LOUISIANA DEPARTMENT OF HEALTH

LA HAP and Open Enrollment 2026

Tuesday, October 14th, 10am
Repeat Session: Wednesday, October 15th, 2pm

Today's Topics

- 2026 OPEN ENROLLMENT *IT IS CRITICAL*
- MEDICARE
- MARKETPLACE
- MEDICAID
- DENTAL AND VISION
- CLIENT SUCCESS DURING OPEN ENROLLMENT
- GENERAL UPDATES
- Q & A

2026 Open Enrollment

HRSA Ryan White HIV/AIDS Program

- With the healthcare funding landscape in flux, assuring health insurance coverage maintenance for people living with HIV is more critical than ever.
- It is also a Ryan White requirement -- Policy Clarification Notice (PCN) #13-04

"By statute, RWHAP funds may not be used 'for any item or service to the extent that payment has been made, or can reasonably be expected to be made…' by another payment source. This means grantees must assure that funded providers make reasonable efforts to secure non-RWHAP funds whenever possible for services to individual clients. **Grantees and their contractors are expected to vigorously pursue enrollment into health care coverage** for which their clients may be eligible (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or other private health insurance) **to extend finite RWHAP grant resources to new clients and/or needed services.**

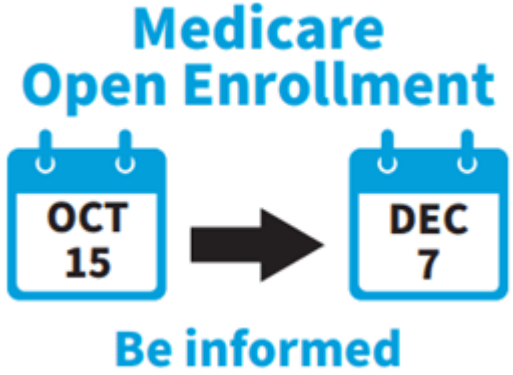
The **RWHAP will continue to be the payer of last resort and will continue to provide those RWHAP services not covered, or partially covered, by public or private health insurance plans.**"

