid FFS Program: Pharmacy Benefit

Louisiana FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Louisiana has created its own pharmacy benefit manager that is owned and administered by the state.
Responsible For Financing General Pharmacy Benefit	FFS
Responsible For Financing Mental Health Pharmacy Benefit	FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes, the state has a single uniform PDL for the FFS and managed care programs.
State Uses A PDL For Mental Health Drugs	Yes, mental health drugs are included on the general PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, addiction treatment drugs are included on the general PDL.
Coverage Of Antipsychotic Injectable Medications	Included on the PDL
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	Drugs may be subject to diagnosis code, quantity limits, and age limit requirements.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Yes, individuals who misuse or overutilize prescription and physician services may be locked in to one pharmacy, one physician, and up to three specialists.

D.3. Medicaid Managed Care Program: Overview

- Managed care enrollment as of April 2025 was 1,440,056.
- The Medicaid managed care program is called Healthy Louisiana.
- The health plans deliver physical health and behavioral health benefits to most populations, including families and children, Medicaid expansion adults, and aged and disabled adults.
- At least 40% of the total contractual arrangements with providers must be linked to a value-based payment model.

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Aetna Better Health of Louisiana

- 1. Profit status:** For-profit
- 2. Parent company:** Aetna/ CVS
- 3. Behavioral health subcontractor:** None
- 4. Pharmacy benefits manager:** Prime Therapeutics
- 5. Enrollment share:** 11%

AmeriHealth Caritas of Louisiana

- 1. Profit status:** For-profit
- 2. Parent company:** AmeriHealth Caritas
- 3. Behavioral health subcontractor:** None
- 4. Pharmacy benefits manager:** Prime Therapeutics
- 5. Enrollment share:** 11%

Healthy Blue

- 1. Profit status:** For-profit
- 2. Parent company:** Blue Cross Blue Shield
- 3. Behavioral health subcontractor:** None
- 4. Pharmacy benefits manager:** Prime Therapeutics
- 5. Enrollment share:** 18%

Humana Healthy Horizons

- 1. Profit status:** For-profit
- 2. Parent company:** Humana, Inc
- 3. Behavioral health subcontractor:** None
- 4. Pharmacy benefits manager:** Prime Therapeutics
- 5. Enrollment share:** 8%

LA Healthcare Connections

- 1. Profit status:** For-profit
- 2. Parent company:** Centene
- 3. Behavioral health subcontractor:** Cenpatico
- 4. Pharmacy benefits manager:** Prime Therapeutics
- 5. Enrollment share:** 27%

UnitedHealthcare Community Plan

- 1. Profit status:** For-profit
- 2. Parent company:** UnitedHealthcare
- 3. Behavioral health subcontractor:** Optum
- 4. Pharmacy benefits manager:** Prime Therapeutics
- 5. Enrollment share:** 24%

Totals may not equal 100% due to rounding.

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

Behavioral health and pharmacy benefits are included in the health plan’s capitation rate.

Managed Care Mental Health Benefits	
1.	Screening, prevention, and early intervention
2.	Medication management
3.	Diagnostic evaluation
4.	Services provided by psychiatrists, licensed mental health professionals, and advance practice registered nurses
5.	Community psychiatric support and treatment including assertive community treatment
6.	Psychosocial rehabilitation
7.	Crisis intervention
8.	Psychiatric residential treatment facilities and therapeutic group homes for persons under age 21
9.	Crisis stabilization for persons under age 21
10.	Inpatient care
11.	Peer Support Services

Managed Care Addiction Treatment Benefits	
1.	Outpatient services
2.	Ambulatory withdrawal management
3.	Intensive outpatient services
4.	Inpatient services
5.	Residential treatment
6.	Clinically managed withdrawal management
7.	Medically supervised withdrawal management
8.	Medication assisted treatment (MAT)

