

# Welcome to LA HAP!

8 April 2021



# This webinar will cover...

- The structure of LA HAP
- What LA HAP does and does not cover for particular client populations
- Tips on the LA HAP application
- Tips on using LA HAP coverage

Structure

# What is LA HAP?

## THE LOUISIANA HEALTH ACCESS PROGRAM

- The AIDS Drug Assistance Program (ADAP) is a federal Ryan White funding source awarded to every state by the Health Resources and Services Administration (HRSA).
  - The Louisiana STD/HIV/Hepatitis Program (SHHP) receives ADAP funding from HRSA.
  - SHHP is a program within the Louisiana Department of Health's (LDH) Office of Public Health (OPH)
- ADAP funds can be used to provide medication and insurance services to eligible individuals with a positive HIV diagnosis.
  - SHHP uses ADAP funding to support medication and insurance services through our programs called L-DAP and HIP– collectively known as LA HAP.

## Louisiana Health Access Program (LA HAP)

- Process L-DAP & HIP enrollment through single application
- Available to applicants up to 400% FPIG with LA residency and HIV diagnosis who are not eligible for full Medicaid

\$4,294/month  
for a household  
of one in 2021

- Aged 19-64
- Meet U.S. residency requirements
- Income 0-138% FPIG

\$1,482/month  
for a household  
of one in 2021

## Louisiana Drug Assistance Program (L-DAP)

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

Managed through:



## Louisiana Health Insurance Program (HIP)

- Insurance premiums: medical, dental & vision plans for insured clients
- Non-drug cost shares for insured clients

Managed through:



# Coverage

# What does L-DAP cover?

- **Uninsured clients**

- Full cost of medications on LA HAP uninsured formulary

- Excluded for uninsured:

- Any medications not on formulary, including most non-HIV/HCV medications

- **Insured clients**

- Medication cost-shares for all prescription drugs on primary insurer's formulary

- Excluded for insured:

- Erectile dysfunction drugs
- Nutrition supplements
- OTC drugs
- Cosmetic drugs

# What does HIP cover?

- Insurance premiums
  - Medical
  - Dental
  - Vision
  - Prescription drug
- Insurance cost-shares
  - Co-pays
  - Coinsurance
  - Deductibles
  - Durable Medical Equipment (capped at \$5000 per year per client)
  - Medical supplies (i.e. diabetic supplies)
- Excluded:
  - Any costs associated with an inpatient hospital stay
  - Any service/product not covered by primary insurer

