



Frequently Asked Questions

1. What is LaCHIP Affordable Plan?

LaCHIP Affordable Plan is a new LaCHIP health insurance program for uninsured children in moderate income families whose income is too much to qualify for regular LaCHIP but whose gross income is below 250 percent of the Federal Poverty Level (FPL). The regular LaCHIP only covers uninsured children in families with countable income up to 200 percent of the FPL.

2. What role does the state Office of Group Benefits have in LaCHIP Affordable Plan?

The Office of Group Benefits (OGB) will act as a Third Party Administrator for the Department of Health & Hospitals which will include functions for claims payments and premium collections for LaCHIP Affordable Plan.

3. How much will LaCHIP Affordable Plan cost my family?

There are three different costs associated with LaCHIP Affordable Plan: a monthly premium, deductibles and co-payments.

MONTHLY PREMIUM

There is a \$50 monthly premium per family (a family with one child will have the same premium as one with four children).

DEDUCTIBLES

There is no deductible except a \$200 mental health deductible.

CO-PAYMENTS

There are co-payments for medical visits. Most of the co-pay levels are the same as the Office of Group Benefits PPO.

- \$150 Emergency Room if not admitted
- Up to \$50 per prescription
- A percent of charges (e.g. 10%)
- Annual maximum on out-of-pocket cost is 5% of family gross income
- Families will be notified of their maximum out-of-pocket cost in their approval letter.

4. Who qualifies for LaCHIP Affordable Plan?

Children must be under age 19 and not covered by health insurance. Family income cannot be more than 250 percent of the Federal Poverty Level. For a family of four, this means an annual income of around \$55,000. Consult the chart on our Web site at www.lachip.org to determine your income level.

5. Are there any groups that cannot enroll in LaCHIP Affordable Plan?

Families that already have access to insurance through the Office of Group Benefits through their employers are not eligible for LaCHIP Affordable Plan. However, they are eligible to apply for regular LaCHIP.

6. When will LaCHIP Affordable Plan start taking applications?

LaCHIP began taking applications for the Affordable Plan on April 15, 2008.

7. When will those enrolled in LaCHIP Affordable Plan be able to access services?

Enrollees began to access services through the LaCHIP Affordable Plan on June 1, 2008. Applicants who are enrolled in the program must pay their first premium before an ID card allowing them to access services is issued.

8. How can I apply for LaCHIP Affordable Plan?

Applications can be obtained online at www.lachip.org or by calling the LaCHIP hotline at 1-877-2LaCHIP (252-2447) or at any of the DHH Medicaid/LaCHIP Eligibility offices or Certified Medicaid/LaCHIP application centers throughout the state. LaCHIP Affordable Plan uses the same application as the regular LaCHIP.

9. What if I don't know which program to apply for – LaCHIP or LaCHIP Affordable Plan?

The application is the same for both LaCHIP plans. The eligibility staff will determine, based on your income and other eligibility factors, which program is right for you.

10. How will I be billed and make my payments?

DHH Medicaid/LaCHIP will mail the first invoice with the eligibility approval notice. The Office of Group Benefits (OGB) will mail all subsequent invoices on the first day of each month. No payments will be received by DHH Medicaid/LaCHIP staff; OGB will collect all premiums. Payments may be submitted to OGB by mail (check) or by automatic bank draft .

11. Are there any other ways for me to pay my bill?

Currently, OGB can only receive payments by mail (check) or by automatic bank draft. However, we are working on providing new ways to pay premiums including on-line credit card payment and over-the-phone payment with credit card or bank draft.

12. How will my income be counted in the application process?

Federal restrictions require that the income of individuals enrolling in LaCHIP Affordable Plan not exceed 250 percent of the Federal Poverty Level (FPL). For that reason, deductions cannot be applied to the program. DHH counts the income of natural or adoptive parents living in the home, and siblings and half-siblings under 18 (if they are included in the family size and its benefits the child being determined eligible for coverage). We DO NOT count the income of step-parents, grandparents or caregivers.

13. Can I have other insurance with LaCHIP Affordable Plan?

No. LaCHIP and LaCHIP Affordable Plan are only available to uninsured children.

