

**DECLARATION OF EMERGENCY**

**Department of Health and Hospitals  
Bureau of Health Services Financing**

**Medicaid Eligibility  
Louisiana Health Insurance Premium Payment Program  
(LAC 50:III.2311)**

The Department of Health and Hospitals, Bureau of Health Services Financing repeals LAC 50:III.2311 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing repromulgated and clarified the provisions governing the Group Health Insurance Premium Payment Program for inclusion in the *Louisiana Administrative Code*, and changed the name of the program to the Louisiana Health Insurance Premium Payment Program (LaHIPP) (*Louisiana Register*, Volume 35, Number 6). The department now proposes to terminate the LaHIPP program and to enroll the program's participants into the comprehensive Managed Care for Physical and Basic Behavioral Health Program. Therefore, the department proposes to repeal the provisions of the June 20, 2009 Rule governing LaHIPP in order to terminate the program.

This Emergency Rule is being promulgated in order to promote the health and welfare of Medicaid recipients by ensuring access to comprehensive health care services. It is anticipated that this Emergency Rule will increase programmatic costs to the Medicaid Program by \$1,144,584 for state fiscal year 2015-2016.

Effective July 1, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing repeals the provisions governing the LaHIPP Program in order to terminate the program.

## **Title 50**

### **PUBLIC HEALTH—MEDICAL ASSISTANCE**

#### **Part III. Eligibility**

#### **Subpart 3. Eligibility Groups and Factors**

#### **Chapter 23. Eligibility Groups and Medicaid Programs**

#### **§2311. Louisiana Health Insurance Premium Payment Program**

~~A. Section 1906 of Title XIX of the Social Security Act mandates that Medicaid recipients enroll and maintain their enrollment in cost effective group health insurance plans as a condition of Medicaid eligibility if such a plan is available. In compliance with Section 1906, the department established the Group Health Insurance Premium Payment Program (GHIPP) to provide Medicaid payment of the costs associated with the enrollment of recipients in cost effective group health insurance plans. The department hereby changes the name of the GHIPP Program to the Louisiana Health Insurance Premium Payment (La HIPP) Program.~~

~~B. Medicaid recipients shall be enrolled in La HIPP when cost effective health plans are available through the recipient's employer or a responsible party's employer-based health plan if the recipient is enrolled or eligible for such a health plan.~~

~~1. The enrollment period for the La HIPP program shall be no less than six months.~~

~~C. When coverage for eligible family members is not possible unless ineligible family members are enrolled, the Medicaid Program will pay the premiums for the enrollment of other family members when it is cost effective.~~

~~D. The recipient or the individual acting on behalf of the recipient shall cooperate to establish the availability and cost effectiveness of group health insurance.~~

~~1. Medicaid benefits of the parent may be terminated for failure to cooperate unless good cause for non-cooperation is established. Medicaid benefits for a child shall not be terminated due to the parent's or authorized representative's failure to cooperate.~~

~~E. Continued eligibility for this program is dependent upon the individual's ongoing eligibility for Medicaid.~~

~~F. LaHIPP recipients shall be entitled to coverage of the patient responsibility amounts for services covered under the group health insurance to the extent allowed under the Medicaid State Plan and for all services that are not covered by the group~~

~~health insurance but are provided for under the Medicaid State Plan and rendered by Medicaid providers.~~

~~G. The department shall be entitled to any rate refund made when the health insurance carrier determines a return of premiums to the policy holder is due because of lower than anticipated claims for any period of time in which the department paid the premiums.~~

~~H. The Medicaid Program will make the determination whether the group health insurance plan(s) available to the recipient is cost effective.~~ Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1111 (June 2009), repealed LR 41:

Implementation of the provisions of this Rule is contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, if it is determined that submission to CMS for review and appeal is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to all inquiries

regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert

Secretary