

LA HAP and Open Enrollment 2024

Tuesday, October 17th, 2pm
Wednesday, October 18th, 10am



IN TODAY'S PRESENTATION

MEDICARE

MARKETPLACE

MEDICAID

DENTAL AND VISION

CLIENT SUCCESS DURING OPEN ENROLLMENT

GENERAL UPDATES

Q & A

MEDICARE

MEDICARE OPEN ENROLLMENT

October 15th through December 7th

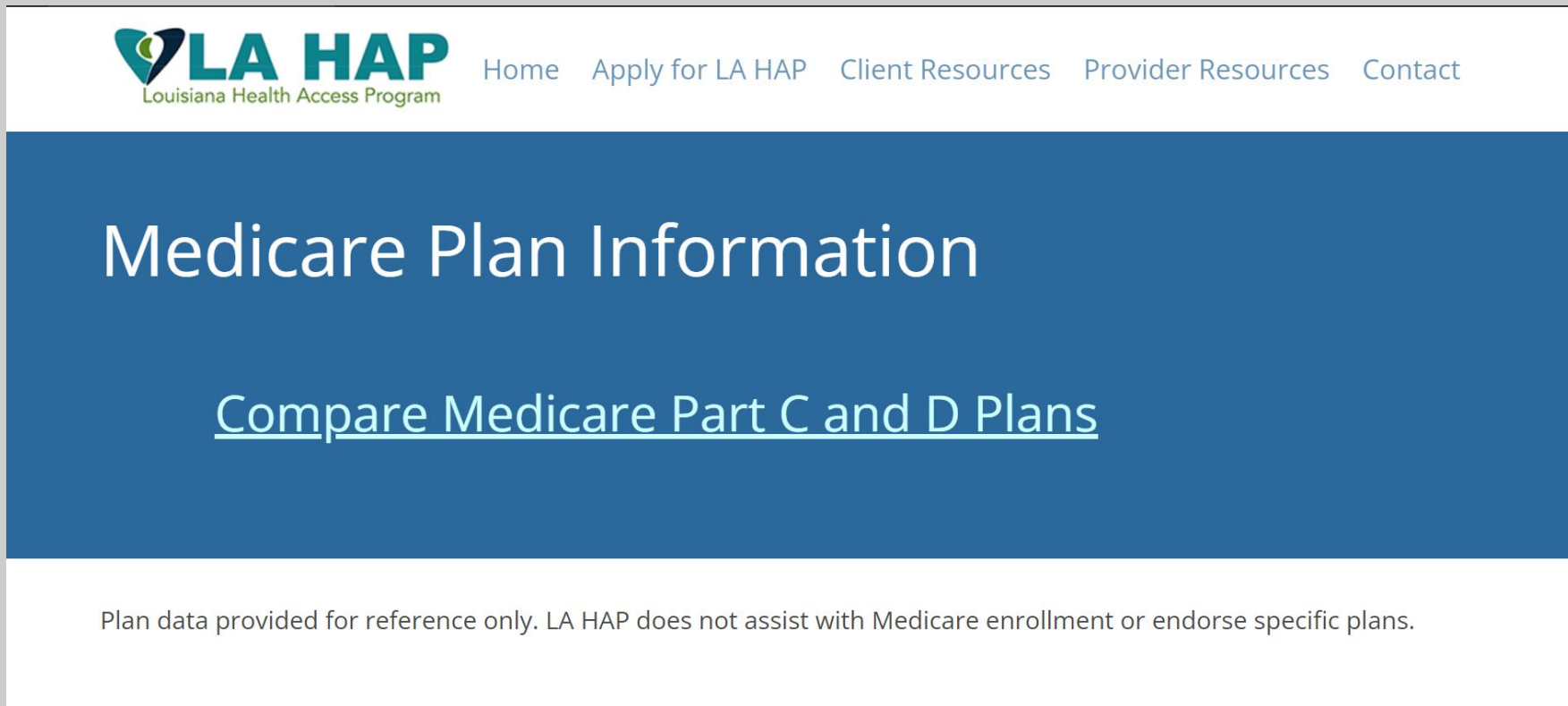
Sign up for or change Medicare Part C (Advantage) or D plans