MEDICARE

MEDICARE OPEN ENROLLMENT

October 15th through December 7th

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



MEDICARE ENROLLMENT OPTIONS

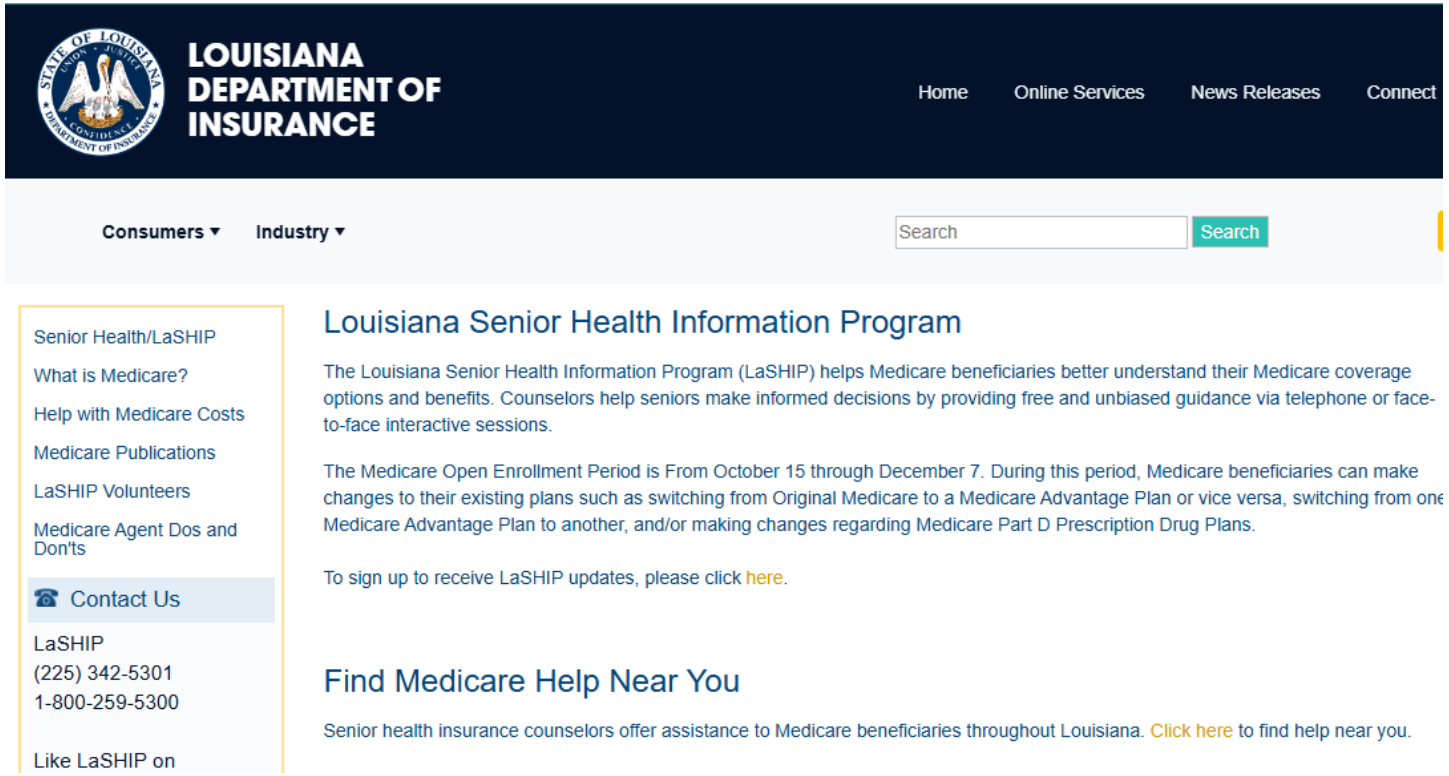
Open Enrollment	General Enrollment	Other Enrollment
October 15th-December 7th, 2025	January 1st-March 31st, 2026	April 1st-June 30th, 2026
• Sign up for a Medicare Advantage (Part C) plan. • Change from one Part C plan to another. • Drop a Part C plan and return to Original Medicare*. • Sign up for a Part D plan. • Change from one Part D plan to another. • Drop a Part D plan and return to Original Medicare*. **LA HAP clients MUST keep either a C or D plan to ensure medication coverage!*	• Sign up for Parts A and/or B if they did not do so during your Initial Enrollment Period, to effectuate *the month after you sign up.* • Change from one Part C plan to another. • Drop a Part C plan and return to Original Medicare*.	• Sign up for a Part C or D plan IF they enrolled in Part B during the General Enrollment Period.

OTHER RESOURCES

Louisiana's Senior Health Information Program (LaSHIP)

Telephone
(225) 342-5301
1-800-259-5300

Website
https://www.ldi.la.gov/consumers/senior-health-shiip



SHOW US THOSE PREMIUM AMOUNTS!

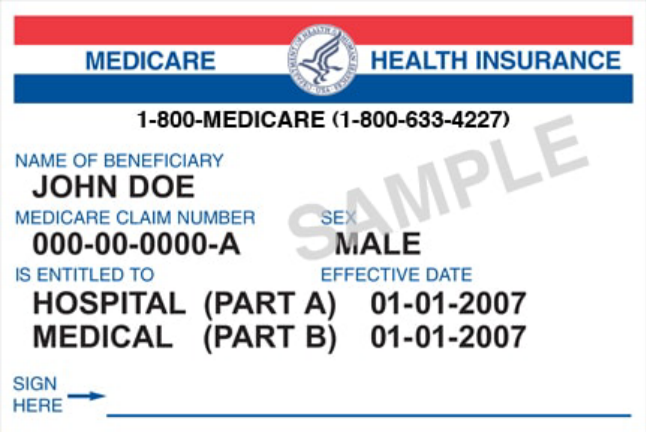
- Medicare premium amounts change every year.
- Medicare Part C and D insurers will NOT accept premium payments made in the incorrect amount.
- Medicare does NOT report premium amount changes to HIP, **so premium amount changes MUST be reported to HIP.**
  - Types of documentation: coupon booklet, screenshot, invoice, letter from Medicare administrator
    - Address for payment must be visible.

MEDICARE: WHAT'S NEW IN 2026

- **Premium increases projected for Medicare Part B & D**
  - Part B premiums are deducted from Social Security for most individuals.

- **Medicare Part D Annual out of pocket costs capped at $2,000**
  - Began in 2025, continues in 2026.

- **Medicare Prescription Payment Plan (MPPP)**
  - “Smoothing” began in 2025.



