

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**LOUISIANA RECEIVED
MORE THAN \$7.1 MILLION IN
UNALLOWABLE BONUS
PAYMENTS**

*Inquiries about this report may be addressed to the Office of Public Affairs at
Public.Affairs@oig.hhs.gov.*



Gloria L. Jarmon
Deputy Inspector General
for Audit Services

July 2014
A-04-14-08029

Office of Inspector General

<https://oig.hhs.gov>

The mission of the Office of Inspector General (OIG), as mandated by Public Law 95-452, as amended, is to protect the integrity of the Department of Health and Human Services (HHS) programs, as well as the health and welfare of beneficiaries served by those programs. This statutory mission is carried out through a nationwide network of audits, investigations, and inspections conducted by the following operating components:

Office of Audit Services

The Office of Audit Services (OAS) provides auditing services for HHS, either by conducting audits with its own audit resources or by overseeing audit work done by others. Audits examine the performance of HHS programs and/or its grantees and contractors in carrying out their respective responsibilities and are intended to provide independent assessments of HHS programs and operations. These assessments help reduce waste, abuse, and mismanagement and promote economy and efficiency throughout HHS.

Office of Evaluation and Inspections

The Office of Evaluation and Inspections (OEI) conducts national evaluations to provide HHS, Congress, and the public with timely, useful, and reliable information on significant issues. These evaluations focus on preventing fraud, waste, or abuse and promoting economy, efficiency, and effectiveness of departmental programs. To promote impact, OEI reports also present practical recommendations for improving program operations.

Office of Investigations

The Office of Investigations (OI) conducts criminal, civil, and administrative investigations of fraud and misconduct related to HHS programs, operations, and beneficiaries. With investigators working in all 50 States and the District of Columbia, OI utilizes its resources by actively coordinating with the Department of Justice and other Federal, State, and local law enforcement authorities. The investigative efforts of OI often lead to criminal convictions, administrative sanctions, and/or civil monetary penalties.

Office of Counsel to the Inspector General

The Office of Counsel to the Inspector General (OCIG) provides general legal services to OIG, rendering advice and opinions on HHS programs and operations and providing all legal support for OIG's internal operations. OCIG represents OIG in all civil and administrative fraud and abuse cases involving HHS programs, including False Claims Act, program exclusion, and civil monetary penalty cases. In connection with these cases, OCIG also negotiates and monitors corporate integrity agreements. OCIG renders advisory opinions, issues compliance program guidance, publishes fraud alerts, and provides other guidance to the health care industry concerning the anti-kickback statute and other OIG enforcement authorities.

Notices

THIS REPORT IS AVAILABLE TO THE PUBLIC
at <https://oig.hhs.gov>

Section 8L of the Inspector General Act, 5 U.S.C. App., requires that OIG post its publicly available reports on the OIG Web site.

OFFICE OF AUDIT SERVICES FINDINGS AND OPINIONS

The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

EXECUTIVE SUMMARY

Louisiana received more than \$7.1 million in unallowable performance bonus payments under the Children's Health Insurance Program Reauthorization Act for fiscal years 2009 through 2011.

WHY WE DID THIS REVIEW

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) directly affects both the Children's Health Insurance Program and Medicaid. Under CHIPRA, Congress appropriated \$3.225 billion for qualifying States to receive performance bonus payments (bonus payments) for Federal fiscal years (FYs) 2009 through 2013 to offset the costs of increased enrollment of children in Medicaid. In a previous audit of CHIPRA bonus payments in another State (A-04-12-08014), we found millions of dollars in unallowable bonus payments; therefore, we identified CHIPRA bonus payments as a high-risk area.

We reviewed the bonus payments that Louisiana received for FYs 2009 through 2011 because preliminary analysis indicated inconsistencies between the enrollment of children in Medicaid that Louisiana reported when requesting bonus payments and the enrollment reflected in the Medicaid Statistical Information System maintained by the Centers for Medicare & Medicaid Services (CMS). Louisiana received more than \$7.1 million in bonus payments for the FYs we reviewed.

The objective of our audit was to determine whether the bonus payments that Louisiana received were allowable in accordance with Federal requirements.

