

WEBINAR & TELELEARNING SERIES



Health Insurance: What Everyone Needs to Know



September 13, 2016

Presented by:



Teva Pharmaceuticals | Acorda Therapeutics

Mallinckrodt Pharmaceuticals Autoimmune and Rare Diseases | US Bank

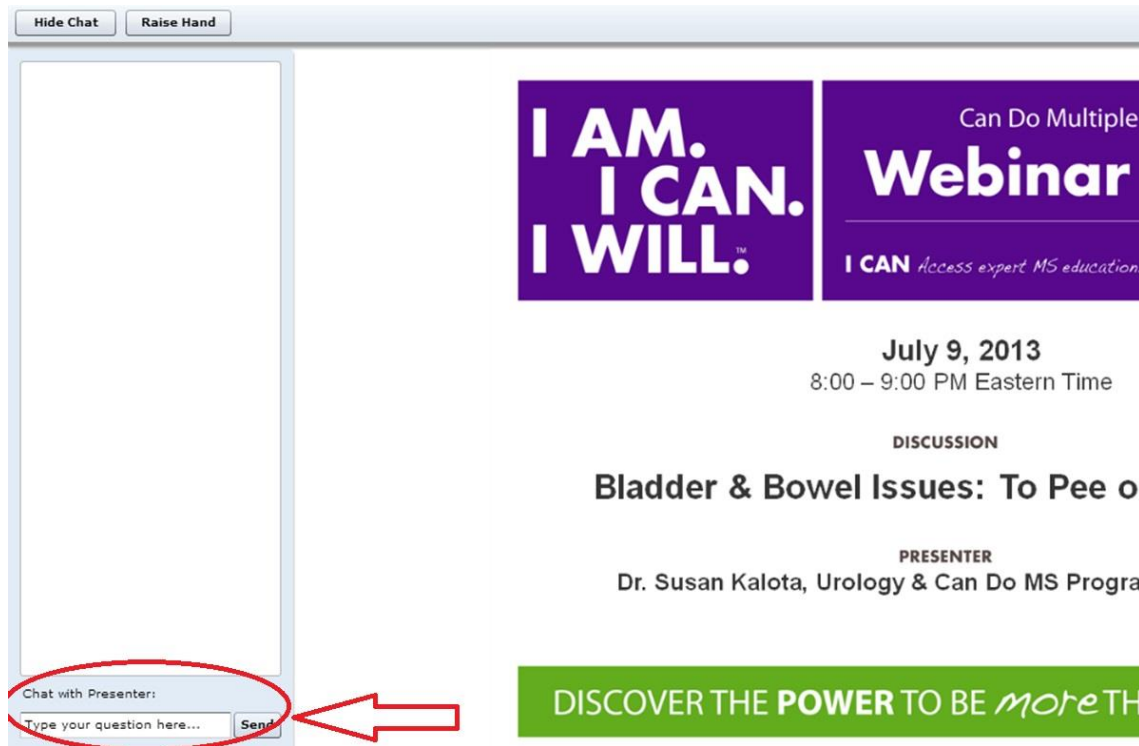
United Way of Eagle River Valley



**National
Multiple Sclerosis
Society**

How to Ask Questions During the Webinar:

- **Chat Feature** – Type in your questions using the chat box on the lower left hand side of your screen.



The screenshot shows a webinar interface. On the left, there is a chat box with a 'Hide Chat' and 'Raise Hand' button at the top. The chat box contains a large empty area and a 'Chat with Presenter:' section at the bottom. The 'Chat with Presenter:' section has a text input field with the placeholder 'Type your question here...' and a 'Send' button. A red oval highlights the 'Chat with Presenter:' section, and a red arrow points to the 'Send' button. On the right, there is a purple banner with the text 'I AM. I CAN. I WILL.' and 'Can Do Multiple Webinar'. Below the banner, the date 'July 9, 2013' and time '8:00 – 9:00 PM Eastern Time' are displayed. The topic 'Bladder & Bowel Issues: To Pee or Not to Pee?' is shown under the heading 'DISCUSSION'. The presenter 'Dr. Susan Kalota, Urology & Can Do MS Program' is listed under the heading 'PRESENTER'. At the bottom, there is a green banner with the text 'DISCOVER THE POWER TO BE more THAN'. The 'CAN DO Multiple Sclerosis' logo is in the bottom left corner, and the 'MS National Multiple Sclerosis Society' logo is in the bottom right corner.

