

LOUISIANA LOVES HEALTH INSURANCE!



December 12th, 2019

DISCLOSURES

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LEARNING OBJECTIVES

At the conclusion of this activity, the participant will be able to:

- 1. Understand how the capacity of RWHAP recipients and subrecipients to enroll and retain clients in health coverage has changed over time
- 2. Describe two state-based models to ensure continuity of care and prevent coverage gaps for clients with different coverage types
- 3. Identify concrete strategies for maximizing insurance coverage during open enrollment

OBTAINING CME/CE CREDIT

If you would like to receive continuing education credit for this activity, please visit:

http://ryanwhite.cds.pesgce.com

THE LOUISIANA INSURANCE MODEL

~3,500 ADAP clients

Supported plans:

Group/employer-sponsored

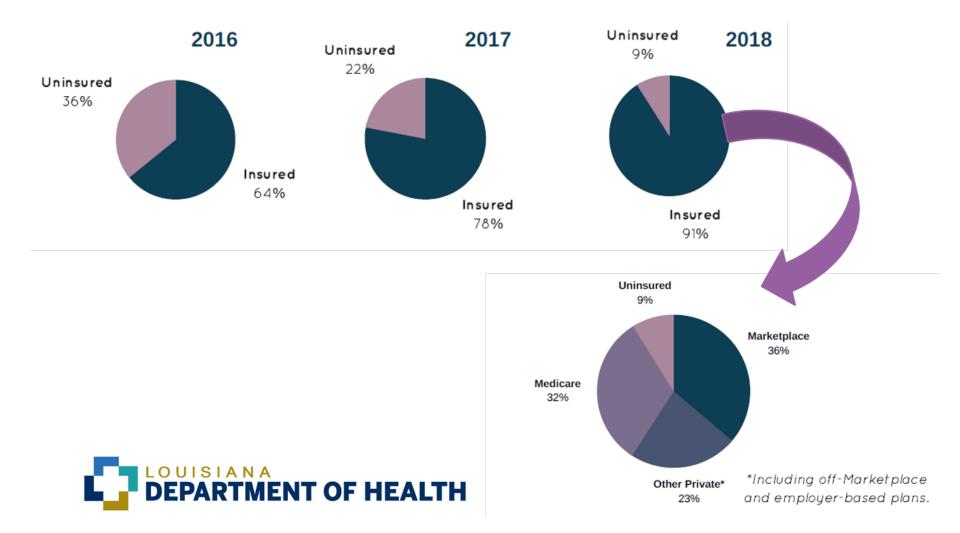
Medicare Parts B, C, and D

Marketplace/individual market

Standalone dental & vision

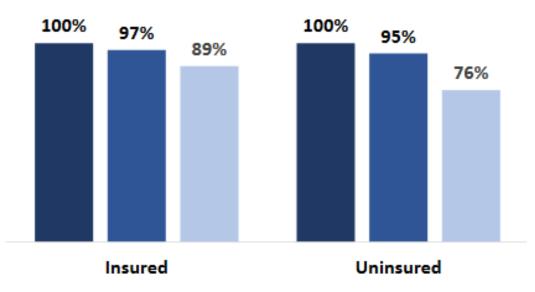


WE LOVE INSURANCE! (1)



WE LOVE INSURANCE! (2)

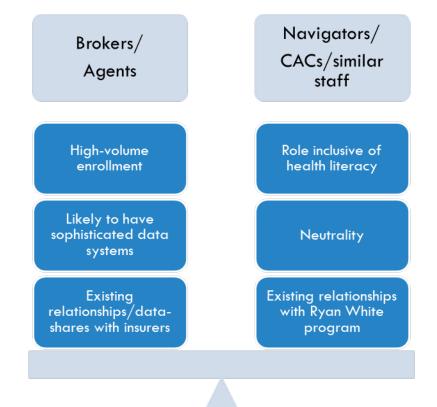
CARE CONTINUUM FOR CLIENTS BY INSURANCE STATUS



Bars represent total LA HAP client population, percentage in care, and percentage virally suppressed. LA HAP client population as of December 31^{st} , 2017. N= 4,593



IDENTIFYING ENROLLMENT PARTNERS





THE ROLE OF THE BROKER IN LOUISIANA'S ADAP

The State of Louisiana has no official relationship with any broker

>But, the vast majority of ADAP Marketplace clients work with a sole broker

Formal coordination = Datashare agreement between broker, Ryan White subrecipient agency HAART

Informal coordination = Pre-Open Enrollment planning meetings, broker attendance on ADAP webinars



OUTREACH EFFORTS

OE minus 1 month: targeted mailings to uninsured, privately insured, and Medicare clients

OE plus 2 weeks: begin phone outreach to self-referral (non-casemanaged) clients

➤Wave 1: Uninsured

➤Wave 2: All others

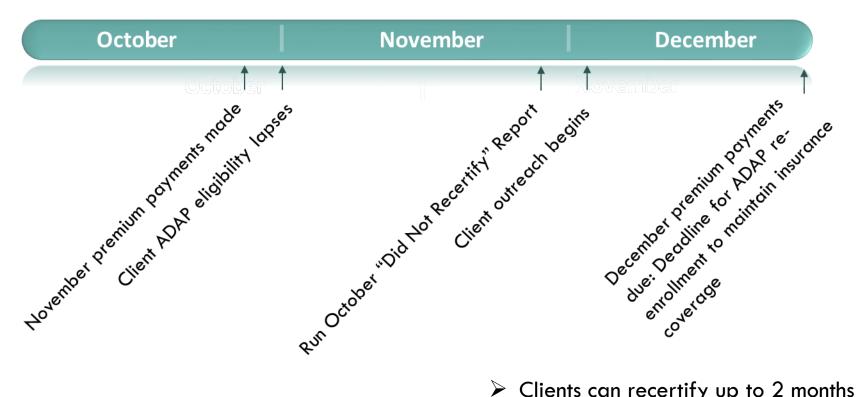
>OE plus 4 weeks: begin phone outreach to remaining uninsured clients

➤Wave 1: Self-referral

>Wave 2: Case-managed



AVOIDING COVERAGE GAPS





- Clients can recertify up to 2 months late and still maintain coverage
- ADAP gathering data on result of outreach efforts

PLUGGING COVERAGE GAPS ELSEWHERE

Medicaid-eligible-but-not-enrolled

- >Not eligible for full ADAP, BUT
- >Can receive short-term ADAP assistance with proof of Medicaid application

Hepatitis C access for Medicaid-enrolled

- ➢Not eligible for full ADAP, BUT
- Can complete expedited application to gain access to HCV treatment if proof of Medicaid coverage denial is included

Justice-involved

Full eligibility for individuals in pre-trial detainment, on work release, or incarcerated in parish-level facility



AFTER ENROLLMENT

- Trust the Process
 - Building trust with Clients
 - Generationally not having insurance
 - Building trust with Providers, Employers, Insurers
 - Open Network of providers
 - >193 Vendors- Premium Payments for Health, Dental, Vision
 - >476 Vendors-Copayments, deductibles for Health, Dental and Vision



PROVIDING CUSTOMER SERVICE

- Equipping clients with tools needed to communicate to their providers
- Equipping staff with the What's and How's of the program to effectively communicate with:
 - Billing department
 - Office Managers
 - Employers

Community



PROVIDING RESOURCES

- Provider webinar series
 - > Orientation to ADAP (presented monthly)
 - Open Enrollment Considerations
 - Tax Filing & Reconciliation
- >Written resources
 - Louisiana Health Access Program Website (non-government URL)
 - Provider Packet
 - Client Welcome Packet



QUESTIONS?

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