

Smart Choice Health Insurance™ Basics Dorothy Nuckols, MPH, AFC







Please help! Pre-assessment





Thank you for attending this session today. Before we get started, we would like for you to answer a few questions about the information that you need to make a Smart Choice health insurance decision.

Please place a check (<) in an answer box for each question. We do not share your individual answers with anybody!

As of right now, how confident are you that you	Not at all Confident	Slightly Confident	Moderately Confident	Very Confident
Understand health insurance terms?				
Can apply your knowledge and information to make a smart choice health insurance decision?				

1	What is v	vour sex?	□ Male	□ Female	□ Other

2. What is your current age?

3. Do you currently have health insurance?

OVER



The University of Maryland Extension programs are open to any person and will not discriminate against anyone because of race, age, sex, color, sexual orientation, physical or mental disability, religion, ancestry, national origin, marital status, genetic information, political affiliation, and gender identity or expression.









Today's Goals

- Understand why health insurance helps prevent large unexpected health care expenses
- Learn what to compare to understand cost and coverage
- Identify information needed to make a Smart Choice













Meet Jamie... Like many of us, Jamie is busy with the duties of daily life; managing work and home. Jamie is single, healthy and trying to make ends meet, so health insurance just has not been a priority.



Unfortunately, Jamie accidentally slipped, fell and had to go to the emergency room. This fall was pretty bad and Jamie needed emergency surgery for a broken arm. This became a pretty stressful situation because Jamie was uninsured and had very limited savings. Jamie was preparing to move next month and had saved just enough money for the security deposit and first month's rent.

Like Jamie, each of us has fallen, slipped or tripped. Most of the time we are lucky, but sometimes a fall, slip or trip can result in a broken bone, or worse and the cost of an injury can be surprising. This accident was something that Jamie hadn't planned for; however, Jamie recognized the very real cost of not having insurance when the bill arrived!

Because of this experience, Jamie decided it was time to purchase health insurance but was confused about how to make a decision.









The Cost of a Broken Arm

Hospital Costs

Pharmacy & Drug: \$2396.96

Hospital Supplies: \$2097.70

Emergency Room \$3036.60

Follow-up (out-patient) with Specialist

Hard Cast: \$500

2 visits: \$200

Diagnostic/X-rays: \$1027.70

Total Cost without Insurance

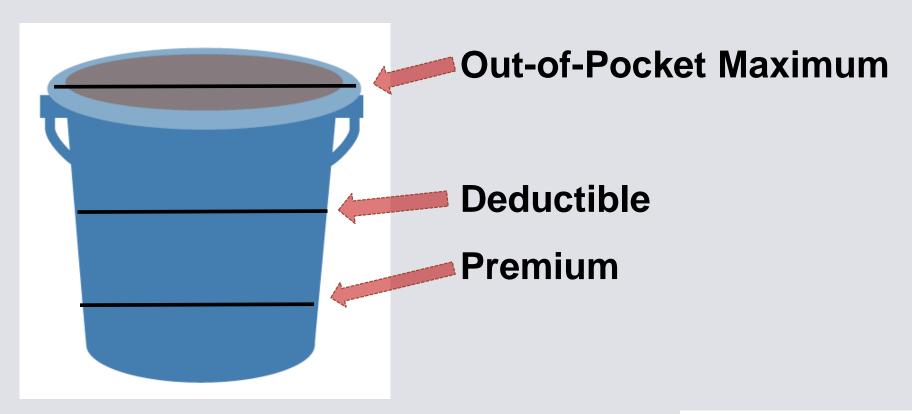
\$9,351.96







Making Sense of Out-of-Pocket Health Care Costs







Comparison of Costs: With and Without Insurance





The Cost of a Broken Arm



Premium (after \$59.57 tax credit)	\$0	\$84.43 monthly \$1013.16 yearly
Deductible	\$0	\$4,000 deductible
	Costs without Insurance	Plan 1—Bronze HMO
Diagnostic Lab & X-Ray	\$1027.70	30% after deductible =\$1027.70
Emergency Department (ER) Services	\$3036.60	30% after deductible =\$2991.59
Primary Care Physician Office visit	\$100	\$30 copay after deductible =\$30
Specialist Office visit (2 visits)	\$200	\$40 copay after deductible =\$80
Hospitalization	\$2097.70	30% after deductible =\$629.31
Outpatient Cast	\$500	30% after deductible =\$150