MEDICARE ENROLLMENT OPTIONS

Open Enrollment	General Enrollment	Other Enrollment
October 15 th -December 7 th , 2023	January 1 st -March 31 st , 2024	April 1 st -June 30 th , 2024
<ul style="list-style-type: none">• Sign up for a Medicare Advantage (Part C) plan• Change from one Part C plan to another• Drop a Part C plan and return to Original Medicare*• Sign up for a Part D plan• Change from one Part D plan to another• Drop a Part D plan and return to Original Medicare* <p><i>*LA HAP clients MUST keep either a C or D plan!</i></p>	<ul style="list-style-type: none">• Sign up for Parts A and/or B if they didn't do so during your Initial Enrollment Period, to effectuate July 1st, 2024• Change from one Part C plan to another• Drop a Part C plan and return to Original Medicare*	<ul style="list-style-type: none">• Sign up for a Part C or D plan IF they enrolled in Part B during the General Enrollment Period

COMPARING PLANS

Go to lahap.org/medicareplans to compare Medicare plans



The screenshot shows the LA HAP website header with the logo and navigation links. Below the header is a blue banner with the text 'Medicare Plan Information' and a link to 'Compare Medicare Part C and D Plans'. At the bottom of the banner is a disclaimer: 'Plan data provided for reference only. LA HAP does not assist with Medicare enrollment or endorse specific plans.'

LA HAP
Louisiana Health Access Program

[Home](#) [Apply for LA HAP](#) [Client Resources](#) [Provider Resources](#) [Contact](#)

Medicare Plan Information

[Compare Medicare Part C and D Plans](#)

Plan data provided for reference only. LA HAP does not assist with Medicare enrollment or endorse specific plans.

OTHER RESOURCES

Louisiana's Senior Health Insurance Information Program (SHIIP)

Telephone

(225) 342-5301

1-800-259-5300

Website

<http://www.lidi.la.gov/consumers/senior-health-shiip>



The screenshot shows the Louisiana Department of Insurance (LDI) website. The header includes the LDI logo and the text "Louisiana Department of Insurance". Navigation links for "Home", "Online Services", and "News" are visible. Below the header, there are tabs for "Consumers" and "Industry". The "Consumers" tab is selected, and the "Senior Health Insurance Information Program" page is displayed. The page content includes a sidebar with links to "Senior Health/SHIIP", "What is Medicare?", "Help with Medicare Costs", "Medicare Publications", "SHIIP Volunteers", "Medicare 2022 Information", "Alert - 2020 Medigap Changes", and "2020-2021 Flu Shot Info". The main content area features the title "Senior Health Insurance Information Program" and two paragraphs of text. The first paragraph states that the SHIIP helps Medicare beneficiaries better understand their Medicare coverage options and benefits. The second paragraph states that the Medicare Open Enrollment Period is from October 15 through December 7. Below the paragraphs, there are two links: "To sign up to receive SHIIP updates, please click [here](#)." and "To learn more about your new Medicare card, click [here](#)." At the bottom, there is a section titled "Find Medicare Help Near You" with the text "Senior health insurance counselors offer assistance to Medicare beneficiaries".

LDI Louisiana Department of Insurance

Home Online Services News

Consumers > Industry >

Senior Health Insurance Information Program

The Senior Health Insurance Information Program (SHIIP) helps Medicare beneficiaries better understand their Medicare coverage options and benefits. Counselors help seniors make informed decisions by providing free and unbiased guidance via telephone or face-to-face interactive sessions.

The Medicare Open Enrollment Period is From October 15 through December 7. During this period, Medicare beneficiaries can make changes to their existing plans such as switching from Original Medicare to a Medicare Advantage Plan or vice versa, switching from one Medicare Advantage Plan to another, and/or making changes regarding Medicare Part D Prescription Drug Plans.

