



State of Louisiana

Louisiana Department of Health
Office of Public Health

Dear Provider,

We are pleased to take this opportunity to ensure that you are aware of an important secondary payer program offered by the Office of Public Health. The Louisiana Health Access Program (LA HAP) and its subcomponent, the Health Insurance Program (HIP), provide assistance with the cost of medications and health insurance coverage to certain individuals who meet specified medical and financial criteria.

Your practice is invited to help us serve low-income Louisianans by agreeing to bill HIP as a secondary payor for any copay, coinsurance, or deductible charges incurred by our insured clients at your practice. This can be done by billing HIP directly as outlined in this packet or by sending a bill to the patient to forward to HIP, as opposed to requiring full payment at time of service.

In the attached packet, you will find more information on HIP. We ask that you circulate this packet among your administrative and billing staff and keep it on file at your practice. An electronic version of this packet can be found at www.lahap.org/provider-resources.

Please feel free to contact me at 504-568-7474 with any questions regarding this letter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Alicia Cooke".

Alicia Cooke, MPH
Health Insurance Program Coordinator
Louisiana Health Access Program
Office of Public Health



Louisiana Health Access Program

1450 Poydras St, Suite 2136 New Orleans, LA 70112
Office phone: (504) 568-7474
Confidential fax: (504) 568-3157
www.lahap.org

Introduction to LA HAP and HIP Coverage for Dental Providers

The Louisiana Health Access Program (LA HAP) is a secondary payer program that uses federal grant resources to provide access to medications and/or insurance services for individuals who meet specified medical and financial criteria. Funding is made available through the Health Resources and Services Administration (HRSA) and LA HAP is administered through the Louisiana Office of Public Health.

Providers may verify a member's current eligibility by calling LA HAP staff at 504-568-7474.

The Health Insurance Program (HIP) is a component of LA HAP that is administered by a Baton Rouge-based social services organization, HAART Inc., to process payments to medical and dental providers on behalf of LA HAP members.

Providers may check status of claims by calling HIP staff at 225-424-1799.

Coverage of Dental Services

HIP covers the costs of copays, coinsurance, and deductibles associated with a member's primary insurer. Additionally, the following full-cost services may be covered by HIP:

- Medically necessary services provided to a member before they reached the end of the coverage waiting period imposed by their insurer
- Medically necessary services provided after a member has reached their annual benefit maximum
- Medically necessary services provided above the maximum annual number set by the insurer
 - Example: the insurer allows one crown replacement per year. HIP can cover additional necessary replacements at full cost until the plan year resets.
- Medically necessary services provided by an out-of-network provider when no in-network provider is available

In all instances described above:

- The service must be a "covered service" on the Schedule of Benefits (i.e. one that would normally be covered for the member if one of the situations above did not apply to them).
- Members and their dental providers are highly encouraged to explore the most cost-effective treatment plans in an effort to maximize the financial resources available to all HIP members, including:
 - In non-emergency situations, waiting to receive/provide services until a member has reached the end of their coverage waiting period or entered a new plan year
 - Opting to use an in-network provider over an out-of-network provider if it is reasonably convenient for the member to locate and access an in-network provider



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On a case-by-case basis, HIP can also cover the cost of a service NOT on the insurer's Schedule of Benefits. The service must be deemed medically necessary per a documented dental care plan and the member or their dental provider must consult with HIP PRIOR to receiving/providing services if they intend to bill HIP.

Billing HIP

Providers have the option of billing HIP directly by submitting a HCFA-1500 form along with a copy of the service-related Explanation of Benefits. If the provider chooses not to bill HIP directly, the HIP member may forward medical bills to the HIP office for payment. *Please note that HIP cannot reimburse its members for any payment they may make to providers themselves.* While it is every provider's choice as to whether or not they agree to work with HIP, most members have few options for accessing affordable health care apart from HIP and we encourage you to contact us with any questions you may have about the program.

Please note that changes in income or insurance coverage may affect a client's eligibility for services and cause their LA HAP/HIP benefits to be terminated at any time. Therefore, your office should contact LA HAP at 504-568-7474 to verify eligibility on the day that services are rendered, prior to them being rendered.

If you have any questions about billing, HIP staff can be reached by calling 225-424-1799. Medical cost-share bills and EOBs can be provided to HIP via fax or mail:

Via fax:
225-927-1267
Attn.: HIP


Via mail:
HAART Attn.: HIP
P.O. Box 66913
Baton Rouge, LA 70896



Louisiana Health Insurance Program

A component of the Louisiana Health Access Program

LAHAP Enrollment Card: Sample

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

Front of Card

<p>Notice to Patient: Please carry this card with you and present it when receiving any services that are covered by LA HAP.</p> <p>Notice to Providers: Approval is based on member eligibility at the time of service.</p> <p>Health/Dental/Vision Calls: 1-225-424-1799 Monday - Friday: 8:00am - 4:30pm CST</p> <p>Pharmacy Calls: 1-888-311-7632 Fax: 1-800-848-4241</p> <p>Calls for questions regarding manual claims or prior authorization processing Monday - Friday: 7:00am - 9:00pm CST, Saturday: 10:00am - 7:00pm CST</p> <p>Member Eligibility Calls: 1-504-568-7474 Monday - Friday: 8:00am - 5:00pm CST</p> <p>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</p>
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Back of Card

The LA HAP card serves to verify eligibility only. Non-drug claims cannot be adjudicated at point of care. Insured HIP clients should first present their primary private insurance card for adjudication. Any remaining copay, coinsurance or deductible should then be billed to HIP via submission of a claim form within 180 days.



Louisiana Health Insurance Program

A component of the Louisiana Health Access Program

LA HAP Organizational Structure

Louisiana Health Access Program (LA HAP)

- Process L-DAP & HIP enrollment through single application
- Available to applicants up to 400% FPL with LA residency, specific medical criteria, and who are ineligible for Medicaid

Managed through the Office of Public Health at the Louisiana Department of Health

Louisiana Drug Assistance Program (L-DAP)

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

Contracted through Ramsell, a California-based Pharmacy Benefits Manager

Louisiana Health Insurance Program (HIP)

- Insurance premiums
- Medical (non-drug) cost shares

Contracted through HAART, a Baton Rouge-based social services agency