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The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Christine Arbo Peck.

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DIGEST

SB 473 Engrossed                      2016 Regular Session                      Johns

Proposed law establishes the La. Health Insurance Premium Payment Program within the Medicaid program to assist Medicaid recipients in obtaining employer-sponsored insurance coverage. Proposed law requires exclusion of Health Insurance Premium Payment Program participants from the Medicaid managed care program.

Proposed law authorizes the Department of Health and Hospitals (DHH) to promulgate administrative rules as may be necessary for implementation of proposed law. Requires DHH to submit an annual report to the legislative committees on health and welfare by January 15 each year which includes all of the following information:

- (1) The total number of Medicaid enrollees included in the Health Insurance Premium Payment Program and the total number of cost-benefit evaluations performed by DHH relative to the program.
- (2) The total amount of premiums paid on behalf of Medicaid enrollees in the program and the total savings to the state.
- (3) A description of the algorithm used by DHH to determine the costs and benefits to the state of enrolling Medicaid recipients into the program.

Effective upon signature of governor or lapse of time for gubernatorial action.

(Adds R.S. 46:451-455)

Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Health and Welfare to the engrossed bill:

1. Revise proposed law relative to identification by DHH of persons who have access to employer-sponsored health coverage to provide that the department shall inquire with each Medicaid applicant at the time of his application and with each Medicaid enrollee at the time of his annual eligibility redetermination whether he has an opportunity to access such employer-sponsored coverage either directly or through a family member.
2. Revise proposed law relative to transition of persons into employer-sponsored health coverage to provide that DHH shall develop and execute a plan to transition Medicaid recipients identified as having access to employer-sponsored health insurance coverage into such coverage as soon as is practicable.
3. Provide that DHH may consider any other relevant factors in its determination of which Medicaid recipients may participate in the La. Health Insurance Premium Payment Program.
4. Make technical, corrective, and clarifying changes.