To sign up to receive SHIIP updates, please click [here](#).

To learn more about your new Medicare card, click [here](#).

Find Medicare Help Near You

Senior health insurance counselors offer assistance to Medicare beneficiaries

Senior Health/SHIIP

What is Medicare?

Help with Medicare Costs

Medicare Publications

SHIIP Volunteers

Medicare 2022 Information

Alert - 2020 Medigap Changes

2020-2021 Flu Shot Info

Contact Us

SHIIP

(225) 342-5301

1-800-259-5300

SHOW US THOSE PREMIUM AMOUNTS!

- MEDICARE PREMIUMS AMOUNTS CHANGE EVERY YEAR
- PART C AND D INSURERS WILL NOT ACCEPT PAYMENTS IN THE INCORRECT AMOUNT
- MEDICARE DOES NOT REPORT PREMIUM AMOUNT CHANGES TO US, SO PREMIUM AMOUNT CHANGES MUST BE REPORTED TO HIP
 - TYPES OF DOCUMENTATION: COUPON BOOKLET, SCREENSHOT, INVOICE, LETTER FROM MEDICARE ADMINISTRATOR
 - ADDRESS FOR PAYMENT MUST BE VISIBLE

MARKETPLACE

MARKETPLACE OPEN ENROLLMENT

November 1st through January 15th

Sign up for or change Marketplace plans on healthcare.gov

MARKETPLACE: IMPORTANT REMINDERS

- **Marketplace Open Enrollment period remains extended**
 - Previously ended December 15th—this year it lasts through January 15th
 - But to have a January 1st plan start date, clients must sign up by December 15th
- **Premium tax credits remain expanded to include people of all income levels**
 - Formerly, only up to 400% of the FPL
 - Common exceptions: access to employer-sponsored insurance, undocumented status, failure to provide income documentation to the Marketplace, failure to file previous year's taxes
- **Year-round Special Enrollment Period (SEP) remains for people at or below 150% of the Federal Poverty Level (FPL)**
 - This will be a small fraction of our clients given Medicaid eligibility at 138% of FPL

COMPARING PLANS

Go to lahap.org/marketplaceplans to compare Marketplace plans

Marketplace Plan Information

[Compare Marketplace Plans](#)

Plan data provided for reference only. LA HAP does not assist with Medicare enrollment or endorse specific plans.

CLIENT RESPONSIBILITIES

PREMIUM SUBSIDIES

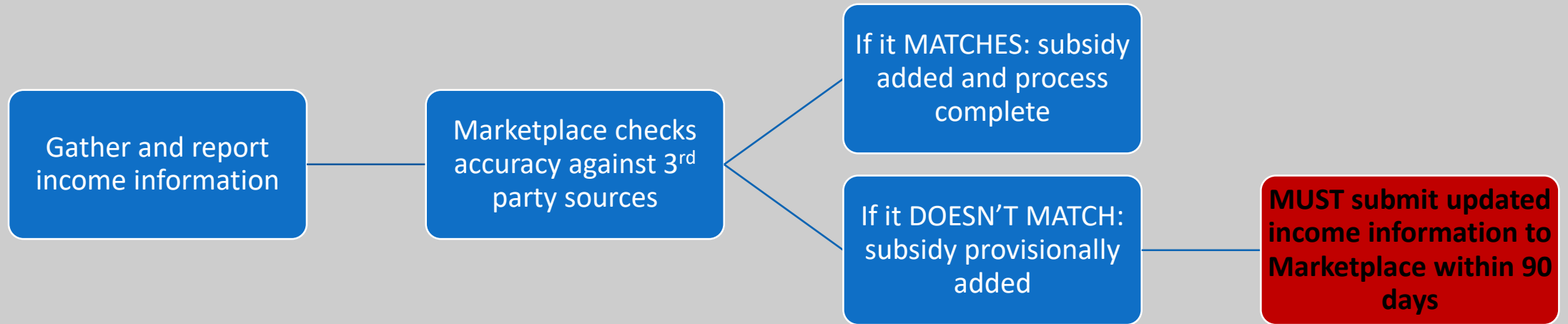
FEDERAL MARKETPLACE PREMIUM SUBSIDIES ARE CRITICAL TO KEEPING LA HAP'S COSTS DOWN SO OUR RESOURCES ARE AVAILABLE TO AS MANY PEOPLE IN LOUISIANA AS POSSIBLE.

