

Don't Wait, Enroll Today as a LaHIPP Provider!

The LaHIPP program assists eligible Medicaid recipients by paying some or all of their portion of employer-sponsored insurance (ESI) or Individual health insurance (IHI) premiums, as long as it is more cost-effective for the state than full Medicaid coverage.

To qualify for the LaHIPP program, individuals must have access to ESI, have a dependent that is certified to receive Medicaid and is enrolled in ESI or IHI, and have their case determined as cost effective.



Providers can benefit from this program by receiving a higher reimbursement rate from the employer-sponsored insurance and by billing Medicaid secondary for patient out-of-pocket costs such as copays and deductibles.

Providers can increase LaHIPP enrollment by telling their Medicaid patients about the program. Applications and brochures that can be displayed in the provider's office are available for download on the LDH LaHIPP website.



Expanded Patient
Network

Gain access to more Medicaid-eligible patients



Improved Continuity of Care

Helping families to maintain private health insurance and ensure coverage for services that may not be covered



Reimbursements

Higher reimbursement rates

Provider Enrollment

(833)641-2140

☐ (833)041-2140☐ louisianaprovenroll@gainwelltechnologies.com

Provider Relations

(225) 924-5040 or

1-800-473-2783

Claims

(225) 342-3855 (Option 2)

☑ MMISClaims@la.gov



LaHIPP Provider Q&A

What are the benefits of enrolling as a LaHIPP Provider?

Enrolling as a 'LaHIPP Only' Provider allow providers access a LaHIPP member's TPL, ensuring you can bill claims directly to the appropriate commercial insurer and receive the commercial insurance payments, which can be higher than the Medicaid contracted rate.

If the LaHIPP member's commercial insurer deny claims, LDH will pay for the claim and any other patient liability related expenses when the member follows the policies of the primary plan.

How do I apply to become a LaHIPP Only Provider?

You must fully complete the <u>LaHIPP Only - Entity/Business Provider Enrollment Form</u> or <u>LaHIPP Only - Individual Provider Enrollment Form</u> and agree to the Medicaid terms and conditions which include the Provider Agreement Addendum.

Who do I contact for more information?

- For information on how to enroll as a LaHIPP Provider, visit https://www.lamedicaid.com/Provweb1/Provider Enrollment/ProviderEnrollmentIndex.htm
- Already an FFS or LaHIPP Provider and have a claims question? Contact: <u>MMISClaims@la.gov</u>
- To learn more about this program or to refer a member to apply to LaHIPP go to: https://www.ldh.la.gov/lahipp

