

Louisiana Health Access Program

Navigating Dental Benefits

In this webinar

- Background on LA HAP dental coverage
- Eligibility for and enrollment into coverage
- Benefits for Guardian and non-Guardian members
- Guardian utilization update

Background

Why does LA HAP prioritize dental care?

- In 2017 Needs Assessment for PLWH (N=1,364):
 - 40.7%
 - 26% lack dental coverage, but need it
 - 6.3% have coverage that doesn't meet all their needs
 - 8.4% have it but aren't sure how to use it
- Adult dental insurance is NOT subject to regulation under the ACA
 - Waiting periods often apply
 - Low annual maximums (e.g. \$1,500)
 - Out-of-pocket maximums are rare
 - High percentage of uncovered services



How LA HAP has supported dental coverage

- 2017: LA HAP was granted permission by HRSA to relax rules around dental coverage
 - Allowed for coverage of certain services within waiting periods, above annual maximum, outside Schedule of Benefits, etc. if considered medically necessary
- Problems encountered:
 - *For clients/case managers*: new policies not well-publicized or utilized
 - *For dental providers*: new policies confusing and lacked clear, cut-and-dry answers
 - *For HIP and LA HAP staff*: Placed in position of judging claims based on medical necessity; staff had few tools available to push back against providers believed to be taking advantage of generous policies

Creation of the LA HAP/Guardian Plan

- 2019: Group plan designed for and exclusively available to LA HAP clients
- Partnership with Guardian dental insurance network
 - 4,824 statewide providers
 - 96.2% of LA HAP clients live within 10 miles of a network provider
 - 95% live within 10 miles of 2 or more providers
 - Among “key geographic areas” (17 parishes with largest concentration of LA HAP clients): 97.3% have provider access
- Provides full coverage without cost-sharing at time of in-network visit for all covered services

Eligibility and Enrollment

Who is eligible for Guardian?

- All LA HAP eligible clients are eligible to enroll in the LA HAP Guardian dental plan
 - BUT clients already enrolled in an employer-sponsored dental plan or clients enrolled in a Medicare supplemental dental plan must choose between their current plan and the Guardian plan (not both)
- Dual eligible
 - These clients can enroll and are eligible for assistance with LA HAP Guardian dental plan
- Employer-based
 - These clients can enroll if they don't have dental through their employer

Eligibility for other dental benefits

- HIP can cover cost shares & premiums associated with employer sponsored dental plans and Medicare supplemental dental plans
 - It is illegal for LA HAP to pay for a Guardian plan for any client who is already enrolled in another form of comprehensive dental coverage.
- Clients with partial dental coverage through their Medicare Part C plan are allowed to enroll in the LA HAP Guardian Dental plan since the part C dental is not considered comprehensive dental coverage
- Beginning January 1st, 2019 HIP no longer covers any premiums or cost-shares associated with standalone, individual market dental plans. Instead, these clients are invited to opt into the LAHAP Guardian plan.

Adding Guardian coverage

- If a client is adding the LA HAP/Guardian Plan for the first time:
 - Send an Insurance Add/Change form
- If a client is adding the LA HAP/Guardian Plan after a lapse in eligibility:
 - Send an Insurance Add/Change form
- Eligibility end dates in Ramsell = Plan end date for LA HAP/Guardian Plan
 - If a client does not recertify/eligibility lapses, their LA HAP/Guardian Plan will end the same day as their Core Eligibility End Date (CEED)
 - This is done so a client isn't unknowingly responsible for a dental bill while they are no longer eligible for dental cost-share assistance

Continuing Guardian coverage

- During recertification
 - If a client is already enrolled please enter Guardian information on page 7 of the LA HAP application
 - Information can be copied from the pre-loaded insurance add/change form onto page 7 of the LA HAP application
- Eligibility end dates in Ramsell
 - Will continue to match plan end dates for Guardian plan
- If assistance & plan information for Guardian is NOT listed on the application, client will be removed from the plan
 - If information is not listed LA HAP Staff will assume the client no longer wants to be enrolled in the LA HAP Guardian plan & will disenroll them from the plan
 - All plan information should be filled in, please don't simply write "Guardian"

