
DIGEST

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HB 4 Original

2018 First Extraordinary Session

McFarland

Abstract: Establishes a premium payment requirement in the La. Medicaid program and makes Medicaid eligibility for certain enrollees contingent upon payment of premiums.

Proposed law declares that its purpose is to provide for a consumer-driven health initiative which increases access to health services, emphasizes personal health responsibility, promotes improved health outcomes, promotes private market coverage, and facilitates state fiscal responsibility and efficiencies in the Medicaid program.

Proposed law defines "newly eligible adult" as an adult who becomes eligible for the Medicaid program exclusively through Medicaid expansion, and who would not otherwise have been eligible for Medicaid.

Proposed law requires the secretary of La. Dept. of Health (LDH) to file with the federal Medicaid agency an application to institute a demonstration Medicaid premium program which provides, at minimum, for all of the following:

- (1) Establishing premiums through monthly contributions to personal wellness and responsibility health savings accounts for newly eligible adults with income between 100% and 138% of the federal poverty level, and who are not excluded from cost sharing by federal law. Proposed law provides that premium payments shall be a condition of eligibility for Medicaid enrollees with income in this range, and that premium amounts shall be assessed according to a sliding scale based on income, with such amounts and the scale to be determined by the secretary of LDH.
- (2) Establishing premiums through monthly contributions to personal wellness and responsibility health savings accounts for newly eligible adults with income below 100% of the federal poverty level, and who are not excluded from cost sharing by federal law. Proposed law provides that the secretary of LDH shall establish a differential system of benefits wherein payment of premiums by an enrollee with income in this range qualifies him for an expanded benefit package, and nonpayment of premiums by the enrollee shall qualify him for a more limited benefit package, with benefit package features to be determined by the secretary.
- (3) Requiring newly eligible adults to make minimum contributions to the health savings accounts provided for in proposed law as a condition for monies in the accounts to roll forward from year to year.

Proposed law provides that if a Medicaid enrollee with income between 100% and 138% of the federal poverty level who is deemed not to be medically frail does not make his required premium payment for a period of 60 days or more, the department shall terminate his Medicaid eligibility.

Proposed law requires LDH to include in its application to institute the demonstration program provided for in proposed law a mechanism for imposing a six-month eligibility lockout period for enrollees who fail to pay their assessed premiums, as well as a mechanism by which an enrollee may re-enroll early upon payment of the overdue premium.

Proposed law provides for collection of overdue or unpaid premiums through the office of debt recovery.

Proposed law requires the secretary of LDH to file the requisite application for instituting the Medicaid premium program with the federal Medicaid agency on or before Jan. 1, 2019.

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

(Adds R.S. 46:460.101-460.104)