State Health Exchanges

Louisiana's Perspective



Bruce D. Greenstein Secretary

Today's Discussion

- The ACA and Louisiana
 - Medicaid as the vehicle for coverage
 - Impact on Private Insurance Market
- State-based Health Exchanges
 - Why Louisiana said "No, thanks"
 - Threat to private insurance market
 - Continued policy of "reform by exception"
- A Smarter Solution

- Louisiana examples of state-based innovation

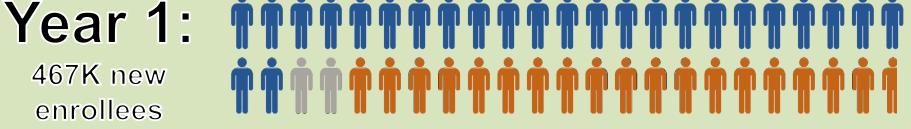
Level Set

- Medicaid Enrollment = 1.2m = 27% of State
- Greater than 70% of births Medicaid financed
- 49th Place United, Commonwealth, Casey
- Uninsured > 20%
- High level of poverty

Medicaid as the primary vehicle for coverage Louisiana Medicaid under ACA

10,000 people =

467K new enrollees





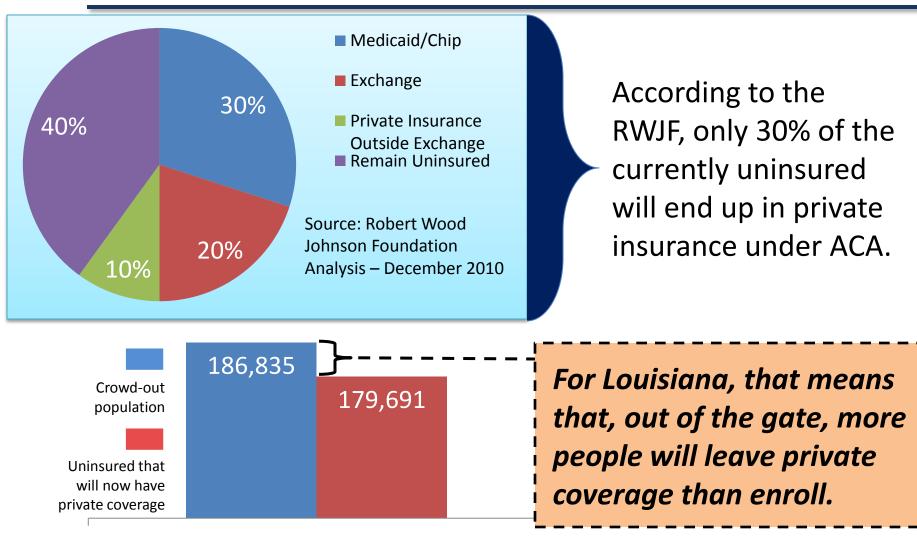


More than 20,000 will be individuals currently eligible but not enrolled



Nearly 187,000 will come from private insurance rolls

Cannibalization of Private Insurance



The Exchange - Why Louisiana Said No

- The law is unconstitutional.
- We lack guidance on exchanges and the essential benefits package.
- Timeframes are improbable at best, many impossible.

Insurance Market Concerns

- Medicaid moves to market dominance:
 From 27% to 45-48% of population
- Disruption for BCBS Start with 1.4 m enrollees to about the same
- Premiums will increase today lightly regulated

Mobile Medical Unit

Reform by Exemption

-CMS waiver process is slow and cumbersome

Feds can hold states hostages and have demonstrated arbitrary behavior

 Louisiana, and other states, have demonstrated successful innovation

ns Disaster Community Develop

Home

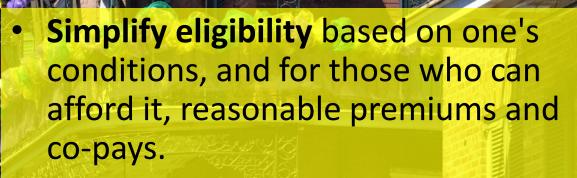
Louisiana is Not Waiting

- Comprehensive overhaul of Medicaid program through Coordinated Care Networks
- Louisiana Behavioral Health Partnership—joint venture between four state agencies
- Implemented Pay for Performance
- Safety net and public health infrastructure reform for the 21st century

Budget Pressures – No End in Sight



A Smarter Solution: Three Ingredients for Successful Reform



Better leverage marketplace
through and give Medicaid
recipients choice of the same kind
of health coverage as employees of
companies and government.

Choice to **Block grant** Medicaid to gives states flexibility and opportunity to innovate.

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