



Call-in information

Toll Free: 1-888-398-2342

Access code: 5018903

Preparing for Open Enrollment 2020: A guide for LA HAP assisters

What we will discuss

- Basics of Open Enrollment: Medicaid, Medicare, Marketplace
- Other health policy updates
- Subsidies and tax filing
- Responsibilities toward LA HAP and HIP
- Your questions



CAUTION: *this webinar
contains cats*

Dates for Open Enrollment 2020

Marketplace/Off-Marketplace Individual Market: November 1st – December 15th



Medicare Parts C and D: October 15th to December 7th

All Marketplace and Medicare plans begin January 1st, 2020



Louisiana Medicaid: ongoing first-time enrollment

Medicaid

What is happening with Medicaid?

- August 2019: After releasing RFP, Medicaid selects 4 Managed Care Organizations to administer benefits beginning January 2020
 - Selected: Amerihealth Caritas, Healthy Blue, **Humana (NEW)**, UnitedHealthcare
 - Not selected: Aetna Better Health, Louisiana Healthcare Connections
 - **Both have filed official protest**
 - Division of Administration currently reviewing protest
 - LDH implementing emergency contract extensions in 2020

Until further notice:

**NO change in MCO coverage in 2020 (enrollees will keep current benefits)
Medicaid Open Enrollment (to switch plans) indefinitely postponed**

Medicare

What's new in 2020

- Standard Part B premium increases to \$144.30/month
- Higher cost-sharing levels for Part A
- Part D “doughnut hole” goes away but Part D deductible and catastrophic coverage threshold both increase
- Medigap plans C and F no longer available to new Medicare enrollees
- Medicare Plan Finder and “Check Your Enrollment” tool on medicare.gov now require member login
 - Assisters are able to act as “authorized representative” on account if client opts in

New in LA HAP: LA HAP no longer requiring applicants above 150% FPLIG to apply for LIS

Medicare Enrollment Options

Open Enrollment	General Enrollment	Other Enrollment
October 15 th -December 7 th , 2019	January 1 st -March 31 st , 2020	April 1 st -June 30 th , 2020
<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* 	<ul style="list-style-type: none"> • Sign up for Parts A and/or B if you didn't do so during your Initial Enrollment Period, to effectuate July 1st 2020 • 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 you enrolled in Part B during the General Enrollment Period
*LA HAP clients MUST keep either a C or D plan!		

Clients with LIS are eligible to enroll in Part D coverage year round.

Comparing plans (1)

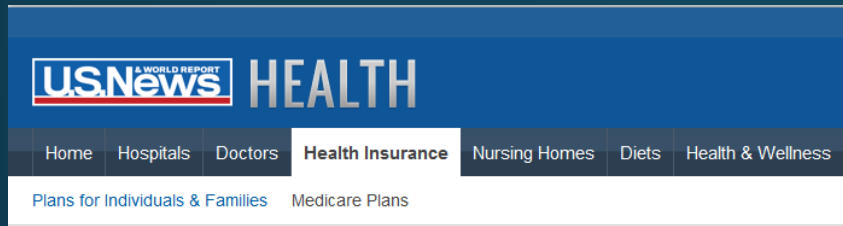
- ALL Part C and D plans will be posted at www.lahap.org/Open-Enrollment
- Asterisk indicates \$0 premium plans



The screenshot shows the Louisiana Health Access Program website. The header includes the Louisiana Health Access Program logo and navigation links: Home, Apply for LA HAP, Using Your Benefits, Provider Resources, and Contact. The main heading is "2019 Medicare Plan Information". Below this, there are two columns: "Medicare Part C Plans" and "Medicare Part D Plans".

Medicare Part C Plans	Medicare Part D Plans
<ul style="list-style-type: none">– AARP Plans (UnitedHealthcare)<ul style="list-style-type: none">AARP MedicareComplete Plan 1 H4089-001 (HMO)*AARP MedicareComplete Plan 2 H4089-002 (HMO)✦ Advantra Plans (Coventry)✦ Aetna Plans	<ul style="list-style-type: none">✦ AARP Plans (UnitedHealthcare)✦ Aetna Plans✦ Cigna-Healthspring Plans✦ EnvisionRx Plans✦ Express Scripts Plans

Comparing plans (2)