HOW CAN WE ENCOURAGE CLIENTS TO GET PREMIUM SUBSIDIES AND KEEP THEM?

- 1) PROVIDING ACCURATE INCOME INFORMATION**
- 2) TIMELY RESPONDING TO MARKETPLACE REQUESTS**
- 3) FILING TAXES**

CLIENT RESPONSIBILITIES

PROVIDING ACCURATE INCOME INFORMATION TO THE MARKETPLACE



BEFORE ENROLLMENT: MAKE SURE CLIENT KNOWS CURRENT INCOME AND/OR IS READY TO PROVIDE DOCUMENTATION (PAY STUBS, AWARD LETTER, ETC.)

AFTER ENROLLMENT: REMIND THEM TO WATCH THEIR MAIL FOR A LETTER FROM THE MARKETPLACE, EVEN IF THEY DID NOT VISIT WWW.HEALTHCARE.GOV

IF A CLIENT WORKS WITH A BROKER TO PROVIDE UPDATED INCOME INFORMATION TO MARKETPLACE, THEY **MUST** PROVIDE THIS INFORMATION TO THE BROKER FIRST

THE ABOVE ALSO GOES FOR OTHER INFORMATION REQUESTED BY THE MARKETPLACE, SUCH AS PROOF OF IMMIGRATION STATUS, CHANGE OF RESIDENCE, OR LOSS OF HEALTH COVERAGE

CLIENT RESPONSIBILITIES

IF OFFERED A PREMIUM TAX CREDIT: LA HAP CLIENTS MUST TAKE THE ENTIRE CREDIT IN ADVANCE

- LA HAP WILL NOT COVER THE FULL COST OF A MARKETPLACE PLAN FOR CLIENTS WHO ARE ELIGIBLE FOR A CREDIT BUT WHO REFUSE TO TAKE THE ENTIRE CREDIT IN ADVANCE
- PER FEDERAL LAW, ALL RECIPIENTS OF PREMIUM TAX CREDITS MUST FILE TAXES IN ORDER TO RECONCILE THESE CREDITS
 - IF THERE IS AN OVERPAYMENT: THIS AMOUNT IS OWED BACK TO HIP
- FROM THE LA HAP APPLICATION

- Any refunds received from my insurance company/third party payer, for services rendered by LA HAP MUST be surrendered immediately to LA HAP. Failure to do so will result in disqualification from Ryan White services and constitutes fraudulent misuse of federal funding.

The Marketplace will not offer premium tax credits to clients who do not file taxes, and without premium tax credit, LA HAP cannot pay for their insurance

MEDICAID

MEDICAID

- **No LA HAP services available for full Medicaid recipients**
 - If client recertifies with income < 138% FPL, application will be denied and they will be referred to Medicaid
 - **Exception:** some services available for partial Medicaid recipients (dual eligible, applicants within the Corrections system)
- **If a client's LA HAP application is denied per Medicaid eligibility, but the client needs LA HAP assistance...**
 - Call us to appeal
 - Any appeal will not be approved until after client has applied for Medicaid
 - If client's Medicaid application is denied, Medicaid denial letter must be forwarded to LA HAP for further review
 - Our goal is help clients maintain treatment—we're here to help!

