

Educational Webinar Series for Adults with Spina Bifida

How to Understand Your Insurance Coverage and Write an Appeal Letter

Understanding what insurance covers is not easy!

- Getting health insurance companies to pay for the services and treatments you need is one of the hardest tasks when you are your own advocate.
- Do not give up.



"I'm sorry, but stress caused by trying to figure out your health insurance is not covered by it."

Today's session

- Considerations about insurance providers
 - commercial/private
 - Medicare and Medicaid
- Your rights as a policyholder
- How to write a letter appealing a denial of coverage
- Open question and answer session



Today's panelists

Monica Still, RN, BSN

Retired home healthcare administrator; board member of Disability Rights
Pennsylvania and AccessMob Pittsburgh; SBA Adult Advisory Council

Karen J. Cushnyr, MS

 Appointed to the Americans with Disabilities Act Advisory Council, City of Albuquerque, NM; SBA Adult Advisory Council

Ellen Fremion, MD

Assistant Professor, Department of Medicine, Transition Medicine, Baylor
College of Medicine Houston, TX

Use the chat function to send your questions

Medical insurance qualifications – Ellen

PRIVATE INSURANCE

MEDICARE - FEDERAL

MEDICAID - STATE

- Your job's benefits
- You have to qualify for SSDI to receive Medicare Your family's plan (parent
- Under 18 and household is low income

or spouse)

Over 18 and qualify for

 Healthcare Market Place "Obama Care" if you don't have other insurance

- supplemental social income due to disability and low income
 - In some states: low income alone or low income and pregnant or have child on Medicaid
- - If you meet criteria for disability determination and work, but your income is too high, you may qualify for Medicaid Buy-in

More about private insurance options Ellen

- Employer benefits (review benefits, deductibles)
- Parent's plan until age 26 if your job doesn't offer insurance and you're single
- Parent's plan after age 26 if have a disability from childhood and doctor fills out disability form
- Domestic partner/spouse's plan
- Healthcare Market Place "Obama Care" if you don't have other insurance

More about Medicare Ellen

- Medicare is a federal plan (available across the states)
- You must qualify for Social Security Disability Insurance (SSDI):
 - You've worked 40 quarters (i.e. 10 years) and you are disabled or retired
 - You live at home with your parents and they qualify (Medicare starts after 2 years)
 - Your spouse qualifies
 - You are an adult dependent and your parent who worked passes away (death benefit)
 - You are at end stage kidney disease (dialysis or 2 years post-transplant)
- Seek information: Medicare.gov, local Center for Independent Living, local Social Security Office

More about Medicaid Ellen

- State-dependent
- You must qualify based on income limits and sometimes disability status as well. Adults have to complete disability determination after age 18
- Many states have managed care organizations. To pick which plan, ask:
 - Are the medical providers you see in their network?
 - o Is there a service coordinator or case manager?
 - What are the benefits included (review the company's website and/or state handbook of covered services)?

What you need to know about insurance coverage Karen

- All insurance is state-dependent
- Look beyond the premiums. Read the fine print for what is/is not covered:
 - Co-pays and out of pocket expenses add up!
 - Is there co-insurance (i.e. supplementary private or public plan)?
 - What is the pharmacy coverage (if there is any)?
 - Does it cover DME (Durable Medical Equipment), including urologic and incontinence supplies?
 - Home health care or skilled nursing facility (SNF)?

What you need to know about insurance coverage Monica

- What are the maximum out of pocket (OOP) expenses?
 - Could exceed \$5,000 dollars
 - Calculate all possible expenses for a ballpark monthly cost
 - Co-pay, deductible, medicine, OOP, co-insurance
 - What insurance won't pay for (i.e. catheters or incontinence supplies)
- Are the clinicians you want in the plan?

What you need to know about insurance coverage Monica

- Anticipate your medical needs (as spelled out in your policy):
 - What treatments are covered?
 - What are limits to "custodial" care (long-term personal care: home or facility)?
 - Is short or long-term rehab care included?
 - What services or products require preauthorization?
- Some insurers publish guides to help you select insurance coverage
 - They want you to choose their insurance
 - Read the fine print

Before you agree to their coverage Karen

- Do you qualify for the plan you want?
- Check Medicare.gov to confirm the cost of their plans
- Read and compare the fine print of private insurance providers
- Check insurance information resources available in your state

You were denied coverage. Now what?

You were denied coverage – now what? Monica

- Don't panic
- Understand why your claim was denied
 - If the requested service is not listed as a covered benefit, it simply won't be covered
- Tell your doctor's office you may need a letter of medical necessity
- Is it an easy fix?
 - Misspelled names, wrong codes, or other errors

Stay organized Monica

- Take and keep notes
 - Dates, times and names
 - Be aware of deadlines
 - Submit the right paperwork and keep copies!
- Ask to speak to supervisors
- Remain courteous, even though it is an upsetting matter

Read the Explanation of Benefits letter Monica

- Read the letter well it describes the appeal process you should follow
 - All providers have a different process; even Medicaid and Medicare
 - Every insurance provider has to be able to justify their denial; whether it's the government or an accrediting body
 - Providers are required by federal law to give you a full explanation in writing - for their denial and their appeal process

Submit your appeal Monica

- Wait for their response
- Keep track of their response time; they are required to follow a timeline

You were denied coverage AGAIN

If you're denied again Karen

- Request external review or fair hearing by your insurance provider's oversight agency
- Follow the stated external review process. It may come through:
 - Letter from your insurance provider
 - Local advocacy resource
- The review is conducted by the state or federal government; has final say
- Many private insurance providers include binding arbitration into their policies

Ask for help Karen

- Don't do this alone
 seek help from local advocacy resources
 - Center for Medicare Advocacy
 - Local disability rights lawyers
 - Center for Independent Living
 - Vocational Rehabilitation
 - Local legal aid service
 - State government or private advocates
- Research additional resources if necessary

Your Questions





"I'm looking into the Peristeen TAI system...it's is quite expensive - \$7,000 per year.

I've have been told that insurance won't cover it or that it can be difficult to get them to cover it.

My current employer insurance has a \$8,100 deductible. Even if my insurance will cover the Peristeen, it won't meet the deductible and it will still be out of pocket.

I asked Coloplast if they offer any kind of assistance and they do not. I need to use the Peristeen, but there is no way I can afford \$7,000/year out of pocket.

Do you have any recommendations?"

Additional materials

- Your Step By Step Guide to Choosing and Insurance Plan nerdwallet.com
- Qualifying for Medicare When Receiving Disability Benefits Patient Advocate Foundation
- Appeal letter examples
 - Sample appeal letter for services denied as 'Not a Covered Benefit' University of Rochester Medical Center
 - Common reasons for a denial and examples of appeal letters Office of the Insurance Commissioner, Washington State

Thank you!

See the full list of resources and an archived recording of this session: https://www.spinabifidaassociation.org/education/sb-you/

Questions?

- Judy Thibadeau, <u>ithibadeau@sbaa.org</u>
- Juanita Panlener, jpanlener@sbaa.org