Premium (after \$59.57 tax credit)	\$0	\$84.43 monthly \$1013.16 yearly
Deductible	\$0	\$4,000 deductible
	Costs without Insurance	Plan 1—Bronze HMO
Diagnostic Lab & X-Ray	\$1027.70	30% after deductible =\$1027.70
Emergency Department (ER) Services	\$3036.60	30% after deductible =\$2991.59
Primary Care Physician Office visit	\$100	\$30 copay after deductible =\$30
Specialist Office visit (2 visits)	\$200	\$40 copay after deductible =\$80
Hospitalization	\$2097.70	30% after deductible =\$629.31
Outpatient Cast	\$500	30% after deductible =\$150
Prescription Copayment	\$2389.96	\$100
Cost of a Broken Arm	\$9351.96	\$5008.60
Out-of-Pocket Maximum	N/A	\$6350 maximum
TOTALS	\$9351.96	\$6,021.76





- Why do I need health insurance?
- Why is health insurance important?

My SMART CHOICE





Why Do I Need Health Insurance?





- Provides peace of mind
- Protects your family's financial future
- Health and wellness services and programs
- Better health outcomes







The Cost of a Broken Arm





Premium (after \$59.57 tax credit)	\$0	\$84.43 monthly \$1013.16 yearly	\$143.90 monthly \$1726.80 yearly	\$242.10 monthly \$2905.20 yearly
Deductible	\$0	\$4,000 deductible	\$900 deductible	\$500 deductible
	Costs without Insurance	Plan 1—Bronze HMO	Plan 2– Silver POS	Plan 3– Gold PPO
Diagnostic Lab & X-Ray	\$1027.70	30% after deductible =\$1027.70	20% after deductible =\$925.54	20% after deductible = \$605.54
Emergency Department (ER) Services	\$3036.60	30% after deductible =\$2991.59	20% after deductible =\$607.32	20% after deductible =\$607.32
Primary Care Physician Office visit	\$100	\$30 copay after deductible =\$30	\$30 copay after deductible =\$30	\$30 copay after deductible =\$30
Specialist Office visit (2 visits)	\$200	\$40 copay after deductible =\$80	\$40 copay after deductible =\$80	\$40 copay after deductible =\$80
Hospitalization	\$2097.70	30% after deductible =\$629.31	20% after deductible =\$419.54	20% after deductible =\$419.54
Outpatient Cast	\$500	30% after deductible =\$150	20% after deductible =\$100	20% after deductible =\$100
Prescription Copayment	\$2389.96	\$100	\$100	\$100
Cost of a Broken Arm	\$9351.96	\$5008.60	\$2262.40	\$1942.40
Out-of-Pocket Maximum	\$0	\$6350 maximum	\$5200 maximum	\$3750 maximum
TOTALS	\$9351.96	\$6,021.76	\$3,989.20	\$4847.60













Premium (after \$59.57 tax credit)	\$0	\$84.43 monthly \$1013.16 yearly	\$143.90 monthly \$1726.80 yearly	\$242.10 monthly \$2905.20 yearly
Deductible	\$0	\$4,000 deductible	\$900 deductible	\$500 deductible
	Costs without Insurance	Plan 1—Bronze HMO	Plan 2– Silver POS	Plan 3- Gold PPO
Diagnostic Lab & X-Ray	\$1027.70	30% after deductible =\$1027.70	20% after deductible =\$925.54	20% after deductible = \$605.54
Emergency Department (ER) Services	\$3036.60	30% after deductible =\$2991.59	20% after deductible =\$607.32	20% after deductible =\$607.32
Primary Care Physician Office visit	\$100	\$30 copay after deductible =\$30	\$30 copay after deductible =\$30	\$30 copay after deductible =\$30
Specialist Office visit (2 visits)	\$200	\$40 copay after deductible =\$80	\$40 copay after deductible =\$80	\$40 copay after deductible =\$80
Hospitalization	\$2097.70	30% after deductible =\$629.31	20% after deductible =\$419.54	20% after deductible =\$419.54
Outpatient Cast	\$500	30% after deductible =\$150	20% after deductible =\$100	20% after deductible =\$100
Prescription Copayment	\$2389.96	\$100	\$100	\$100
Cost of a Broken Arm	\$9351.96	\$5008.60	\$2262.40	\$1942.40
Out-of-Pocket Maximum	\$0	\$6350 maximum	\$5200 maximum	\$3750 maximum
TOTALS	\$9351.96	\$6,021.76	\$3,989.20	\$4847.60



Review the chart information by answering these questions:

How do the charges compare across plans?

