

# LA HAP and Open Enrollment 2025

**Tuesday, October 15<sup>th</sup>, 10am**  
**Wednesday, October 16<sup>th</sup>, 2pm**



# IN TODAY'S PRESENTATION

MEDICARE

MARKETPLACE

MEDICAID

DENTAL AND VISION

CLIENT SUCCESS DURING OPEN  
ENROLLMENT

GENERAL UPDATES

Q & A

**MEDICARE**

# MEDICARE OPEN ENROLLMENT

**October 15<sup>th</sup> through December 7<sup>th</sup>**

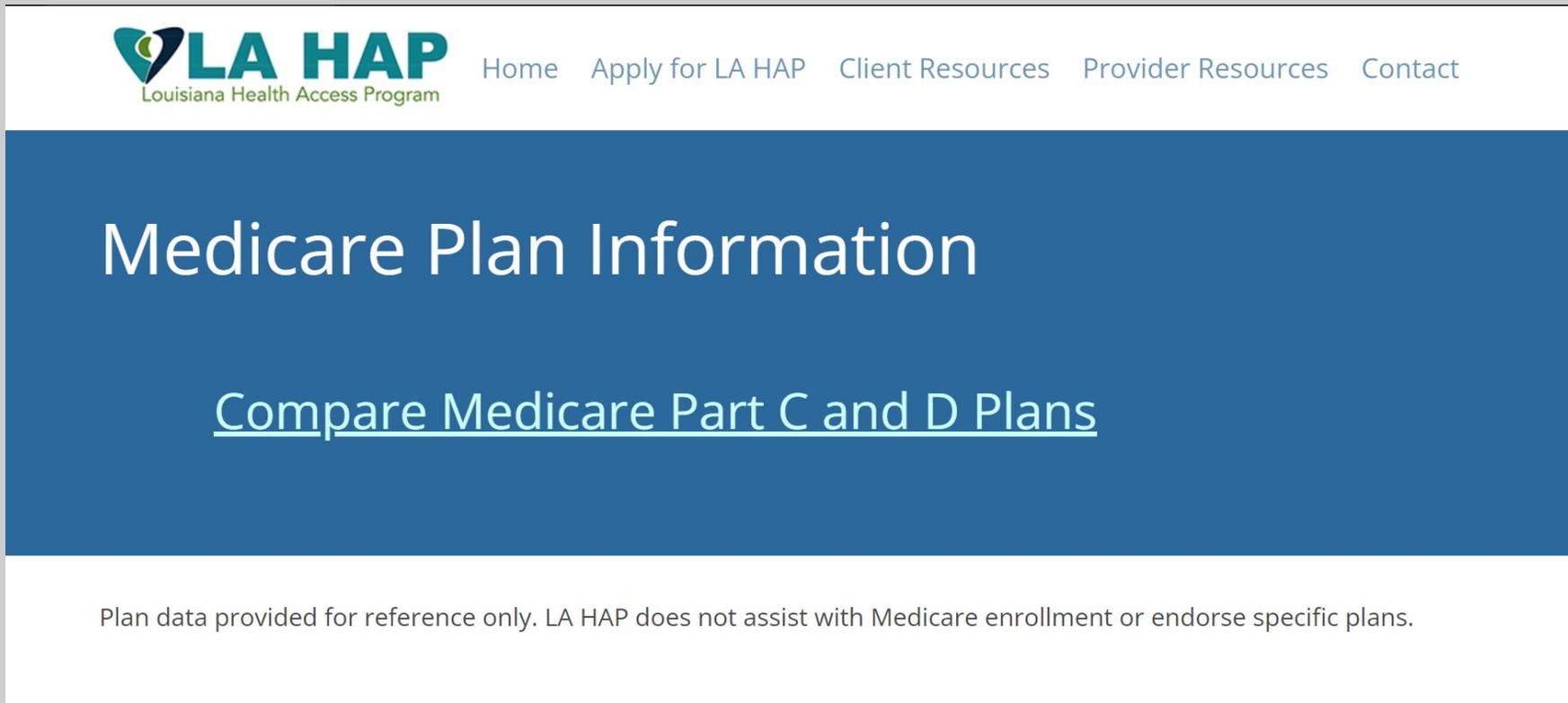
Sign up for or change Medicare Part C (Advantage) or D plans

