

LOUISIANA DEPARTMENT OF HEALTH  
MEDICAID RECIPIENT REPORT NO. 12



INVESTIGATIVE AUDIT  
ISSUED MARCH 10, 2021

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LOUISIANA LEGISLATIVE AUDITOR  
DARYL G. PURPERA, CPA, CFE

March 10, 2021

**DR. COURTNEY N. PHILLIPS, SECRETARY**  
**LOUISIANA DEPARTMENT OF HEALTH**  
Baton Rouge, Louisiana

We are providing this report for your information and use. This investigative audit was performed in accordance with Louisiana Revised Statutes 24:513, et seq. to determine the validity of complaints we received.

We found that Medicaid recipient A.B. may have provided incomplete and inaccurate income and household information to the Louisiana Department of Health (LDH) when she applied for and received Medicaid benefits for herself and her two children.

As a result, from June 2016 through December 2019, LDH paid \$45,946 for monthly premiums on behalf of A.B. and her children to the managed care organizations (MCOs) overseeing the state's Medicaid program. LDH also paid providers \$3,383 directly for Medicaid services.

The MCOs paid \$20,286 to providers on behalf of A.B. and her children for covered health care services.

Had A.B. provided complete and accurate income and household information to LDH, she and her children may have been found ineligible to receive Medicaid benefits from June 2016 to December 2019.

The procedures we performed primarily consisted of making inquiries and examining selected financial records and other documents, and do not constitute an examination or review in accordance with generally-accepted auditing or attestation standards. Consequently, we provide no opinion, attestation, or other form of assurance with respect to the information upon which our work was based.

The accompanying report presents our findings and recommendations, as well as management's response. This is a public report. Copies of this report have been delivered to the Louisiana Attorney General, the District Attorney for the 26th Judicial District of Louisiana, the District Attorney for the 19th Judicial District of Louisiana, and others as required by law.

Respectfully submitted,

Thomas H. Cole, CPA, CGMA  
Temporary Legislative Auditor

THC/aa  
MEDICAID RECIPIENT NO.12



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## EXECUTIVE SUMMARY

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### **Recipient Provided Incomplete and Inaccurate Information to Obtain Medicaid Benefits**

Medicaid recipient A.B. provided incomplete and inaccurate information to the Louisiana Department of Health (LDH) to obtain Louisiana Medicaid (Medicaid) benefits for herself and her two children. LDH paid \$45,946 for monthly premiums to Managed Care Organizations (MCOs) and \$3,383 in fee for service payments directly to providers on behalf of A.B. and her children from June 2016 through December 2019. The MCOs made payments totaling \$20,286 to providers for covered health care services for A.B. and her children. During this period, A.B. failed to disclose all household members and household income to LDH. Had she provided complete and accurate information, A.B. and her children may have been ineligible to receive Medicaid benefits. By providing incomplete and inaccurate information to LDH, A.B. may have violated state law.

*Pursuant to 42 U.S.C. §1396a(a)(7) and 42 C.F.R. §431.305, names of Medicaid recipients are to be held confidential. These names are in our audit work papers, which are not subject to public review. Throughout the report, we have used alphabetic indicators in the place of recipients' names. Our work papers, which include actual names of recipients, will be available to law enforcement.*





## BACKGROUND AND METHODOLOGY

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The Louisiana Department of Health (LDH) is an executive branch department that reports to the governor. LDH's mission is to protect and promote health and to ensure access to medical, preventative, and rehabilitative services for all citizens of the state of Louisiana. LDH is responsible for developing and providing health and medical services for the prevention of disease for the citizens of Louisiana. LDH provides health and medical services for uninsured and medically indigent persons and also coordinates the delivery of services provided by the Louisiana State University Health Sciences Center with services provided by LDH, local health departments, and federally-qualified health centers, including but not limited to, the following:

- Services for:
  - Persons with mental illness;
  - Persons with intellectual disabilities;
  - Persons with developmental disabilities; and
  - Persons with addictive disorders.
- Public health services.
- Services provided under the medical assistance program (Medicaid).

