



CdLS Foundation
Cornelia de Lange Syndrome Foundation, Inc.

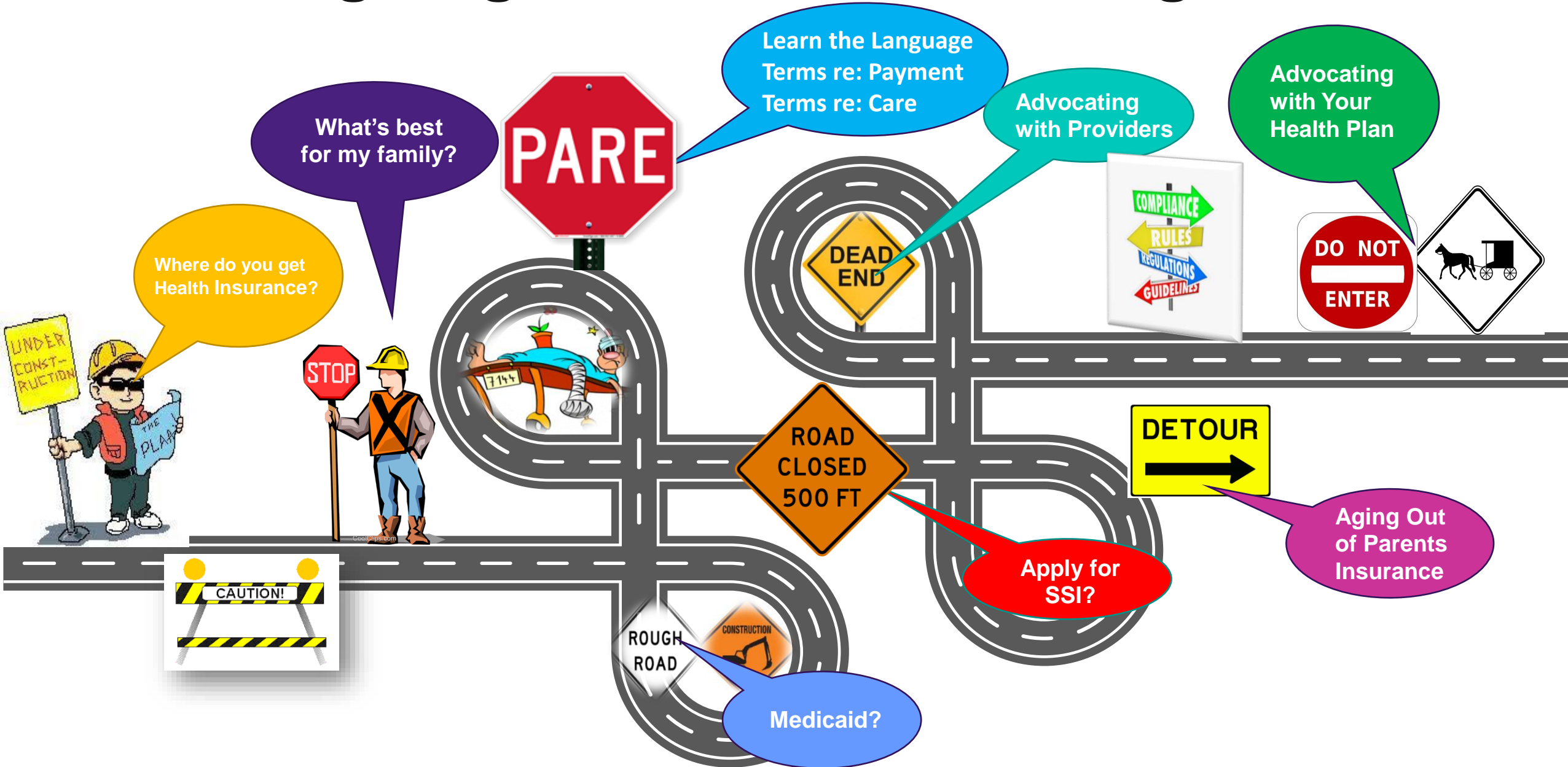
CdLS Foundation Webinar Series

Navigating Your Health Plan

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April 11, 2023

Navigating Healthcare: It's a Rough Road





Where do
you get
Health
Insurance?



Where Do People Enroll in Health Insurance?