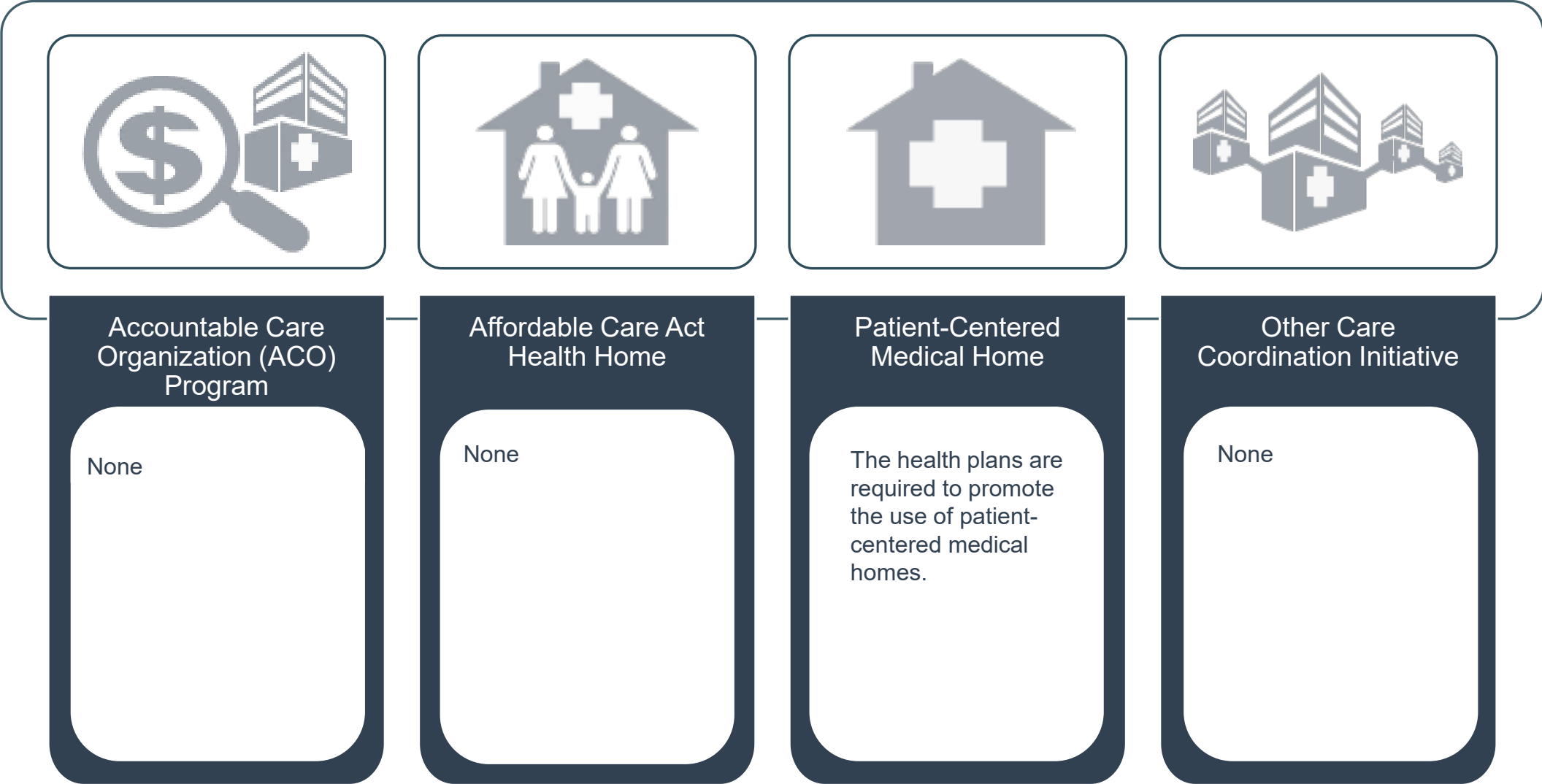
D.3. Medicaid Managed Care Program: SMI Population

- Louisiana does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care.
- As of April 2025, *OPEN MINDS* estimates that 96% of the SMI population was enrolled in managed care.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

Louisiana Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Health plan
Responsible For Financing Mental Health Pharmacy Benefit	Health plan
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
Health Plan Uses A PDL For Mental Health Drugs	The state PDL includes mental health drugs.
Health Plan Uses A PDL For Addiction Treatment Drugs	The state PDL includes addiction treatment drugs.
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	Each health plan can set their own prior authorization requirements for non-preferred drugs.
Health Plan Allowed To Implement Pharmacy Lock-In Program	Health plans may implement a lock-in program. Health plans are responsible for setting the requirements for the lock-in program subject to approval by the state.