# MEDICARE ENROLLMENT OPTIONS

Open Enrollment	General Enrollment	Other Enrollment
October 15 <sup>th</sup> -December 7 <sup>th</sup> , 2024	January 1 <sup>st</sup> -March 31 <sup>st</sup> , 2025	April 1 <sup>st</sup> -June 30 <sup>th</sup> , 2025
<ul style="list-style-type: none"> <li>• Sign up for a Medicare Advantage (Part C) plan</li> <li>• Change from one Part C plan to another</li> <li>• Drop a Part C plan and return to Original Medicare*</li> <li>• Sign up for a Part D plan</li> <li>• Change from one Part D plan to another</li> <li>• Drop a Part D plan and return to Original Medicare*</li> </ul> <p><i>*LA HAP clients MUST keep either a C or D plan!</i></p>	<ul style="list-style-type: none"> <li>• Sign up for Parts A and/or B if they didn't do so during your Initial Enrollment Period, to effectuate <i>the month after you sign up</i></li> <li>• Change from one Part C plan to another</li> <li>• Drop a Part C plan and return to Original Medicare*</li> </ul>	<ul style="list-style-type: none"> <li>• Sign up for a Part C or D plan IF they enrolled in Part B during the General Enrollment Period</li> </ul>

# COMPARING PLANS

Go to [lahap.org/medicareplans](http://lahap.org/medicareplans) to compare Medicare plans



The screenshot shows the top navigation bar of the LA HAP website. The logo for LA HAP (Louisiana Health Access Program) is on the left, followed by navigation links: Home, Apply for LA HAP, Client Resources, Provider Resources, and Contact. Below the navigation bar is a large blue banner with the text "Medicare Plan Information" and a link to "[Compare Medicare Part C and D Plans](#)". At the bottom of the page, a white box contains a disclaimer: "Plan data provided for reference only. LA HAP does not assist with Medicare enrollment or endorse specific plans."



[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>

 **LDI** Louisiana Department of Insurance

Home Online Services News

 Consumers >  Industry >

## Senior Health Insurance Information Program

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

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

# 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

# MEDICARE: WHAT'S NEW IN 2025

- **Medicare Part D Coverage gap phase eliminated**
  - the “donut hole”
- **Medicare Part D Annual out of pocket costs capped at \$2,000**
  - Previously, in 2024 capped at \$3,500
- **Medicare Prescription Payment Program (MPPP)**
  - “smoothing”

# MEDICARE: WHAT'S NEW IN 2025

## Medicare Part D Prescription Payment Plan (MPPP)

- Starting in January 2025, Medicare beneficiaries may opt into the Medicare Payment Plan (MPPP), which allows them to ‘smooth’ their prescription drug cost sharing over the course of the plan year
- When someone opts into MPPP, they will make a monthly payment directly to their Part D plan that is separate from their plan’s premium
- The program is optional and **NOT intended for LA HAP clients**. If a client enrolls into MPPP, LA HAP will not be able to cover their prescription copays OR MPPP monthly payments
- If a LA HAP client enrolls into MPPP, they will be able to opt out

**MARKETPLACE**

# MARKETPLACE OPEN ENROLLMENT

**November 1<sup>st</sup> through January 15<sup>th</sup>**

Sign up for or change Marketplace plans on [healthcare.gov](https://healthcare.gov)

# MARKETPLACE: IMPORTANT REMINDERS

- **Marketplace Open Enrollment period remains extended**
  - But to have a January 1<sup>st</sup> plan start date, clients must sign up by December 15<sup>th</sup>
- **Premium tax credits remain expanded to include people of all income levels**
  - Enhanced premium subsidies are extended through 2025
  - Common exceptions: access to employer-sponsored insurance, undocumented status, failure to provide income documentation to the Marketplace, failure to file two previous consecutive 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
- **Gap eliminated between loss of coverage and new plan effective date**
  - Starting in January 2024, Marketplaces are allowed to make coverage effective on the first day of the month in which the triggering event occurs
    - Example: if a client attests Medicaid loss on August 15<sup>th</sup> and pick a plan by July 31<sup>st</sup>, the plan's effective date is August 1<sup>st</sup>

# COMPARING PLANS

Go to [lahap.org/marketplaceplans](https://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.

# MARKETPLACE: WHAT'S NEW IN 2025

## **Deferred Action for Childhood Arrivals (DACA) recipients**

- DACA recipients are now eligible to enroll in a Qualified Health Plan through the Marketplace with financial assistance with APTCs (Advanced Premium Tax Credits) and CSRs (Cost Sharing Reduction plans)
  - New Special Enrollment Period begins November 1<sup>st</sup>, 2024
  - Eligible individuals have 60 days to select a Marketplace plan

## **Affordable Care Act Section 1557**

- Final rule prohibits health insurers from discrimination on the basis of race, color, national origin, age, disability, or sex
  - Effective January 1<sup>st</sup>, 2025

