



Understanding Health Insurance Options and Obstacles

Celebrating a Second Chance at Life
Survivorship Symposium

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Understanding Health Insurance Options: Navigating the Complexities of the U.S. Healthcare System

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Conflict of Interest Disclosure

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No relevant conflicts of interest

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Overview of Goals

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Develop a better understanding of:

- Commercial insurance
- COBRA
- Medicare
- Medicare Part D
- Medicaid
- Clinical Trial Coverage
- Coordination of Benefits (COB)
- Alternative coverage plans

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Slide 3

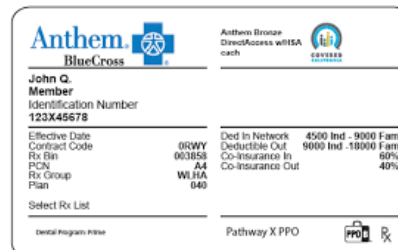
GG1 Goldstein, Gary, 10/6/2019



Commercial Insurance - Plan Types

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- Employer Large Group Health Plans
- Small Group Plans
- Self-funded Plans
- Individual Plans
 - Affordable Care Act (ACA) vs. “off-exchange”



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Commercial Insurance - Policy Types

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- Preferred Provider Organization (**PPO**)
- Exclusive Provider Organization (**EPO**)
- Health Maintenance Organization (**HMO**)
 - Medical Group or Individual Physician Association (IPA)
- 3-Tier Point of Service (**POS**)
 - Tier 1 = HMO level
 - Tier 2 = PPO level, in-network
 - Tier 3 = PPO level, out-of-network

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Patient Expenses

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- Premiums
- Deductible
 - Annual?
 - Calendar year or policy year?
- Copay: \$25 MD visit, \$200 E.R.
- Coinsurance %
 - 80/20 plans
- Out-of-pocket maximum
 - Deductible included?
 - Rx copays included?
- Contractual discounts vs. “Reasonable & Customary”

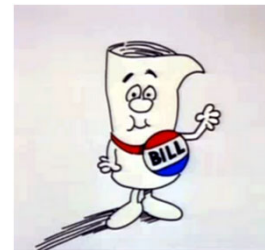


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Consolidated Omnibus Budget Reconciliation Act (COBRA)

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- Group Health Plans with 20 or more employees
- Termination of the covered employee’s employment for any reason other than “gross misconduct”
- Employer must notify the plan within 30 days of termination
- Plan must provide the employee an election notice within 14 days of receiving termination notice from employer
- Employee has 60 days to elect COBRA or decline
- Coverage shows as terminated until COBRA is elected and premiums are paid



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The Affordable Care Act (ACA)

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- To Qualify for ACA tax credits:
 - Currently live in the United States
 - U.S. citizen or legal resident
 - Not currently incarcerated
 - Income is no more than 400% of the federal poverty level

- Apply through a state-run or federal marketplace



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Medicare – Who Qualifies

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- Age 65 or older
- Received Social Security Disability benefits for 24 months
- End Stage Renal Disease (ESRD)
 - Generally 3 months after a course of regular dialysis begins or after a kidney transplant
- Amyotrophic Lateral Sclerosis (ALS)

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Medicare Parts

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- **Part A** – Inpatient hospital coverage
- **Part B** – Outpatient hospital & physician coverage
 - Coverage at 80% of Medicare allowable rate
 - Covers some medications, such as immune suppression after a Medicare-covered BMT
 - Possible penalty for purchasing at a later date
- **Part C** – Medicare Advantage plan
- **Part D** – Prescription drug coverage

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Medicare Supplement Plans, aka “Medigap”

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Benefits	Medigap Plans									
	A	B	C	D	F*	G*	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment			100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%		
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limit)			80%	80%	80%	80%			80%	80%
							Out of pocket limit in 2020**			
							\$5,880	\$2,940		

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Medicare Part D – Prescription Drugs

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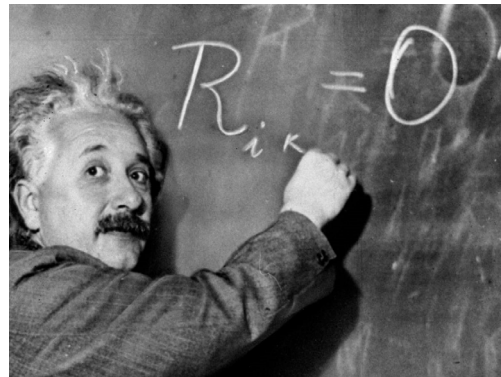


- Premiums
- Annual deductible: Varies, with 2021 maximum of \$445
- Copays and/or coinsurance
- Once you and your plan spend \$4,130 combined on drugs (inc. deductible), you'll reach the coverage gap (doughnut hole)

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Getting out of the Doughnut Hole

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Medicare Part C - Advantage Plans

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- Medicare fee-for-service (A&B) benefits are assigned over to a commercial carrier (HMO or PPO)
- Pros: Lower premiums
- Cons:
 - Restricted networks
 - More authorization requirements
 - Often higher copays



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Medicaid

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- _____
- Different rules for each state
- _____
- Asset & income requirements
- _____
- Share-of-cost
- _____
- Managed Medicaid plans
- _____
- Uninsured – Possible county medical coverage



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Clinical Trials & Insurance Coverage

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- Medicare Clinical Trials Policy
 - Qualifying trials
 - Investigational services
 - Standard of care services on a trial
 - Advantage Plans & Clinical Trials
- Affordable Care Act Clinical Trials Policy
 - Grandfathered plans



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Coordination of Benefits

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- Employee's own group plan over a spouse's plan
- Group plans over individual
- Parent's birthday rule for dual-covered children
- Medicare & commercial plans
 - EGHP (20 or more employees) is primary for active employees/family
- Be sure to inform your medical providers of all your insurance coverages

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Cancer Policies & Cost-Sharing Ministries

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- Cancer plans aren't intended to replace full insurance
 - May help cover deductibles/copays/lost income
 - Must be purchased prior to a cancer diagnosis
 - Lump sum plans provide a fixed dollar payout if one is diagnosed with a covered cancer
- Health care cost-sharing ministries aren't insurance
 - No guaranteed coverage benefits
 - No legal protections
 - Most providers consider patients with these plans to be self-pay

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Appealing a Denial

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- Authorization denials (prior to treatment)
 - Is the service denied or the provider (redirection of care)?
 - If service, are the diagnosis codes and procedure codes accurate?
 - If redirected to an in-network provider, do they have the same skills as the denied provider?
 - Partner with your medical provider to appeal
- Claim denials
 - Was prior authorization required & obtained?
 - Are the diagnosis codes and procedure codes a



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Odds & Ends

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- Check provider billing statements against insurance Explanation of Benefits (EOB)
- Know when open enrollment periods begin & end
- Understand potential penalties for delaying Medicare coverage
- Apply for financial assistance if needed
 - Provider assistance plans for lower-income patients
 - Brand-specific medication assistance



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Resources

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COBRA:

www.dol.gov/general/topic/health-plans/cobra

The Affordable Care Act (ACA):

www.healthcare.gov/quick-guide/getting-marketplace-health-insurance/

Medicare information:

www.medicare.gov/Pubs/pdf/10050-Medicare-and-You.pdf

Choosing a Medi-gap policy:

www.medicare.gov/medigap-supplemental-insurance-plans/#/m?lang=en&year=2021

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Questions?



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