

# Health Insurance 101

## What you Need to Know?

**GBS/CIDP Foundation International**

**2019 Regional Conference**

**James Romano**

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# Health Insurance Policy Terms To Understand

- **Health Insurance Plan** – type of insurance coverage that pays for medical and surgical expenses incurred.
- **Health Insurance Premium** – the amount you pay for your coverage on a periodic basis.
- **Deductible** – a specified amount of money that the insured must pay before an insurance company will pay a claim
- **Copayment** – a payment by the beneficiary in addition to that made by the insurer. Usually a set dollar amount.
- **Coinsurance** – the beneficiary pays a share of the claim, usually a percentage.
- **Major Medical Benefit** – comprehensive policy for covered services ranging from preventive to emergency care.
- **Pharmacy Benefit** – part of plan dealing with coverage of treatments
- **In Network** – When a Doctor, Hospital and Other Provider accepts your plan

# Other Insurance Industry Terminology

- **Prior Authorization** – Requirement that your physician obtain approval from your plan to prescribe a specific medication
- **Step Therapy or Fail First** – Cost Saving tactic, making a benefit use less costly options before stepping up to other therapies
- **Appeals** – Beneficiary has the right to appeal the decision not to pay a claim

# Types of Coverage

## Public Coverage

- *All Forms of Medicare*
- *Medicaid*
- *Supplemental*
- *Medigap*
- *Tricare*
- *Champus*
- *Veterans*
- *Government Employees Health Association*
- *Feder Employees health Benefits*

## Private Coverage

- *Employer Sponsored Insurance*
- *Individual Insurance*
- *State/Federal Exchanges*
- *Open Enrollment*
- *State High Risk Pools*

# Regulation of Health Plans

- **Self Insured Plans** – Regulated by the Department of Labor through the Employee Retirement Income Security Act (ERISA)
- **Group or Individual Plans** – Regulated on the State Level and Federal Level
- **Medicare** – Regulated by the Federal Government
- **Medicaid** – Joint Federal and State Program

When Having Questions regarding Insurance Coverage:

- State Insurance Commissioner
- Legislators (State)

# The Medicare Program

- Federal Health Insurance Program for people:
  - Over 65
  - Considered Disabled (after 24 months)
  - End Stage Renal Disease
- **Medicare Part A** – covers inpatient care in a hospital, skilled nursing facility and in limited circumstances at home
- **Medicare Part B** – Insurance Coverage that includes outpatient care, preventive services and durable medical equipment. You pay a separate premium for coverage. Medigap/Supplemental
- **Medicare Part C** – Medicare Advantage. Plans may offer vision, hearing dental and health and wellness programs
- **Medicare Part D** – Medicare Prescription Drug Benefit Plans

# SSDI & SSI

- Social Security Disability provides monthly income to people who have worked but are no longer able to due to their medical condition. They eventually become eligible for Medicare.
- Supplemental Security Income (SSI) is for people with little or no work history and very limited family income and assets. In most states, this makes them eligible for Medicaid. SSI is the only disability program for children under 18.



# PSI ACCESS PROGRAM

- Provide **Direct Representation** to people seeking federal disability benefits who have certain rare chronic disorders – (CIDP is one)
- **Counsel Patients** on how various federal laws may help them (**COBRA, Family Medical Leave Act, ADA, ACA, etc.**)
- **Guide Patients** through **health coverage options** and assist with insurance issues.
- **Services provided at no cost** to the client and are Completely confidential.

# THANK YOU!



**PATIENT  
SERVICES**  
INCORPORATED

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# Ask the Expert:

PSI Jim Romano

The insurance company seems to be able to decide the amount of both ivig and sub-q medicine the doctor can prescribe. How do you convince them that you need a higher dose than the recommended amount? This is a constant battle.

I just recently went on Social Security. I will be eligible for Medicare in February. What is a good insurance for Part D that will cover my HOME infusions? Thank you in advance for taking my question.

I cannot afford my IVIG what can I do to get help?

What do I do if my insurance denies me for my infusion?  
I don't know where to start.



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Will ‘Medicare for all’ help or hurt people with GBS & CIDP?



What type of insurance should I look into if I have CIDP to cover my needs?