


Accessing Insurance & Health Care

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Overview

Overview of Healthcare & Insurance

- What we're going to discuss
 - Introduction to insurance
 - How do you acquire insurance?
 - What insurance do I have?
 - Background on Medicaid
 - How to "access insurance" – using insurance to pay for healthcare
 - When you get stuck
 - Your responsibilities

Introduction to Insurance

Introduction to Insurance

Introduction to Insurance

- How insurance works
- Basic insurance terminology
- Public vs Private Insurance

Introduction to Insurance

How insurance works

- Insurance provider:
 - pools premiums of insureds to cover costs of services
 - determines what services/benefits are covered or excluded
 - goal is to minimize healthcare costs

Introduction to Insurance

Public & Private Insurance

- Public insurance is paid for by government/taxpayer dollars. Differentiating public from private insurance is simply a matter of funding.
- Private Insurers
 - Blue Cross Blue Shield
 - Kaiser Permanente
 - United Healthcare
- Public Insurers
 - Medicaid
 - Medicare
 - CHP+ ???

Introduction to Insurance

Public & Private Insurance

➤ Regardless of how an insurance program is funded, whether it's public or private, there are some basic things that all insurance has in common:

• Eligibility Guidelines

- Public – Depends on Program
- Private – Depends on Insurance Company and how you are accessing insurance (individually or employer funded)

• Language, Terms and Definitions

- Somewhat Specific to each Insurance Provider

• Laws and rules which guide services

• Procedures

• Benefits

• Precedence (history)

• Appeals Process

Introduction to Insurance

Basic Insurance Terminology

Private Insurance	Public Insurance (Medicaid/CHP+)
Eligibility	Eligibility
Benefit	Benefit
Copayment	Copayment Exempt
Medical Necessity	Medically Necessary
Open Enrollment	Open Enrollment
Prior Authorization	Prior Authorization Request (PAR)
Durable Medical Equipment (DME)	Durable Medical Equipment (DME)
Case Management	Case Management
Ombudsman	Ombudsman/State Regulatory Commission
Maximum Lifetime Benefit (Cap)	Rehabilitative
Deductible	Amount, Duration, Scope, Lifetime
Pre-Existing Condition	
Risk	
Premiums	

How to become insured

How do I become insured?

3

How to become insured

How to become insured

- **Enrollment Process**
 - Eligibility based
 - Premiums for most private insurance; might be paid by an employer
- **Public**
 - County Dept. of Human Services
 - Certified Application Assistance Sites (CAAS)
- **Private**
 - Employer
 - Individually purchased
 - Self-funded plans

What Insurance do I Have?

What insurance do I have?

What Insurance do I Have?

What insurance do I have?

- Name of insurance company
- Locating your plan documents
- Reading your plan documents
 - What's covered?
 - What's included?
 - What are my out-of-pocket costs?
 - What are my limits?
 - What if I'm still not sure?

What Insurance do I Have?

**Minimum Service Coverage
(Essential Health Benefits)**

- Ambulatory patient services
- Emergency Services
- Hospitalization
- Maternity/newborn care
- Mental health/substance abuse
- Prescription drugs
- Rehabilitative & habilitative services and devices
- Laboratory services
- Preventive and wellness care/chronic disease management
- Pediatric services, including oral and vision care

What Insurance do I Have?

Private Insurance

Practice reviewing three plans of class participants, using previously instructed terminology to quickly find key components

What Insurance do I Have?

What's the big deal about Medicaid?
(Healthy Communities)

What Insurance do I Have?

Public Insurance: Medicaid

The program known as Medicaid became law in 1965 as a jointly funded cooperative venture between the Federal and State governments to assist States in the provision of adequate medical care to eligible needy persons

What Insurance do I Have?

Public: Medicaid Funding

- Currently, the federal government adds \$1 to every \$1 in the state of Colorado's Medicaid budget
- In some poorer states the federal government may add up to \$1.50 for every state dollar budgeted

What Insurance do I Have?

Public: Medicaid

With that funding and within broad national guidelines set by the Federal government, each state:

- Establishes its own **eligibility** standards
- Determines the **type, amount, duration, and scope** of services
- Sets the rate of payment for services and
- Administers its own program

What Insurance do I Have?

Public Insurance: Medicaid

Thus, the Medicaid program varies considerably from state to state, as well as within each state over time.

What Insurance do I Have?

Public Insurance: Medicaid

HOWEVER, Medicaid coverage for children is unique because, in addition to *state-defined* services, children also receive the **EPSDT** benefit package mandated by the federal government.

What Insurance do I Have?

Public Insurance: Medicaid

- EPSDT: Early Periodic Screening, Diagnosis, and Treatment
- Federal benefit package administered in partnership with each state
- Extends additional benefits beyond state program for most Medicaid-enrolled children aged birth through 20

What Insurance do I Have?