BACKGROUND

CMS administers the Medicaid program at the Federal level and is the agency responsible for determining whether a State meets the requirements to receive a bonus payment and, if so, what the amount of a State's bonus payment should be. CMS makes its determinations, in part, on the basis of Medicaid enrollment information that the States provided in their requests for bonus payments. The Louisiana Department of Health and Hospitals (State agency) administers Louisiana's Medicaid program and is the agency that requested the bonus payments Louisiana received for FYs 2009 through 2011 (audit period).

A State is eligible for a bonus payment if, among other requirements, it increases its current enrollment of qualifying children (current enrollment) above the baseline enrollment of qualifying children for a given year as specified in CMS guidance.

WHAT WE FOUND

The bonus payments that Louisiana received for the audit period were not allowable in accordance with Federal requirements. Most of the data used in Louisiana's bonus payment calculations was in accordance with Federal requirements. However, the State agency overstated its FYs 2009 through 2011 current enrollment in its bonus requests to CMS because it included

individuals who did not qualify because of their basis-of-eligibility code. If the State agency had calculated its current enrollment in accordance with Federal requirements, the current enrollment would not have exceeded baseline enrollment by an amount sufficient for Louisiana to qualify for bonus payments. As a result, CMS overpaid Louisiana \$7,124,602 in bonus payments.

WHAT WE RECOMMEND

We recommend that the State agency:

- refund \$7,124,602 to the Federal Government and
- ensure that future requests for CHIPRA bonus payments include only qualifying children to comply with Federal requirements.

STATE AGENCY COMMENTS

In written comments on our draft report, the State agency concurred with our finding that the CHIPRA bonus payments that Louisiana received for the audit period included individuals who did not qualify because of their basis-of-eligibility code. State agency officials also said that they would ensure that future requests for CHIPRA bonus payments include only qualifying children, in accordance with Federal requirements.

TABLE OF CONTENTS

INTRODUCTION 1

 Why We Did This Review 1

 Objective 1

 Background 1

 The Medicaid Program: How It Is Administered 1

 Louisiana’s Medicaid Management Information System and
 CMS’s Medicaid Statistical Information System 1

 Bonus Payments 2

 How We Conducted This Review 2

FINDINGS 3

 The State Agency Did Not Calculate Current Enrollment in Accordance With
 Federal Requirements 3

 Louisiana Received More Than \$7.1 Million in Unallowable Bonus Payments 4

RECOMMENDATIONS 4

STATE AGENCY COMMENTS 4

APPENDIXES

 A: Current Enrollment Calculations 5

 B: Audit Scope and Methodology 7

 C: Federal Requirements Related to Bonus Payments 9

 D: State Agency Comments 11

INTRODUCTION

WHY WE DID THIS REVIEW

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) directly affects both the Children's Health Insurance Program and Medicaid. Under CHIPRA, Congress appropriated \$3.225 billion for qualifying States to receive performance bonus payments (bonus payments) for Federal fiscal years (FYs) 2009 through 2013 to offset the costs of increased enrollment of children in Medicaid. In a previous audit of CHIPRA bonus payments in another State,¹ we found millions of dollars in unallowable bonus payments; therefore, we identified CHIPRA bonus payments as a high-risk area.

We reviewed the bonus payments that Louisiana received for FYs 2009 through 2011 because preliminary analysis indicated inconsistencies between the enrollment of children in Medicaid that Louisiana reported when requesting bonus payments and the enrollment reflected in the Medicaid Statistical Information System (MSIS) maintained by the Centers for Medicare & Medicaid Services (CMS). Louisiana received more than \$7.1 million in bonus payments for the FYs we reviewed.

OBJECTIVE

Our objective was to determine whether the bonus payments that Louisiana received were allowable in accordance with Federal requirements.

BACKGROUND

The Medicaid Program: How It Is Administered

The Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The Federal and State Governments jointly fund and administer the Medicaid program. Each State administers its Medicaid program in accordance with a CMS-approved State plan. Although the State has considerable flexibility in designing and operating its Medicaid program, it must comply with applicable Federal requirements. CMS administers the Medicaid program at the Federal level. The Louisiana Department of Health and Hospitals (State agency) administers Louisiana's Medicaid program.