What factors contribute to the differences in total costs between plans?

What plan would you pick for Jamie?

What is the value in having insurance?









- What information do I need to get or find out?
- What do I need to compare or consider?

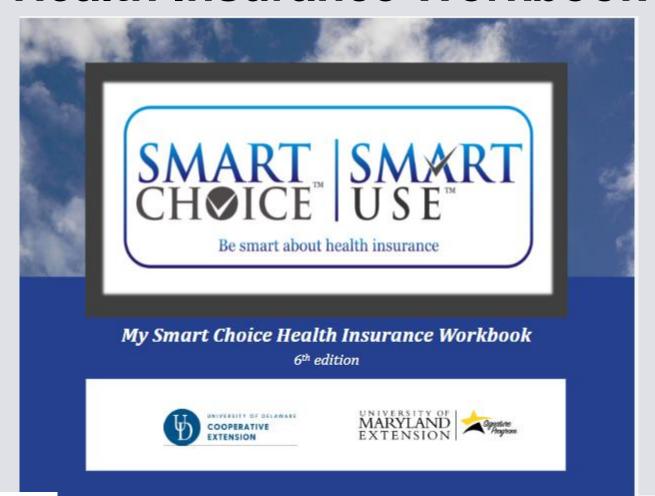
My SMART CHOICE





My SMART CHOICE Health Insurance Workbook











My Health Insurance Needs Worksheet



SMART SMART		My Health Insurance Needs	S		M/ EX	TENSION Applies
SECTION 1: M	ly Family's Doctors Visits					
This section will	l help you identify you (and your f	amily's) needed health care service:	5.			Important Words to Know
1) Dowe have	a primary care provider?		Yes		□ No	
2) Dowe see a	ny specialists? Examples: allerg	ist, OB-GYN, ophthalmologist	Yes		☐ No	Primary Care Provider -
3) How many t	imes did my family and I visit the	e doctor? Please fill in the chart bel	ow.			A doctor, nurse practitioner, clinical nurse specialist or physician assistant, as
Person	Doctor Vi sits	Why You See Them	I	How O	ften Seen	allowed under state law, who provides, coordinates or helps a patient access a
Example	Dr. Smith	Yearly exam and flu shot	1	l time		range of health care services.
	Dr. Sanchez (ophthalmologist)	Yearly eye exam	1	l time		
	Dr. Jones (dentist)	Twice yearly cleaning	2	time	5	Specialist - A health care
Ме						provider who focuses on a specific area of medicine or health care.
Spouse/Partner						
Child						
Child						

04/30/18



Child





My Health Insurance Plan Comparison Worksheet





My Health Insurance Plan Comparison



This section will help you compare plans and decide which plans provide affordable access to the doctors and services your family needs. Some information is provided in the Summary of Benefits and Coverage for each plan. However, you may need to contact the insurance company website or customer service representative for more detailed information.

Section 1: Types of Plans and Accessing Medical Services	Option 1 Plan Name:	Option 2 Plan Name:	Option 3 Plan Name:
What type of in surance plan? EPO—Exclusive Provider Organization HMO—Health Maintenance Organization POS—Point of Service PPO— Preferred Provider Organization	□ EPO □ HMO □ POS □ PPO	□ EPO □ HMO □ POS □ PPO	□ EPO □ HMO □ POS □ PPO
What is the health plan category? Information about health plan categories is found on page 11 of this workbook.	□ Employer □ Bronze □ Silver □ Gold □ Platinum	□ Employer □ Bronze □ Silver □ Gold □ Platinum	□ Employer □ Bronze □ Silver □ Gold □ Platinum
What is the coinsurance for services?	%	%	%
Are ALL my providers (doctors, hospitals, specialists, pharmacies, etc.) in the plan's network? (Look on the insurance company's web site or call to find out)	□ Yes □No	□ Yes □No	□ Yes □No

Important Words to Know

Referral - A written order from your primary care doctor for you to see a specialist or to get certain medical services. Some health insurance plans require a referral before you can get medical care from a specialist. If you do not, the plan may not pay for the services.