[Medicaid.gov/state-overviews/state-profiles/index.html](https://www.Medicaid.gov/state-overviews/state-profiles/index.html)



Medicaid
17%



Marketplace
10% [Healthcare.org](https://www.Healthcare.org)



Medicare
18%

[Medicare.gov](https://www.Medicare.gov)



TriCare, VA,
Champva
3% [Tricare.mil](https://www.Tricare.mil)

Employer
52%



*Data from 2020 US Census Bureau
Percentages are greater than 100 as
some individuals have more than one
type of insurance throughout the year.*



What works best
for my family?



CoolClips.com



Health Insurance: What's Best For My Family?

Types of Policies



HMO: *Health Maintenance Organization*

- Lower cost but less choice; little or no out-of-network coverage.



PPO: *Preferred Provider Organization*

- Higher cost but more choice; usually a bigger network and more out-of-network coverage even if you pay more for this care



HDHP: *High Deductible Health Plan with Health Savings Account*

- Less taken out of your paycheck but the DEDUCTIBLE is much higher than a PPO. Usually an extensive network.
- Put money in an HSA pretax and use that money to pay medical bills until your deductible is met and for co-pays or co-insurance.



Learn the Language
Who Makes the Decisions
Terms about Payment
Terms about Care





Health Plan Terms: PAYMENT



PREMIUM

PREMIUM: Cost to maintain insurance, paid individually or shared by employer & employee.

DEDUCTIBLE

DEDUCTIBLE: The amount you pay **BEFORE** insurance pays anything.

CO-PAY

CO-PAY: A set amount paid at every visit.

CO-INSURANCE

CO-INSURANCE: A % paid for covered services **AFTER** your deductible is met.

OUT-OF-POCKET MAX

OUT OF POCKET MAX: Maximum you pay in **deductible**, **copay**, and **co-insurance**. Insurance pays at 100% when the OOP max is met. Resets every benefit year.

BILL, CLAIM, EOB

BILL: Sent by provider to you to be paid.
CLAIM: Sent by provider to insurance to be paid
EOB: Sent by insurance to you to explain payments.



Health Plan Terms: **ACCESSING CARE**



COVERED SERVICE

Goods and services a Health Plan will pay for if deemed medically necessary for you. Services *never* covered are benefit exclusions.

MEDICALLY NECESSARY

Services that diagnose or treat a condition. The Health Plan must consider these services the standard of care, not experimental/ investigational.

PRIOR AUTHORIZATION

A clinical review of a good or service before you receive it. The Health Plan determines if the item or services is medically necessary for you.

DENIAL APPEAL

- When all or part of a covered service is denied.
- A review of the good or service that was denied by another clinician.

IN NETWORK OUT- OF-NETWORK

- Providers contracted with the Health Plan.
- Providers that don't contract with the Health Plan.

CARE MANAGEMENT

CARE MANAGER: Nurse or Social Worker from the Health Plan who helps coordinate care, find in-network providers, and enroll people in special programs offered.



Advocating with Your Health Plan



Being an Advocate with Your Health Plan: *Read the Fine Print**



THE BENEFITS:

- What goods and services are covered?
- How much is my deductible, co-pay and co-insurance



THE DENIAL AND APPEAL PROCESS:

- If all or part of a service is denied, what denial notice should I look for?
- How many levels of appeal are available?
- What is the timeline for an appeal?
- Can a provider appeal on my behalf?
- How do I speak with the Appeals and Grievance Department?
- Is my appeal reviewed by a “like specialist”?

THE NETWORK:

- Are my current providers in the network?
- Who is in the provider network?
- How do I find an in-network provider?
- Do I have Out-of-Network benefits?



CARE MANAGEMENT AND SPECIAL SERVICES:

- What do case/care managers do?
- How do I request a case/care manager?
- Are there Community Health Workers or other staff to help locate and apply for other local services?

PRIOR AUTHORIZATION:

- Does what I need require Prior Authorization?
- Whose responsibility is it to obtain Prior Authorization?



* and use the [Tips For Getting the Most From Your Health Plan](#) when you contact your Health Plan.