Guardian enrollment issues

- Clients who already have another dental plan
 - Clients who want to switch to the LA HAP Guardian plan should determine when they can disenroll from their current dental plan & can then switch after plan is ended
- “Calls from the chair”
 - Please tell your client to await until they receive a Guardian card in the mail before making dental appointments. Clients should try to avoid ‘calls from the chair’ where they make appointments before their insurance is active
- Guardian Insurance card
 - If a client hasn’t received their Guardian card please let us know! We can order a replacement through the Guardian Anytime web system
 - We can also print copies of Guardian cards for clients if needed

Coverage & Utilization

What can LA HAP cover?

Service Type	Guardian	Other types of coverage
Premium	\$7.10 monthly	Client portion of premium
Deductible	n/a- \$0	Insurer-imposed deductible
Copay/coinsurance	n/a- \$0/0%	Insurer-imposed cost-share
Covered service, inside waiting period	n/a- no waiting period	Not covered
Covered service, received out-of-network	Covered up to 95 th percentile of usual, customary and reasonable (UCR) charges for area	Not covered (but insurer may choose to cover much of the cost)
Covered service, above annual max	Not covered (annual max set at \$5,000)	Covered at insurer's negotiated rate up to \$5,000
Covered service, above service limit	Not covered (generous service limits)	Covered at insurer's negotiated rate up to \$5,000
Non-covered service	Not covered	Not covered

Out-of-pocket costs

When might clients have out-of-pocket costs that LA HAP could not cover?

- If the provider refuses to bill HIP upfront
 - May incur copay, coinsurance or deductible
- If they visit an out-of-network provider
 - Providers may or may not choose to balance-bill client
- If they have a service not covered by their policy (or covered with limited benefit)
 - Alternate Benefit Clause may apply: Insurer reimburses the lowest-cost alternative benefit appropriate. Example:
 - Provider recommends porcelain crown at \$800
 - Insurer offers reimbursement at rate of less expensive service, metal crown, at \$700
 - Patient can: opt for metal crown at full coverage, or opt for porcelain crown and pay \$100 out of pocket

For major services: Pre-determinations HIGHLY RECOMMENDED

Using non-Guardian coverage

- Make sure LA HAP eligibility is up to date
- Identify a provider in the primary insurer's network
- Let provider's office know about HIP as a **"secondary payer"** at the time the visit is scheduled
 - Provider questions/concerns: call HIP, 225-424-1799
- At time of visit: remind provider's office again of HIP as secondary payer
 - Present primary insurance card
 - Present LA HAP card
 - Provider can bill HIP for any cost-sharing directly, OR
 - Provider can bill client directly and client must forward bill and Explanation of Benefits (EOB) from insurance company to HIP

Remember: many preventative care visits will not involve any cost-sharing

Using the LA HAP/Guardian Plan

- Make sure LA HAP eligibility is up-to-date
 - Guardian eligibility tied to LA HAP eligibility
- Recommended: search www.GuardianAnytime.com to locate in-network provider
 - Find a Provider → Search Providers → Plan Type= PPO
 - When searching for a specific provider: search by last name first; if no results try office name
 - Verify online information with phone call
- Present Guardian card at time of visit
 - No cost-sharing applies, therefore no need to present LA HAP card



- Member ID: randomly generated BUT can also use SSN
- Planholder: HAART, Inc. for all members
- Plan number: 555134 for all members
- Customer Service number: 1-800-541-7846 for all members

More information on using coverage

- **LA HAP/HIP cannot:**

- Require a provider to bill HIP
- Require a provider to accept Guardian or any other insurance
- Prohibit a provider from collecting cost-shares at the time of an office visit
- Prohibit a provider from requiring an upfront deposit before seeing a patient

- **LA HAP/HIP can:**

- Call a provider's office on behalf of a client to discreetly explain the program and attempt to arrange billing
- Refer a client to a provider who has billed HIP in the past (*but cannot comment on provider quality*)