- U.S. News and World Report
 - Easy comparison tool
- LA Senior Health Insurance Information Program
 - Source of objective, LA-specific information run from Louisiana Department of Insurance
 - Provide phone assistance to Medicare clients
 - Medicare.gov logins might complicate this process in 2019

Medicare Advantage Plus Prescription Drug Plans | Medicare Advantage Plans | Prescription Drug (Part D) Plans

Refine Your Results

Location: 70112 GO

Star Rating (Out of 5 Stars): Show All

Monthly Plan Premium: Show All

Yearly Out-Of-Pocket Max: Show All

Plan Benefits

- ☐ Dental Coverage
- ☒ Vision Coverage
- ☐ Hearing Coverage
- ☐ Mail Order
- ☐ Prescription Drug Option

Plan Type

- ☐ PPO
- ☐ HMO
- ☐ Special Needs Plan (SNP)
- ☐ PFFS
- ☐ Cost
- ☐ MSA

Sort plans by: Highest Star Rating

Showing 1-10 of 25 Plans

AARP MedicareComplete Plan 1 H4089-001 (HMO)
UnitedHealthcare | HMO

Plan too new to be measured
2019 Overall Rating

\$0.00 / mo Premium	\$275.00 Annual Deductible	\$6,700 Annual Max Out of Pocket
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[See Plan Details »](#) [Shop Plans Now](#)

AARP MedicareComplete Plan 2 H4089-002 (HMO)
UnitedHealthcare | HMO

Plan too new to be measured
2019 Overall Rating

\$49.00 / mo Premium	\$0.00 Annual Deductible	\$4,900 Annual Max Out of Pocket
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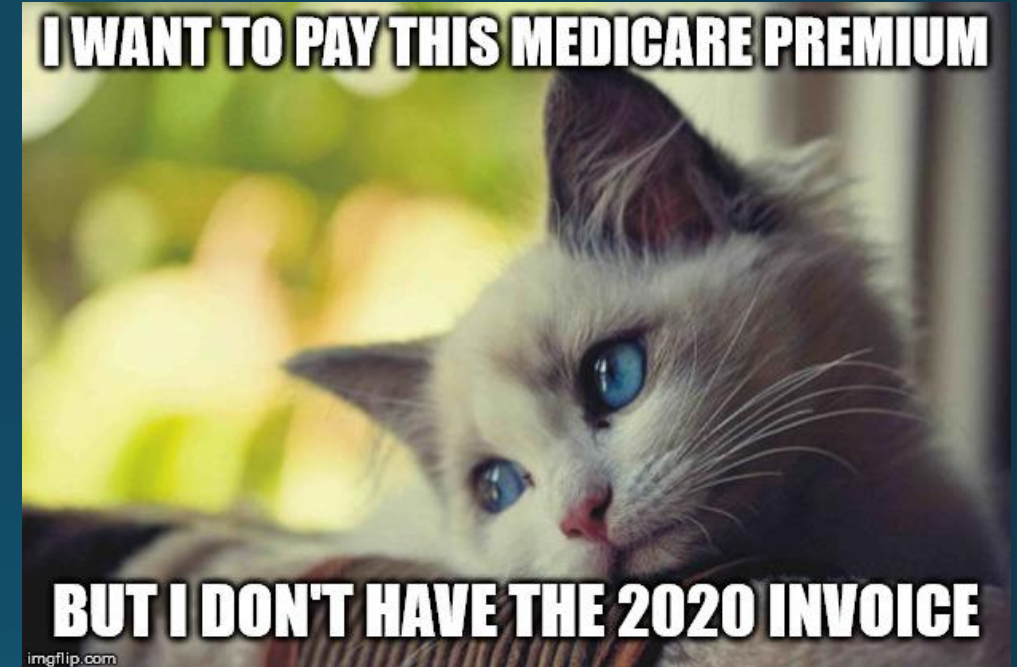
[See Plan Details »](#) [Shop Plans Now](#)

Aetna Medicare Dual Preferred H3239-001 (HMO SNP)
Coventry Health Care | HMO

Plan too new to be measured
2019 Overall Rating

We need those invoices!!