Public Insurance: Medicaid

- Why does the federal government fund EPSDT?
- **Money**
- If health problems are addressed earlier, the government saves money on complex and costly treatments down the road

What Insurance do I Have?

Public Insurance: Medicaid


- It's not only about low-income
- Your coverage depends on how you qualified for Medicaid

What Insurance do I Have?

How to qualify for Medicaid
(or getting into the Medicaid House)

- Income eligibility
- SSI
- Child Welfare
- Waiver programs

Once you're in the house, you have full access to the state Medicaid benefits, and children have the *added* benefit of EPSDT services.



What Insurance do I Have?

Medicaid: Income Eligibility

- <https://www.colorado.gov/pacific/hcpf/colorado-medicaid>
- Based on Modified Adjusted Gross Income (MAGI). The use of MAGI standardizes income eligibility rules across all states.
- You may qualify if you fall under one of the following categories and meet the [income guidelines](#):
 - Children ages 0-18 with household income under 260% Federal Poverty Level (FPL)
 - Pregnant women, over the age of 19, whose household income is under 260% FPL
 - Parents and Caretaker Relatives (you must have a dependent child) whose household income does not exceed 133% FPL
 - Adults without dependent children whose household income does not exceed 133% FPL



What Insurance do I Have?

Medicaid: Income Eligibility

MAGI MEDICAID
Monthly Maximum Income Guidelines¹
Effective April 1, 2018

Family Size	Parents & Caretaker Relatives 65% Poverty Level	Adults (Ages 19-65) 133% Poverty Level	Children (Ages 0-18) 142% Poverty Level	Pregnant Women 195% Poverty Level
1	688	1,346	1,427	1,973
2	933	1,825	1,948	2,675
3	1,178	2,304	2,459	3,377
4	1,423	2,782	2,971	4,079
5	1,668	3,261	3,482	4,781
6	1,912	3,740	3,993	5,483
7	2,157	4,219	4,504	6,185
8	2,402	4,698	5,015	6,887
9	2,647	5,176	5,527	7,589
10	2,892	5,655	6,038	8,291

¹ Co-payments may apply; no co-pays for American Indians, Alaska Natives, or for a pregnant woman and her household.



What Insurance do I Have?

Medicaid: SSI Eligibility


- SSI: Supplemental Security Income
- To be eligible for SSI, you must meet both of these criteria:
 1. Income-based eligibility
 - Under 18 includes parent income
 - Over 18 is individual's income only
 2. Social Security's definition of disability
- Once you are found SSI eligible, still have to separately apply for Medicaid
- <https://www.ssa.gov/ssi/>



What Insurance do I Have?

Medicaid: Child Welfare Eligibility

- Youth currently in foster care system
- Some children adopted through foster care system will maintain Medicaid after adoption
- Homeless and unaccompanied youth
- Kinship situations (i.e. familial care)



What Insurance do I Have?


But we don't meet these requirements!

(Don't despair!)



What Insurance do I Have?

Medicaid: HCBS Waivers (the garage)



What Insurance do I Have?

Medicaid: HCBS Waiver Eligibility

- The Home and Community Based Services (HCBS) Waiver programs are designed for children and adults with significant healthcare needs who otherwise don't meet eligibility requirements. They can access Medicaid through **waivers**, which waive the traditional eligibility rules.
- Each waiver has its own eligibility criteria and a finite amount of funding. Some waivers have enrollment limits, which means there could be waiting lists.
- Like EPSDT expands Medicaid benefits for children, waivers expand benefits for eligible recipients.



What Insurance do I Have?

Medicaid: HCBS Waivers

- Waivers are funded through
 - The state department of Health Care Policy & Finance (HCPF)
 - Federally through the Centers for Medicaid & Medicare Services (CMS)
- HCPF delegates the administration of *some* HCBS waivers to CCBs (!)
- Visit the HCPF web site for more information: <http://www.hcpf.state.co.us/>

For more information on specific waiver criteria, review supplemental presentation in online classroom.



What Insurance do I Have?

Medicaid: HCBS Waivers

Applying for waiver-based Medicaid coverage:

- Contact your county's Single Entry Point (SEP):
 - Human Services (DHS) office or
 - Community Centered Board (CCB)
- The SEP will establish eligibility according to existing guidelines



What Insurance do I Have?

Medicaid: Special Situations

- **Dual Coverage Public & Private**
- **Health Insurance Buy-In (HIBI)**
 - A program where Medicaid pays your health insurance premiums to prevent you from having to be fully insured through Medicaid
- **Medicaid Buy-In**
 - You have private insurance but it won't cover your child's needs
 - You don't qualify for Medicaid through traditional routes
 - You can purchase "supplemental" coverage through Medicaid
 - Medicaid would rather you pay them for partial coverage than have to fully insure your child and bear all costs



What Insurance do I Have?