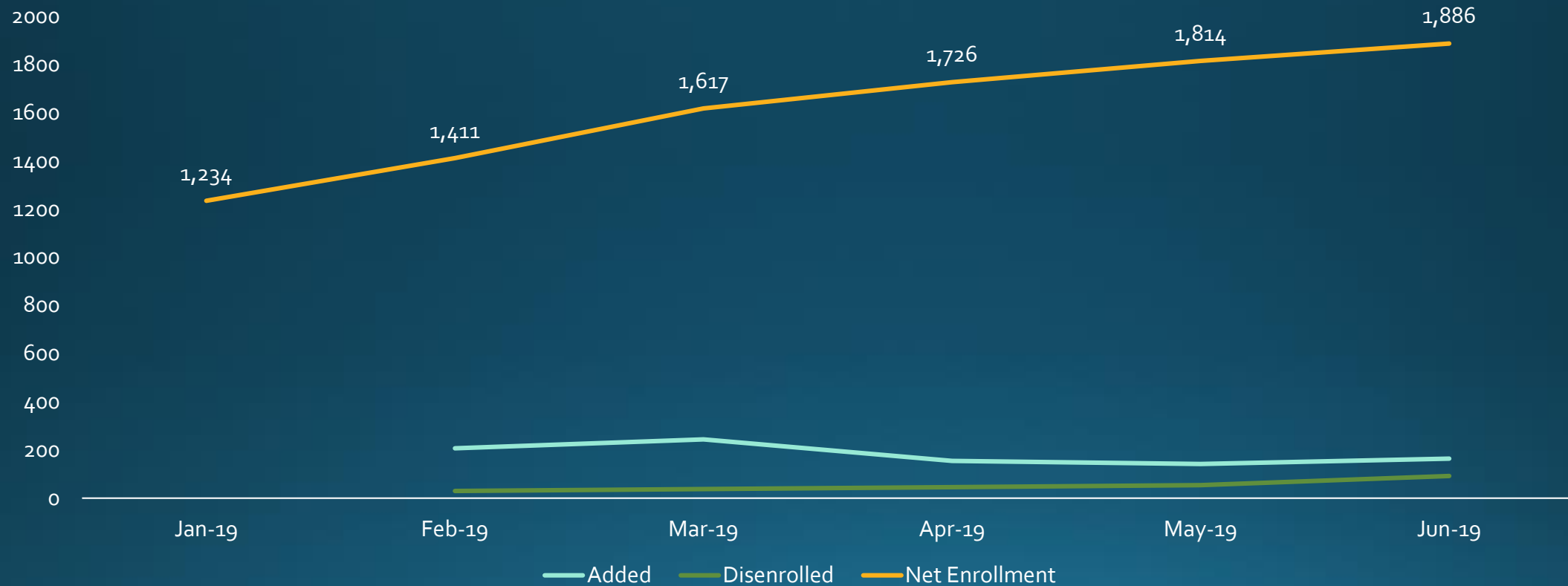
- **Clients can:**

- Switch providers if their current provider refuses to bill HIP (or can switch for any other reason!)
- If able, pay their own cost-shares due at the time of visit and send any other bills to HIP