- Parts B, C and D premiums change each year
 - And occasionally midyear as Low Income Subsidy (LIS) takes effect
- Medicare insurers will not accept payments in the incorrect amount
- Medicare does NOT report premium amount changes to HIP→
- Clients MUST report premium amount changes to HIP
 - Standard: coupon booklet, screenshot, invoice, letter from Medicare administrator
 - Can also use medicare.gov printout IF annotated to include time/date that information was confirmed with Medicare
 - Ensure that correct mailing address is visible in documentation, or write in this information after consulting with Medicare



The Marketplace

What's new with the ACA

- New Special Enrollment Period for people whose income declines midyear, making them newly eligible for a tax credit (unlikely to affect LA HAP clients)
- Small increases in premiums and cost-shares
- Cap on set out-of-pocket maximum rises to \$8,150
- Penalty for not having health insurance set at \$0
- ACA undergoing legal challenge to constitutionality; currently awaiting decision from Appeals Court
 - Either way, decision will NOT affect 2020 plan year

Consolidation of the LA Marketplace

Blue Cross Blue
Shield of
Louisiana

CHRISTUS Health Plan

*-Shreveport/Bossier
-Alexandria
-Lake Charles*

HMO of Louisiana

*-Wholly-owned subsidiary of
BCBS, shares network*

Vantage

*-BCBS purchased majority ownership
in 2019
-Will still operate under "Vantage"
trade name and (most likely) network*

What's new with BCBS

- Not much (yay!)
- Addition of new HMO plan serving Our Lady of the Lake system
- Small increases in premiums
- *And all this means...*

**LESS PAPERWORK
FOR EVERYBODY**



Comparing plans

All Marketplace plans will be listed at www.lahap.org/open-enrollment along with formularies and provider networks

2019 Marketplace Plan Information

– Blue Cross/Blue Shield of Louisiana Plans

Blue Max 80/60 \$5000 (Bronze) (2-tier formulary)

Blue Max 90/70 \$1500 (Gold) (2-tier formulary)

Blue Max Copay 70/50 \$3000 (Silver) (3-tier formulary)

Blue Saver 60/40 \$4500 (Expanded Bronze) (2-tier formulary)

Blue Saver 90/70 \$3000 (Silver) (2-tier formulary)

2-Tier Drug Formulary

3-Tier Drug Formulary

Common drugs not covered

Provider Network

✦ HMO of Louisiana Plans

✦ Vantage Plans

What else is new in the
world of health policy?

Beware the short-term plans! (1)

Q. What's a short-term plan?

A. An insurance plan that provides basic coverage for a limited amount of time, which is not subject to ACA regulations, and which often excludes coverage of certain medical conditions including pre-existing conditions

- Before October 2018: short-term plans could last 3 months or less and could not be renewed
- Since October 2018: short-term plans can last up to 12 months
- In Louisiana:
 - Can exclude coverage for pre-existing conditions when a pre-existing condition is defined as a condition for which treatment was indicated and/or provided in past 12 months, or current pregnancy
 - Plans with durations up to 6 months are not subject to these regulations
- Plans require medical underwriting → **LA HAP clients and other PLWH are likely to be excluded from enrollment**

Beware the short-term plans! (2)

Companies offering short-term plans in Louisiana:

- Blue Cross Blue Shield ("Bridge Blue")
- Vantage ("Short-Term Essential")
- Companion Life
- Everest Prime
- Independence American Life
- LifeShield
- National General
- Standard Life
- UnitedHealthcare (Golden Rule)
- Vera Health



If you haven't
heard of the
company and the
plan isn't
sponsored by the
employer, be
careful!

Public Charge Final Rule

The federal government can:

- 1) Deny someone entry to the US, or
- 2) Deny someone legal permanent residency status

if they are determined likely to become a “public charge,” i.e. likely to become dependent on federal, state or local public benefits.

This is a longstanding rule that was significantly revised in 2019.

The revised rule does **NOT** say who the government can or can't deport, which is under the auspices of the Department of Justice.

What the rule considers

Longstanding rule has considered:	2019 revision has added:	Still NOT considered:
<ul style="list-style-type: none">• SSI• TANF• State/local cash assistance programs• Public assistance for long-term institutional care	<ul style="list-style-type: none">• Redefines a public charge as an “alien who receives one or more public benefits for more than 12 months in the aggregate within any 36-month period”• Federal cash assistance programs• Non-emergency Medicaid for non-pregnant adults• SNAP• Section 8 Housing Assistance, Project-Based Rental Assistance• Subsidized public housing	<ul style="list-style-type: none">• CHIP• ACA subsidies• Benefits used by children or other family members• Ryan White benefits• HOPWA benefits

Public Charge considerations also do NOT apply to refugees, asylees and other “humanitarian” immigrants.