Tips For Getting the Most From Your Health Plan



Tips For Getting the Most from Your Health Plan/Program

WHAT I NEED	WHERE SHOULD I LOOK FIRST?	WHAT SHOULD I SAY WHEN I CALL?
What Doctors/Other Providers Can I see?	<ul style="list-style-type: none">✓ Description from employer on benefit choices.✓ Summary Plan Description (SPD) or Member handbook from the Health Insurance company. If you do not have one, request it from Customer Service.✓ Contact Customer Services at your Insurance Company	<ul style="list-style-type: none">➤ Do I have to see ONLY In Network providers, OR Can I see Out-of-Network even if it costs me more?➤ Are all network providers listed in the online Provider Directory OR should I call to confirm if a provider is in network or to find a provider?
What Will I Have to Pay at Each Visit?	<p>Review SPD or contact Customer Service for the following and the dollar amount for each:</p> <ul style="list-style-type: none">• Deductible: The amount you must pay BEFORE the insurance company pays anything• Co-pay: The amount you pay at the time of the visit to a Primary Care Provider or Specialist.• Co-insurance: The percentage you pay for a visit or service AFTER you meet your deductible.• Out of Pocket Maximum: The total amount you pay before your insurance pays at 100%	<ul style="list-style-type: none">➤ What is my total Cost Share?➤ What is my Out-of-pocket Maximum?➤ Do dental, pharmacy, behavioral health bills count towards my deductible?➤ Does my Out-of-Pocket maximum apply when I see Out-of-Network providers?
What Are My Benefits?	<ul style="list-style-type: none">✓ Check your SPD or Member handbook✓ Contact Customer Services to determine if:<ul style="list-style-type: none">• A service or item is a covered benefit.• Does the service or item require Prior Authorization (PA)? When your insurance requires clinical review PRIOR to you receiving a service to approve it for payment• Where can I get this service or item?	<ul style="list-style-type: none">➤ Is this item covered under the medical, dental, pharmacy or behavioral health benefit?➤ If this requires Prior Authorization (PA) who (family or provider) obtains it?➤ When this requires P.A.: EXACTLY what information do you need to complete a clinical review?
When My Health Insurance Denies a Service or Item as Not Medically Necessary	<ul style="list-style-type: none">✓ Confirm your provider submitted required information if the item requires PA.✓ Your Denial Notice and Appeal Rights✓ Clinical Criteria for this item on your Insurance Companies website✓ All the levels of appeal or reconsideration (both internal AND External to your Insurance Company) on your denial and appeal rights documentation.	<ul style="list-style-type: none">➤ I want to start an appeal.➤ What are all the levels of appeal and the timeframes to file for each level?➤ Can my provider appeal on my behalf?➤ Will I get a letter acknowledging receipt of this appeal AND an appeal resolution letter?➤ How can I speak with the Appeals and Grievance Department?

You can request

Tips For Getting the Most From Your Health Plan

or other resources by emailing

familyserviceteam@cdlsusa

REACHING OUT. PROVIDING HELP. GIVING HOPE.

CdLS Foundation | 30 Tower Lane, Suite 400 | Avon, CT 06001 | www.CdLSusa.org





How Long Can a Child Remain on a Parent's Insurance?



FEDERAL LAW

- Employer-based Health Plans
AND
- All Market Place Health Plans that offer coverage for dependents **MUST** cover dependents until the 1st day of the month following their 26th birthday.



STATE LAWS

- Some states **REQUIRE FULLY-INSURED*** Health Plans to cover disabled children age 26+ who are not capable of self-sustaining employment.
- Often the child must be covered before turning 26 to extend coverage.
- Self Insured plans are often exempt from these laws.
- Find your STATE insurance laws here: content.naic.org/state-insurance-departments

*Employer buys a benefit package from Insurance co. Insurance co. makes coverage decisions. Subject to State Laws.



EMPLOYER

- Employers with **SELF-INSURED*** Plans can offer coverage for disabled children 26+.
- Often the child must be covered by the **SAME PLAN** before turning 26 to extend coverage.
- Check with your Health Insurance Administrator (HR) or
- Find your STATE insurance laws here: content.naic.org/state-insurance-departments

*Employer decides on benefit package and makes coverage decisions, or subject to State Laws

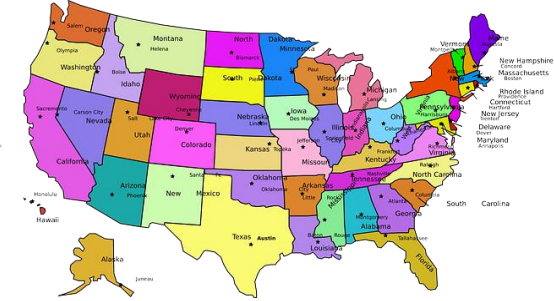


Medicaid
What is it?
Why would I want it?
How do I enroll?





What is Medicaid?