Guardian Utilization

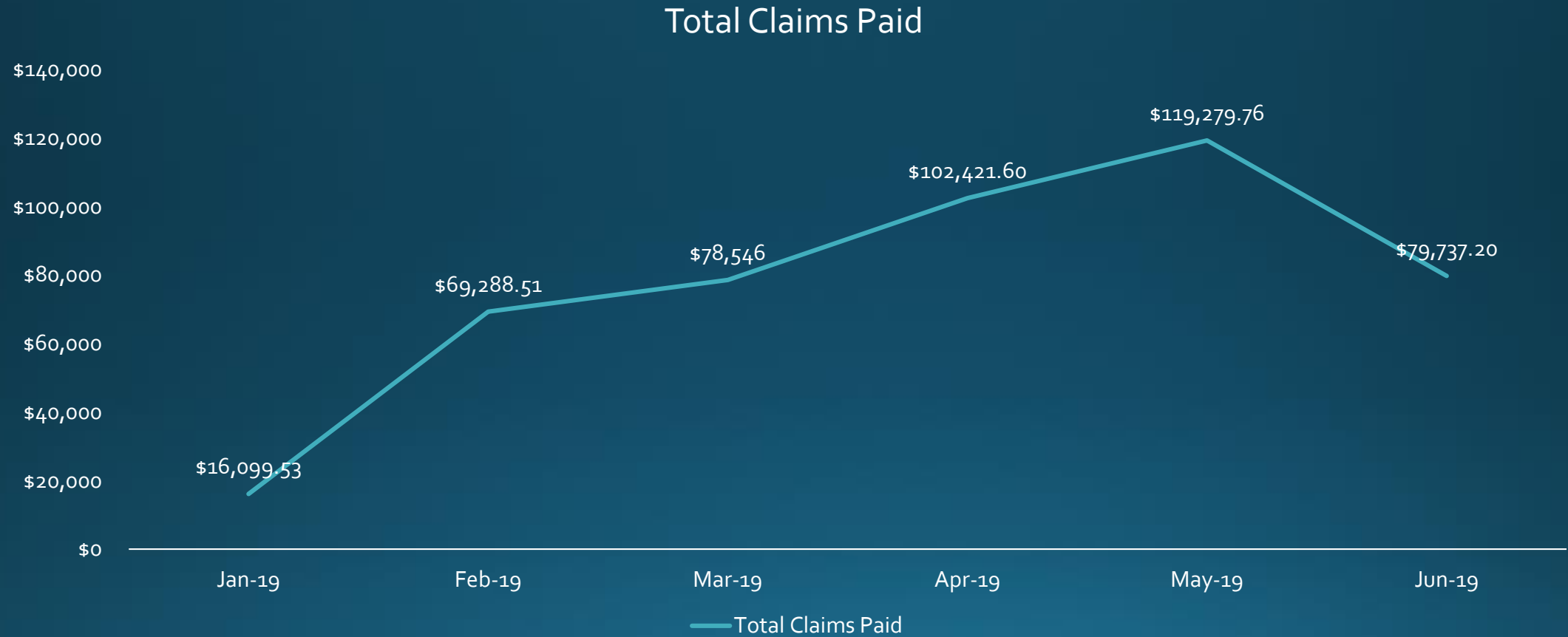
Guardian utilization (1)

LA HAP/Guardian Dental Plan Enrollment Over Time



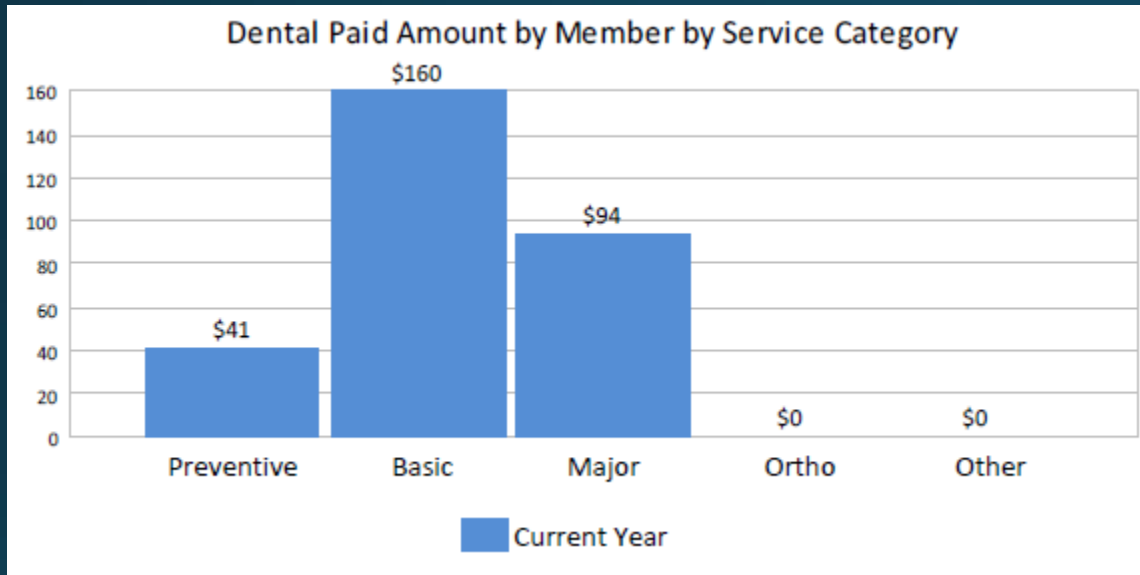
Plan Enrollment as of July 1st = **1,886 members**