MEDICARE PRESCRIPTION PAYMENT PLAN

- 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

Health Care .gov

MARKETPLACE OPEN ENROLLMENT

November 1st through January 15th

Sign up for or change Marketplace plans on healthcare.gov.

This year LA HAP is limiting plan selection for Marketplace plans.

For this reason, Marketplace Open Enrollment will require *ACTIVE* engagement from agencies and clients alike.

LA HAP APPROVED MARKETPLACE PLANS

- LA HAP clients enrolled in of & off Marketplace plans MUST enroll in a LA HAP approved plan.
- Approved plans will be released as soon as they are available.
- PrideLife is aware of this new policy and will only enroll LA HAP clients in a LA HAP approved plan.
    - Case Managers using Continuum will be able to access and send pre-populated Insurance Add/Change forms to LA HAP for new insurance policies.
    - Pre-populated Insurance Add/Change forms will ONLY be available for NEW insurance policies, not renewals.

MARKETPLACE: WHAT'S NEW IN 2025

Changes effective August 25th, 2025:

- Elimination of Low Income Special Enrollment Period

  Individuals with income < 150% FPL are no longer able to enroll in Health Insurance through the Marketplace using this SEP.

- DACA (Deferred Action for Childhood Arrivals) Recipients Ineligible for Marketplace Coverage

  DACA recipients enrolled into Marketplace plans will lose current coverage as of September 30th, per healthcare.gov.

  DACA recipients will no longer be eligible for PTCs.

  DACA recipients can still enroll and continue coverage in Off-Marketplace plans.

MARKETPLACE: WHAT'S NEW IN 2026

Changes effective January 1st, 2026:

- No Enhanced Premium Tax Credits (PTCs)

  Unless Congress acts, the enhanced PTCs enacted in 2021 will expire, causing premiums to increase significantly for all Marketplace enrollees.

- If enhanced PTCs expire:
  - People with incomes above 400% FPL would lose PTCs entirely
  - For people with incomes 200-300% FPL: annual premiums would double
  - For people with incomes 150-200% FPL: annual premiums would increase 5-fold
  - For people with incomes under 150% FPL: premiums would increase from $0 to roughly $400 per person

MARKETPLACE: WHAT'S NEW IN 2026

Changes effective January 1st, 2026:

- Prohibits Gender-Affirming Care from Inclusion in Essential Health Benefits

  States will no longer be able to include gender-affirming care as an Essential Health Benefit.

MARKETPLACE: WHAT'S NEW IN 2027

Changes effective January 1st, 2027:

- Shortened Open Enrollment Period

  Open Enrollment Period will be shortened to November 1st-December 15th in 2026 for the 2027 Calendar year.

- Individuals ineligible for Medicaid due to work requirements will be ineligible for PTCs.

MARKETPLACE: PAUSED CHANGES

Changes no longer taking effect August 25th, 2025 due to judge injunction:

- Past Due Premiums

  Reinstates option for Marketplace issuers to require individuals to pay past due premiums before they can effectuate new coverage with that issuer.

  LA HAP cannot pay past due premiums accrued when a client was not LA HAP eligible.

- Additional Documentation Requirements

  Individuals will be required to submit income verification if there is no tax data available.

  Individuals will be required to submit income verification if they attest to income that would make them eligible for a Premium Tax Credit (PTC), but federal databases show income < 100% FPL.

MARKETPLACE: PAUSED CHANGES

Changes no longer taking effect January 1st, 2026:

- Return to One-Year Failure to Reconcile Process
  - Marketplaces must determine people ineligible for PTC if the tax filer did not file or did not reconcile past APTCs for one tax year.
  - This will affect people who failed to reconcile APTC in tax years 2023 or 2024.

Marketplace changes due the 2025 Marketplace Integrity and Affordability Final Rule and Public Law 119-21 "One Big Beautiful Bill Act of 2025"

CLIENT RESPONSIBILITIES

Marketplace Premium Subsidies are critical to keeping LA HAP's costs down so resources are available to as many Louisianans as possible.

How can we encourage clients to get premium subsidies and keep them?