# CLIENT RESPONSIBILITIES

## PREMIUM SUBSIDIES

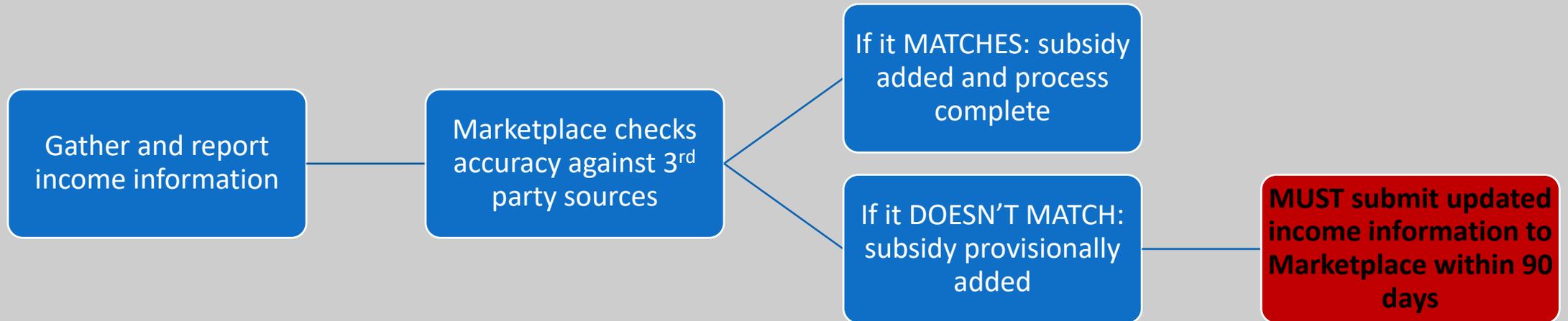
FEDERAL MARKETPLACE PREMIUM SUBSIDIES ARE CRITICAL TO KEEPING LA HAP'S COSTS DOWN SO OUR RESOURCES ARE AVAILABLE TO AS MANY PEOPLE IN LOUISIANA AS POSSIBLE.

### ***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](http://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
- Clients may apply for Marketplace coverage under the “Unwinding SEP” through November 30, 2024
- Clients can apply for a Marketplace plan up to 60 days before losing Medicaid coverage
- Clients must select a Marketplace plan within 60 days of beginning an application
- 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

- Existing Special Enrollment Period (SEP) for individuals who were enrolled in Medicaid during the Public Health Emergency (PHE) and missed their Medicare enrollment period
  - 6 month SEP: either the date the individual is no longer eligible for Medicaid or notified that they are no longer eligible, whichever is later OR can enroll via the General Enrollment Period
  - Late enrollment penalties are waived
    - If an individual enrolled into Medicare during the PHE prior to 1/1/2024 and paid late enrollment fees, they are eligible to have those fees reimbursed

# DENTAL & VISION

# DENTAL & VISION

- YEAR-ROUND ENROLLMENT FOR:
  - LA HAP/GUARDIAN DENTAL PLAN
  - STANDALONE VISION PLANS
- LA HAP DOES NOT COVER COSTS OF STANDALONE DENTAL PLANS
  - LA HAP DOES NOT COVER THE COSTS OF MARKETPLACE HEALTH PLANS THAT INCLUDE DENTAL COVERAGE
- 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

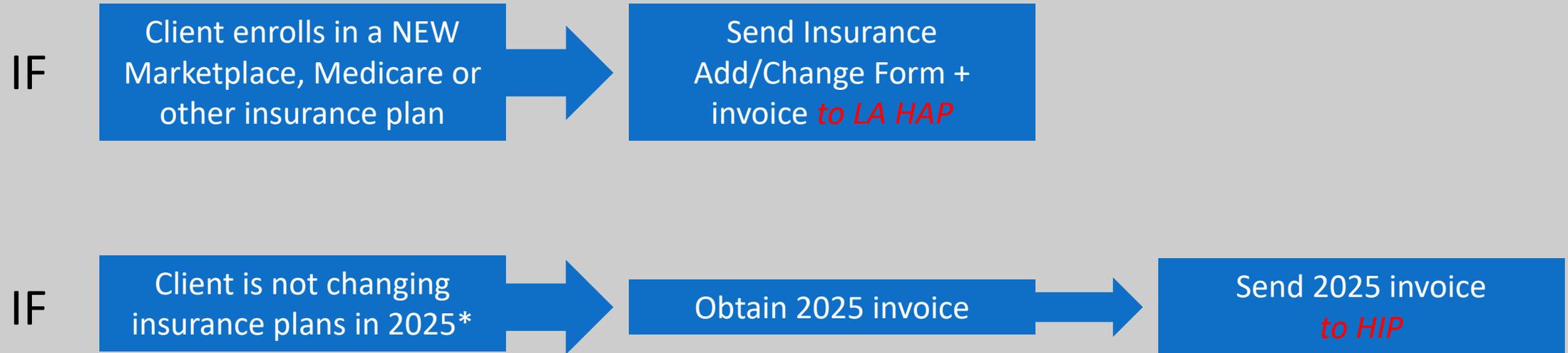
**Reminder: when a client is enrolled in a Guardian Dental plan, the plan must be included on page 7 of the LA HAP application for continued assistance.**