In 2012, LDH began transitioning from a fee-for-service (FFS) model, where LDH paid all claims submitted by Medicaid providers for each service performed, to *Healthy Louisiana*,<sup>A</sup> a full-risk prepaid managed care model. Under LDH's current full-risk prepaid managed care model, LDH pays a fixed monthly premium to a Managed Care Organization (MCO) for the administration of health benefits and payment of claims for each member. LDH contracted with five MCOs to operate the *Healthy Louisiana* Medicaid program through December 31, 2019.<sup>B</sup> However, LDH is responsible for determining Medicaid recipient eligibility and enrolling applicants into Medicaid programs.

LDH used tax return data from the Louisiana Department of Revenue to identify Medicaid recipients who reported income in excess of \$100,000 during 2017. The list of recipients who met these criteria was provided to the LLA in April 2019. A.B. was included on this list and selected for review by LLA because of the level of activity in her Medicaid case file (claims paid in excess of \$16,000). LLA initiated this investigative audit to determine if A.B.

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<sup>A</sup> *Healthy Louisiana* was previously called Bayou Health. A managed care model is an arrangement for health care in which an organization (e.g., an MCO), acts as a gatekeeper or intermediary between the person seeking care and the physician. FFS still covers some Medicaid recipients who are not eligible for managed care.

<sup>B</sup> All five MCO contracts were bid out to begin covering Medicaid recipients on January 1, 2020, but protests were filed by the losing bidders. The MCOs are currently operating under emergency contracts to administer the Medicaid program through December 31, 2020.

provided LDH with complete and accurate information to determine Medicaid eligibility for herself and her children. The procedures performed during this audit included:

- (1) interviewing LDH employees;
- (2) interviewing other persons, as appropriate;
- (3) examining selected LDH documents and records;
- (4) gathering and examining external parties' documents and records; and
- (5) reviewing applicable state laws and regulations.

## FINDING AND RECOMMENDATIONS

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### **Recipient Provided Incomplete and Inaccurate Information to Obtain Medicaid Benefits**

**Medicaid recipient A.B. provided incomplete and inaccurate information to the Louisiana Department of Health (LDH) to obtain Louisiana Medicaid (Medicaid) benefits for herself and her two children. LDH paid \$45,946 for monthly premiums to Managed Care Organizations (MCOs) and \$3,383 in fee for service payments directly to providers on behalf of A.B. and her children from June 2016 through December 2019. The MCOs made payments totaling \$20,286 to providers for covered health care services for A.B. and her children. During this period, A.B. failed to disclose all household members and household income to LDH. Had she provided complete and accurate information, A.B. and her children may have been ineligible to receive Medicaid benefits. By providing incomplete and inaccurate information to LDH, A.B. may have violated state law.<sup>1,2,3,4,5</sup>**

Medicaid provides health coverage to more than 1.9<sup>C</sup> million Louisianans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. The Medicaid program is administered by LDH, according to federal requirements, and is funded jointly by Louisiana and the federal government. Applicants can apply for benefits through the Louisiana Medicaid Online Application Center or by filling out a paper application. Applicants are required to disclose family members living in the household, including each household member's current job and income information. The Medicaid application contains a place for applicants to confirm they "know" they must inform LDH of any changes to the information listed on their application and they "understand" any such changes could affect their eligibility. In addition, the Medicaid application concludes with language stating, "I understand that I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information."

In January 2019, LDH used income tax return data from the Louisiana Department of Revenue to identify Medicaid recipients who reported income in excess of \$100,000 during 2017. The list of recipients who met these criteria was provided to the LLA in April 2019. A.B. was included on this list and selected for review by LLA because of the level of activity in her Medicaid case file (claims paid in excess of \$16,000). LLA initiated this investigative audit to determine if A.B. provided LDH with complete and accurate information to determine Medicaid eligibility for herself and her children.