MEDICAID UNWIND: MARKETPLACE

- Beginning in April 2023, Medicaid started reviewing eligibility for Medicaid members and closing anyone who is not eligible
- A new Special Enrollment Period (SEP) is available for individuals who lose Medicaid coverage as a result of the unwinding
- Clients may apply for Marketplace coverage under the “Unwinding SEP” from March 31, 2023 through July 31, 2024

MEDICAID UNWIND: MARKETPLACE

- Currently, individuals who are eligible for the Unwinding SEP will have 60 days after they lose their Medicaid coverage to select a Marketplace plan with coverage that starts the first day of the month after they select a plan
 - Starting January 2024, individuals who lose Medicaid now have 90 days (instead of 60) to enroll in a Marketplace plan
- Starting in January 2024, gap eliminated between loss of coverage and new plan effective date
 - Marketplaces will be allowed to make coverage effective on the first day of the month in which the triggering event occurs (for example: if a client attests that their Medicaid will end August 15th, and they pick a plan by July 31st, the Marketplace plan effective date will be August 1st).
- Individuals eligible for LA HAP should submit a LA HAP application with their Medicaid termination letter before their Medicaid ends to ensure they do not have a cap in coverage

MEDICAID UNWIND: MEDICARE

- New Special Enrollment Period (SEP) for individuals who were enrolled in Medicaid during the Public Health Emergency (PHE) and missed their Medicare enrollment period
- If an individual enrolled into Medicare during the PHE (prior to January 1, 2023) and paid late enrollment fees, they are eligible to have those fees reimbursed if they are otherwise eligible for this SEP
- Individuals should contact the Social Security Administration to enroll into Medicare with this SEP

DENTAL & VISION

DENTAL & VISION

- YEAR-ROUND ENROLLMENT FOR:
 - LA HAP/GUARDIAN DENTAL PLAN
 - STANDALONE VISION PLANS
- LA HAP WILL NOT COVER COSTS OF STANDALONE DENTAL PLANS
- LA HAP WILL CURRENTLY COVER COSTS OF STANDALONE VISION PLANS, BUT
 - WE'VE BEEN UNABLE TO COVER SOME VISION PREMIUMS IN PRACTICE
 - STANDALONE VISION OPTIONS EXIST FOR AS LITTLE AS \$5 PER MONTH

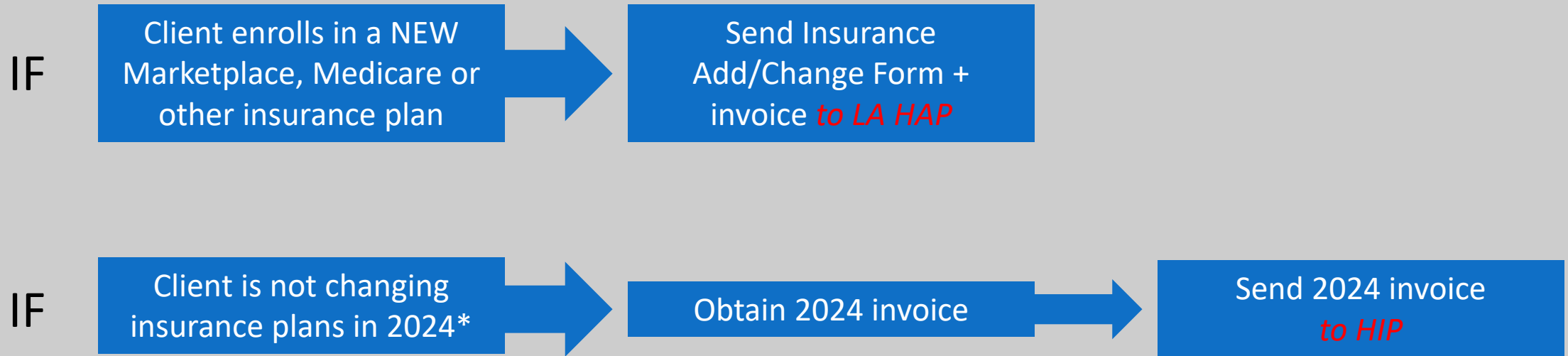
Reminder: when a client is enrolled in a Guardian Dental plan, the plan must be included on page 7 of the LA HAP application for continued assistance.