Louisiana's Medicaid Management Information System and CMS's Medicaid Statistical Information System

Section 235 of the Social Security Amendments of 1972, P.L. No. 92-603, provided for 90-percent Federal financial participation (FFP) for the design, development, or installation and 75-percent FFP for the operation of eligible State mechanized claims processing and information retrieval systems. For Medicaid purposes, the mechanized claims processing and information retrieval system is the Medicaid Management Information System (MMIS).

¹ *Alabama Received Millions in Unallowable Performance Bonus Payments Under the Children's Health Insurance Program Reauthorization Act* (A-04-12-08014, issued August 27, 2013).

The MMIS is an integrated group of procedures and computer processing operations (subsystems) designed to improve Medicaid program and administrative cost controls, service to beneficiaries and providers, operations of claims control and computer capabilities, and management reporting for planning and control.

Under the Balanced Budget Act of 1997, P.L. No. 105-33, States are required to submit Medicaid eligibility and claims data to CMS through the MSIS. The purpose of the MSIS is to collect, manage, analyze, and disseminate information on eligibility, utilization, and payment for services covered by State Medicaid programs. CMS uses MSIS data to produce Medicaid program characteristics and utilization information. Some of the information that States report for Medicaid-eligible individuals are date of birth, race, sex, and basis of eligibility (BOE).

Bonus Payments

CHIPRA, P.L. No. 111-3, directly affects both the Children's Health Insurance Program under Title XXI of the Social Security Act (the Act) and Medicaid under Title XIX of the Act. Under CHIPRA, qualifying States may receive bonus payments for FYs 2009 through 2013 to offset the costs of increased enrollment of children in Medicaid. A State is eligible for a bonus payment if it increased its current enrollment of qualifying children (current enrollment) above the baseline enrollment of qualifying children (baseline enrollment) for a given year as specified in CMS guidance. A State must also have implemented at least five of the Medicaid enrollment and retention provisions specified in CHIPRA.

CMS is responsible for determining whether a State meets the requirements to receive a bonus payment and, if so, the amount of a State's bonus payment. CMS makes its determinations, in part, on the basis of Medicaid enrollment information that the State provided in its requests for bonus payments. The State agency requested the bonus payments that Louisiana received for FYs 2009 through 2011. Appendix A contains the details of Louisiana's current enrollment calculations for these FYs.

HOW WE CONDUCTED THIS REVIEW

We reviewed the bonus payments that Louisiana received for FYs 2009 through 2011 (audit period), totaling \$1,548,387, \$3,661,104, and \$1,915,111, respectively. Our review focused on verifying the accuracy of enrollment information used in the bonus payment calculations and ensuring that the information used complied with Federal requirements. We neither assessed the State agency's internal control structure beyond what was necessary to meet our objective nor reviewed the State agency's determinations of Medicaid eligibility. Also, we did not review whether the State agency successfully implemented at least five of the Medicaid enrollment and retention provisions because we determined that there was a low risk of noncompliance.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix B contains the details of our scope and methodology, and Appendix C contains the Federal requirements related to bonus payments.

FINDINGS

The bonus payments that Louisiana received for the audit period were not allowable in accordance with Federal requirements. Most of the data used in Louisiana's bonus-payment calculations was in accordance with Federal requirements. However, the State agency overstated its FYs 2009 through 2011 current enrollment in its bonus requests to CMS because it included individuals who did not qualify because of their BOE code. If the State agency had calculated its current enrollment in accordance with Federal requirements, current enrollment would not have exceeded baseline enrollment by an amount sufficient for Louisiana to qualify for bonus payments. As a result, CMS overpaid Louisiana \$7,124,602 in bonus payments.

THE STATE AGENCY DID NOT CALCULATE CURRENT ENROLLMENT IN ACCORDANCE WITH FEDERAL REQUIREMENTS

The State agency reported CHIPRA current enrollments of 681,220, 724,032, and 732,105 for FYs 2009 through 2011, respectively. According to CMS guidance,² a State should calculate CHIPRA current enrollment using the same State institutional data sources, such as the State's MMIS, that it uses for reporting under MSIS.