Messaging for undocumented clients

- Undocumented status excludes someone from the Marketplace, but does NOT legally exclude them from purchasing insurance
 - Can purchase directly from insurer → no information passes through Marketplace/federal government
- Be prepared for insurer to follow up on missing SSNs
 - Insurer automatically flags member profiles with missing information, BUT
 - Letters soliciting updated information are computer-generated by insurer → no live person is watching/following/profiling them

Dental and 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 vision premiums in practice
 - Standalone vision options exist for as little as \$5 per month

Subsidies & Tax Filing

Premium tax credits

- Tax credits available to most Marketplace applicants below 400% FPIG
 - Common exceptions: access to employer-sponsored insurance, undocumented status, **failure to provide income documentation to the Marketplace, failure to file previous year's taxes**
- What has this meant for LA HAP?
 - 77 LA HAP clients lost subsidies throughout the course of 2019

Average
premium at
start of 2019:
\$628

Average
premium at
end of 2019:
\$1,018

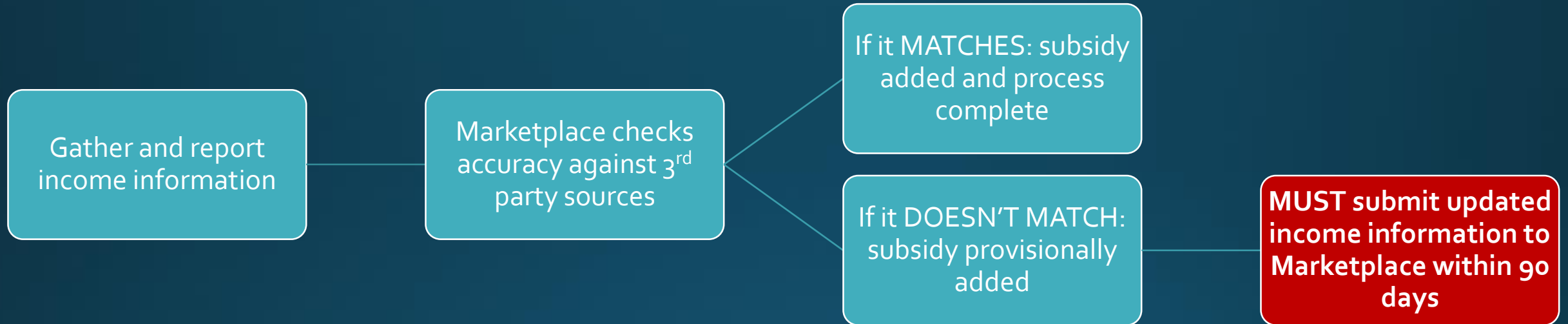
Extra monthly
cost to LA
HAP:
\$29,282

Extra annual
cost to LA
HAP:
\$351,384

How can we help clients get and maintain their tax credit?

- 1) Providing accurate income information**
- 2) Responding to Marketplace**
- 3) Filing taxes**

Providing accurate income information & responding to Marketplace



- Before enrollment appointment: make sure client knows current income and/or has documentation with them (pay stubs, award letter, etc.)
- Remind them to watch their mail for a letter from the Marketplace, EVEN IF they did not visit www.healthcare.gov
- Can work with a broker to provide updated income information to Marketplace but they **MUST** provide this information to the broker first

Filing taxes (1)

- A tax credit offered to Health Insurance Marketplace consumers between 100-400% FPIG
 - This is different from the Cost-Sharing Reductions (CSRs) available to consumers between 100-250% FPIG who purchase a Silver-level plan. The CSR is a simple discount on health insurance costs that is given automatically and has nothing to do with taxes.
- The tax credit can be taken at the time of enrollment (Advance Premium Tax Credit [APTC]) or when filing taxes
- Anyone who takes an APTC must **reconcile** this credit on their taxes
 - Compare: amount of tax credit taken based on perspective income vs. amount of tax credit you were eligible for based on true income throughout year

Filing taxes (2)