14. Are the medical services covered by LaCHIP Affordable Plan the same as regular LaCHIP?

Most services available through regular LaCHIP are also available to LaCHIP Affordable Plan recipients, but there are some differences. For example, there is no dental or vision coverage for LaCHIP Affordable Plan at this time. For a complete listing of services offered, [visit our Web site at www.lachip.org](http://www.lachip.org).

15. Are the doctors on the LaCHIP plan the same as the doctors on the LaCHIP Affordable Plan?

LaCHIP Affordable Plan uses the OGB PPO provider network. Regular LaCHIP uses the Louisiana Medicaid provider network. Some doctors will overlap for both plans, but there are different doctor lists for each plan. More information about which doctors participate in each program is available [through our Web site at www.lachip.org](http://www.lachip.org)

16. Is there a waiting period with LaCHIP Affordable Plan for families who drop health insurance?

Yes. A child applying for LaCHIP Affordable Plan must be uninsured for the 12 months prior to enrollment.

17. Are there any exceptions to the waiting period?

Yes. Applicants who lose insurance coverage involuntarily are not subjected to the 12-month waiting period. Reasons for involuntary loss include:

- Lost insurance due to divorce or death of parent
- Lifetime maximum reached
- COBRA coverage ends (up to 18 months)
- Insurance ended due to lay-off or business closure
- Changed jobs; new employer does not offer dependent coverage
- Employer no longer provides dependant coverage
- Monthly family premium exceeds 10% of gross income

Consult a LaCHIP customer service agent by phone (1-877-252-2447) or e-mail (medweb@dhh.la.gov) to discuss your request for exemption.

18. What happens if a premium is not paid?

When a premium is not paid, the Louisiana Office of Group Benefits (OGB) informs DHH Medicaid/LaCHIP Eligibility of the past due premium. Medicaid will advise the family in writing that the case will be closed. . If the premium is not paid within 10 days from the date of this notice coverage will end.

19. What happens if there is a reduction in household income?

If any person in the household has a reduction in income during the eligibility period, they should call their caseworker and report the change. A reduction in income could mean the children are eligible for comprehensive health benefits **at no cost** through regular Medicaid/LaCHIP.

20. How does LaCHIP Affordable Plan differ from the Family Opportunity Act?

The Family Opportunity Act (FOA) covers children who meet the childhood disability definition. FOA enrollees are responsible for a monthly premium, but do not owe any co-payments or deductibles. LaCHIP Affordable Plan covers all children who fall within the income guidelines. Disability is not a factor for LaCHIP Affordable Plan. Although both programs require a monthly premium, the LaCHIP Affordable Plan requires the premium to be paid before coverage will begin. A child enrolled in FOA can get services before the first premium is paid. Also, FOA recipients have more flexibility with past due premiums. Missing a premium for the LaCHIP Affordable Plan will result in termination of benefits and you will have to reapply.

21. What if I renew my current coverage and my income is too much for regular LaCHIP?

If your renewal occurs during the month of May or later, you will automatically be evaluated for LaCHIP Affordable Plan. Your caseworker will contact you to ask if you want to be enrolled in LaCHIP Affordable Plan which has costs not in regular LaCHIP.

22. If I prefer the benefits of LaCHIP Affordable Plan but I qualify for the regular LaCHIP, can I choose to enroll in LaCHIP Affordable Plan?

No. If your household income is below the limit for regular LaCHIP, you cannot voluntarily choose another plan. DHH is required to enroll the child in the program that has the most benefit and is the lowest cost to the family.

23. My child was in the hospital in July and I applied for coverage in July. Will LaCHIP Affordable Plan help with the July hospital bills?

No. There is no retroactive coverage with LaCHIP Affordable Plan. However, your case worker can look at your expenses and determine if you qualify for the “spend-down” medically needy program. This Medicaid program may help cover a portion of bills.

24. How was LaCHIP Affordable Plan created?

The push to expand LaCHIP began during the 2007 Louisiana Legislative session when both the House and Senate voted unanimously to expand the income limit of 200 percent to 300 percent of the Federal Poverty Level (FPL). . On Feb. 27, 2008, DHH received federal approval to expand LaCHIP.

25. Why is the income limit for LaCHIP Affordable Plan 250 percent when the Louisiana Legislature passed a bill expanding it to 300 percent?

An Aug. 17, 2007 directive from the Centers for Medicare and Medicaid Services (CMS), the Medicaid governing authority, resulted in Louisiana limiting the expansion to 250 percent .