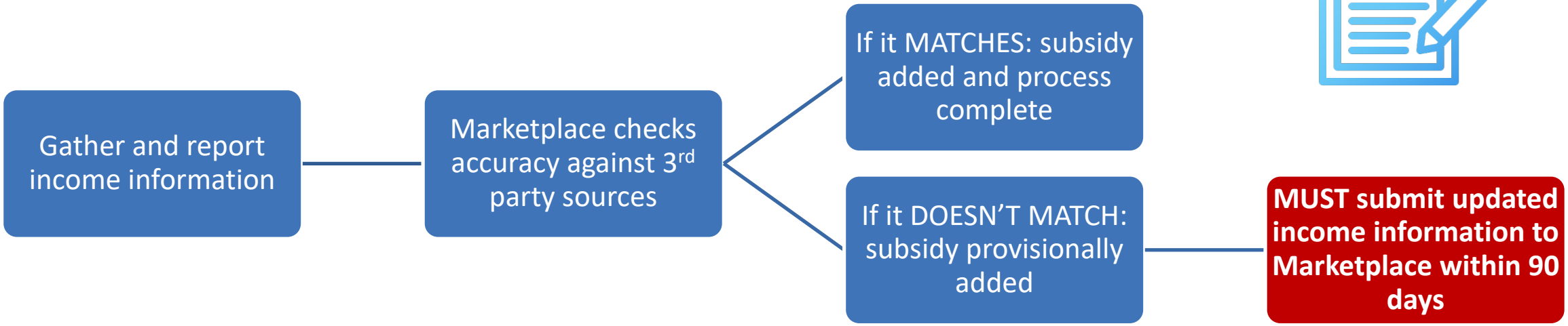
1) Providing accurate income information.

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 (paystubs, award letter, etc.).

After Enrollment: Remind clients to watch their mail for a letter from the Marketplace, even if they did not visit www.healthcare.gov.

If a client works with a broker to provide updated income information to the Marketplace, they MUST provide this information to the broker first.

The above also goes for other information requested by the Marketplace, such as change of residence, proof of immigration status, or loss of healthcare 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 taxes.
  - 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. Please encourage your clients to file their taxes to help ensure they receive a premium tax credit.

MEDICAID

Healthy Louisiana

MEDICAID

- **There are NO LA HAP services available for full Medicaid recipients.**
  - If client recertifies with income < 138% FPL, the application will be denied and they will be referred to Medicaid.
  - **Exception:** some services are 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!

DENTAL & VISION

DENTAL & VISION

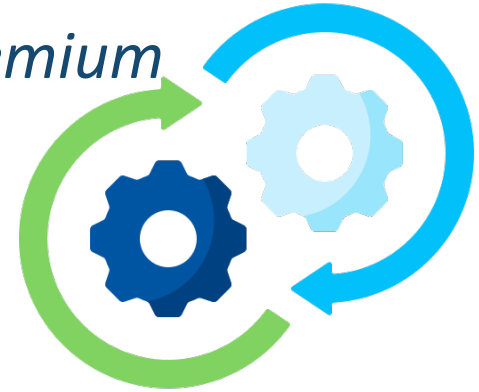
- Year-Round Enrollment for:
  - LA HAP/Guardian Dental Plan
  - Standalone Vision Plan
- LA HAP does not cover costs of standalone Dental Plans
  - LA HAP does not cover the costs of Marketplace health plans that include Dental coverage.
- LA HAP will currently cover the costs of standalone Vision plans, but
  - We've been unable to cover some Vision premiums in practice.
  - Standalone Vision options exist for as little as $13 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 a clients type of coverage.*
- **The HIP office** submits and tracks premium payments.
  - *HIP always needs to be informed about changes in a clients premium amount.*



WHERE TO SEND DOCUMENTATION

IF Client enrolls in a NEW Marketplace, Medicare or other insurance plan → Send Insurance Add/Change Form + 2026 invoice *to LA HAP*

IF Client is not changing insurance plans in 2026* → Obtain 2026 invoice → Send 2026 invoice *to HIP*

2026 invoices prepared by PrideLife will indicate whether a policy is new or a renewal.