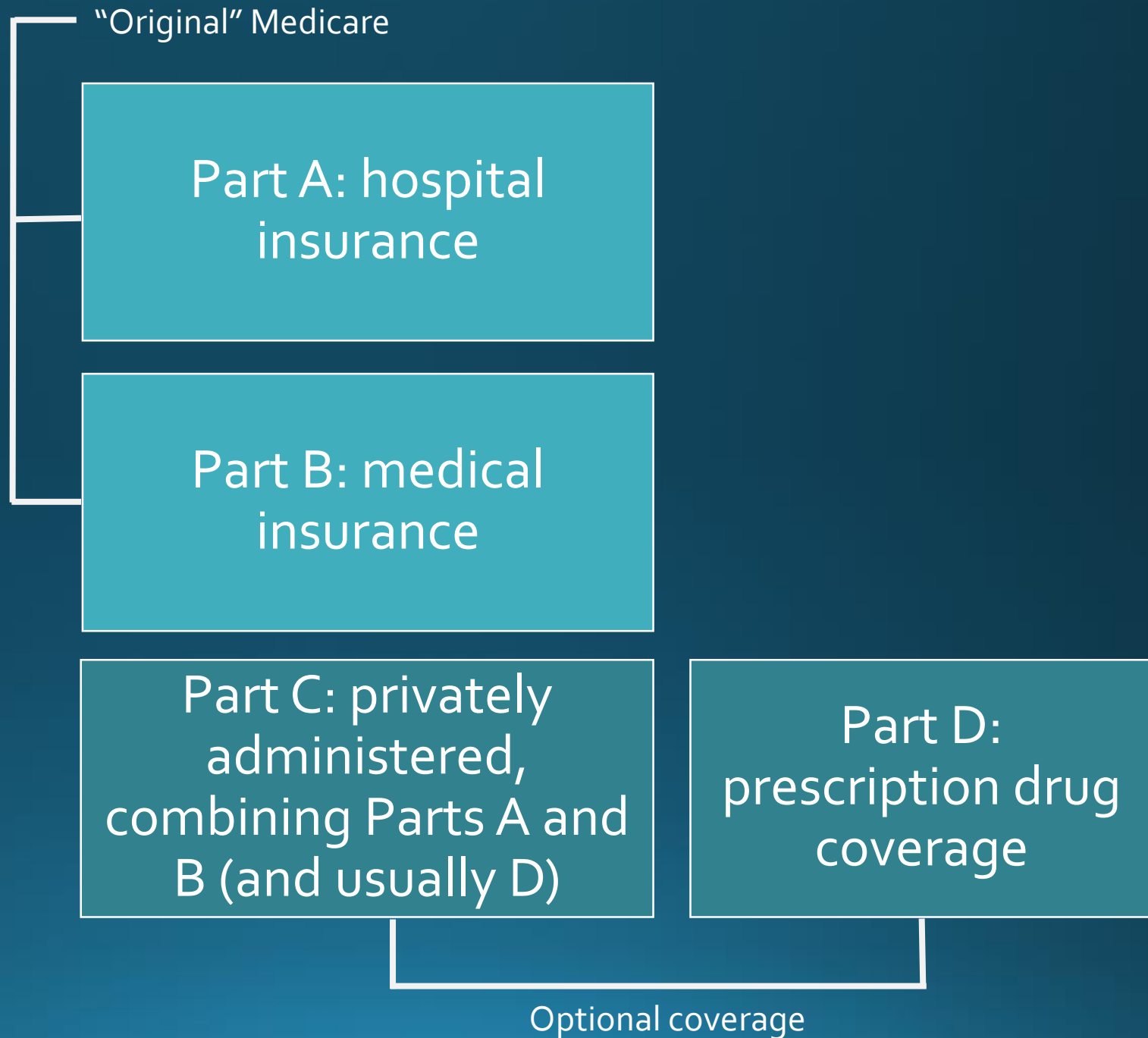


# LA HAP & Medicaid

- LA HAP services are not available for full Medicaid recipients
- Applicants presumed eligible for Medicaid based on reported age and income are ineligible for LA HAP
  - Exception: applicant has applied for/been denied Medicaid coverage within the past 6 months
  - Denial letter must be provided with LA HAP application
- Some services available for partial Medicaid recipients
  - Examples: dual Medicare/Medicaid recipients, applicants within the Corrections system

# Medicare

- Offered to most Americans when they turn 65
- Offered to disabled Americans (Parts A and B) after receiving disability benefits from Social Security for 24 months
- If someone declines Medicare enrollment when initially eligible, they can take advantage of an annual open enrollment period later. But they will have to pay a penalty



# LA HAP & Medicare

| LA HAP Coverage area                     | Medicare Only / Partial Dual Eligible | Full Dual Eligible |
|--|---------------------------------------|--------------------|
| Part A premiums/cost-shares              | Not covered                           |                    |
| Part B premiums                          | Covered                               | Not covered        |
| Part B cost-shares                       | Covered                               | Not covered        |
| Part C premiums                          | Covered                               |                    |
| Part C cost-shares                       | Covered                               | Not covered        |
| Part D premiums/cost-shares              | Covered                               | Not covered        |
| Medicare Supplement premiums/cost-shares | Covered                               | Not covered        |
| Guardian Dental premiums/cost shares     | Covered                               |                    |

**LA HAP CANNOT pay for late enrollment penalties associated with Parts B or D plans.**

# LA HAP & Medicare

- All applicants with income at 150% FPL or below enrolled in Medicare should apply for Low Income Subsidy (LIS), also known as Extra Help, at regular intervals
  - 150% of the FPL is \$1,610 per month for a household of one in 2021
  - Exception: all dual eligible clients automatically receive LIS
- Apply at <https://www.ssa.gov/medicare/prescriptionhelp/>
- If receiving LIS:
  - LA HAP may reach out for documentation if we are unable to verify LIS status with Medicare
- If not receiving LIS:
  - Provide verification of LIS online application submission dated within current calendar year, OR
  - Provide verification of LIS denial letter dated within the last 12 months

# LA HAP & employer-based plans

- Can cover premiums and cost-shares for employer-based plans
- HIP will reach out to employer to explain program and receive permission to pay premiums on behalf of client
  - No medical information will be disclosed
  - HIP can only pay client portion of premium

The application

# How to apply

- An applicant may work with a case manager at a community-based organization or clinic, or
- Applicants may complete the application themselves
- Anyone can download and print a fillable paper application at [www.lahap.org/apply](http://www.lahap.org/apply)
- Applicants can also register on the LA HAP Member Portal at [www.lahapenroll.com](http://www.lahapenroll.com) to apply online

# How to apply

Per HRSA, recertification must be completed **every six months**.