Preauthorization - A decision by your health insurer that health care service, treatment plan, prescription drug or







My Monthly Spending Plan





My Monthly Spending Plan



Monthly Income (Gross pay before any deductions)		
Wages/salary #1		
Wages/salary #2		
Other sources:		
Total Income		
Deductions taken from	your pay	
Federal taxes		
State taxes		
FICA/Medicare		
Life insurance		
Health Insurance		
Disability Insurance		
Flexible Spending Account		
Retirement Savings		
Other Savings		
(payroll deduction)		
Other deductions		
Total deductions		

Expenses:		
Housing		
Rent or Mortgage		
Insurance (Homeowner or Renters)		
Property taxes		
Maintenance/repairs		
Total		
Utilities		
Electric		
Heating oil or gas		
Trash/garbage		
Water and Sewer		
Telephone		
Cable TV		
Internet		
Cell phone		
Other		
Total		

Food	
Groceries	
Food away from home	
School lunches	
Other	
Total	
Transportation	
Car/truck payment	
Car/truck Insurance	
Maintenance/repairs	
Gasoline, oil, etc.	
Other	
Total	
Personal	
Clothing	
Personal Care	
Tobacco/alcohol	
Total	
Family Care	
Child Care or other dependent care	
Personal Allowances	
Total	

1 04/30/18









Key Questions I Need to Answer



What?

- Why do I need health insurance?
- Why is health insurance important?
- What information do I need to get or find out?
- What do I need to compare or consider?

My SMART CHOICE







Managing Health Insurance and Resolving Conflicts Dorothy Nuckols, MPH, AFC®









Today we will to explore strategies to:

- √ use and manage health insurance
 to protect your health and your finances
- √ resolve health insurance conflicts
- ✓ avoid conflicts in the future







Key Questions I Need to Answer



• Why do health insurance conflicts happen?



• What steps should I take to resolve health insurance coverage and billing conflicts?



• How can I manage my health insurance to avoid conflicts in the future?

My SMART USE









• Why do health insurance conflicts happen?

My SMART USE









Why do health insurance conflicts happen?



Coverage



Charges



















Why are some claims denied?

Treatment:

- Not offered in plan
- Experimental/Outside Standard of Care
- Not medically necessary
- Out of network











Why are some claims denied?

Patient/consumer:

- Received care without insurance
- Provided incorrect information
- Gave false information











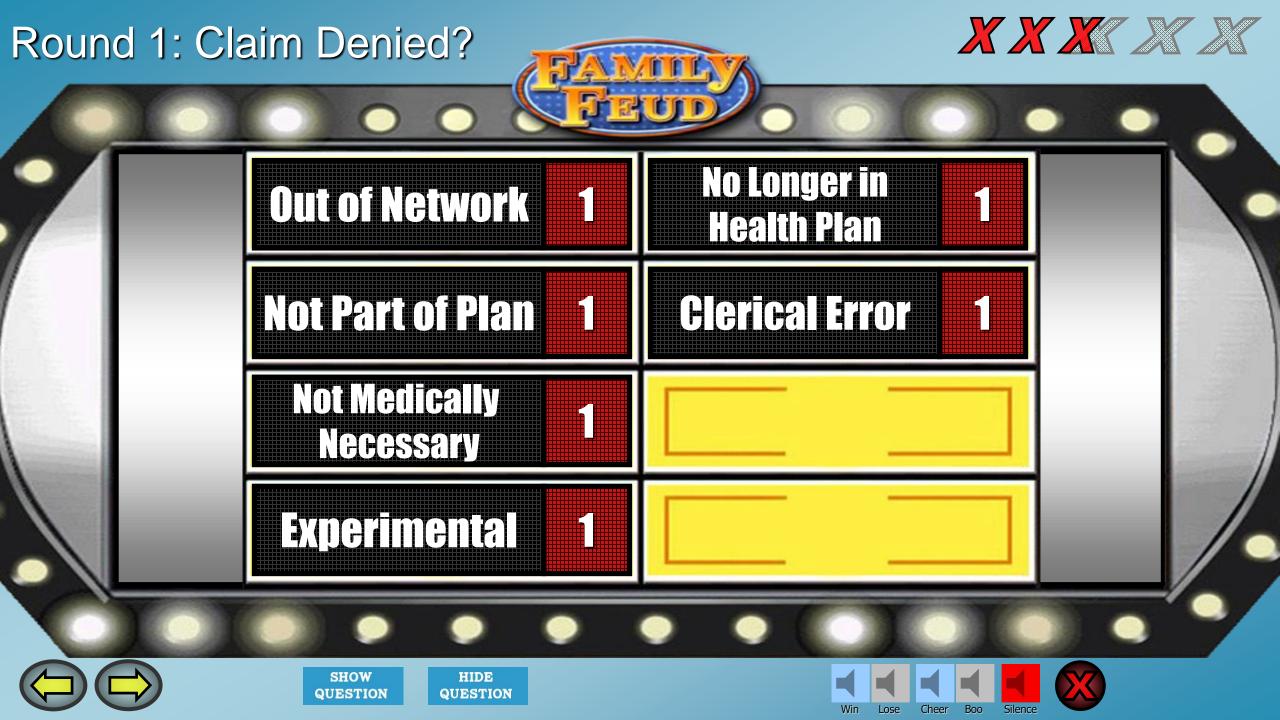
Why are some claims denied?