CLIENT SUCCESS DURING OPEN ENROLLMENT

HOW LA HAP AND HIP WORK TOGETHER

- ***THE LA HAP OFFICE*** PROCESSES AND UPDATES CLIENT ELIGIBILITY FOR INSURANCE COVERAGE AND DOCUMENTS INFORMATION ON THEIR COVERAGE
 - LA HAP ALWAYS NEEDS TO BE INFORMED ABOUT CHANGES IN SOMEONE'S TYPE OF COVERAGE
- ***THE HIP OFFICE*** MAKES AND TRACKS PREMIUM PAYMENTS
 - HIP ALWAYS NEEDS TO BE INFORMED ABOUT CHANGES IN SOMEONE'S PREMIUM AMOUNT

WHERE TO SEND DOCUMENTATION



**2024 invoices prepared by PrideLife will indicate whether a policy is new or a renewal.*

Reminder: No payment is made on plan premiums until invoices are submitted. Clients may risk loss of coverage if their invoice is not received timely.

LA HAP OUTREACH

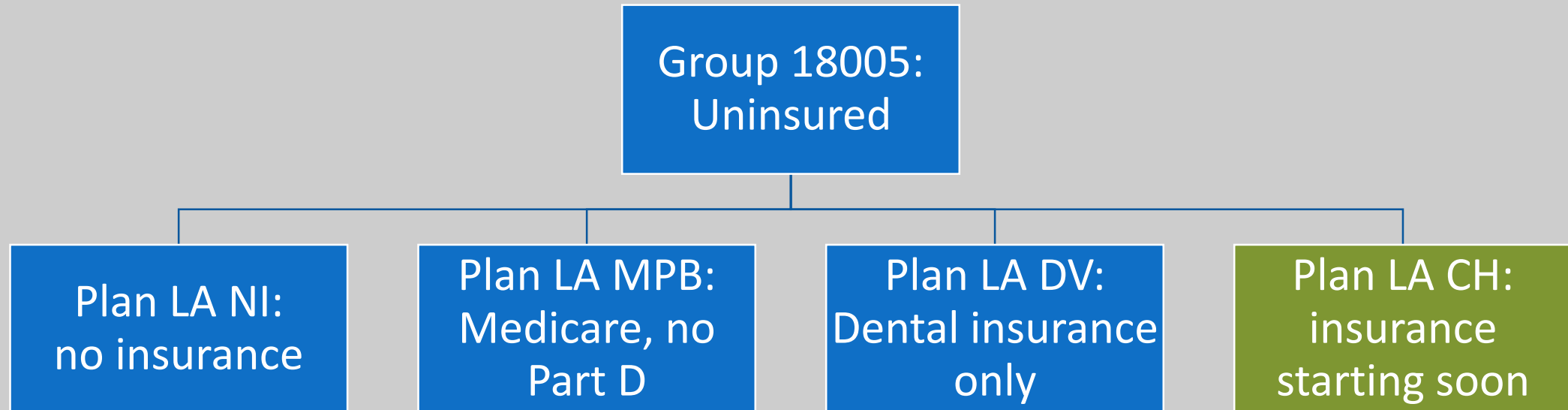
WE WILL:

- SEND LETTERS TO ALL MEDICARE CLIENTS THAT HIP PAYS PREMIUMS FOR
 - FOLLOW UP WITH PHONE OUTREACH TO CLIENTS WHO HAVE NOT PROVIDED INVOICES
- SEND LETTERS TO ALL UNINSURED CLIENTS
 - ENGLISH & SPANISH SPEAKING CLIENTS
- SEND LETTERS TO ALL MARKETPLACE CLIENTS
 - ENGLISH & SPANISH SPEAKING CLIENTS

RUNNING REPORTS IN RAMSELL

INSTRUCTIONS FOR RUNNING REPORTS AVAILABLE ON WWW.LAHAP.ORG/CASE-MANAGERS UNDER “RAMSELL USER RESOURCES”