Furthermore, the State's current enrollment should include only individuals whom the State identifies and reports as having a BOE of "child" in the MSIS. Specifically, CMS guidance defines BOE codes of "child" only as follows:

- Code 4: Child (not Child of Unemployed Adult, not Foster Care Child);
- Code 6: Child of Unemployed Adult (optional); and
- Code 8: Foster Care Child.

CMS established this guidance to ensure that States consistently use the same information and basis (i.e., BOE codes) that CMS uses to develop States' baseline enrollment.³

The State agency used data from its MMIS to calculate its current enrollment, which was the same data source it used for MSIS reporting. However, the State agency did not follow CMS guidance to include in its CHIPRA current enrollment only individuals with a BOE of "child" in the MSIS. In addition to the above three BOE categories, the State agency incorrectly included individuals from other BOEs, such as BOE code 2, "Blind and Disabled," in its reports of CHIPRA current enrollments to CMS, which inflated its current enrollment numbers. Had it

² CMS, SHO Letter #09-015, CHIPRA #10, and CMS BP-Clarification3.docx.

³ The baseline enrollment level for a State is based on a formula that considers such factors as the levels of qualifying children under the Medicaid program and various adjustment factors that account for population growth.

followed Federal requirements, the State agency would have reported the correct number for current enrollment for FYs 2009 through 2011 as depicted in Table 1.

Table 1: Louisiana Medicaid Enrollment

Current Enrollment⁴	FY 2009	FY 2010	FY 2011
State-reported number	681,220	724,032	732,105
Correct number	645,284	685,536	692,015
Overstatement	35,936	38,496	40,090

LOUISIANA RECEIVED MORE THAN \$7.1 MILLION IN UNALLOWABLE BONUS PAYMENTS

CMS calculated excessive CHIPRA bonus payments to Louisiana totaling \$7,124,602 because the State agency overstated its CHIPRA current enrollments for FYs 2009 through 2011. (See Table 1.) If the State agency had correctly stated its current enrollment, it would not have exceeded baseline enrollment, and the State would not have been eligible for bonus payments. As a result of overstating current enrollments, Louisiana’s bonus payments of \$1,548,387, \$3,661,104, and \$1,915,111 for FYs 2009 through 2011, respectively, were all unallowable.

RECOMMENDATIONS

We recommend that the State agency:

- refund \$7,124,602 to the Federal Government and
- ensure that future requests for CHIPRA bonus payments include only qualifying children to comply with Federal requirements.

STATE AGENCY COMMENTS

In written comments on our draft report, the State agency concurred with our finding that the CHIPRA bonus payments that Louisiana received for the audit period included individuals who did not qualify because of their BOE code. State agency officials also said that they would ensure that future requests for CHIPRA bonus payments include only qualifying children, in accordance with Federal requirements. The State agency’s comments are included in their entirety as Appendix D.

⁴ See Appendix A, Tables 2 and 3, for a monthly detail of the State’s reported current enrollment numbers and our calculated current enrollment numbers.

APPENDIX A: CURRENT ENROLLMENT CALCULATIONS

EXPLANATION OF CURRENT ENROLLMENT CALCULATION

In accordance with Federal requirements, the CHIPRA current enrollment for any given FY should be calculated by:

- obtaining the number of qualifying children in every month of the FY,
- summing the monthly count of qualifying children for the FY, and
- dividing the sum for the FY by 12 to obtain the monthly average number of qualifying children for the FY.

**STATE AGENCY’S CALCULATION OF FISCAL YEARS 2009 THROUGH 2011
CURRENT ENROLLMENT**

The State agency calculated its CHIPRA current enrollments for each of the three FYs (2009 through 2011) by running a query on its MMIS. However, the State agency used a different methodology from that established in CMS guidance to compile its current enrollment. On the basis of this guidance, a State’s current enrollment should only include individuals whom the State identifies and reports as a BOE of “child” when reporting MSIS enrollment data. However, the State agency also included in its CHIPRA current enrollment individuals who were classified as a BOE other than “child,” thus overstating its current enrollment numbers.