We reviewed A.B.'s LDH electronic Medicaid case file and the bank records for she and her husband, N.M., from January 2016 to January 2020. During our review, we found that A.B. failed to disclose N.M. as a household member and N.M.'s wages from multiple employers to LDH. Had A.B. properly disclosed N.M. as a household member, his income would have

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<sup>C</sup> According to the Louisiana Department of Health's "Louisiana Medicaid 2018 Annual Report" for the period July 1, 2017–June 30, 2018.

increased her household income above the income limits for the Medicaid programs A.B. and her children were enrolled in from June 2016 to December 2019.

### Recipients' Medicaid Histories

LDH records show A.B. completed a Medicaid application (requesting coverage for herself) on October 19, 2015, while pregnant with her second child. These records also show that A.B.'s first child was already enrolled in Medicaid at this time. A.B.'s application provided no income or employment information and indicated that she would not file a tax return jointly with a spouse. A.B.'s application listed different home and mailing addresses. Her mailing address was consistent with her Louisiana driver's license issued approximately three months earlier. Based on this information, A.B. received Medicaid coverage effective October 1, 2015. A.B. completed another Medicaid application on June 10, 2016, which again indicated that she would not file a tax return jointly with a spouse and that she was employed earning \$280 per week (\$1,120 per month). On this application, A.B. included the mailing address from her previous application (consistent with her Louisiana driver's license) as her home address.

In January 2017, after the birth of her second child, LDH verified A.B.'s wages through the Louisiana Workforce Commission (LWC) database and found that her wages were less than the Medicaid income limits. LDH renewed A.B.'s coverage through February 2018. A.B. completed another application on May 6, 2018, on behalf of her two children. This application included the same home address listed on A.B.'s Louisiana driver's license, indicated that she would not file a tax return jointly with a spouse, and that she would claim both children as dependents. A.B. further indicated that she was employed earning \$1,450 per month. Based on the information provided, A.B. and her children continued on Medicaid. LDH reviewed A.B.'s coverage again in January 2019 and requested that she provide proof of earnings for the last 90 days. According to her case file, A.B. did not provide the requested information and her coverage was terminated as of February 28, 2019. A.B.'s children remained eligible for coverage through December 2019.

Medicaid records show that LDH paid MCOs \$45,946 for monthly premiums and \$3,383 directly to providers on A.B. and her children's behalf from June 2016 through December 2019. The MCOs paid \$20,286 to providers for covered health care services for A.B. and her children.

### Recipient Failed to Disclose All Household Members and Income

We found that A.B. did not list her husband, N.M., as a household member on her Medicaid applications and failed to disclose N.M.'s income to LDH. During our audit, we found the following:

- According to the Parish Assessor, N.M. was the owner of the property listed as the home address on A.B.'s June 2016 and May 2018 Medicaid applications/renewal summaries;
- A.B. and N.M. obtained Louisiana driver's licenses on July 8, 2015 and February 7, 2017, respectively. Both of their Louisiana driver's licenses included

the address listed on A.B.'s June 2016 and May 2018 Medicaid applications/renewal summaries;

- According to Office of Motor Vehicles records, all vehicles in A.B. and N.M.'s names are registered to the address listed on A.B.'s June 2016 and May 2018 Medicaid applications/renewal summaries;
- In addition to having individual bank accounts, A.B. and N.M. held a joint checking account during the entire period covered by our audit. All accounts (individual and joint) used the address listed on A.B.'s June 2016 and May 2018 Medicaid applications/renewal summaries; and
- LDH identified A.B. as a Medicaid recipient with income in excess of \$100,000 during tax year 2017, suggesting she filed a joint income tax return with N.M., whose income, combined with A.B.'s income, exceeded \$100,000 during tax year 2017.

Based on this information, it appears that A.B. and N.M. were married and living in the same household during the time that A.B. and her children received Medicaid benefits. As such, A.B. was required by state law<sup>5</sup> to include N.M. as a household member on her Medicaid applications. Had A.B. properly included N.M. on her Medicaid applications, LDH would have verified his income through the LWC database to determine eligibility for all household members.