Provider:

- Coding error
- Clerical error













Charges









Unexpected charges on my health care bill

- Balance Billing (Out of Network Care)
- Deductible or Out-of-Pocket-Maximum has not been met
- Medical identity theft/fraud









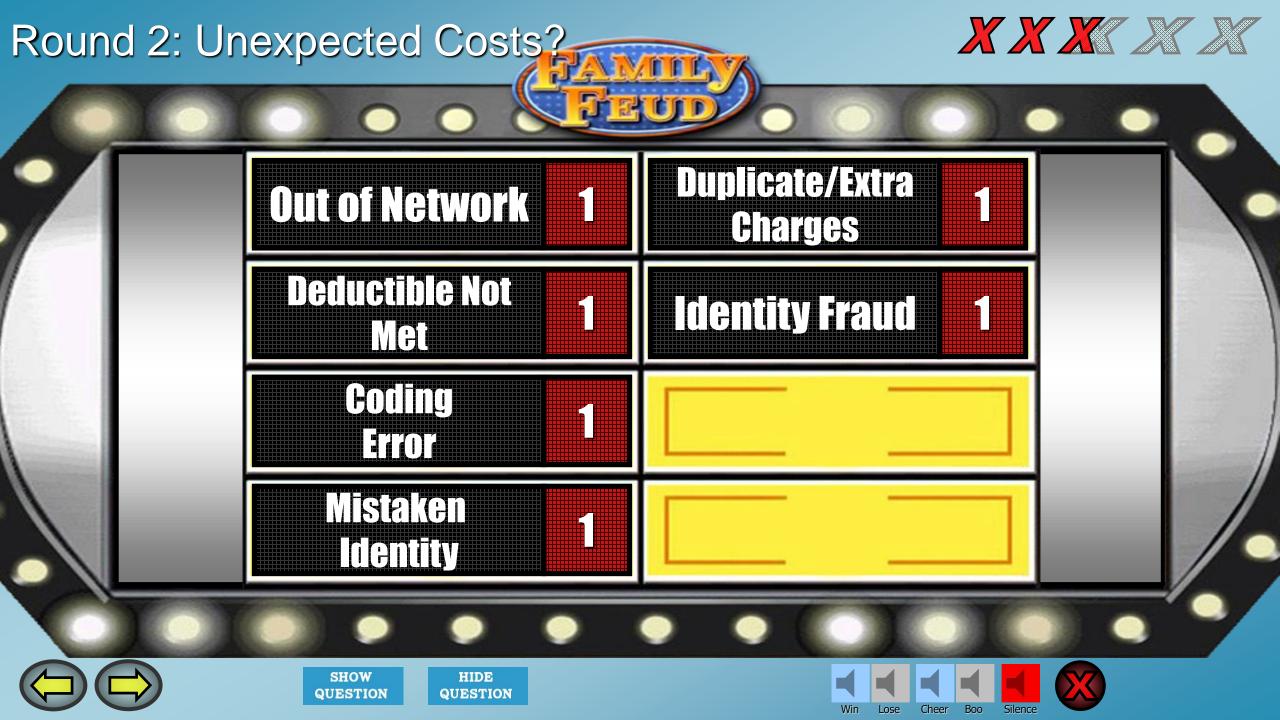


Other reasons for unexpected costs on your bill.