**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



*\*2025 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

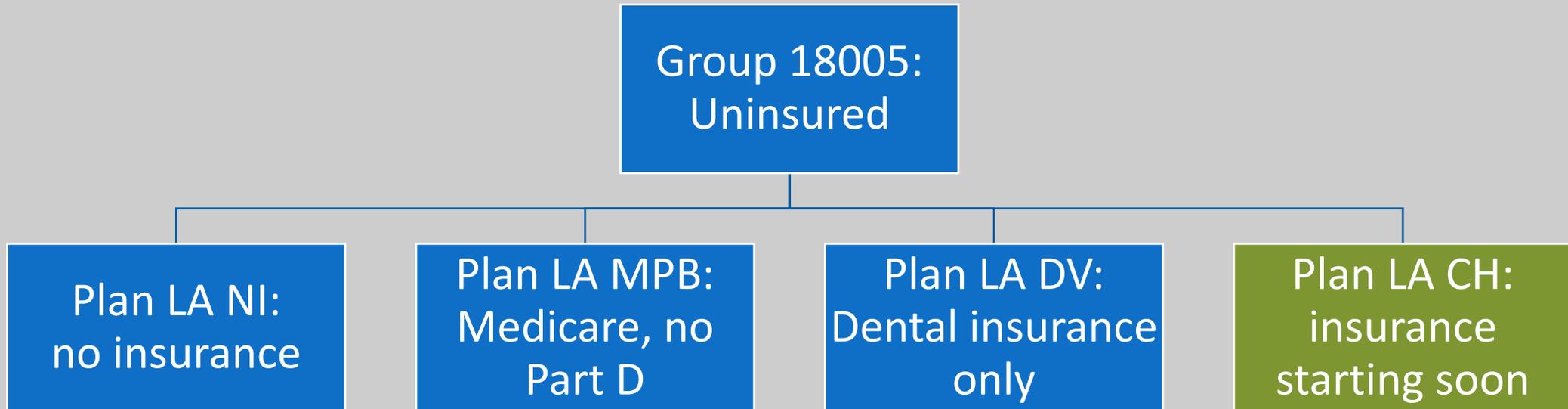
## WE WILL:

- 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](http://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 1<sup>ST</sup> IF CLIENT LA HAP ELIGIBILITY LAPSES
  - MID-OCTOBER: HIP WILL SEND OUT RECERTIFICATION PACKETS FOR CLIENTS WITH ELIGIBILITY EXPIRING 11/30/24 AND 12/31/2024
  - THE LA HAP/GUARDIAN PLAN DOES NOT REQUIRE 2025 RENEWAL (COVERAGE WILL AUTOMATICALLY CONTINUE IN 2025 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 2025 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

# MARKETPLACE CLIENTS: IMPORTANT NOTIFICATION

- In 2024, numerous LA HAP clients had their Affordable Care Act (ACA) insurance plan switched to another plan or insurance carrier without their permission
  - Left clients unable to use their previous insurance, as it was canceled causing issues at the pharmacy and doctor's offices
- Centers for Medicare & Medicaid Services (CMS) has taken action to block unauthorized agents or brokers from making changes to client's ACA enrollment
  - CMS is requiring 'new' agents or brokers conduct a three-way call with the client and the Marketplace Call center OR will direct the client to submit the changes themselves through healthcare.gov or [other approved direct enrollment websites](#)
- If you believe a client was enrolled in or switched to a plan without their knowledge, please call the Marketplace Call Center at 1-800-318-2596 to report the activity, so the Marketplace can promptly resolve any coverage and/or tax-related consequences

# GENERAL UPDATES

# CURRENT OPERATIONS

- LA HAP STAFF ARE STILL TELEWORKING FROM HOME PART TIME
  - MOST 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
- MORE INFO CAN BE FOUND: [HTTPS://WWW.LAHAP.ORG/COVID19/](https://www.lahap.org/covid19/)

# INVOICES INVOICES INVOICES

- LA HAP STRICTLY ADHERES TO DEADLINES TO SUBMIT ADD/CHANGE FORMS & INVOICES FOR 2025 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

# INVOICES

- WHERE CAN CLIENTS FIND THEIR PREMIUM INVOICES?
  - INSURANCE COMPANY
    - ONLINE PORTAL
    - PAPER STATEMENTS RECEIVED VIA MAIL
      - BCBS GENERATES LETTERS THE DAY OF ENROLLMENT
      - BCBS SENDS PREMIUM STATEMENTS FOR THE UPCOMING YEAR 60 DAYS PRIOR TO RENEWAL; JANUARY 2025 RENEWALS ARE MAILED IN OCTOBER
  - HEALTHCARE.GOV ACCOUNT

Q & A



THANK YOU!

QUESTIONS? COMMENTS?

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