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Webinar Overview

- **Employer Based or Group Coverage**
- **Individual Plans**
- **Medicare**
 - Original/Medicare Advantage
 - Part D
- **Being a Savvy Consumer**
- **Cost Help Programs**
- **Resources**

Essential Information For Any/All Types of Coverage

Who's eligible?

When to enroll?

What is, isn't covered?

Who helps?

What costly errors to avoid?



Employer-Based GROUP Insurance

Eligibility:

- Generally working age adults and *often* their dependents

When to enroll:

- As soon as possible or during annual open enrollment

What's covered:

- Essential benefits now regulated by federal law, but wide variations remain in benefits and limits



Employer-Based GROUP Insurance

Who and/or what help is available:

- More information must now be provided by federal law – use it!
- Complaints: Department of Labor or State Department of Insurance

Common Errors:

- Not planning for transition to Medicare
- Not using:
 - In-network providers
 - Appeal rights
 - COBRA or other plans for gaps in coverage

Individual Plan For You And/Or Your Family (aka Non-Group)

Eligibility:

- Generally, anyone not eligible for coverage from other sources
- Available through Marketplace (Healthcare.gov) **or** direct from participating insurance brokers

When to enroll:

- Open Enrollment Period (starts November 1st each year) **or** Special Enrollment Period (SEP)



Non-Group

What's covered:

- 10 Essential Health Benefits
- Free Preventive Services
- No *lifetime* limits, but limits on amount of services still allowed (e.g. 20 PT visits per year)
- Marketplace plans offer 4 levels of coverage that determine how much the plan pays and how much you pay (bronze, silver, gold, platinum)
- When comparing individual plans, do your best to compare all costs to you annually (premium, annual deductible, co-pay or co-insurance)
- Watch out for excluded or un-covered benefits

Non-Group

Who or what help is available:

- Marketplace ‘Navigators’, community ‘assisters’ or brokers
 - Try to meet with someone in person
- Written materials required by law for ALL
 - Summary of benefits and coverage
 - Glossary
 - Formulary (drugs covered by the plan)
 - Provider directory
 - Explanations of appeal rights and processes
- Complaints
 - Marketplace
 - State Dept. of Insurance

Non-Group

Common errors:

- For all plans
 - Using out-of-network providers
 - Assuming anything your doctor orders is covered
 - Missing enrollment dates/deadlines
- For Marketplace plans
 - Not keeping income and other info in your file up-to-date
 - Assuming your plan costs and benefits will be the same every year
 - Not comparing plans every year to see if there's one better/less costly for you

Original Medicare And Medicare Advantage Plans

Eligibility:

- People 65 or older; have been receiving disability income payments for at least 24 months; or have a diagnosis of ALS or ESRD

When to Enroll:

- During Initial Enrollment Period (IEP)
- General Enrollment Period (GEP)
- Special Enrollment Periods (SEP)
- Medicare Advantage Plans have additional enrollment options



Original Medicare And Medicare Advantage Plans

What's Covered:

- Part A Hospital Insurance
 - Most medically necessary hospital, skilled nursing facility, home health, and hospice
- Part B Medicare Insurance
 - Most medically necessary doctors' services, preventive care, durable medical equipment, hospital outpatient services, laboratory tests, x-rays, mental health care, and some home health and ambulance services.
- Medicare Advantage Plans cover everything Original Medicare covers although the cost structure is different (e.g. copays versus co-insurance)