D.4. Medicaid Program: Care Coordination Initiatives



D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Healthy Louisiana OUD/SUD Demonstration	Provides federal financial participation for the continuum of services to treat addictions to opioids and other substances, including services provided to Medicaid enrollees who are short-term residents in residential treatment facilities.	1115	None	02/01/2018	12/31/2027
Louisiana Dental Benefit Program (LA-05)	Provides dental benefits to most members of the Medicaid population through an at-risk prepaid ambulatory health plan.	1915(b1) (b4)	None	07/01/2022	06/30/2027
Louisiana Bayou Health and Coordinated System of Care (LA-04)	LDH will provide access to personal care services and individual placement support, which is a mental health evidence-based practice targeted to adults with serious mental illness who are either being diverted or transitioned from a nursing facility.	1915 (b1) (b3) (b4)	None	07/01/2022	06/30/2027

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2025 Enrollment Cap	Operating Unit	Concurrent Management Authority
LA Community Choices (0866.R03.00)	Individuals who are physically disabled ages 21 to 64, and individuals ages 65+	7,908	Office of Aging and Adult Services (OAAS)	None
LA Coordinated System of Care SED Children's Waiver (LA.0889.R02.00)	Individuals with serious emotional disturbance ages 5 to 17, and individuals with mental illness ages 18 to 20	5,557	Office of Behavioral Health	Yes, 1915 (b) waiver
LA Supports Waiver (0453.R04.00)	Individuals with autism or I/DD ages 18+	3,500	The Office for Citizens with Developmental Disabilities	None
LA Children's Choice CC Waiver (0361.R05.00)	Individuals with autism or I/DD ages 0 to 20	3,500	The Office for Citizens with Developmental Disabilities	None
LA Residential Options Waiver (ROW) (0472.R03.00)	Individuals of any age with autism or with I/DD	2,800	The Office for Citizens with Developmental Disabilities	None
LA Adult Day Health Care (AGHC) (0121.R08.00)	Individuals with physical disabilities ages 22-64 years who meet a nursing facility level of care.	935	Office of Aging and Adult Services (OAAS)	None
New Opportunities Waiver (NOW) (0401.R04.00)	Individuals with autism, intellectual disabilities, or developmental disabilities ages 0 or older who meet an ICF/IID level of care.	9,100	The Office for Citizens with Developmental Disabilities	None

D.6. Medicaid Program: New Initiatives

- There are no new or pending initiatives currently.

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	Traditional Medicare (FFS)	Medicare Advantage
Enrollment (September 2024)	415,787	725,901
SMI Enrollment	<ul style="list-style-type: none"> • <i>OPEN MINDS</i> estimates 64% of the population in Medicare Advantage, 36% in Traditional Medicare. 	
Management	<ul style="list-style-type: none"> • Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care • Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs 	<ul style="list-style-type: none"> • Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	<ul style="list-style-type: none"> • Part A & B cover up to 80%, remaining costs can be paid out of pocket 	<ul style="list-style-type: none"> • Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 1,141,688 | Total Medicare With SMI: 156,609

E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of September 2024: 64% Medicare Advantage, 36% in traditional Medicare.
SMI population inclusion in managed care	Estimated 64% of population in Medicare Advantage, 36% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	Estimated that less than 1% of population is enrolled in C-SNP plans.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	Estimated that less than 1% of population is enrolled in I-SNP plans.

E.2. Medicare System: Overview

- Medicare enrollment as of September 2024 was 1,141,688.
- It is estimated around 13% of the state's total population is enrolled in Medicare, compared with about 15% of the U.S. population enrolled in Medicare.
 - *OPEN MINDS* estimates approximately 30% of the state's SMI population is enrolled in a Medicare plan.
- There are 99 Medicare Advantage plans available for purchase in 2025 in Louisiana.
- There are 37 Medigap insurers offering plans in Louisiana for 2025.
- About one-third of Louisiana's Medicare population – 274,365 beneficiaries - had prescription coverage under stand-alone Medicare Part D plans as of August 2024.
 - But a much larger population — 505,689 beneficiaries — had Medicare Part D coverage integrated with their Medicare Advantage plans.
 - As Advantage enrollment has grown in Louisiana, enrollment in stand-alone Part D plans has dropped, since most Advantage plans have integrated Part D coverage.
 - There are 14 stand-alone Medicare Part D plans for sale in Louisiana for 2025, with premiums that start at \$0/month.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

E.3. Medicare ACOs

Medicare Shared Savings ACOs	
1. Caravan Health ACO 50 LLC	1. Main Street Rural Health Magnolia ACO LLC
2. CareMax Accountable Care Network, LLC	2. Aledade 155 National MSSP
3. CHRISTUS Health Quality Care Alliance	3. Ochsner Accountable Care Network, LLC
4. ELEHEALTH MEDICARE ACO LLC	4. Stellar Health ACO
5. Health Plus Network	5. The Rural Advantage LLC
6. Imperium Clinical Partners	6. TP-ACO LLC
7. IntraCare Premier ACO	7. UPQC
8. KPC Excel	8. Vytalize Health ACO
9. LHP Accountable Care	9. Wellvana Essential Care LLC
10. Louisiana Primary Care Accountable Care Organization, LLC	10. Aledade 149 Regional MSSP

E.4. Medicare System: New Initiatives

- There are no new or pending initiatives currently.