- Errors
- Medical coding
- Clerical
- Duplicate or extra charges
- Mistaken identity











 What steps should I take to resolve health insurance coverage and billing conflicts?

My SMART USE







• What steps should I take to resolve health insurance coverage and billing conflicts?



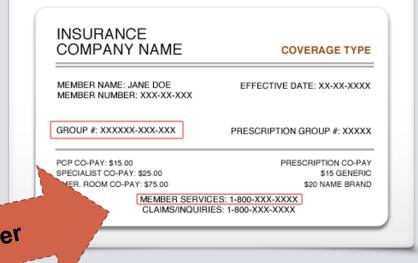


What do I do first?

Contact your health care provider
 OR

2. Contact your health insurance provider Phone Number

Insurance Card









 What steps should I take to resolve health insurance coverage and billing conflicts?





What information does your insurance provide to tell you what services are covered AND how to manage disputes?

Where is it found?



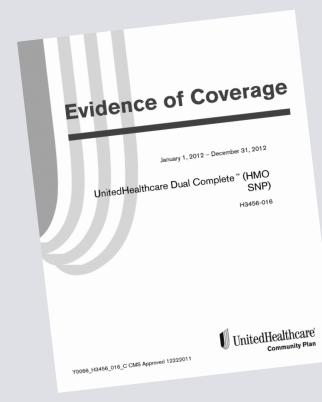




• What steps should I take to resolve health insurance coverage and billing conflicts?



Evidence of Coverage: your insurance contract



Your Benefits Preventive Care Emergency Care	
Preventive Care Emergency Care Urgent Care	
Emergency Care Urgent Care Ambulance Service (Emergence)	
Urgent Care	18
Ambulance Soni-	21
Specialist Care Medical Transport	22
Hospital Care	22
Surgery	22
Blood Transfucion	
Maternity Care	····· 24
Family Planning	25
Mental Health C-	25
Home Health Co-	26
Skilled Nursing F-	
HOSPICE Care	28
Lab Tests Diagnasia	29
Chemotherapy and D	29
Lab Tests, Diagnostic Tests, X-rays, and Cancer Screenings Chemotherapy and Radiation	30
***************************************	30







• What steps should I take to resolve health insurance coverage and billing conflicts?





What are the steps in a health insurance claim and appeal?

File a health insurance claim (15 or 30 days, 72 hours)

Insurance provider approves or denies the claim

Internal appeal* (30 or 60 days)

External review* (60 days, 60 days, 4 days)









 How can I manage my health insurance to avoid conflicts in the future?

My SMART USE





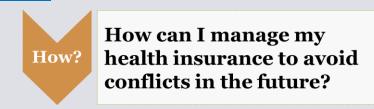




- Check your provider network
- Get an up-front estimate
- Review evidence of coverage for covered services
- Check pre-approval requirements









- File a claim before receiving care
 - 1. File a claim with your insurance company
 - 2. Receive approval or denial. If denied,
 - 3. File an internal appeal
 - 4. File an external review



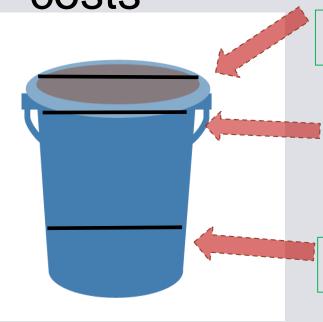




How can I manage my health insurance to avoid conflicts in the future?