- Eligibility ends six months after application approval date **at the end of that month**.
- Example: A client enrolls and is approved March 16<sup>th</sup>. They must recertify six months later (September) by the end of the month (30<sup>th</sup>).



# How to apply

For applicants that consistently use the **LA HAP Member Portal** to recertify:

- They have the option for a simplified six-month recertification **their second recertification within a 12-month period.**

# How to apply

For applicants that consistently use the **LA HAP Member Portal** to recertify:

- Example 1: A client enrolls on the Portal and is approved March 16<sup>th</sup>. Six months later (September), after reviewing their information on the Portal, **they determine they have no changes to report**. They may complete the six-month recertification on the Portal **reporting no changes** by the end of September.

# How to apply

For applicants that consistently use the **LA HAP Member Portal** to recertify:

- Example 2: A client enrolls on the Portal and is approved March 16<sup>th</sup>. Six months later (September), after reviewing their information on the Portal, **they determine they have changes to report in their income and insurance**. They may complete the six-month recertification on the Portal **reporting those changes** by the end of the September.

# Recertification scenarios

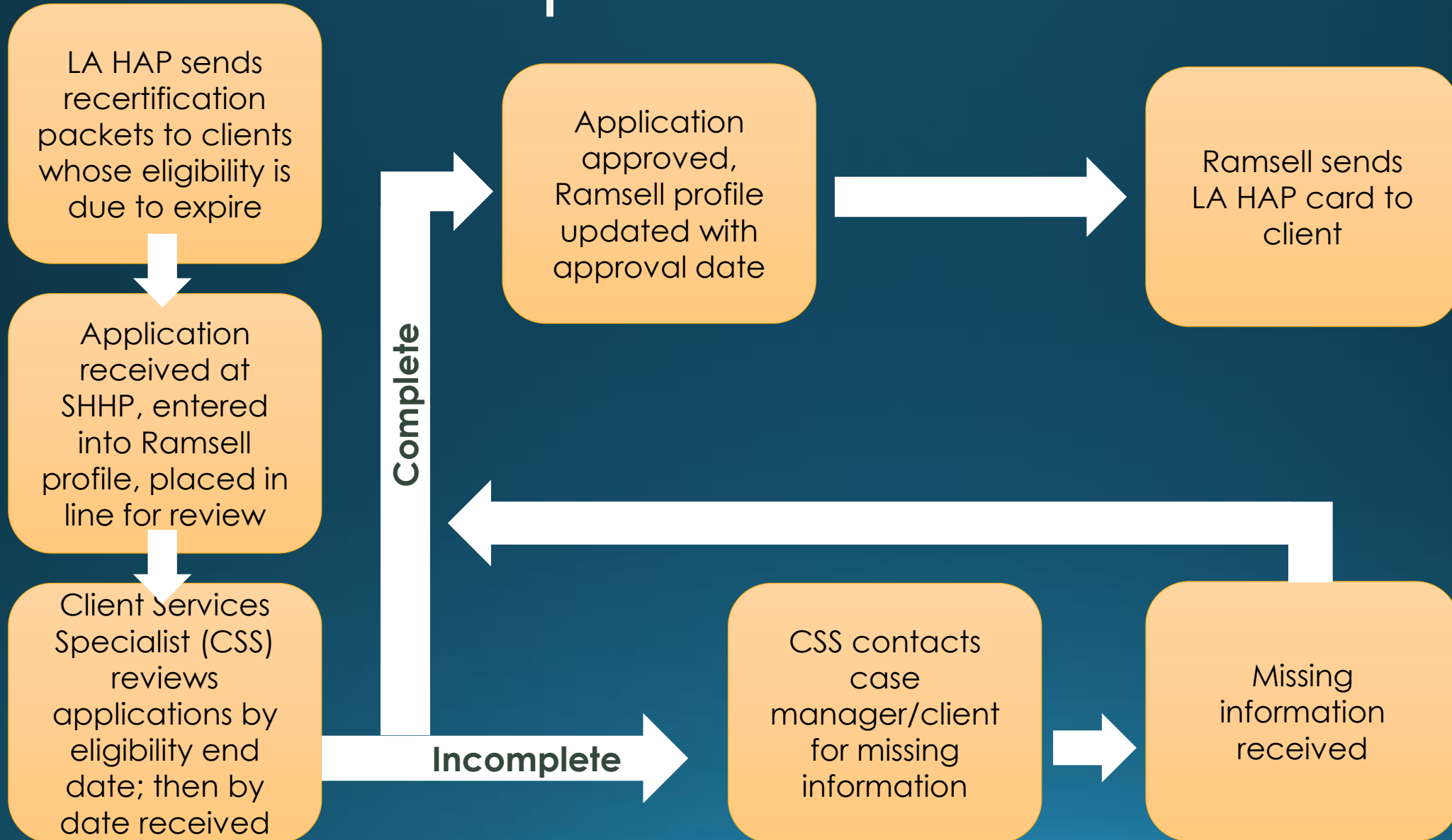
## PAPER APPLICATIONS

Approved March 16<sup>th</sup> 2021 → Recertify by September 30<sup>th</sup> 2021 →  
Recertify by March 31<sup>st</sup> 2022 → etc.

## ONLINE PORTAL APPLICATIONS

Approved March 16<sup>th</sup> 2021 → Complete simplified six-month recertification  
by September 30<sup>th</sup> 2021 → Complete standard recertification by March 31<sup>st</sup>  
2022 → etc.

# The process



# Which forms to fill out during application/recertification

- If the **insurance status hasn't changed**, fill out the LA HAP application only.
- For clients who are **without insurance but about to enroll in an insurance plan**, fill out the LA HAP application for uninsured services **and** the Insurance Add/ Change form for the new insurance plan.
- For clients that **have insurance but are about to enroll in a different insurance plan**, fill out the LA HAP application with existing insurance plan **and** the Insurance Add/Change form for the new insurance plan.

See [www.lahap.org](http://www.lahap.org) → “Apply for LA HAP” for more information on which forms to submit when.

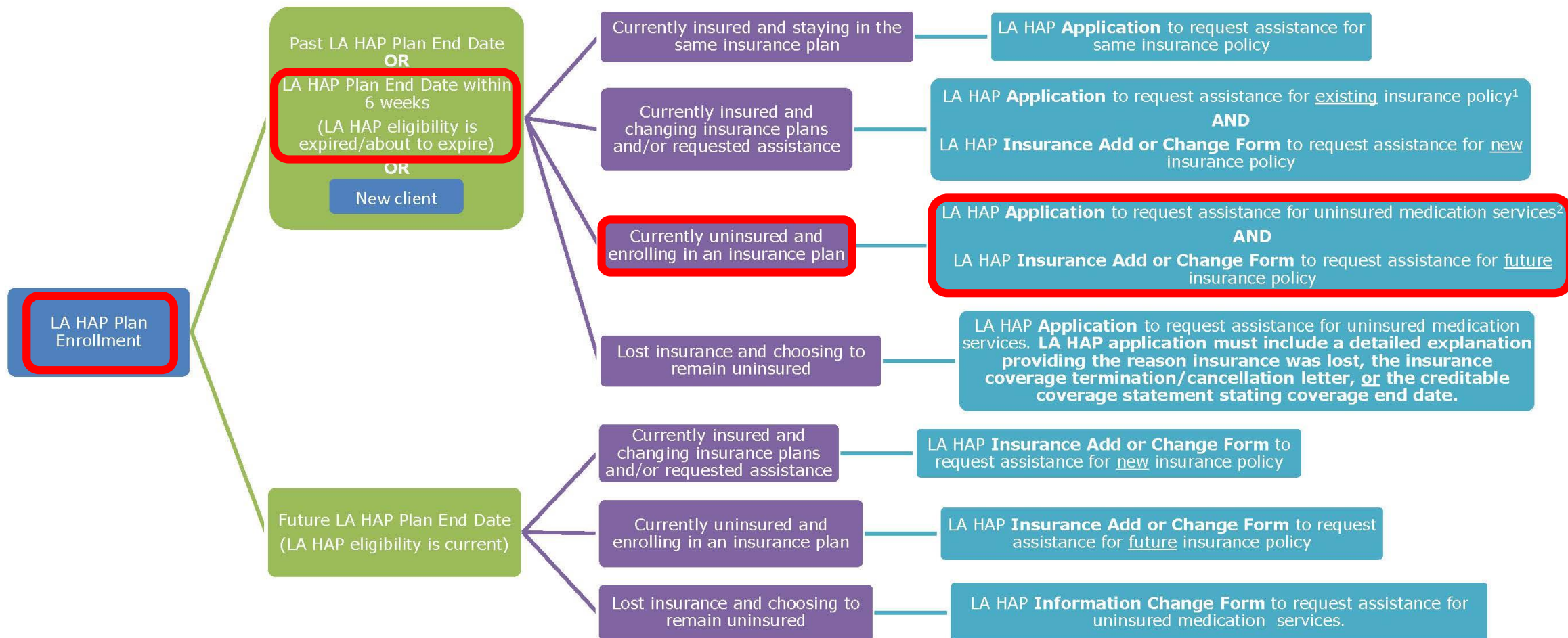
## Form(s) to submit to LA HAP when a client enrolls in, loses, or changes their insurance