F. Dual Eligible Financing & Service Delivery System

F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	PACE
Enrollment (September 2023)	152,237	536
Estimated SMI Enrollment	31,969	112
Management	<ul style="list-style-type: none"> Physical health and traditional behavioral health: Department of Health Specialty behavioral health: Four health plans 	Two non-profit organizations
Payment Model	<ul style="list-style-type: none"> Physical health and traditional behavioral health: FFS Specialty behavioral health: Capitated rate 	Blended capitated rate
Geographic Service Area	Statewide	Greater New Orleans, Baton Rouge, and Lafayette area

Total Dual Eligible Enrollment: 152,773 | Total Dual Eligible Enrollment With SMI: 32,082

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	April 2024 Enrollment	Estimated SMI Enrollment
Humana Gold Plus	Humana, Inc	Medicare Advantage D-SNP	56,798	11,928
Peoples Health Secure Complete	Peoples Health, Inc	Medicare Advantage D-SNP	16,883	3,545
Peoples Health Secure Health	Peoples Health, Inc	Medicare Advantage D-SNP	14,907	3,130
Aetna Medicare Dual Preferred	Aetna Health, Inc	Medicare Advantage D-SNP	7,012	1,473
WellCare Pinnacle	WellCare	Medicare Advantage D-SNP	4,267	896
Vantage Dual Plus	Vantage Health Plan, Inc	Medicare Advantage D-SNP	4,210	884
WellCare Freedom	WellCare	Medicare Advantage D-SNP	2,034	427
WellCare Access	WellCare	Medicare Advantage D-SNP	1,909	401
WellCare Liberty	WellCare	Medicare Advantage D-SNP	982	206
PACE Baton Rouge	None	PACE	401	84

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of September 2023 was 152,773.
- D-SNP enrollment as of April 2024 was 109,382, SMI enrollment for D-SNP was 22,970,
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers long-term services and supports (LTSS) and non-physician behavioral health services.
- Dual eligible beneficiaries must enroll in one of the four Medicaid health plans to receive specialized behavioral health services.
 - The Healthy Louisiana plans provide dual eligibles with specialized behavioral health services and non-emergency medical transportation only. All other services are provided through the FFS system.

F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- Louisiana does not have any pending dual eligible initiatives or financial alignment initiatives with CMS currently.

G. Long-Term Services & Supports Financing & Service Delivery System

G.1. LTSS Financing & Service Delivery System

Louisiana does not operate a MLTSS program

LTSS Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (December 2024)	N/A
Estimated SMI Enrollment	N/A
Management	N/A
Payment Model	N/A
Geographic Service Area	N/A

Total LTSS Enrollment: N/A | Total LTSS Enrollment With SMI: N/A

*Long-Term Services & Supports

G.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			✓
Disabled children			✓
Blind individuals			✓
Aged individuals			✓
Dual eligibles	✓		
Individuals with I/DD	✓		
Individuals residing in nursing homes	✓		
Individuals residing in ICF/IDD	✓		
Other HCBS Recipients	✓		
Other populations			

G.2. LTSS Medicaid Financing & Delivery System: Overview

- Louisiana does not offer MLTSS services and instead all individuals receive care through the FFS and managed care system.