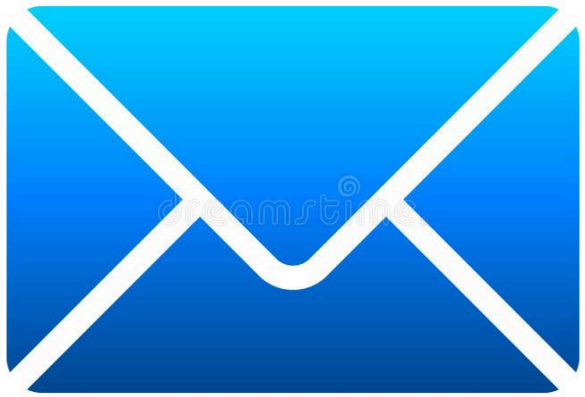
***Reminder*:**

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

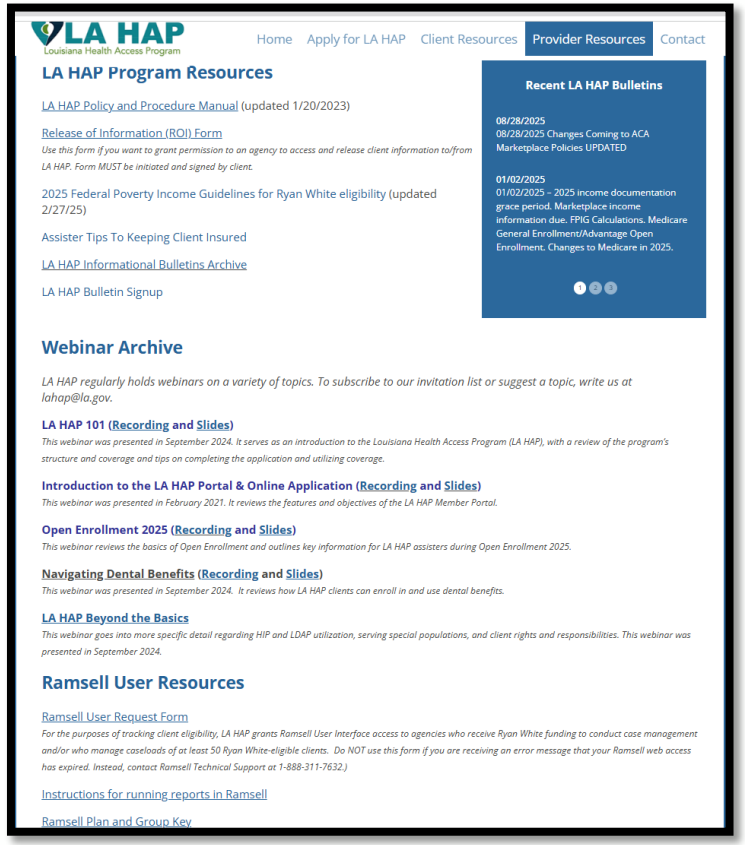
- Sends letters to ALL Medicare clients that HIP pays premiums for.
    - Follow up with phone outreach to clients who have not provided invoices.
- Sends letters to ALL Uninsured Clients.
    - English & Spanish
- Sends letters to ALL Marketplace Clients.
    - English & Spanish



RUNNING REPORTS

Running Reports in Ramsell can be utilized for:

- Clients with expiring eligibility
- Clients with specific group number
- Client list
- https://lahap.org/case-managers/



Group 18005: Uninsured

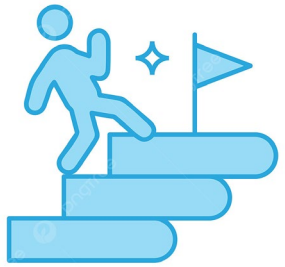
- Plan LA NI: no insurance
- Plan LA MPB: Medicare, no Part D
- Plan LA DV: Dental insurance only
- Plan LA CH: insurance starting soon

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 11/30/25 and 12/31/25.
  - The LA HAP Guardian Dental Plan does not require 2026 renewal (coverage will automatically continue in 2026 provided LA HAP eligibility has not lapsed and assistance continues to be requested on LA HAP application).
- Tax subsidies can change as your income changes so report any income changes to the marketplace as it happens (can also be reported through the insurance broker).
- 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 needs 2026 invoices from EVERYONE!
- LA HAP does *not* need Insurance Add/Change forms from clients who are *renewing* their current coverage; *only new insurance plans require an Insurance Add/Change form.*
- Respond to ALL Marketplace requests for updated information timely.