Step 1: Log into the Ramsell system and check to see if the client is **New;** , OR if the client's **LA HAP Plan Enrollment** has a **past LA HAP Plan End Date, a LA HAP Plan End Date within 6 weeks, or a future LA HAP Plan End Date**

*If you do not have Ramsell access, submit the [Ramsell User Request and Confidentiality Form](#) to request access.*

Step 2: Confirm with the client if they are/have **currently insured, currently uninsured, or lost insurance and choosing to remain uninsured.**

Step 3: Complete and submit the **appropriate form(s)** based on the decision tree below. All forms are available on [lahap.org](http://lahap.org) under **"Forms and Applications."**



<sup>1</sup> LA HAP application is completed to request assistance for the existing insurance policy which will be needed until the new insurance policy is active.

<sup>2</sup> LA HAP application is completed to request assistance for uninsured medication services which will be needed until the future insurance policy is active.



# Required documentation

- Provide with application:
  - *For all applicants:*
    - Proof of income for all sources
    - Proof of Louisiana residency
  - *For non-dual eligible Medicare beneficiaries with income at or below 150% of the FPL:* Proof of LIS status or LIS application
  - *For applicants requesting premium assistance for first time on a new plan:* Copy of premium invoice

More detailed information found on [www.lahap.org](http://www.lahap.org) under “Apply for LA HAP”



# Proof of income

**Provide one of the following for each source of income the household has:**

- Pay stub from the last six months (two months preferred)
- A signed legal affidavit from the last six months
- LA HAP Certification of No Income/Cash Only Income Form from the last six months
- Benefit award letter from the current award year (SSDI, etc.)
- Benefit check from current award year
- Tax document from most recent available year

# Proof of residency

## **Provide one of the following:**

- Current Louisiana driver's license or ID
- Utility bill or income documentation dated within six months
- Tax document from the most recent filing year
- Income award letter from current calendar year
- Current lease agreement, deed, or mortgage statement
- Affidavit dated within six months
- (Coming Soon!) LA HAP Certification of Louisiana Residency form dated within six months

# Requesting premium help for the first time on a new plan?

- Include an **invoice** from the insurance company.
- If LA HAP is already paying premiums, no need to include an invoice if the amount hasn't changed.

*This also applies to Medicare clients, who must submit premium invoices, invoice statements, or coupon booklets to in order for HAP to make premium payments.*

# Submitting the application

**Online Member Portal:**

[www.lahapenroll.com](http://www.lahapenroll.com)

**Fax:**

504-568-3157

**Mail/drop-off:**

LA HAP

1450 Poydras St

Suite 2136

New Orleans, LA 70112

No applications  
accepted by  
email.

# Tracking the application

When the application is received, LA HAP staff updates the client's profile in the Ramsell user interface (UI).

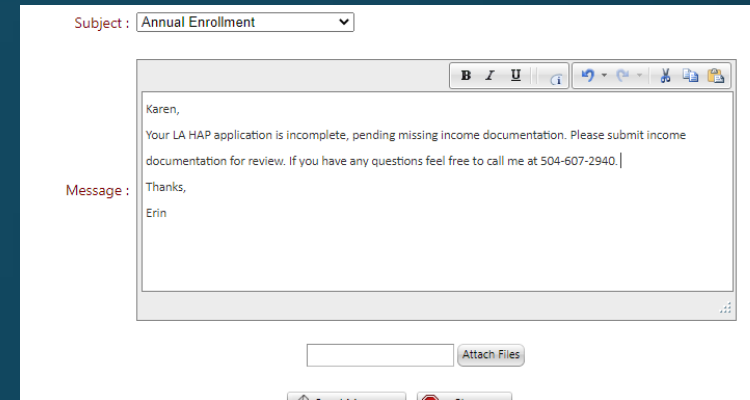
- Only caseworkers have access to the Ramsell system (not clients)
- Don't have access? Return the [Ramsell User Request form](mailto:Idap@lahap.gov) to [Idap@lahap.gov](mailto:Idap@lahap.gov)
- Clients can call LA HAP at 504-568-7474 to verify that an application was received

