



Louisiana Health Insurance Program

A component of the Louisiana Health Access Program

P.O. Box 66913

Baton Rouge, LA 70896

(888) 647-1269 (toll free phone)

(225) 424-1799 (phone)

(225) 927-1267 (fax)

Dear Provider,

Thank you for becoming part of our network of providers, assisting our clients with optimizing healthy outcomes! The

Louisiana Health Insurance Program (HIP) is a federally funded secondary payer program administered through the Louisiana Office of Public Health (OPH). HAART is the contracted entity which operates the daily financial functions of HIP for the Louisiana Office of Public Health. The purpose of HIP is to assist low income individuals living in Louisiana in retaining health insurance coverage.

In general, HIP covers copayments/coinsurance/deductibles (“cost-shares”) for insured clients. HIP cannot cover a cost associated with any service which the insurer does NOT cover (for example, if a client visits an out-of-network provider). Generally, for HIP to cover a service the insurer must pay on the claim. This includes diabetic supplies and equipment (as long as they can be adjudicated through the insurer) and Durable Medical Equipment (covered up to \$5000 per client per calendar year).

Phone communication

A *provider’s office* (including clinic manager, billing specialist, administrative specialist, etc.) may obtain limited information about a client record by providing the client’s name and at least TWO of the following from the client’s record:

- Last 4 digits of a client’s SSN
- DOB
- Ramsell ID

With this information, providers may access information about a client’s record limited to:

- Current eligibility
- Approved services

To file a claim with HIP, please submit claims forms with an Explanation of Benefits to HIP by fax at 225-927-1267. Alternatively, they may be mailed to:

**Attn: HIP
P.O. Box 66913
Baton Rouge, LA 70896**

In the event a refund is owed due to overpayment by the Health Insurance Program, please forward the refund to the HIP to the address listed above. Also, bills submitted to HIP after 180 days of insurance payment will NOT be paid by the program. The amount owed will be responsibility of the patient.

All inquiries about billing, including all questions related to specific client situations, should be referred to the HIP Customer Affairs Coordinator, at 225-424-1799.

(attachments included: Program Overview, sample LAHAP Enrollment card, LAHAP Chart)



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Program Overview

Medical Services

HIP pays cost-shares when a claim/invoice with an accompanying Explanation of Benefits (EOB) is received at their office for a service or product that is **(1) covered by the primary insurer, (2) an allowable charge under HIP, and (3) received at HIP within 180 days of the date of claims adjudication by the insurance company (date when the insurance company paid on the claim).**

The only excluded service is inpatient hospital admission, for which HIP can NOT cover any associated cost-shares for any insurance types. Some overnight services, such as residential rehabilitation programs, can be covered by HIP provided the client is not formally admitted as “inpatient.” This distinction of inpatient vs. residential is a determination made by the insurance company, not HIP, and is typically based on the ICD code assigned to a service. Clients dependent on HIP financial assistance should contact their insurer and provider to determine whether a program or procedure is considered inpatient before deciding on a course of treatment.

Dental Services

HIP covers the costs of copays, coinsurance, and deductibles associated with a member’s primary insurer. Additionally, the following services may be covered by HIP:

- Insurer-covered services whose cost exceeds the annual dollar maximum set by the insurer, up to an overall maximum of \$5,000 per year;
- Insurer-covered services whose frequency exceeds the service limit set by the insurer, provided the cost does not exceed an overall maximum of \$5,000 per year
 - Example: if the insurer covers a crown replacement every 3 years and a member requires one sooner, LA HAP can cover the cost of an earlier crown replacement if considered medically necessary.

In both instances described above, HIP will reimburse network providers according to the fee schedule of the member’s primary insurer.

HIP has also worked with Guardian to offer an optional group plan specially designed for and exclusively available to HIP members called the LA HAP/Guardian Dental Plan. This plan is designed to simplify the billing process for both members and providers by having no waiting period, no deductible, and no cost-sharing. More information on this plan, including the complete Certificate of Coverage, can be found at www.lahap.org/dental.

Vision Services

HIP adheres strictly to the insurer’s Schedule of Benefits and does not cover overages associated with vision insurance.

Clients are encouraged to present at your office, at the time of their appointment, a copy of their primary insurance card along with their LAHAP Enrollment Card. HIP cannot directly reimburse clients for any payments made to a provider or insurance company.


Please note that changes in income or insurance coverage may affect a client’s eligibility for services and cause their LA HAP benefits to be terminated at any time. Therefore, your office should contact LA HAP at 504-568-7474 to verify eligibility on the day that services are rendered, prior to them being rendered.



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LAHAP Enrollment Card: Sample

LA HAP Enrollment Card		
Member Name: JOHN DOE		
Identification No: 12345678900		
SAMPLE		Approved Services
Rx BIN: 004519		Vision Premiums Vision Copays Deductibles Health Premiums Health Copays Deductibles Drug Copays Deductibles Dental Premiums Dental Copays Deductibles
Rx PCN: LA01AP		
Group No: 12345		
Card Expiration Date : MM/DD/YYYY		

Front of Card

Notice to Patient: Please carry this card with you and present it when receiving any services that are covered by LA HAP.

Notice to Providers: Approval is based on member eligibility at the time of service.

Health/Dental/Vision Calls: 1-225-424-1799
Monday - Friday: 8:00am - 4:30pm CST

Pharmacy Calls: 1-888-311-7632 Fax: 1-800-848-4241
Calls for questions regarding manual claims or prior authorization processing
Monday - Friday: 7:00am - 9:00pm CST,
Saturday: 10:00am - 7:00pm CST

Member Eligibility Calls: 1-504-568-7474
Monday - Friday: 8:00am - 5:00pm CST

Submit Health/Vision/Dental secondary claims and Explanation of Benefits (EOB) to:
Health Insurance Program
PO Box 66913
Baton Rouge, LA 70896
Fax: 1-225-927-1267 or 1-225-927-2462

Back of Card

The LA HAP card serves to verify eligibility only. Non-drug claims cannot be adjudicated at point of care. Insured HIP clients should first present their primary private insurance card for adjudication. Any remaining copay, coinsurance or deductible should then be billed to HIP via submission of a claim form within 180 days.



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LA HAP Organizational Structure

Louisiana Health Access Program (LA HAP)

- Process L-DAP & HIP enrollment through single application
- Available to applicants up to 400% FPL with LA residency, specific medical criteria, and who are ineligible for Medicaid

Managed through the Office of Public Health at the Louisiana Department of Health

Louisiana Drug Assistance Program (L-DAP)

- Drug costs for uninsured clients
- Drug cost shares for insured clients

Contracted through Ramsell, a California-based Pharmacy Benefits Manager

Louisiana Health Insurance Program (HIP)

- Insurance premiums
- Medical (non-drug) cost shares

Contracted through HAART, a Baton Rouge-based social services agency