In order to determine A.B.'s household income, we obtained A.B. and N.M.'s individual and joint bank account records from January 2016 to January 2020. According to these records, N.M. received wages in excess of the income limits for the Medicaid programs that A.B. and her children were enrolled in from June 2016 to December 2019. For a family of four (husband, wife, and two dependents), the income limits ranged from \$2,876 per month from June 2016 to \$3,047 per month in December 2019.<sup>D</sup> During this period, N.M.'s net wages averaged \$7,407 per month.

A.B. told us she married N.M. in 2013 and has filed joint income tax returns with N.M. since then. A.B. stated she separated from N.M. in 2016. While separated, she became pregnant and did not have health insurance and applied for Medicaid. According to A.B., once she and N.M. reconciled, she went back on her husband's insurance and stopped using Medicaid. She stated that if there was an issue with her Medicaid application and her tax situation, she assumed that LDH would have called her to ask about it.

Although A.B. claimed that she separated from her husband and applied for Medicaid while pregnant in 2016, LDH records show that A.B. initially applied for Medicaid in October 2015. According to her application, A.B. was pregnant and living at an address other than the

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<sup>D</sup> Medicaid income limits are determined by the Federal Poverty Guidelines (FPG). For a family of four, 142% of the FPG was \$2,876 per month from June 1, 2016 to February 28, 2017.

For a family of four, 142% of the FPG was \$2,911 per month from March 1, 2017 to February 28, 2018.

For a family of four, 142% of the FPG was \$2,971 per month from March 1, 2018 to February 28, 2019.

For a family of four, 142% of the FPG was \$3,047 per month from March 1, 2019 to December 31, 2019.

address she shared with N.M. However, A.B.'s June 2016 Medicaid application included the address she shared with her husband. Based on this information, it appears that A.B. and N.M. were married and living in the same household when A.B. completed her June 2016 Medicaid application. As such, A.B. was required by state law<sup>5</sup> to include N.M. as a household member and disclose his income on her Medicaid applications.

### Conclusion

Medicaid recipient A.B. provided incomplete and inaccurate information to LDH to obtain Medicaid benefits for herself and her two children. LDH paid \$45,946 for monthly premiums to MCOs and \$3,383 in fee for service payments directly to providers on behalf of A.B. and her children from June 2016 through December 2019. The MCOs made payments totaling \$20,286 to providers for covered health care services for A.B. and her children. During this period, A.B. failed to disclose all household members and household income to LDH. Had she provided complete and accurate information, A.B. and her children may have been ineligible to receive Medicaid benefits. By providing incomplete and inaccurate information to LDH, A.B. may have violated state law.<sup>1,2,3,4,5</sup>

### **Recommendations**

We recommend that LDH management seek legal counsel to determine the appropriate action to be taken, including the recovery of payments for improper Medicaid benefits. In addition, LDH management should:

- (1) Strengthen its processes for determining eligibility by verifying all critical eligibility factors (e.g., income, household size) rather than relying on a recipient's self-attestation;
- (2) Ensure its caseworkers re-determine eligibility when they receive information that may affect a recipient's eligibility;
- (3) Require its caseworkers to inquire and fully document whether any changes (e.g., income, household size) have occurred when contacting recipients;
- (4) Require applicants completing renewal summaries to confirm whether any changes (e.g., income, household size) took place during the preceding twelve month period or certify that there were no such changes;
- (5) Use federal and/or state income tax data when making eligibility determinations; and
- (6) Ensure that caseworkers fully document information used to make eligibility decisions.

## LEGAL PROVISIONS

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<sup>1</sup> **Louisiana Revised Statute (La. R.S.) 14:67(A)** provides that, “Theft is the misappropriation or taking of anything of value which belongs to another, either without the consent of the other to the misappropriation or taking, or by means of fraudulent conduct, practices, or representations. An intent to deprive the other permanently of whatever may be the subject of the misappropriation or taking is essential.”

<sup>2</sup> **La. R.S. 14:70.9(A)** provides, in part, that, “Government benefits fraud is the act of any person who, with intent to defraud the state or any person or entity through any government benefits administered by any state department, agency, or political subdivision, does any of the following: ... (4) Knowingly makes or causes to be made a false statement or representation of material fact on an application or form for assistance, goods, services, or payments when the false statement or representation is made for the purpose of determining the person’s eligibility to receive benefits or payments. (5) Knowingly conceals or fails to disclose any material fact affecting the applicant’s initial or continued eligibility to receive benefits or payments.”