Be prepared to pay out-of-pocket costs



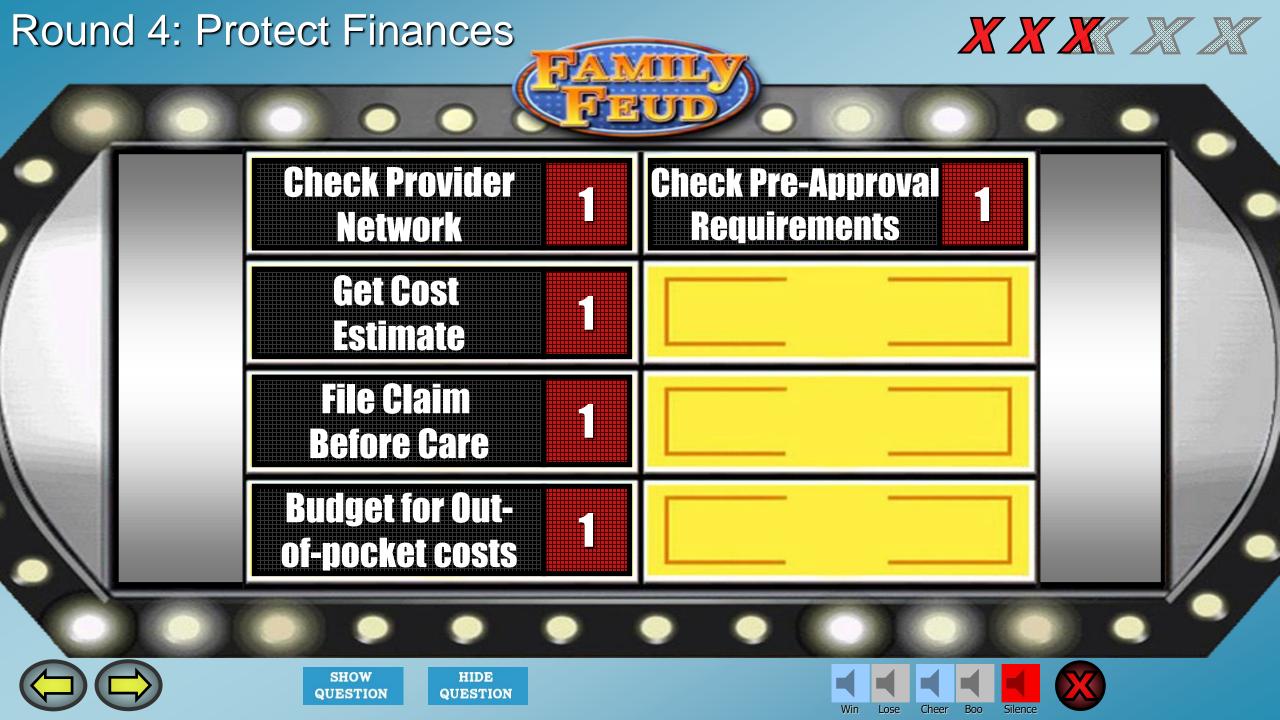
Out-of-Pocket Maximum

Co-Payments and Insurance Coverage

Deductible









Insurance Management and Dispute Resolution Strategies-Prevention

- Keep all health insurance papers organized
- 2. Budget for your deductible and out-ofpocket maximums
- 3. Track your health expenses
- 4. Have your Evidence of Coverage where you can find it







Insurance Management and Dispute Resolution Strategies-Actions

- 1. Document All communication
- 2. Before handling a conflict, write down what you want to say, and try to remain calm.
- 3. Ask your health care provider for assistance with health insurance disputes.







Please help! Post-assessment





Thank you for attending this session today. Before we get started, we would like for you to answer a few questions about the information that you need to make a Smart Choice health insurance decision.

Please place a check (\checkmark) in an answer box for each question. We do not share your individual answers with anybody!

As of right now, how confident are you that you	Not at all Confident	Slightly Confident	Moderately Confident	Very Confident
Understand health insurance terms?				
Can apply your knowledge and information to make a smart choice health insurance decision?				

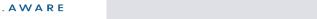
- 1. What is your sex? ☐ Male ☐ Female ☐ Other
- 2. What is your current age?
- 3. Do you currently have health insurance? $\hfill \Box$ Yes $\hfill \Box$ No



The University of Maryland Extension programs are open to any person and will not discriminate against anyone because of race, age, sex, color, sexual orientation, physical or mental disability, religion, ancestry, national origin, marital status, genetic information, political affiliation, and gender identity or expression.













Reliable Resources

- University of Maryland (Health Insurance Literacy Initiative): http://www.extension.umd.edu/insure/
- Healthcare.gov: https://www.healthcare.gov/
- Consumers Union: <u>http://consumersunion.org/pub/pdf/healthcare2012</u>
 .pdf
- Centers for Medicare & Medicaid Services (CMS)
 From Coverage to Care roadmap:
 https://marketplace.cms.gov/outreach-and-education/downloads/c2c-roadmap.pdf







Any Lingering Questions?









Contact Information

Dorothy Nuckols dnuckols@umd.edu