- **If offered a Premium Tax Credit: LA HAP clients must take 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, client will have to file 2020 taxes in order to reconcile the credit
 - If there is an overpayment: this amount will be owed back to HIP
 - From the LA HAP application

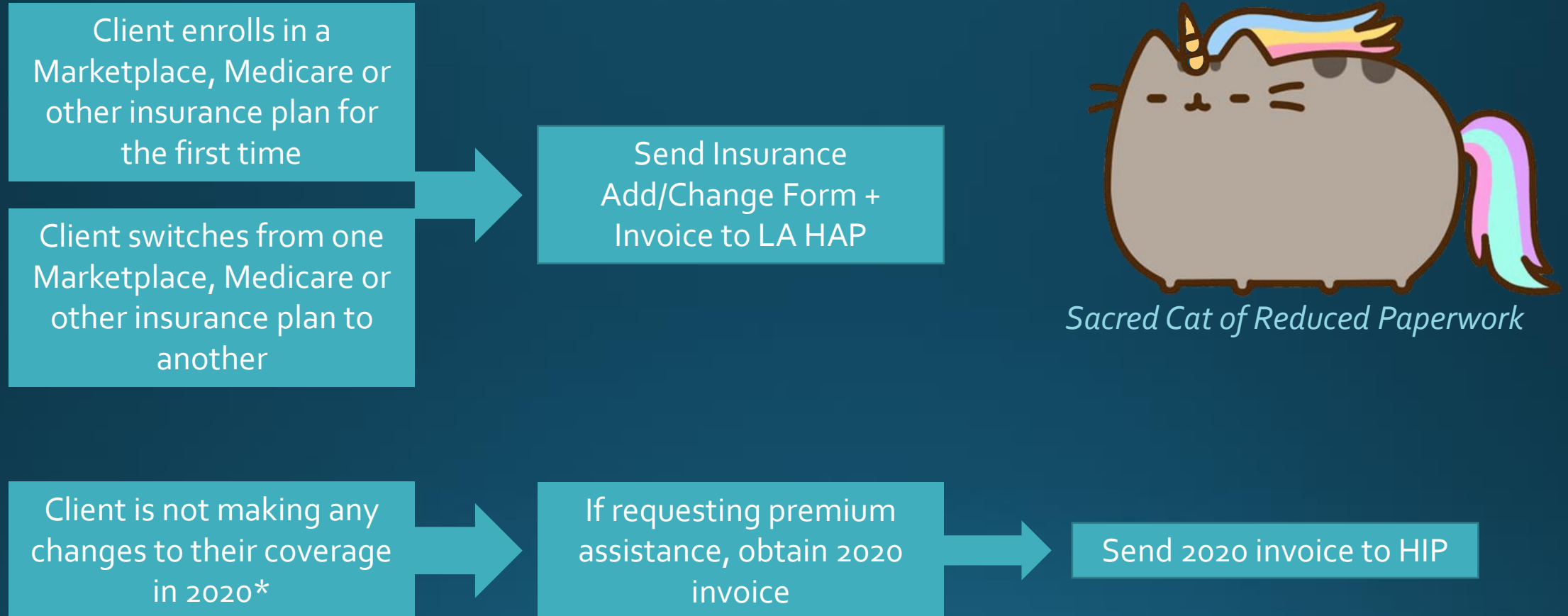
• Any refunds received from my insurance company/third party payer, for services rendered by LA HAP MUST be surrendered immediately to LA HAP. Failure to do so will result in disqualification from Ryan White services and constitutes fraudulent misuse of federal funding.

If clients do not file taxes, they will not be offered a tax credit the next year