FEDERAL REQUIREMENTS	STATE REGULATIONS/ State Governments
<ul style="list-style-type: none">Joint MEDICAL Program between Federal and State Gov't.Can be your primary or secondary insurance	<ul style="list-style-type: none">Joint MEDICAL Program between Federal and State Gov't.Can be your primary or secondary insurance
<ul style="list-style-type: none"><u>Financial eligibility criteria</u>. Income limits are listed as a percentage of the Federal Poverty Limit (FPL).	<ul style="list-style-type: none"><u>Financial eligibility criteria</u>: <i>States can set different limits for income eligibility</i>. Income limits are listed as a percentage of the FPL.
<ul style="list-style-type: none"><u>Non-Financial eligibility criteria</u>: Must be a U.S. Citizen OR Qualified Non-Citizen who has met the 5-year waiting period after receiving Qualified Non-Citizen status	<ul style="list-style-type: none"><u>Non-Financial eligibility criteria</u>: Must be US Citizen OR Qualified non-citizen. <i>States can waive the 5-year waiting period for lawfully residing children or pregnant women.</i>
<ul style="list-style-type: none">Core groups of the population must be Medicaid eligible, including children and adults receiving Supplemental Security Income (SSI)	<ul style="list-style-type: none"><i>States can expand the population groups eligible for Medicaid in their State. This often includes single adults ages 19-64 (Medicaid expansion).</i>
<ul style="list-style-type: none">Core set of Federally mandated covered services.	<ul style="list-style-type: none"><i>States can expand covered services and include all or some of the "state-optional" benefits.</i>
<ul style="list-style-type: none">EACH STATE HAS A LEAD AGENCY TO ADMINISTER MEDICAID BENEFITS	<ul style="list-style-type: none">Many states administer benefits through multiple Managed Care Organizations.



Medicaid

WHY

Why Do I Want it?

- Prevent or reduce medical debt
- Can cover co-pays, co-insurance and pay before your deductible is met
- There are services not covered by other insurance that are covered benefits under Medicaid.
- REMEMBER: Medicaid benefits vary from state to state

How Do I Enroll?

HOW

- Find the agency in your state here that oversees Medicaid: <http://bit.ly/3mixa2e>
- Review the agency website. Learn how Medicaid is administered in your State. *Most states have multiple managed care organizations that administer their Medicaid program.*
- If your state offers a choice of Health Plans, compare their provider networks and benefits.
- In many states, hospitals can help enroll people into Medicaid during a hospital stay.
- Apply for SSI



SSI*
What is it?
Eligibility:
Financial and Non-Financial
How do I apply?



**Supplemental Security Income*



SSI

What is it? How do I apply?



Supplemental Security Income (SSI)



- A Federal cash assistance Program administered by the Social Security Administration (SSA)
- SSI payments are meant to help *aged, blind and disabled* people with limited income meet basic needs.
- The maximum Federal SSI payment (2023) is \$914/month. *This amount is supplemented by cash assistance programs in most states.*
- Financial and Non- Financial eligibility criteria exist
 - Financial: SSI Income eligibility guidelines
 - Non-Financial: Meet the SSA definition of disability.
- Eligibility for SSI provides Medicaid coverage

Eligibility:

Non-Financial Criteria

Financial Criteria



The SSA Definition of Disability

- **UNDER AGE 18:**
 - The disabling condition must result in marked and severe functional limitations
- **AGE 18 and OVER:**
 - The disabling condition must result in the inability for any substantial gainful activity
- **Compassionate Allowances Conditions:**
 - Diagnoses that automatically meet the SSA definition of disability. CdLS Classic Form is on the Compassionate Allowance list.
- **Significant vision or hearing loss**

UNDER AGE 18

- Unless a parent receives SSI, some of a parent's income will count as the child's income. This process is called *DEEMING*.
- SSA determines a dollar amount *DEEMED* to the child. Deeming stops the month after a child turns 18.
- The dollar amount *deemed* is subtracted from the maximum SSI payment IN YOUR STATE. (Federal maximum + any supplement from your State)

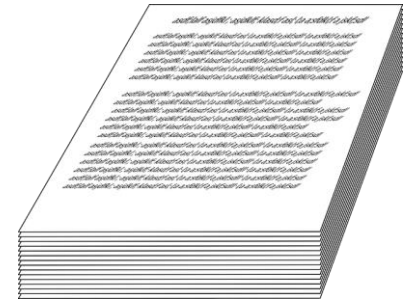
AGE 18 and OVER:

- Income AND resources are determined. Not all income and/or resources count when determining eligibility.
- The SSA refers to the income used to determine eligibility as COUNTABLE INCOME. If eligible, the dollar amount SSA considers countable is subtracted from the FEDERAL maximum SSI payment.
- The SSA does not count resources like a home, one vehicle, and up to \$100,000 in an ABLE account.





