



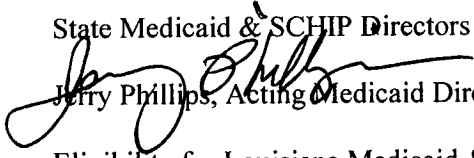
STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



Kathleen Babineaux Blanco
GOVERNOR

Frederick P. Cerise, M.D., M.P.H.
SECRETARY

MEMORANDUM

TO: State Medicaid & SCHIP Directors
FROM:  Jerry Phillips, Acting Medicaid Director
SUBJECT: Eligibility for Louisiana Medicaid & SCHIP Enrollees who Remain Out of State
DATE: June 6, 2006

As we continue our efforts to respond to the in the displacement of thousands of Louisiana Medicaid and SCHIP enrollees as a result of Hurricane Katrina we are once again asking for the assistance of our counterparts in other states. As I've previously mentioned to you, we are finding administration of a Medicaid/SCHIP program with enrollees and 16,000+ newly enrolled out-of-state providers spread throughout the country a nearly impossible task. With guidance from the Centers for Medicare and Medicaid Services (CMS), our agency is continuing a process of identifying Louisiana Medicaid enrollees who **remain out of our state and are enrolled in another state's Medicaid or SCHIP program**, for purposes of ending their coverage in Louisiana Medicaid. We want you to be aware of our plan. Your assistance in transitioning these individuals to the Medicaid or SCHIP program where they now reside is greatly appreciated

Over the Spring, we have identified approximately 30,000 Medicaid enrollees for whom we have ended their coverage. As a result of data matches, these enrollees were identified as already being signed up for Medicaid in fourteen other states. We need to continue and expand this process so that we can identify other evacuees who are enrolled in other states' Medicaid and SCHIP Programs so that we can start a similar process with those individuals. Currently, both Louisiana and the state where the person is currently residing are at increased risk for duplicative billing by providers

We are requesting your assistance in having your Medicaid and SCHIP eligibility/data section **share the current enrollment file that would include evacuees who moved to your state from Louisiana**. We request that even states who have already shared files with us, provide us with an updated file as we have learned that this evacuee population continues to be transient. Your state files should be directed to our Eligibility System Manager, Robynn Schifano at rschifan@dhh.la.gov or (225) 342-9834. We are asking that the data files contain the following fields: 1) Name of Louisiana Medicaid Recipient, 2) Date of Birth, 3) SSN or LA Medicaid Number, 4) Date of Eligibility established in new state & 5) Current Mailing Address,

We thank you for your continued support in this effort. If you have any questions or concerns please feel free to contact me at (225) 342-3891 or jphilli2@dhh.la.gov.

JLP:JRK/kcv:taw