Table 2: State Agency’s Reported Current Enrollments

Month	Qualifying Children		
	FY 2009	FY 2010	FY 2011
Oct	670,386	700,869	737,195
Nov	670,721	702,463	737,199
Dec	672,573	719,122	732,107
Jan	674,614	721,134	732,436
Feb	676,156	722,014	732,104
Mar	678,878	727,185	731,203
Apr	681,317	728,557	729,448
May	683,364	729,567	729,710
Jun	686,252	731,346	730,342
Jul	689,993	733,134	730,687
Aug	693,717	736,052	732,311
Sep	696,673	736,935	730,518
Total	8,174,644	8,688,378	8,785,260
Monthly Average (Total/12)	681,220	724,032	732,105

**OFFICE OF INSPECTOR GENERAL’S CALCULATION OF
FISCAL YEARS 2009 THROUGH 2011 CURRENT ENROLLMENT**

In accordance with Federal requirements, we calculated Louisiana’s CHIPRA current enrollments for FYs 2009 through 2011 by having the State agency run a query on its MMIS data and extracting only those individuals whom the State would identify and report as a BOE of “child” (i.e., BOE codes 4, 6, and 8) when reporting MSIS enrollment.

Table 3: OIG Calculated Current Enrollments

Month	Qualifying Children		
	FY 2009	FY 2010	FY 2011
Oct	634,566	662,805	697,718
Nov	634,631	664,273	697,599
Dec	636,454	680,989	692,287
Jan	638,335	682,982	692,434
Feb	639,949	683,855	691,863
Mar	642,707	688,824	690,755
Apr	645,186	690,267	688,889
May	647,344	691,083	689,049
Jun	650,522	692,607	689,687
Jul	654,512	694,212	689,995
Aug	658,005	696,857	691,832
Sep	661,194	697,680	692,075
Total	7,743,405	8,226,434	8,304,183
Monthly Average (Total/12)	645,284	685,536	692,015

APPENDIX B: AUDIT SCOPE AND METHODOLOGY

SCOPE

We reviewed the bonus payments that the State agency received for FYs 2009 through 2011, totaling \$1,548,387, \$3,661,104, and \$1,915,111, respectively. Our review focused on verifying the accuracy of enrollment information used in the bonus payment calculations and ensuring that the information used complied with Federal requirements. We neither assessed the State agency's internal control structure beyond what was necessary to meet our objective nor reviewed the State agency's determinations of Medicaid eligibility. Also, we did not review whether the State agency successfully implemented at least five of the Medicaid enrollment and retention provisions because we determined that there was a low risk of noncompliance.

We performed fieldwork at the State agency offices in Baton Rouge, Louisiana, from November 2013 through February 2014.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal requirements;
- held discussions with CMS financial management officials to obtain an understanding of the process that States should follow when requesting bonus payments;
- reviewed CMS's detailed calculations⁵ of Louisiana's bonus payments for FYs 2009 through 2011;
- verified supporting documentation for all data elements used in Louisiana's bonus payment calculations, including baseline enrollment and projected per capita State Medicaid expenditures;
- conducted a risk assessment of the State agency's noncompliance with Federal requirements;
- met with State agency officials to:
 - discuss the State agency's requests for bonus payments,
 - obtain correspondence between the State agency and CMS,
 - understand the State agency's methodology for determining the current enrollment reported in its requests for bonus payments, and

⁵ Appendix II of CMS, SHO Letter #09-015, CHIPRA #10, describes the data elements, processes, and methodologies for calculating the bonus payments.

- understand the State agency's process for reporting MSIS enrollment data;
- analyzed the State agency's documentation supporting its requests for bonus payments;
- reviewed the State agency's MMIS enrollment data;
- reviewed Louisiana's enrollment and expenditure data from the CMS MSIS State Summary Datamart;
- calculated Louisiana's FYs 2009 through 2011 current enrollment;
- recalculated Louisiana's bonus payments using correct, verified data; and
- discussed the results with State agency officials.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX C: FEDERAL REQUIREMENTS RELATED TO BONUS PAYMENTS

PURPOSE OF THE BONUS PAYMENTS AND BASELINE CALCULATION METHODOLOGY

Section 2105(a)(3) of the Act states that performance bonus payments are intended to offset additional Medicaid and Children’s Health Insurance Program child enrollment costs resulting from enrollment and retention efforts. The payments are made to a State for a FY as a single payment not later than the last day of the first calendar quarter of the following FY.⁶ Additional guidance that CMS provided⁷ requires that payments to qualifying States be made by December 31 of the calendar year (CY) following the end of the FY for which the criteria were implemented. The bonus payments are provided to a State through a grant award.