The screenshot displays the Ramsell user interface for the 'Certification of Eligibility' form. The top navigation bar includes tabs for Identification, Diagnosis, Medicaid, Medicare, Non-Medica, Dental/Visio, Income, Eligibility (selected), Document, and Notes. A green progress bar is visible below the navigation bar. A message states: 'You must complete all fields marked with an (\*)'. The form fields include: General Information Received Date (MM/DD/YYYY), Medical Information Received Date (MM/DD/YYYY), Insurance Information Received Date (MM/DD/YYYY), Application Completed Date (MM/DD/YYYY), Application First Received Date (03/12/2021), Core Eligibility Start Date (MM/DD/YYYY), Core Eligibility End Date (MM/DD/YYYY), and Application Status (Applied - Pending). The bottom section is labeled 'Current Group/Plan and Eligibility Information'.

# Incomplete applications

## 1) LA HAP staff :

- Call client/case manager to notify of incomplete application & request missing information if application submitted via fax or mail
- Send secure message to client If application submitted by client through online portal
- Updates “Notes” tab of client’s Ramsell profile to document application status

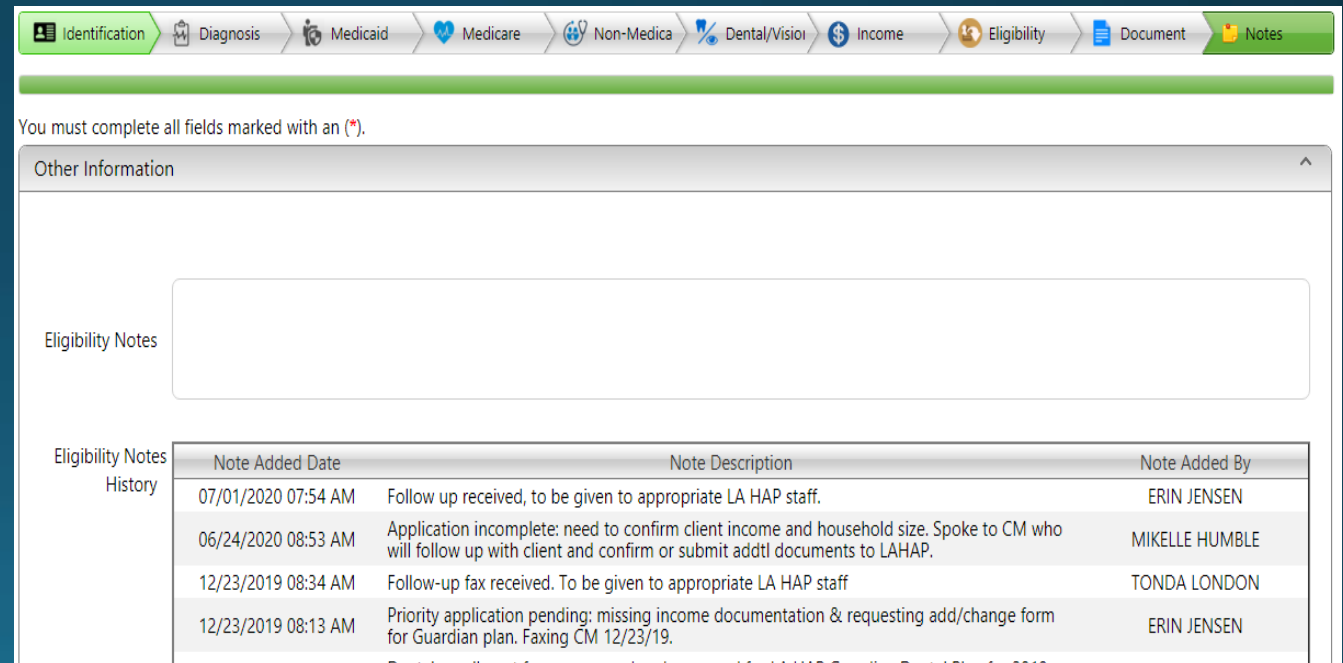


## 2) Client/Case manager:

- Tracks down missing information
- Submits missing information or documentation to LA HAP via fax or online portal

## 3) LA HAP staff:

- Confirms follow-up information was received in “Notes” tab; files for processing
- Application will be reviewed again by LA HAP staff



| Note Added Date     | Note Description   | Note Added By  |
|---------------------|--|----------------|
| 07/01/2020 07:54 AM | Follow up received, to be given to appropriate LA HAP staff.   | ERIN JENSEN    |
| 06/24/2020 08:53 AM | Application incomplete: need to confirm client income and household size. Spoke to CM who will follow up with client and confirm or submit addtl documents to LAHAP. | MIKELLE HUMBLE |
| 12/23/2019 08:34 AM | Follow-up fax received. To be given to appropriate LA HAP staff  | TONDA LONDON   |
| 12/23/2019 08:13 AM | Priority application pending: missing income documentation & requesting add/change form for Guardian plan. Faxing CM 12/23/19.                                       | ERIN JENSEN    |