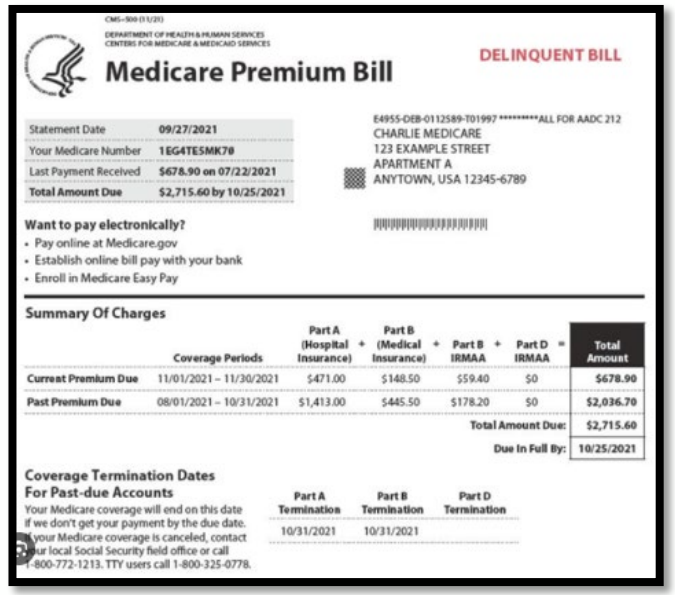
MARKETPLACE CLIENTS: IMPORTANT NOTIFICATION

- This year LA HAP is limiting plan selection for Marketplace plans.
- LA HAP clients needing assistance with a Marketplace plan MUST enroll in a LA HAP approved plan.
- Approved plans will be released as soon as they are available.
- Sign up for LA HAP bulletins for important announcements and policy updates at the pop-up in the right hand corner of lahap.org.

GENERAL UPDATES

INVOICES! INVOICES! INVOICES!

- LA HAP strictly adheres to deadlines for Insurance Add/Change forms and Invoice submission for the 2026 Calendar year.
- Premiums will not be paid unless invoices are submitted.
- Any invoice or Insurance Add/Change form 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.



DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Premium Bill

DELINQUENT BILL

Statement Date	09/27/2021
Your Medicare Number	1EG4TE5MK72
Last Payment Received	$678.90 on 07/22/2021
Total Amount Due	$2,715.60 by 10/25/2021

CHARLIE MEDICARE
123 EXAMPLE STREET
APARTMENT A
ANYTOWN, USA 12345-6789

Want to pay electronically?
- Pay online at Medicare.gov
- Establish online bill pay with your bank
- Enroll in Medicare Easy Pay

Summary Of Charges

Coverage Periods	Part A (Hospital Insurance) +	Part B (Medical Insurance) +	Part B IRMAA +	Part D IRMAA =	Total Amount
Current Premium Due 11/01/2021 – 11/30/2021	$471.00	$148.50	$59.40	$0	$678.90
Past Premium Due 08/01/2021 – 10/31/2021	$1,413.00	$445.50	$178.20	$0	$2,036.70
				Total Amount Due:	$2,715.60
				Due In Full By:	10/25/2021

Coverage Termination Dates For Past-due Accounts

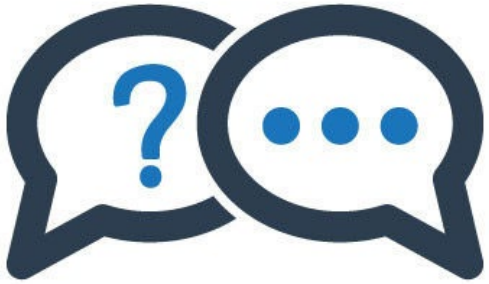
Your Medicare coverage will end on this date if we don't get your payment by the due date. If your Medicare coverage is canceled, contact your local Social Security field office or call 1-800-772-1213. TTY users call 1-800-325-0778.

Part A Termination	Part B Termination	Part D Termination
10/31/2021	10/31/2021	

INVOICES

- Where can clients find their premium invoices?
  - Insurance Company
    - Online portal
    - Paper statements received via mail
      - BCBS generates premium letters the day of enrollment.
      - BCBS sends premium statements for the upcoming year 60 days prior to renewal; January 2026 renewals are mailed in October.
  - Healthcare.gov account

Q & A



LA HAP
Louisiana Health Access Program

THANK YOU!

QUESTIONS?

ERIN.JENSEN@LA.GOV
504-568-2623

OR

LAHAP@LA.GOV
504-568-7474

THANK YOU

LOUISIANA
DEPARTMENT OF
HEALTH