G.3. Medicaid LTSS Program: Health Benefits

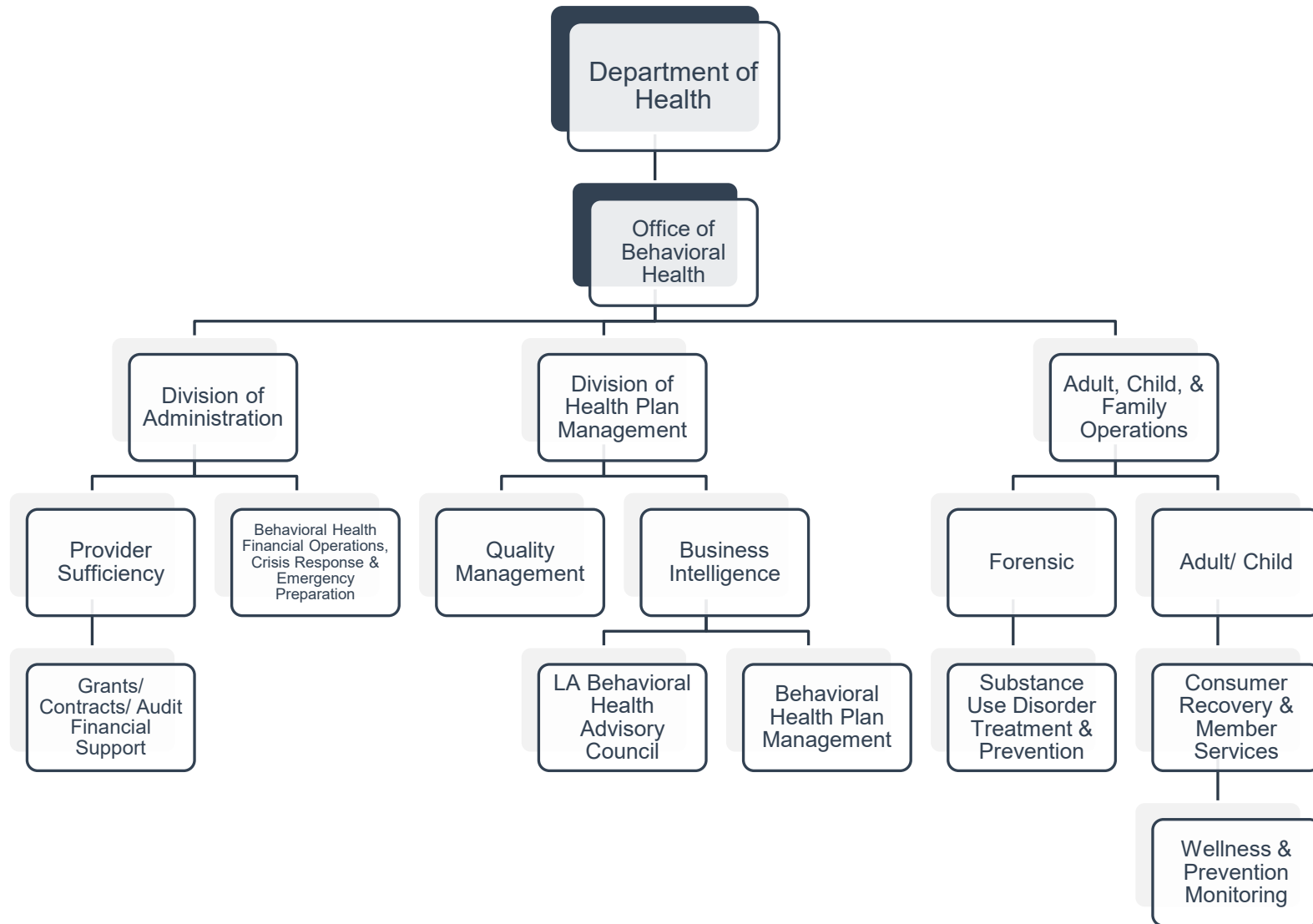
- Louisiana does not offer MLTSS services and instead all services are the same as the managed care and FFS programs.

G.4. LTSS Medicaid Financing & Delivery System: New Initiatives

- Louisiana has no pending initiatives that will influence the finance or delivery systems of the LTSS population.