Original Medicare And Medicare Advantage Plans

Who and/or what help is available:

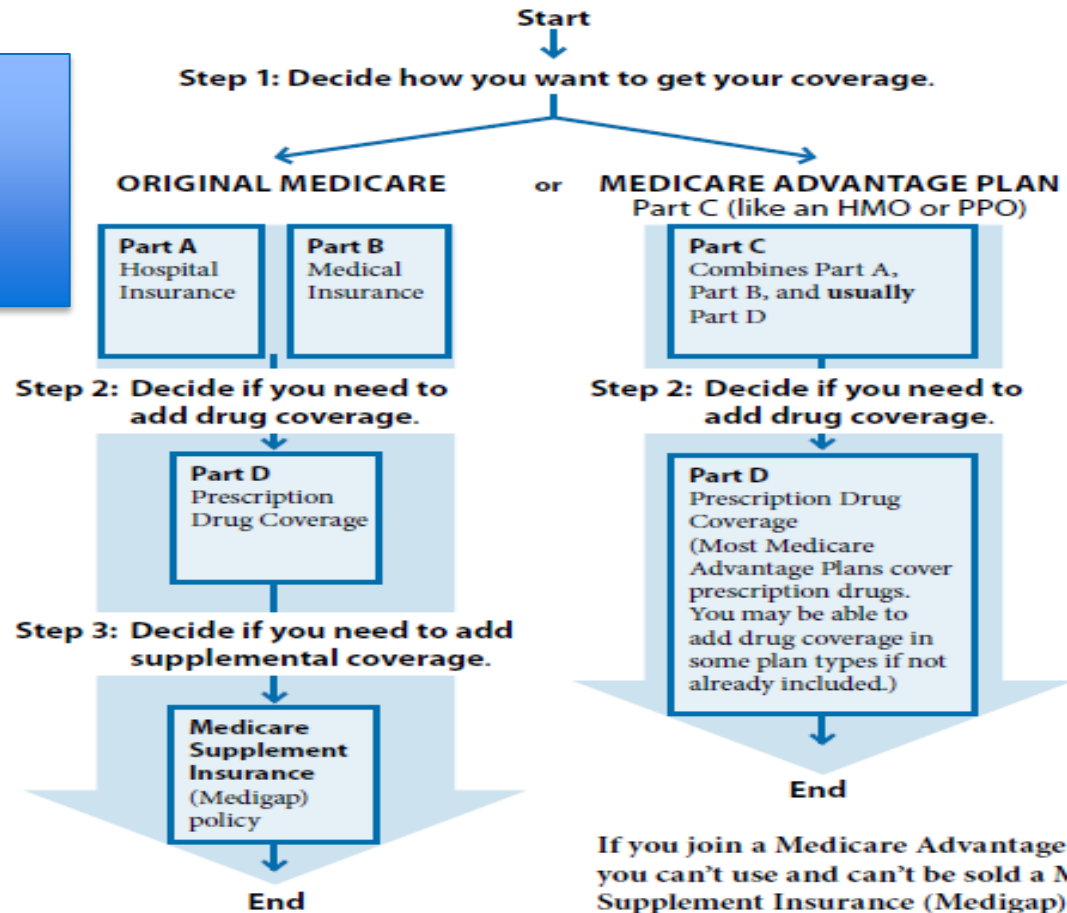
- State Health Insurance Counselors available in every state
- Medicare.gov; National MS Society; Medicare Rights Center
- Complaints: 1-800-Medicare

Common Errors:

- Missing enrollment dates/deadlines
- Not being aware of penalties for late enrollment
- Not comparing plans annually
- Not planning for dependents' coverage
- Not understanding coordination of benefits

Transitioning To Medicare

Decide how you want to get your Medicare coverage



Source: Medicare & You handbook

If you join a Medicare Advantage Plan, you can't use and can't be sold a Medicare Supplement Insurance (Medigap) policy.