Guardian utilization (2)



Based on 1,245 total claims

Guardian utilization (3)



\$296 paid in claims per member

Per 1,000 members:

- **952** Preventive services
- **1,111** Basic services
- **164** Major services

Guardian utilization is very high for some, and under-utilized by some--especially by those who don't know they have dental insurance!

More resources

More resources (1)

www.lahap.org/dental

On the LA HAP website, you can find:

Pre-filled enrollment form
(requires client name, DOB)

Summary of Benefits (short,
basic coverage details)

Certificate of Coverage
(longer, comprehensive
coverage details)

Sample Membership
Card

Dental Coverage for LA HAP members

We have worked with Guardian Dental to design a group dental benefit just for LA HAP members!

[ENROLLMENT FORM](#)

[SUMMARY OF BENEFITS](#)

[CERTIFICATE OF COVERAGE](#)

PlanHolder:

HAART, INC

Subscriber:

JOHN DOE

Guardian DentalGuard

Plan Number: G-00555134

Member ID: 123456789



Customer Response Unit: 800-541-7846
Submit Claims to: GUARDIAN
GROUP DENTAL CLAIMS
P O BOX 981572
EL PASO TX 79998-1572

PROVIDER SELECTION: You are free to decide which provider to use at any time. However, you can generally reduce your out-of-pocket expenses if you use a DentalGuard Preferred PPO network provider. To find PPO network providers in your area, consult your directory, visit www.GuardianAnytime.com or call the toll free number.

See your benefits booklet for a description of benefits, terms and conditions, limitations and exclusions of coverage.
This card is for identification purposes only and does not guarantee eligibility to receive services.

www.GuardianAnytime.com

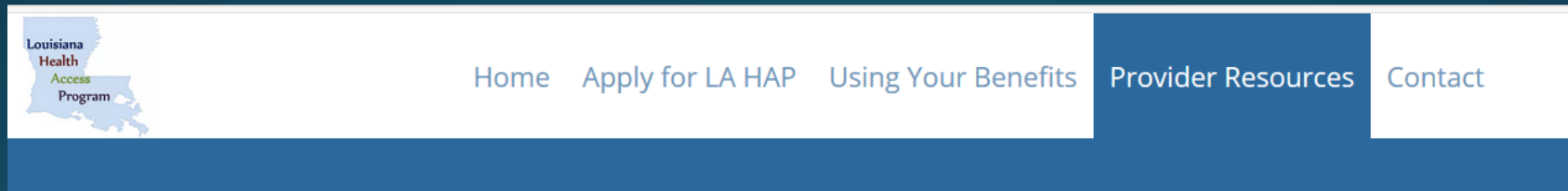
More resources (2)

FAQs for members available on Dental Resources page (www.lahap.org/dental)

Dental Provider Packet available on Provider Resources tab → “Resources for Medical Providers”

- Instructions to provider on how to bill HIP for dental services

- + Who is eligible for the plan?
- + What does the plan cover?
- + How does the plan work?
- + What if there are charges or services that the plan doesn't cover?
- + What about my current dental plan?
- + When and how can I enroll?



LA HAP Policy & Procedures Manual available on Provider Resources tab → “Resources for Case Managers”

- Definitive source for official LA HAP policy

Questions?