H. State Behavioral Health Administration & Finance System

H.1. Office Of Behavioral Health: Organization Chart



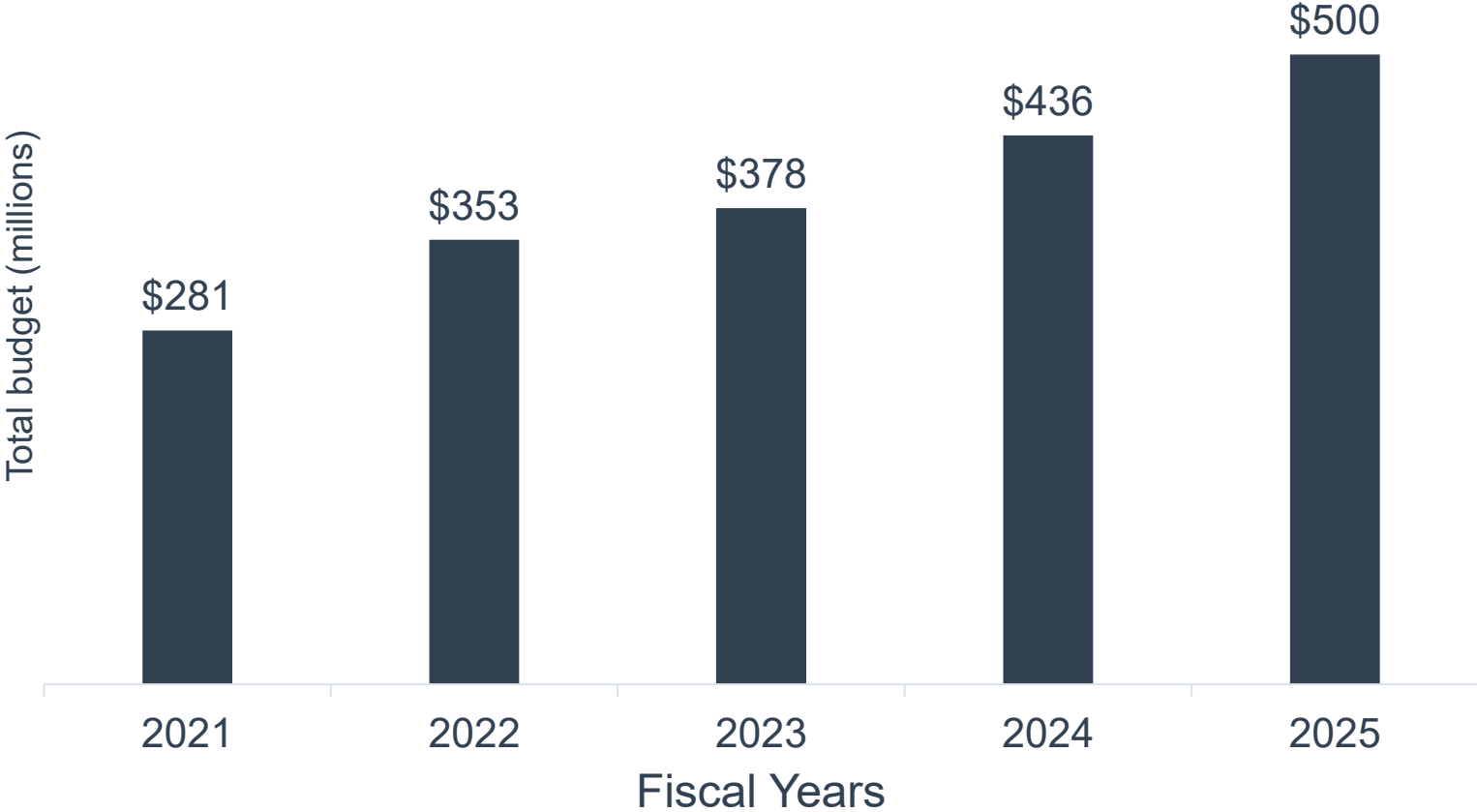
H.1. Office Of Behavioral Health: Key Leadership

Name	Position	Department	Email
Bruce Greestein	Secretary	Louisiana Department of Health (LDH)	Not available
Karen Stubbs Church, J.D.	Assistant Secretary	LDH, Office of Behavioral Health	karen.stubbs@la.gov
Amanda Joyner	Deputy Assistant Secretary	Office of Behavioral Health, Division of Administration	amanda.joyner@la.gov
Quinetta Womack, LPC, LAC-CCS, CCGC	Deputy Assistant Secretary	Office of Behavioral Health, Division of BH-Clinical/ Community Programming	quinetta.womack@la.gov
Robyn McDermott, MS	Deputy Assistant Secretary	Office of Behavioral Health, Division of Health Plan Management	robyn.mcdermott@la.gov
Paula De La Cruz	Medical Director	Office of Behavioral Health	Not available

H.2. Office Of Behavioral Health: Budget

Budget Item	SFY 2025-2026 Requested Budget	Percent Of Budget
Hospital based treatment	\$343,032,742	69%
Behavioral health administration and community oversight	\$157,290,986	31%
Auxiliary account	\$20,000	<1%
Budget Total: \$500,343,728		