- CLIENTS WITH EXPIRING ELIGIBILITY
- CLIENTS WITH SPECIFIED GROUP NUMBER
- PATIENT LIST



OTHER THINGS TO REMEMBER

- NEW INSURANCE PLANS WILL NOT EFFECTUATE JANUARY 1ST IF CLIENT LA HAP ELIGIBILITY LAPSES
 - MID-OCTOBER: HIP WILL SEND OUT RECERTIFICATION PACKETS FOR CLIENTS WITH ELIGIBILITY EXPIRING 11/30/23 AND 12/31/2023
 - THE LA HAP/GUARDIAN PLAN DOES NOT REQUIRE 2024 RENEWAL (COVERAGE WILL AUTOMATICALLY CONTINUE IN 2024 PROVIDED LA HAP ELIGIBILITY HAS NOT LAPSED AND ASSISTANCE CONTINUES TO BE REQUESTED ON LA HAP APPLICATION)
- TAX SUBSIDY CAN CHANGE AS YOUR INCOME CHANGES SO REPORT ANY INCOME CHANGE TO THE MARKETPLACE AS IT HAPPENS (CAN GO THROUGH BROKER)
- LA HAP CANNOT PAY MEDICARE LATE ENROLLMENT PENALTIES. IT IS THE CLIENT'S RESPONSIBILITY TO PAY THOSE EACH MONTH.
- FOR CLIENTS WITH EMPLOYER-BASED PLANS: THE [LA HAP EMPLOYER HR FORM](#) IS REQUIRED TO PAY PREMIUMS, AND IT MUST BE SUBMITTED ANNUALLY DURING THE EMPLOYER'S OPEN ENROLLMENT PERIOD.
- ANY REFUND CHECKS SHOULD BE ENDORSED TO PAY TO HIP AND FORWARDED TO THEIR OFFICE.

KEY TO SUCCESS

- HIP OFFICE NEEDS 2024 INVOICES FROM EVERYONE
 - ESPECIALLY MEDICARE CLIENTS
- LA HAP DOES NOT NEED INSURANCE ADD/CHANGE FORMS FROM CLIENTS WHO ARE RENEWING THEIR CURRENT COVERAGE
- RESPOND TO MARKETPLACE REQUESTS FOR UPDATED INCOME INFORMATION TIMELY

GENERAL UPDATES

CURRENT OPERATIONS

- LA HAP STAFF ARE STILL TELEWORKING FROM HOME PART TIME
 - SEVERAL STAFF ARE WORKING PART TIME FROM OFFICE
- HIP STAFF IS WORKING FROM THE HIP OFFICE IN BATON ROUGE
- AS MANY AROUND THE STATE ARE STILL WORKING FROM HOME, APPLICATION REQUIREMENTS THAT WERE CHANGED DUE TO COVID REMAIN IN PLACE
 - CASE MANAGERS CAN SIGN FOR CLIENTS WHEN UNABLE TO MEET IN PERSON
 - CASE MANAGER SHOULD NOTATE ON THE SIGNATURE LINE ON PAGE 8 CONFIRMATION OF CLIENT'S VERBAL CONSENT
 - DOCUMENTATION OF LIS STATUS/APPLICATION FOR MEDICARE CLIENTS IS NOT BEING REQUIRED
- MORE INFO CAN BE FOUND: [HTTPS://WWW.LAHAP.ORG/COVID19/](https://www.lahap.org/covid19/)

INVOICES INVOICES INVOICES

- DUE TO MEDICAID UNWINDING, LA HAP WILL STRICTLY ADHERE TO DEADLINES TO SUBMIT ADD/CHANGE FORMS & INVOICES FOR 2024 CALENDAR YEAR
- PREMIUMS WILL NOT BE PAID UNLESS INVOICES ARE SUBMITTED
- ANY INVOICES OR INSURANCE ADD/CHANGE FORMS SUBMITTED AFTER THE DEADLINE: LA HAP CANNOT GUARANTEE PAYMENT
- IF FORMS ARE SUBMITTED LATE, THIS WILL RESULT IN UNPAID PREMIUMS AND INSURANCE POLICIES NOT EFFECTUATING

Q & A



THANK YOU!

QUESTIONS? COMMENTS?

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