<sup>3</sup> **La. R.S. 14:133(A)** provides that, “Filing false public records is the filing or depositing for record in any public office or with any public official, or the maintaining as required by law, regulation, or rule, with knowledge of its falsity, of any of the following: (1) Any forged document. (2) Any wrongfully altered document. (3) Any document containing a false statement or false representation of a material fact.”

<sup>4</sup> **La. R.S. 14:125(A)** provides that, “False swearing is the intentional making of a written or oral statement, known to be false, under sanction of an oath or an equivalent affirmation, where such oath or affirmation is required by law; provided that this article shall not apply where such false statement is made in, or for use in, a judicial proceeding or any proceeding before a board or official, wherein such board or official is authorized to take testimony.”

<sup>5</sup> **La. R.S. 46:114** provides in part that, “(A) No person shall obtain or attempt to obtain assistance from the Department of Children and Family Services or the Louisiana Department of Health by means of any false statement, misrepresentation, or other fraudulent device. If during the life, or upon the death, of any person who is receiving or has received assistance it is found that the recipient is receiving or has received assistance through misrepresentation, nondisclosure of material facts, or other fraudulent device, the amount of assistance, without interest, shall be recoverable from him or his estate as a debt due the state by court action.” (B) If at any time during the continuance of public assistance to any person, the recipient thereof, or the husband or wife of the recipient with whom he or she is living, is possessed or becomes possessed of any property or income in excess of the amount declared at the time of application or reinvestigation of his case and in such amount as would affect his needs or right to receive assistance, it shall be the duty of the recipient, or the husband or wife of the recipient, to notify the Department of Children and Family Services or the Louisiana Department of Health of possession of such property or income, and the department shall, after investigation, either cancel the assistance or alter the amount thereof in accordance with the circumstances, provided, that such investigation shows that such property or income does affect the need of the recipient or his right to receive assistance. If during the life, or upon the death, of any person who is receiving or has received assistance it is found that the recipient or his spouse was possessed of any property or income in excess of the amount reported that would affect his need or right to receive assistance, any assistance paid when the recipient or his spouse was in possession of such undeclared property or income shall be recoverable, without interest, from him or his estate as a debt due the state by court action. The possession of undeclared property by a recipient or his spouse with whom he is living shall be prima facie evidence of its ownership during the time assistance was granted, and the burden to prove otherwise shall be upon the recipient or his legal representative. (C)(1) If the personal circumstances of the recipient change at any time during the continuance of assistance, he shall immediately notify the Department of Children and Family Services or the Louisiana Department of Health of the change. Personal circumstances shall include: (a) The members of the household. (b) The place of residence of the recipient. (c) The establishment of a legal or nonlegal union by the recipient. (d) The failure of a child between the ages of sixteen and eighteen years, who is receiving aid to dependent children, to attend school regularly.”





## APPENDIX A

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### Management's Response





**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

**VIA E-MAIL ONLY**

March 3, 2021

Daryl G. Purpera, CPA, CFE  
Legislative Auditor  
P. O. Box 94397  
Baton Rouge, Louisiana 70804-9397

**Re: Medicaid Eligibility – No. 12**

Dear Mr. Purpera:

Thank you for the opportunity to respond to the findings of your investigative audit report regarding Medicaid eligibility - No. 12. The Bureau of Health Services Financing, which is responsible for the administration of the Medicaid program in Louisiana, is committed to ensuring the integrity of the Medicaid eligibility determination process through appropriate management controls.

We reviewed the findings and provide the following responses to the recommendations documented in the report.

**Overall Recommendation:**

LDH should seek legal counsel to determine the appropriate action to be taken, including the recovery of payments for improper Medicaid benefits.

**Response:**

LDH will seek legal counsel to determine the appropriate action to be taken, including the recovery of payments for improper Medicaid benefits, in accordance with federal and state authorities.