Applying for SSI



- If you want to explore whether your child will be eligible for SSI based on parent income without completing the entire application
 - contact us at familyserVICETEAM@cdlsusa for specific information and a worksheet.
- Review the eligibility requirements for SSI before starting the application.
 - Find them here: <https://www.ssa.gov/ssi/text-eligibility-ussi.htm>.
- After reviewing the information online, contact the SSA with questions at 1.800.772.1213.
- If you need more support, consider appointing someone as a representative to help you. They can accompany you during SSI appointments.
- It can take months to get a decision on your application.
- Create a *My Social Security* account to check on the status of your application.
- If the application is denied, there are FOUR levels of appeal.



Applying for SSI

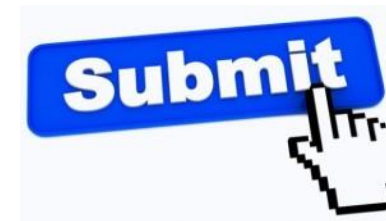


If you are applying for a child:



- For children under the age of 18: You CANNOT apply for SSI online
- Review the *SSI Child Disability Starter Kit*.
 - The Kit outlines what you need for the application and helps you prepare for a disability interview. <https://www.ssa.gov/disability/disabilitystarterkitschildeng.htm>
- Call 1.800.772.1213 Monday- Friday OR contact your local Social Security office.

If you are applying for an adult:



You CAN apply for SSI online for adults ages 18+. <https://www.ssa.gov/benefits/disability/>



Social Security Websites: **ssa.gov**

How the SSA defines INCOME	ssa.gov/ssi/text-income-ussi.htm
Determining income for children under 18	ssa.gov/ssi/text-child-ussi.htm
Determining income for adults ages 18+	ssa.gov/ssi/text-income-ussi.htm
Determining RESOURCES	ssa.gov/ssi/text-resources-ussi.htm
Compassionate Allowance List	ssa.gov/compassionateallowances/
Test information for vision or hearing loss	ssa.gov/disability/professionals/bluebook/2.00-SpecialSensesandSpeech-Adult.htm#2_10
Other criteria for meeting the definition of disability	ssa.gov/disability/professionals/bluebook/listing-impairments.htm
SSI Child Disability Starter Kit	ssa.gov/disability/disabilitystarterkitschildeng.htm
Applying online for those 18+	ssa.gov/benefits/disability/
Appealing a decision from SSA	https://www.ssa.gov/ssi/text-appeals-ussi.htm



Advocating with Providers





Being an Advocate at the Doctor's Office:

PLAN, PRACTICE, PREPARE, PERFORM

PLAN

- Make sure the provider is in-network
- Reduce wait time by scheduling 1st thing in the morning or the 1st appointment after lunch
- Complete any forms/ before the appointment
- Know your benefits on covered items, prior authorization and pharmacy



PRACTICE

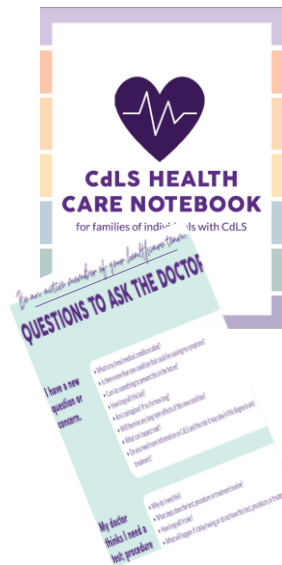
- If this is a new provider, map out the route & make a practice drive to the office
- Find out if there are limits on how many people can go to the appointment.
- Learn if there will be new equipment used during the appointment or vaccinations given. If helpful, practice what will happen to avoid surprises.



You can request Questions to Ask the Doctor and Plan, Practice, Prepare Worksheets at FamilyServices@CdLSusa.org

PREPARE

- Have your Health Care Notebook with you in electronic format or paper. Make sure the information is current.
- Make a list and check it twice! Write down questions and concerns. Rank them in order of importance. Use the [Questions to Ask The Doctor](#) tip sheet to help you prepare.
- Have an appointment buddy! An extra set of eyes and ears is always helpful.



PERFORM

- Get your questions and concerns addressed. Write down the answers.
- Tell your provider if there have been changes to diet, behavior, medicines, or lifestyle
- Ask if there are tests or screenings due based on age, gender or health history
- Make your follow-up appointment





QUESTIONS?

