Educational Webinar Series for Adults with Spina Bifida

How to Understand Your Insurance Coverage and Write an Appeal Letter

December 2019
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.
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
<table>
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<th>Medical insurance qualifications – Ellen</th>
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<td><strong>PRIVATE INSURANCE</strong></td>
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<tr>
<td>• Your job’s benefits</td>
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<tr>
<td>• Your family’s plan (parent or spouse)</td>
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<td>• Healthcare Market Place “Obama Care” if you don’t have other insurance</td>
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<td><strong>MEDICARE - FEDERAL</strong></td>
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<td>• You have to qualify for SSDI to receive Medicare</td>
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<td><strong>MEDICAID - STATE</strong></td>
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<td>• Under 18 and household is low income</td>
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<td>• Over 18 and qualify for supplemental social income due to disability and low income</td>
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<td>• In some states: low income alone or low income and pregnant or have child on Medicaid</td>
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<td>• If you meet criteria for disability determination and work, but your income is too high, you may qualify for Medicaid Buy-in</td>
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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?
  - 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 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
“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, jthibadeau@sbaa.org
• Juanita Panlener, jpanlener@sbaa.org