



Tuesday, October 13th 2pm
Wednesday, October 14th, 10am

Preparing for Open Enrollment 2021: A guide for LA HAP assisters

What we will discuss

- Basics of Open Enrollment: Medicare, Marketplace
- COVID19 info & LA HAP
- 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 2021

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

2020 October November December 2021

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

All Marketplace and Medicare plans begin January 1st, 2021

Louisiana Medicaid: ongoing first-time enrollment

COVID-19 Information for LA HAP members

- LA HAP staff are still teleworking from home
- 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 COVID19 remain in place
 - Case managers can sign for clients when unable to meet clients in person
 - If clients are not able to obtain income documentation from an employer, they may write, sign, and date a letter self-attesting to their income.
 - Documentation of LIS status/application for Medicare clients is not being required
- More info can be found: <https://www.lahap.org/covid19/>

Medicaid & LA HAP

Medicaid & LA HAP

- No LA HAP services available for full Medicaid recipients
 - If client recertifies with income < 138% FPL, application will be denied and 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 to Medicaid eligibility but the client is in need of LA HAP assistance the client or Case Manager can call LA HAP staff to appeal the denial
- After required information is provided the LA HAP application will be provisionally approved (with shortened eligibility) by LA HAP staff
 - Requirements for appeal process: reason for appeal, Medicaid application submission date
 - 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/CEED extension

Medicare

What's new in 2021

- Standard Part B premium increases to \$150/month
 - Actual premium amount not released yet, amount based off projections from Center for Medicaid and Medicare Services (CMS); premiums amount will be released in November 2020
- Medicare Part C premiums are going down in cost
- Medicare Advantage plans adding flexibility and increasing their telehealth services and coverages

Continuing in 2021: LA HAP no longer requiring applicants above 150% FPIG to apply for LIS

Medicare Enrollment Options

Open Enrollment	General Enrollment	Other Enrollment
October 15 th -December 7 th , 2020	January 1 st -March 31 st , 2021	April 1 st -June 30 th , 2021
<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 you didn't do so during your Initial Enrollment Period, to effectuate July 1st 2021 • 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

Comparing plans (1)

- ALL Part C and D plans will be posted at www.lahap.org/Open-Enrollment
- Asterisk indicates \$0 premium plans
- 2021 page coming soon!



The screenshot shows the Louisiana Health Access Program (LAHAP) website. The header includes the LAHAP logo and navigation links: Home, Apply for LA HAP, Using Your Benefits, Provider Resources, and Contact. The main heading is "2020 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 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

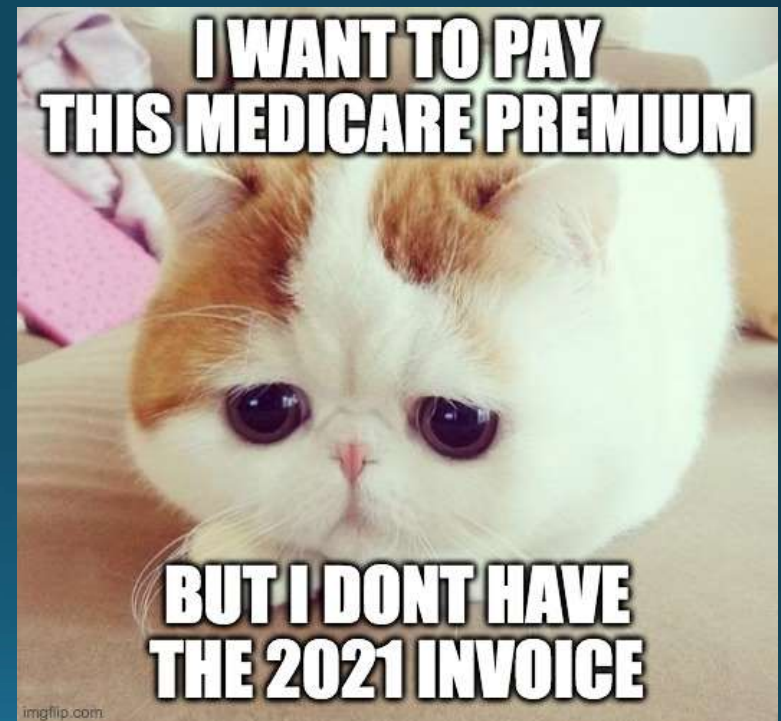
AARP MedicareComplete Plan 1 H4089-001 (HMO)
UnitedHealthcare | HMO
Plan too new to be measured
2019 Overall Rating
\$0.00 / mo Premium **\$275.00** Annual Deductible **\$6,700** Annual Max Out of Pocket
[See Plan Details »](#) [Shop Plans Now](#)

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
[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
 - Ensure address to receive payment is visible



The Marketplace

What's new with the ACA

- Small increases in premiums
- ACA undergoing legal challenge to constitutionality; currently with the Supreme Court
 - Either way, decision will NOT affect 2021 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!)
- Small increases in premiums
- *And all this means...*

**LESS PAPERWORK
FOR EVERYBODY**



Comparing plans (3)

- All Marketplace plans will be listed at www.lahap.org/open-enrollment along with formularies and provider networks
- 2021 page coming soon!