Medicare Prescription Drug Coverage

Eligibility:

- Anyone enrolled in Medicare Part A and/or Part B and
- Without *qualified* prescription drug coverage from another source

When to Enroll:

- During Initial Enrollment Period (IEP)
- Special Enrollment Periods (SEP)
- Rolling Enrollment for individuals who qualify for cost savings programs
 - Medicare Advantage Plans and Prescription Drug plans have additional enrollment options for specific circumstances (e.g. 5 Star Plans and/or MAPD Disenrollment Period)



Medicare Prescription Drug Coverage

What's covered:

- Prescription drugs on the plans formulary

Who and/or what help is available:

- State Health Insurance Counselors available in every state
- Plan finder on medicare.gov; National MS Society; Medicare Rights Center
- Complaints: 1-800-Medicare

• Common Errors:

- Not checking formularies before enrolling in a plan
- Missing enrollment dates/deadlines
- Not being aware of penalties for late enrollment
- Not comparing plans annually

Other Sources Of Coverage

- Medicaid
- Veterans, uniformed services, government employees
- Child Health Insurance Program (CHIP)
- Student plans



Gaps And Transition Options

When Employer (Group) coverage ends:

- COBRA – continued group coverage at your expense
- Marketplace or Insurance broker – Individual plans usually with subsidies
- Medicare or Medicaid – must qualify
- Make sure you are not eligible for any other group coverage – spouse, partner, parents

If no longer qualify for Medicaid:

- Marketplace or Insurance Agent

Other life events that can cause a transition

Cost Help Programs

- Original Medicare and Medicare Advantage Enrollees:
 - Medicare Savings Program
- Medicare stand alone drug plan and Medicare Advantage drug plan enrollees:
 - Low Income Subsidy (Extra Help)
- Marketplace enrollees:
 - Advanced Premium tax credits
 - Cost Sharing assistance



Cost Help Programs

Charity programs

- The Assistance Fund
 - Copay Assistance Program
 - Health Insurance Premium, Travel & Incidental Medical Expense Assistance Program
- Patient Access Network Foundation (Medicare only)
- Health Well Foundation (Medicare only)
- Patient Advocate Foundation Co-pay Relief Program (Medicare, Medicaid, Military only)

Manufacturer Patient Assistance Programs

Being A Savvy Consumer

- Bill negotiation
- Look-up tools /provider prices
- Health Savings Accounts (HSAs)
- Compare plans annually
- Use your rights to appeal



Major Trends In Coverage

- Higher cost-sharing from plan enrollees
- Prior authorization and step therapy requirements
- Tiered Rx benefits and providers
- Smaller provider networks
- Employer groups cutting back on eligibility for spouses
- Medicaid's use of managed care
- Health savings accounts

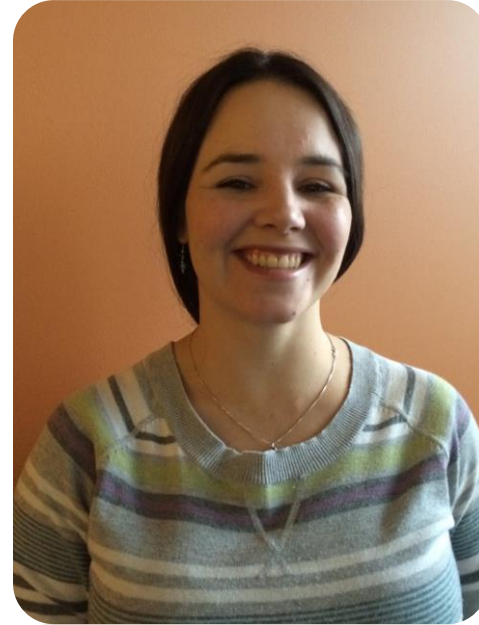
Additional Resources

- October Library Article www.mscando.org
- Medicare.gov; 1-800-Medicare, SHIP counselors
- Healthcare.gov website; Marketplace Navigators; and other in-person assistance
- Financial planning and elder law experts
- Become an MS Activist!