Responsibilities toward LA HAP and HIP

How LA HAP and HIP work together

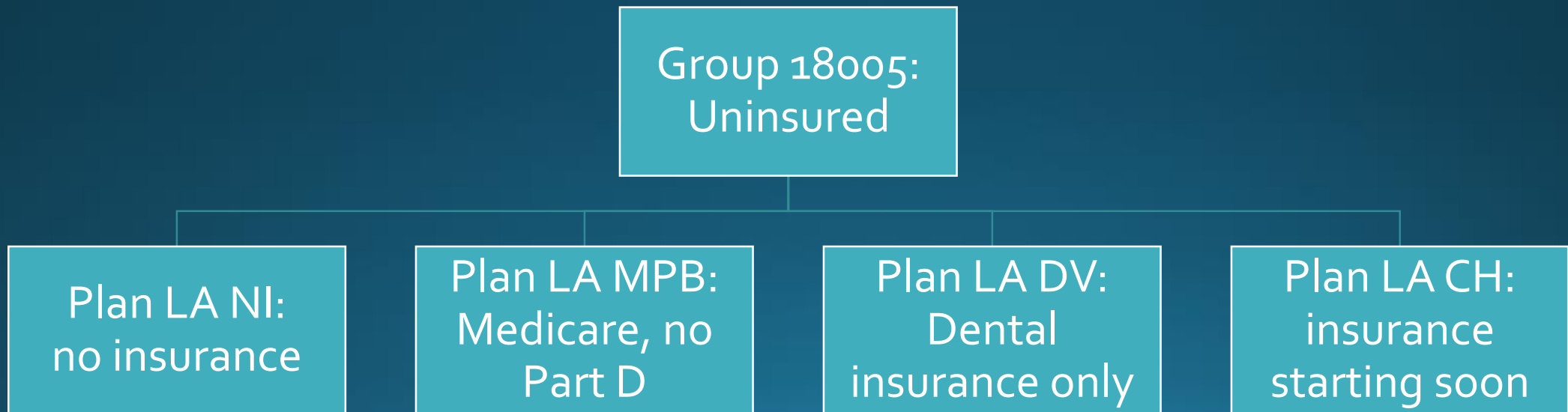
- LA HAP processes and updates client eligibility for insurance coverage and documents information on their coverage
 - LA HAP always needs to be informed about CHANGES in someone's TYPE OF COVERAGE
- HIP makes and tracks premium payments
 - HIP always needs to be informed about CHANGES in someone's PREMIUM AMOUNT



**The only clients who should NOT expect changes in January 2020 are those enrolled in MOST employer-sponsored plans.
2020 invoices prepared by PrideLife will indicate whether a policy is new or a renewal.*

Running reports in Ramsell (1)

- 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



Running reports in Ramsell (2)

- The E5 allows you to see all your clients of a particular plan or group
 - Example: which of my clients are still uninsured?
- Make sure you are using Internet Explorer set to Compatibility View

E5 Clients With Specified Group Number

Query Options

Plans : **All Plans**
LA NI
LA PI
LA 01

Group : **005**

Starting **01/01/2019** - **12/31/2019**

☐ Include Inactive Plans

☐ Include Non - Current Eligibility Periods

Jurisdiction : **All Jurisdictions**

Treatment Center : **All Treatment Centers**

Case Workers : **All Case Workers**

Display Options

☐ Omit Patient Names (Fed ID's Only)

Sort Elig Worker Clients By : **Last Name**

Reporting Options

☐ Print Preview **☒ File Output (CSV)** ☐ File Output (Excel)

Note : Choosing "File Output" will ignore values set within Display Options.

Run Report Clear Back to Reports

Other things to remember (1)

- 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 11/30/19 AND 12/31/19
- The LA HAP/Guardian Plan does NOT require 2020 renewal (coverage will automatically continue in 2020 provided LA HAP eligibility has not lapsed and assistance continues to be requested on LA HAP application)

Other things to remember (2)

- Tax subsidy can change as your income changes so report any income change to the Marketplace as it happens (can go through broker)
- The online Insurance Add/Change form is a **FILLABLE PDF!**
 - Although you have beautiful handwriting, the robots have better handwriting



LA HAP Outreach

- We will:
 - Send outreach letters to ALL Medicare clients for whom we pay premiums requesting invoices
 - Follow up with phone outreach to clients who have not provided invoices
 - Send outreach letters to ALL uninsured clients
 - Follow up with phone outreach to self-referrals
 - Send outreach letters to ALL Marketplace clients
 - Follow up with phone outreach to self-referrals



Key takeaways

- HIP needs 2020 invoices from EVERYONE
 - ESPECIALLY Medicare clients
- We do NOT need Insurance Add/Change Forms from clients who are renewing their current coverage
 - So...
 - Please don't send them
 - Not even if it makes you feel safer/better/more responsible
- Respond to Marketplace requests for updated income information
- Bookmark www.lahap.org/open-enrollment for all things OE-related

And that is all!



Call us at 504-568-7474
Email us at lahap@la.gov