# Important application tips

- To the extent possible, assist your clients with the application process—not the other way around
  - LA HAP fields complaints from clients who were unaware which insurance plan they were placed into, which paperwork has been submitted on their behalf, etc.
- If your client wishes you to have access to their LA HAP information:
  - Make sure your name and agency are entered into Section 15 of the LA HAP application

| SECTION 15: PROVIDER INFORMATION   |                                  |  |
|--|----------------------------------|--|
| 1. Do you have one or more providers or case managers who you want to have access to your LA HAP records? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |  |
| 2. Provider 1 First and Last Name  | 3. Provider 1 Entity/Agency Name | 4. Provider 1 Phone Number and Extension |
| <input type="text"/>   | <input type="text"/>             | <input type="text"/>                     |
| 5. Provider 2 First and Last Name  | 6. Provider 2 Entity/Agency Name | 7. Provider 2 Phone Number and Extension |
| <input type="text"/>   | <input type="text"/>             | <input type="text"/>                     |

# Important application tips

- Report any information change to LA HAP, especially:
  - Address change
    - Information Change Form
  - Loss of insurance coverage
    - Information Change Form
  - Gain of insurance coverage
    - Insurance Add/Change Form
  - Change in insurance premium amount (example: Medicare Part D premiums change at the beginning of each calendar year)
    - Send updated invoice to HIP

*To ensure continuity in service, changes should be reported continually; not only at the time of recertification*



# Additional Forms

|   |   |
|---|---|
| Certification of Louisiana Residency        | Certify that a client resides in the state of Louisiana; only used in cases where provision of other documentation presents an undue burden |
| Certification of No Income/Cash-Only Income | Certify that a client has either ZERO income or CASH income; cannot be used to certify any other form of income                             |
| Disenrollment                               | Disenroll a client from LA HAP  |
| Information Change                          | Inform LA HAP of loss of insurance coverage, change of address, change of name, etc.  |
| Insurance Add/Change                        | Add or change an insurance plan, or to add or change types of insurance assistance, to LA HAP coverage                                      |
| Proof of Positivity                         | Verify proof of positivity; this is especially useful for clients who are newly diagnosed or who have moved to Louisiana from another state |
| Release of Information                      | Grant permission to an agency to access and release client information to/from LA HAP; form MUST be initiated and signed by client          |

# Interpreting the Ramsell UI

You must complete all fields marked with an (\*).

### Document Upload

**Document Checklist**

Applicant must include proof of income for themselves and their household. Applicant applying for premium assistance for the first time with LA HAP must include a copy of the premium statement/invoice. Applicant with Medicare must include proof of LIS application or status.

- Proof Of Residency \*
- Statement or Invoice for your Insurance Premium \*
- Copy of Health Insurance Card \*
- Proof of Income - Applicant \*

**Document Type**

Select Document Type

**Document List**

| File Name                                       | File Type           | File Processed Date | Delete File |
|---|---------------------|---------------------|-------------|
| 'Insurance Documents.5/31/2021.01202021.pdf'    | Insurance Documents | 01/20/2021 11:27 AM |             |
| 'LA HAP Application.5/31/2021.11192020.pdf'     | LA HAP Application  | 11/19/2020 07:59 AM |             |
| 'LA HAP Application.11/30/2020.05082020.pdf'    | LA HAP Application  | 05/08/2020 07:15 AM |             |
| 'LA HAP Application.5/31/2020.11052019.pdf'     | LA HAP Application  | 11/05/2019 06:52 AM |             |
| 'Insurance Documents.11/30/2019.05302019.pdf'   | Insurance Documents | 05/30/2019 12:08 PM |             |
| 'LA HAP Application.11/30/2019.05302019.pdf'    | LA HAP Application  | 05/30/2019 06:14 AM |             |
| 'Insurance Documents.5/31/2019.02052019.pdf'    | Insurance Documents | 02/05/2019 10:25 AM |             |
| 'LA HAP Application.5/31/2019.11142018.pdf'     | LA HAP Application  | 11/14/2018 01:27 PM |             |
| 'Other-Premium Invoice.11/30/2018.05292018.pdf' | Other               | 05/29/2018 07:27 AM |             |
| 'Insurance Documents.11/30/2018.05172018.pdf'   | Insurance Documents | 05/17/2018 11:12 AM |             |