**Recommendation 1:**

LDH should strengthen its processes for determining eligibility by verifying all critical eligibility factors (e.g., income, household size, etc.) rather than relying on a recipient's self-attestation.

**Response:**

While we agree that we should continue to strengthen our processes, Medicaid is operating in compliance with its CMS approved Verification Plan. As a result, LDH uses interfaces and data sources to verify eligibility factors such as

income, social security number, citizenship and immigration status, and does not accept self-attestation for these factors. For other eligibility factors, such as residency and household composition, self-attestation is accepted per federal regulations at 42 CFR Part 435 Subpart J, specifically at 42 CFR 435.945, 42 CFR 435.952, and 42 CFR 435.956. LDH is currently investigating additional interfaces and data sources to aid in strengthening its eligibility determination process.

**Recommendation 2:**

LDH should ensure its caseworkers re-determine eligibility when they receive information that may affect a recipient's eligibility.

**Response:**

LDH agrees and is currently compliant with this recommendation. When errors occur, training is provided to caseworkers and the error is corrected. LDH will continue to ensure caseworkers comply with agency policy requiring eligibility redetermination when information is received that may affect eligibility of a recipient, consistent with federal law. Additionally, the new eligibility and enrollment system re-determines Medicaid eligibility when new information is received and input into LaMEDS either by a caseworker or through data interfaces, and it stores information on which determinations are based.

**Recommendation 3:**

Require its caseworkers to inquire and fully document whether any changes (e.g., income, household size) have occurred when contacting recipients.

**Response:**

LDH agrees and is compliant with this recommendation. We will continue to reinforce caseworker training on existing agency policy requiring documentation of changes in circumstances consistent with federal law. The Medicaid regional offices check for changes in circumstances when working with enrollees. Additionally, as a corrective measure, Medicaid call center procedures will be updated to include scripting inquiring about income and household composition changes for Medicaid enrollees when they call. This will be added to the existing procedures for demographic verifications currently performed by call center staff.

**Recommendation 4:**

Require applicant completing renewal summaries to confirm whether any changes (e.g., income, household size) took place during the preceding 12-month period or certify that there were no such changes.

**Response:**

LDH partially agrees with this recommendation. The current LDH annual renewal process is in compliance with our CMS approved Verification Plan and

meets all federal requirements including those at 42 CFR 435.916(a)(2) and (b) regarding streamlined renewal requirements. Per federal regulation, LDH is required to electronically renew any enrollee whose eligibility can be verified through data interfaces in compliance with its Verification Plan. Furthermore, 42 CFR 435.916(a)(2)(ii) specifically prohibits LDH from requiring any such enrollee to sign and return a notice confirming that the information is accurate.

For those enrollees whose renewal cannot be verified electronically, LDH has implemented this recommendation in 2020. Starting in January of 2020, programming was completed to mail prepopulated renewal forms to enrollees that are undergoing standard renewals that could not be verified electronically. This form requires the enrollee to supply any changes to their case or to certify that there are no changes.

**Recommendation 5:**

LDH should use federal and/or state income tax data when making eligibility determinations.

**Response:**

LDH agrees and has previously implemented this recommendation. Beginning in October 2019, LDH began utilizing federal tax information, to include total household income, as an additional electronic data source available to assist in post-enrollment reviews.

**Recommendation 6:**

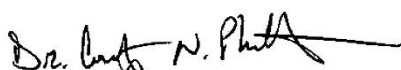
LDH should ensure that caseworkers fully document information used to make eligibility decisions.

**Response:**

LDH agrees with this recommendation and will continue to ensure caseworkers comply with state and federal laws and regulations. Additionally, the new eligibility system automatically stores interface information received that impacts eligibility.

Tara LeBlanc, Interim Medicaid Executive Director, serves as the lead on this matter. If you have any questions or concerns on this matter, please contact Ms. Leblanc by email at [tara.leblanc@la.gov](mailto:tara.leblanc@la.gov) or by telephone at (225) 219-7810.

Sincerely,

  
Dr. Courtney N. Phillips