2020 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?
 - 24 LA HAP clients lost subsidies throughout the course of 2020

Average
premium at
start of 2020:
\$656

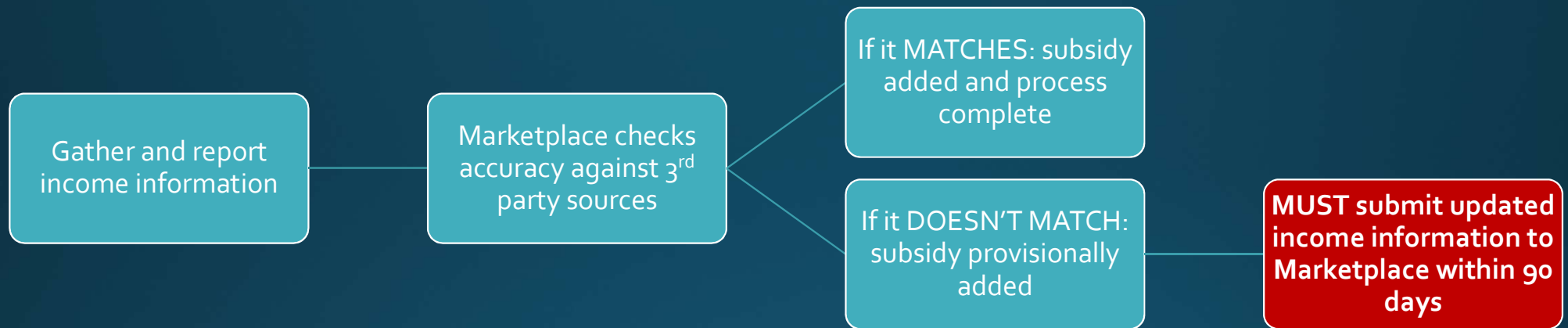
Average
premium at
end of 2020:
\$1,081

Extra cost to
LA HAP
through 2020:
\$52,308

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 2021 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

Client enrolls in a Marketplace, Medicare or other insurance plan for the first time

Client switches from one Marketplace, Medicare or other insurance plan to another



Send Insurance Add/Change Form + Invoice to LA HAP



Sacred Cat of Reduced Paperwork

Client is not making any changes to their coverage in 2021*



Obtain 2021 invoice

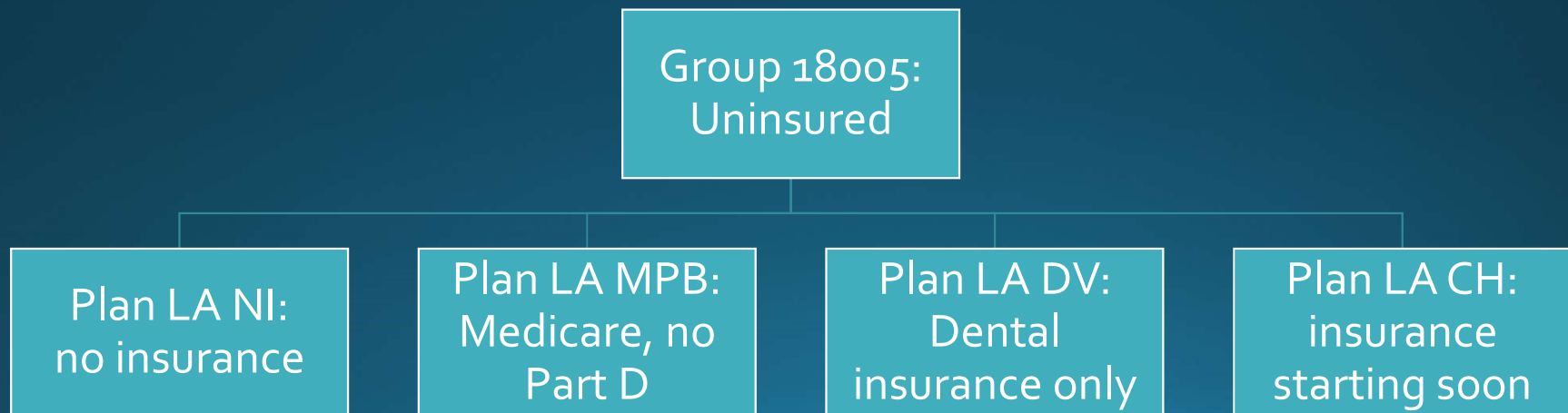


Send 2021 invoice to HIP

**The only clients who should NOT expect changes in January 2021 are those enrolled in MOST employer-sponsored plans. 2021 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** (dropdown menu showing LA NI, LA PI, LA 01) ☐ Include Inactive Plans

Group: **005**

Starting: **01/01/2019** - **12/31/2019** ☐ Include Non - Current Eligibility Periods

Jurisdiction: **All Jurisdictions** (dropdown menu)

Treatment Center: **All Treatment Centers** (dropdown menu)

Case Workers: **All Case Workers** (dropdown menu)

Display Options

☐ Omit Patient Names (Fed ID's Only)

Sort Elig Worker Clients By: **Last Name** (dropdown menu)

Reporting Options

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

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

Run Report (button) **Clear** (button) **Back to Reports** (button)

Can leave defaults in place

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 11/30/20 AND 12/31/2020
 - The LA HAP/Guardian Plan does NOT require 2021 renewal (coverage will automatically continue in 2021 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)

Reminder: if a client is recertifying and already enrolled in LA HAP Guardian dental plan this assistance must be requested & information filled out on page 7 of the LA HAP application.

LA HAP Outreach

- We will:
 - Send outreach letters to ALL Medicare clients that HIP pays premiums for 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 2021 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

And that is all!



Call us at 504-568-7474
<https://lahap.org/contact/>
Email us at lahap@la.gov