Section 2105(a)(3)(C)(iii)(I) of the Act states that the baseline number of child enrollees for FY 2009 “is equal to the monthly average unduplicated number of qualifying children enrolled in the State plan under title XIX during FY 2007 increased by the population growth for children in that State from 2007 to 2008 (as estimated by the Bureau of the Census) plus 4 percentage points, and further increased by the population growth for children in that State from 2008 to 2009 (as estimated by the Bureau of the Census) plus 4 percentage points”⁸

For each of FYs 2010, 2011, and 2012, the baseline number of child enrollees “is equal to the baseline number of child enrollees for the State for the previous FY under title XIX, increased by the population growth for children in that State from the CY in which the respective FY begins to the succeeding CY (as estimated by the Bureau of the Census) plus 3.5 percentage points.”⁹

CMS established the baseline enrollment for each State using all of the “MSIS Coding Categories” for which States report individuals under the BOE of “child” in their Medicaid programs. Specifically, these BOEs are identified as BOEs 4, 6, and 8.¹⁰

CMS provided further guidance to Louisiana on October 27, 2009. The guidance states:

We recognize that the FY 2007 baseline enrollment data obtained from MSIS may not represent an exact one-to-one mapping for each of the above statutory eligibility categories. However ... the baseline enrollment data represents all individuals identified and reported by each State with a BOE of “child”; we believe this approach appropriately addresses the intent of the statute in a way that is operationally feasible.¹¹

⁶ Section 2105(a)(3)(A) of the Act.

⁷ CMS, SHO Letter #09-015, CHIPRA #10.

⁸ Enrollment data for FY 2007 were obtained from the MSIS.

⁹ Section 2105(a)(3)(C)(iii)(II) of the Act.

¹⁰ CMS, SHO Letter #09-015, CHIPRA #10.

¹¹ CMS BP-Clarification3.docx.

CMS GUIDANCE FOR CURRENT ENROLLMENT CALCULATION

In its guidance to Louisiana on October 27, 2009, CMS clarified that States should include a description of the data sources and the methodologies they used to appropriately identify individuals with a BOE of “child” when reporting current enrollment.

The instructions relating to the average monthly enrollment for children were reiterated in an email from CMS to the State agency on December 12, 2011. The email stated, “**The same logic and basis that was used for developing the FY 2007 baseline should be used by each State for submitting the average monthly enrollment for children for the current fiscal year for which the bonus payment is being determined**” (original emphasis).

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana

Department of Health and Hospitals
Bureau of Health Services Financing

VIA POSTAL AND ELECTRONIC MAIL

June 16, 2014

Ms. Lori Pilcher
Regional Inspector General
Office of Audit Services, Region IV
61 Forsyth St., SW, Suite 3T41
Atlanta, GA 30303

Dear Ms. Pilcher:

RE: Report Number: A-04-14-08029

We have reviewed the draft report entitled *Louisiana Received More Than \$7.1 Million in Unallowable Bonus Payments* and concur with the finding that CHIPRA bonus payments Louisiana received for the audit period included individuals who did not qualify on the basis-of-eligibility code. The State will ensure that future requests for CHIPRA bonus payments include only qualifying children in accordance with Federal requirements.

Should you have questions regarding this letter, please contact Jen Steele, Medicaid Deputy Director, at (337) 354-5750 or jen.steele@la.gov.

Sincerely,

J. Ruth Kennedy
Medicaid Director

JRK/JLS

c: Diane Batts
Ford Blunt
Mary Johnson
Kathy Kliebert
Jen Steele

Bienville Building • 628 North 4th Street • P.O. Box 91030 • Baton Rouge, Louisiana 70821-9030
Phone #: 225/342-9240 • Fax #: 225/342-9598 • www.MakingMedicaidBetter.com
"An Equal Opportunity Employer"