H.2. Office Of Behavioral Health: Budget Over Time



H.3. State Psychiatric Institutions

State Psychiatric Institutions			
Institution	Location	Beds	Average Daily Census (2023-24)
Central Louisiana State Hospital	Pineville	120	118
Eastern Louisiana Mental Health System	Jackson	693	335
Total		813	453

H.4. Behavioral Health Safety-Net Delivery System

- The Office of Behavioral Health within the Louisiana Department of Health (LDH) provides mental health and addiction disorder treatment services to the safety-net population through various financing and delivery arrangements with ten regional community behavioral health authorities called local governing entities (LGEs).
- The LGEs were established by the legislature and are governed by boards selected by the parish councils. Their creation was intended to decentralize the provision of behavioral health services away from LDH.
- The LGEs may provide services to the Medicaid-eligible population, along with the uninsured population.

H.4. Behavioral Health Safety-Net Delivery System: LGE Regions



- 1 West Feliciana
- 2 East Feliciana
- 3 St Helena
- 4 Pointe Coupee
- 5 West Baton Rouge
- 6 East Baton Rouge
- 7 Lafayette
- 8 Ascension
- 9 St John the Baptist
- 10 Assumption
- 11 St James
- 12 St Charles
- 13 Jefferson
- 14 Orleans

Local Governing Entities

- Northwest Louisiana Human Services District
- Northeast Delta Human Services Authority
- Central Louisiana Human Services District
- Imperial Calcasieu Human Services Authority
- Acadiana Area Human Services District
- Capital Area Human Services District
- Florida Parishes Human Services Authority
- Metropolitan Human Services District
- Jefferson Parish Human Services Authority
- South Central Louisiana Human Services Authority

H.4. Behavioral Health Safety-Net Delivery System: LGE Regions

Local Governing Entity	Parishes Served
Acadiana Area Human Services District	Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion
Capital Area Human Services District	Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana
Central Louisiana Human Services District	Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon, Winn
Florida Parishes Human Services Authority	Livingston, St. Helena, St. Tammany, Tangipahoa, Washington
Imperial Calcasieu Human Services Authority	Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis
Jefferson Parish Human Services Authority	Jefferson
Metropolitan Human Services District	Orleans, Plaquemines, St. Bernard
Northeast Delta Human Services Authority	Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll
Northwest Louisiana Human Services District	Bienville, Bossier, Caddo, Claiborne, De Soto, Natchitoches, Red River, Sabine, Webster
South Central Louisiana Human Services Authority	Assumption, Lafourche, St. Charles, St. James, St. John The Baptist, St. Mary, Terrebonne

H.5. Behavioral Health System: New Initiatives – Project M.O.M.

- Recognizing the urgent crisis of accidental opioid overdose as the leading cause of pregnancy-associated death, the Department is launching Project M.O.M., a statewide effort to reverse this trend across Louisiana.
- To better support mothers, Project M.O.M. will advocate for evidence-based opioid use disorder training for prescribers in hospitals and residency programs, increased availability of lifesaving medications like naloxone and buprenorphine in pharmacies, and the allocation of opioid settlement funds by local leaders to critical resources such as peer recovery coaching, residential treatment beds, and outpatient clinics.
- Building on the success of Louisiana pilots that place the opioid overdose reversal medication naloxone in mothers' hands at discharge, boost universal substance-use screening in birthing hospitals, and link emergency department overdoses to rapid outpatient treatment, Project M.O.M. will scale those best practices across every region.
- The initiative is setting a bold target of cutting pregnancy-associated opioid overdose deaths by 80% within three years.

I. Appendices

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.9% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicaid	8.8% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicare	13% of persons in the Medicare population, not dually eligible for Medicaid	Figuroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2023). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2023. Retrieved March 2023 from https://www.census.gov/data/tables/time-series/demo/health-insurance/historical-series/hic.html
No Health Care Insurance	6.7% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a

I.2. Glossary Of Terms

Term	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

I.2. Glossary Of Terms

Term	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(1) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2025, the FPL is \$15,060 for an individual and \$31,200 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit-by-unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

I.2. Glossary Of Terms

Term	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

I.2. Glossary Of Terms

Term	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care) but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

I.2. Glossary Of Terms

Term	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

I.2. Glossary Of Terms

Term	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

I.3. Sources

A. Executive Summary

1. Information compiled from sources provided throughout the profile.

B.1. Population Demographics

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