What Medicaid Covers

- By now, hopefully you have some basic understanding that Medicaid benefits are somewhat variable.
- Different coverage/benefits are generally related to how you became eligible for Medicaid.
 - **Adults** – Basic Medicaid State Plan
 - **Children** – Basic Medicaid State Plan and EPSDT benefits
 - **HCBS Waivers**
 - **Adults** – Basic Medicaid State Plan and specific Waiver benefits
 - **Children** – Basic Medicaid State Plan and EPSDT and specific Waiver benefits



What Insurance do I Have?

Phew! We made it through Medicaid basics!
Now back to understanding your coverage.

What Insurance do I Have?

Understanding Insurance Exclusions

- Exclusion apply to both public and private insurances
 - *EXCEPT:* Children's Medicaid currently has no exclusions because of the EPSDT benefits
- The restaurant
- The menu
- Looking back at your plan docs:
 - What's excluded in your plan?



What Insurance do I Have?

What is Medical Necessity?

- Although the concept is universal in health insurance, the term Medical Necessity has specific meaning in the context of Medicaid.
- Although EPSDT does not have exclusions, services must meet the criterion of Medical Necessity.
- EPSDT 8.280–8.281.01(B)
 - Medically necessary, or medical necessity, shall be defined as a Medicaid service that will, or is reasonably expected to prevent, diagnose, cure, correct, reduce or ameliorate the pain and suffering, or the physical, mental, cognitive or developmental effects of an illness, injury, or disability; and for which there is no other equally effective or substantially less costly course of treatment suitable for the child's needs.



How Do I Use My Insurance?

How Do I Use My Insurance?

(Access Healthcare)

How Do I Use My Insurance?

Using Your Insurance

- To recap:
 - You know how to
 - determine what insurance you're eligible for
 - apply for insurance
 - Understand your benefits, exclusions, and costs
- And now you need to USE your insurance.
 - Find a doctor
 - Recommendations
 - Google
 - HCPF list of Medicaid providers
 - CCHA for behavioral health
 - Call around
 - Choose a doctor
 - Tip sheet on questions to ask a new provider
 - Make an appointment

When You Get Stuck

When You Get Stuck

When You Get Stuck

Examples of Getting Stuck

- Your insurance denies coverage of medically necessary:
 - Testing
 - Therapies
 - Services
 - Equipment
- Your providers are not meeting your needs
- Impenetrable bureaucracy
- Somebody makes a mistake
- Lack of available providers

When You Get Stuck

First Steps for Unsticking Yourself

- Your providers are not meeting your needs
 - Review documentation and make your case
 - Try a different communication approach
 - Change providers
- Impenetrable bureaucracy
 - Become a squeaky wheel
 - Contact provider administrators
 - Use your resources to identify a chain of command or a backdoor option
- Somebody makes a mistake
 - Address it head-on
- Lack of available providers
- Appealing Denials

When You Get Stuck

Appealing Your Denial

- Always get your denial in writing!
- Why?



When You Get Stuck

Appealing Your Denial

- Think about:
 - **Medical necessity:** Why is this service needed?
 - **Cost:** what future costs will be saved by having this service now?
 - **Safety:** what future costs will be saved by having this service now?

When You Get Stuck

Appealing Your Denial

- Prepare for making the call to your insurance company:
 - Have the PAR, denial or problem documents in front of you when you call.
 - Full Name
 - Patient ID #
 - Date of Birth

When You Get Stuck

Appealing Your Denial

- Take notes during the call
 - Date and time of call
 - Full Name of insurance representative
 - Phone number and extension of insurance representative
 - Ask for a response in writing if it is about benefits

Parent Responsibilities

Parent Responsibilities

Parent Responsibilities

What you need to do

- Know what you're eligible for
- Understand your plan and the language used in your plan
- Understand the roles and motivations of insurance companies and providers
- Know how to address conflicts
- Use appropriate protocols when you disagree
- Keep organized records
- Filter information
- *Keep your family and your needs and goals at the core of all decisions*

Parent Responsibilities

Record-keeping

- Good record keeping will
 - Save you time!
 - Improve the care you receive
- Create a Care Notebook
 - It's cheap and easy
 - Organize by areas of need or medical specialty
 - Include a medication list
- There's an APP for that
 - My Chart
 - ChartSpan

Parent Responsibilities

Filtering Information

- Remember to evaluate all information as to whether it's appropriate or applicable to your situation
- Reminder:
 - Parents are the _____!
 - The Internet is the _____!

Parent Responsibilities

What does your family need?

- People keep telling me to...
- Think about your family's needs
 - Do recommended services meet those needs?
 - Will the service make your family's life more or less stressful?

Wrap-Up

The End!

- Don't forget to check out more resources in online classroom!
- Who can I call for help?
 - **Insurance Commission**
 - **Family Voices of Colorado**
 - **Colorado PEAK web site**
 - **Medicaid: Gina Robinson**
 - Program Administrator, Children's Medicaid (State)
 - Gina.robinson@state.co.us
 - 303.866.2267
