

SENATE SUMMARY OF HOUSE AMENDMENTS

SB 473

2016 Regular Session

Johns

KEYWORD AND SUMMARY AS RETURNED TO THE SENATE

MEDICAID. Creates the Louisiana Health Insurance Premium Payment Program. (gov sig)

SUMMARY OF HOUSE AMENDMENTS TO THE SENATE BILL

1. Revises provisions concerning identification by DHH of persons who have access to employer-sponsored health coverage to require DHH to 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. Revises provisions regarding the transition of persons into employer-sponsored health coverage to require DHH to 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. Authorizes DHH to consider any other relevant factors in its determination of which Medicaid recipients may participate in the La. Health Insurance Premium Payment Program.
4. Requires that Program rules promulgated by (DHH) occur prior to Program implementation and include relevant factors to be considered when determining whether a Medicaid recipient can participate in the Program.

DIGEST OF THE SENATE BILL AS RETURNED TO THE SENATE

DIGEST

SB 473 Engrossed

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Proposed law establishes the La. Health Insurance Premium Payment Program (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 requires that Department of Health and Hospitals (DHH), prior to implementing the Program, promulgate administrative rules as may be necessary for implementation. Requires that the rules include relevant factors that the state will consider when determining whether a Medicaid recipient can participate in the Program.

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)

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