Thank You!



Kimberly Calder, MPS



Sherry Perry, MSCIR, MSSMC

Questions/Comments

National MS Society Health Insurance Services

If you have a health insurance related question that was not answered during tonight's webinar, please feel free to email

HealthInsurance@nmss.org

or call **1-800-344-4867**.

You can also visit our website at

www.nationalmssociety.org/healthinsurance

Thank you

Can Do MS Resources

e | NEWS
your best life update

Q&A

Can Do Library

Find these resources at www.MSCanDo.org.

National MS Society Resources

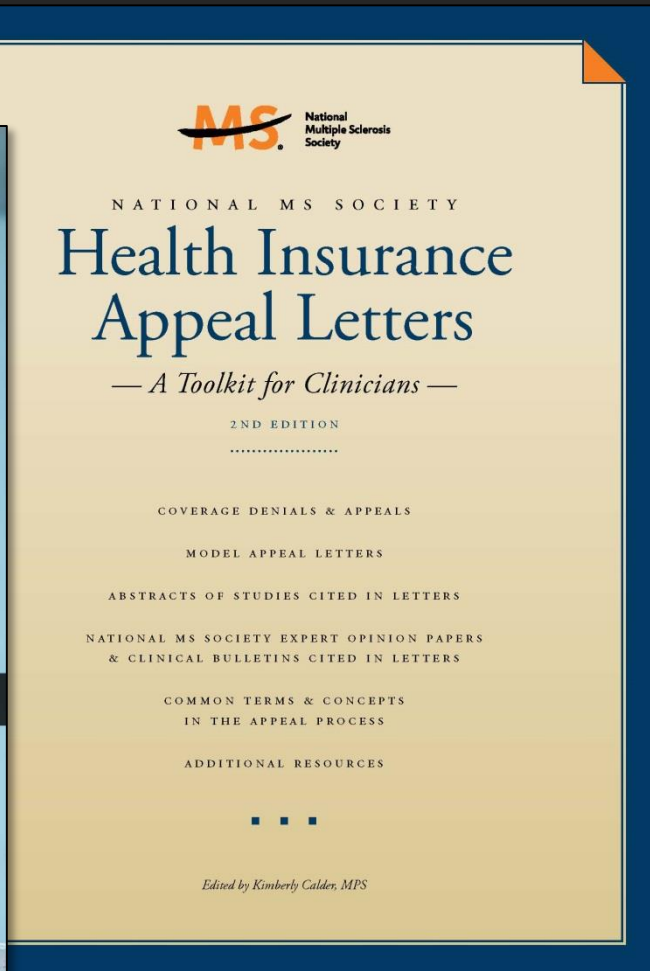
Choosing the Right Healthcare Providers

GENERAL INFORMATION



BETH
DIAGNOSED IN 2009

ACCESS
TO HIGH
QUALITY MS
HEALTHCARE
PRINCIPLES



NATIONAL MS SOCIETY Health Insurance Appeal Letters

— A Toolkit for Clinicians —

2ND EDITION

COVERAGE DENIALS & APPEALS

MODEL APPEAL LETTERS

ABSTRACTS OF STUDIES CITED IN LETTERS

NATIONAL MS SOCIETY EXPERT OPINION PAPERS
& CLINICAL BULLETINS CITED IN LETTERS

COMMON TERMS & CONCEPTS
IN THE APPEAL PROCESS

ADDITIONAL RESOURCES

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Edited by Kimberly Calder, MPS

nationalMSSociety.org/healthinsurance

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Together in MS: Supporting Family and Friends of People with MS



October 11, 2016

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