Tabs under each client profile allow you to view information about client and access submitted documents

# Interpreting the Ramsell UI

- Updated manually by LA HAP staff based on information provided by case managers/clients
- Do not use information in Ramsell UI to complete an application


|                                     |             |
|-------------------------------------|-------------|
| Total Gross Income (\$)             | \$35,568.00 |
| <b>Amount</b>                       |             |
|                                     | \$0.00      |
|                                     | \$0.00      |
|                                     | \$0.00      |
| <hr/>                               |             |
| Household Total Annual Income (\$): | \$35,568.00 |
| Percentage of FPL (%):              | 276.10 %    |

|  |                                |
|--|--------------------------------|
| Insurance Type   | Marketplace                    |
| Insurance Company & Plan Name  | BCBS Blue Max 60/40 \$2800 CSR |
| Member ID Number   |                                |
| Group Number   |                                |
| Insurance Start Date   | 01/01/2020                     |
| Policy Number  |                                |
| Insurance End Date   | 12/31/2020                     |
| <b>Non-Medicare Insurance Premium Information</b>  |                                |
| <i>Applicant ONLY need to complete this section if applicant is requesting that LA HAP pay applicant's Non-Medicare premium.</i> |                                |
| What is applicant's portion of the premium amount?   | \$608.55                       |
| How often is the premium paid?   | Once a Month                   |
| Next Payment Due Date  | MM/DD/YYYY                     |

Using coverage

# Using LA HAP benefits

- **Uninsured**: medication-only
  - Make sure pharmacy is in the LA HAP/Ramsell network for uninsured clients
- Present LA HAP Card at pharmacy
  - LA HAP is billed electronically
  - No further action required by client

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

**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

# Using LA HAP benefits

- **Insured** (co-pays, coinsurance, deductible, and/or premium assistance):
  - **Premiums:** If client requests premium assistance and provides correct information, HIP will pay premiums regularly.
  - **Medical services:** Insurance company (including Medicare) is always the first payer. Provider or client must then bill HIP for cost-shares/deductible.

1)



2)

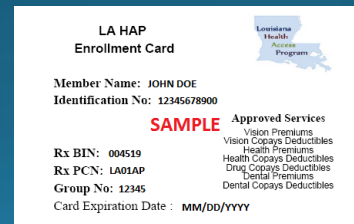
Bill + Explanation of Benefits → **HIP**

- **Pharmacy services:** Insurance company (including Medicare) is always the first payer. Client should then use LA HAP card for cost-shares so pharmacy can bill LA HAP electronically.

1)



2)



# Important tips for using benefits

- Clients must use a LA HAP network pharmacy when accessing medications
  - Network for uninsured clients is a smaller subset of the network for insured clients
- HIP has no specified provider network—clients should make sure their provider is familiar with HIP and will agree to bill HIP before attending an appointment
  - Provider may send bill to HIP directly, or may send to client in order to forward to HIP
- HIP cannot reimburse clients directly for any healthcare-related costs, even for services/time periods when client was eligible

# Communicating with LA HAP

| <i>For questions about...</i>  | <i>Contact...</i>  |
|--|--|
| General LA HAP policies  | lahap@la.gov; 504-568-7474   |
| Specific applications  | The Client Services Specialist assigned to the application at their direct line, or 504-568-7474 |
| Claims status, payments or billing                                   | HIP at 225-424-1799  |
| Insurance status   | Insurance company  |
| Technical difficulties/lockouts with Ramsell                         | Ramsell HelpDesk at 1-888-311-7632   |
| Assistance with Online Portal registration, password reset or log in | Ramsell HelpDesk at 1-888-311-7632, option 9   |

**Never send client-identifying information or application by email.**

See [www.lahap.org/contact](http://www.lahap.org/contact) for staff extensions.



# LA HAP/HIP leadership

- Erika Sugimori, Services Manager
- Matthew Arnold, Treatment Access Supervisor
- Erin Jensen, Client Services Specialist Supervisor
- Bryant Bell, Health Insurance Program Coordinator
- Tanya Brown, HIP Director (HAART)
- Gale Toussant, Customer Affairs Coordinator (HAART)

# Thank you, thank you, thank you!

Louisiana case managers help thousands of clients access their medication and other services every month. Your work is **EXTREMELY** critical and valuable!

When things get stressful, please know that you are **APPRECIATED** beyond measure by your coworkers, clients, and partners in the field.

