Hemophilia Council of California

Advocacy & Policy Webinar

Choose Smart!

Don't be Overwhelmed by Your Health Insurance Choices

Presented by
Lynne Kinst, HCC Executive Director

and guest speaker
Kassy Perry, CEO
Perry Communications Group

HEMOPHILIA COUNCIL OF CALIFORNIA

HCC's 2021 Advocacy & Policy Webinar Series

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CHOOSE SMART CALIFORNIA
HEALTH PLANS

Be smart. Choose the right plan for **YOU!** Not all health plans are the same.

The California Chronic Care Coalition (CCCC) launched this website in California and is taking it nationwide to help people who have been denied treatment or medicines, experienced delays or are dissatisfied with the decisions made by their health plan.

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Sacramento, CA 95814
(916) 531-3585

CONSIDER

- What ongoing care do I need – is it covered?
- What are my out-of-pocket costs under the plan?
  - Deductible
  - Copayment
  - Coinsurance
- What is the annual out-of-pocket maximum?

BE AWARE

These are not the only questions you should ask – use this checklist to evaluate and compare important plan benefits and restrictions.

Can I keep seeing m			
Is my doctor in my p			
Do I need a referral to see a specialist (doctor with special training)?			
Can I see a doctor outside the plan network?			
Is there a specific hospital I must use?			
Do I need prior authorization for treatment?			
Are my current medicines covered (on formulary)?			
Are my drugs on a high $ tier? How much will that cost?			
Is there a step therapy program, which may require a certain drug to be tried first, rather than a drug originally prescribed by my doctor?			
Does my plan have a copay accumulator adjustment program?			
Are there restrictions on the pharmacy I can use?			
What are the mental health and substance abuse benefits? Does my plan cover out-patient drug rehabilitation?			
Does my plan cover home health care?			
Does my plan cover durable medical equipment?			
Does my plan offer health education?			
MONTHLY PREMIUM	$	$	$

services after you have paid the deductible.

COPAYMENT

A fee you pay each time you see a doctor or fill a prescription.

COPAY ACCUMULATOR ADJUSTMENT PROGRAM

When payments made from copay cards aren't counted toward your deductible.

DEDUCTIBLE

The amount you must pay for health services before your insurance starts to pay.

DURABLE MEDICAL EQUIPMENT (DME)

Examples are wheelchairs, hospital beds, canes, crutches, walkers, ventilators and oxygen.

FORMULARY

A list of drugs covered by your health plan.

HEALTH EDUCATION

Is done through programs and services dedicated to educating you on topics like staying fit, managing diseases, maintaining a healthy weight, eating healthy.

Even though a drug may be covered by your health plan, there are often several levels, or tiers, (1-6) that drugs may fall into, with each level having an increasing copay amount. For drugs on the highest tier, you may have to pay as much as 20-30% of the total cost. Some health plans may also use tiered copays for medical coverage as well.

OUT-OF-POCKET MAXIMUM

The most you have to pay for health services. Once you have paid this amount, your insurance pays 100% of your health care costs.

PRIOR AUTHORIZATION

Your health plan's approval process before you receive services. This process lets a provider know if the health plan will cover a needed service.

STEP THERAPY

Requires "certain" drugs to be tried first, rather than the drug originally prescribed by your doctor.

COVERED CALIFORNIA

Get Started | Health | Dental | Vision | Support | Sign In | Shop and Compare

Covered California | Medi-Cal

Medi-Cal Programs

Medi-Cal coverage is available for individuals and families, children and pregnant individuals.

Medi-Cal for Individuals and Families

Depending on your income, you can get free or low-cost health care.
Learn More →

Medi-Cal for Children

Children under age 19 can get Medi-Cal, even if their parents don't qualify.
Learn More →

Medi-Cal for Pregnancy

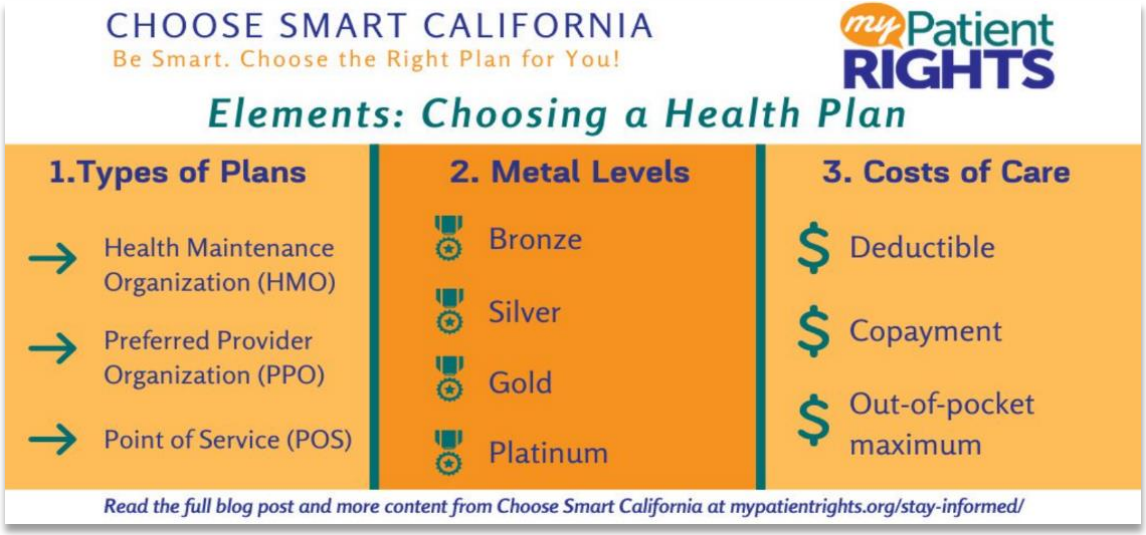
Medi-Cal offers free or affordable programs to start pregnancy coverage right away.
Learn More →

Medicare Factsheet

If you are enrolled in Medicare, you do not need to do anything with Covered California. If you have Medicare you are covered. No matter how you receive your Medicare benefits, whether through Original Medicare or a Medicare Advantage Plan, your Medicare coverage will continue as usual.

Medicare is not part of Covered California and if you are enrolled in Medicare, you cannot purchase a Covered California health plan. Covered California does not offer Medicare supplement insurance, Medigap, or Part D drug plans.

However, if you are low income and meet other requirements, you may still be eligible for additional coverage through Medi-Cal, which you can enroll in through Covered California. Enrollment in Medi-Cal could help pay for Medicare costs and may cover benefits that are not covered by Medicare, like dental coverage and nursing home care.


CHOOSE SMART CALIFORNIA
Be Smart. Choose the Right Plan for You!
my Patient RIGHTS
Elements: Choosing a Health Plan
1.Types of Plans
Health Maintenance Organization (HMO)
Preferred Provider Organization (PPO)
Point of Service (POS)
2. Metal Levels
Bronze
Silver
Gold
Platinum
3. Costs of Care
Deductible
Copayment
Out-of-pocket maximum
Read the full blog post and more content from Choose Smart California at mypatientrights.org/stay-informed/


CHOOSE SMART CALIFORNIA
Be Smart. Choose the Right Plan for You!
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What are the two types of vision plans you should consider?
Vision Insurance
Vision Discount Plan
Did you know...
Annual eye exams can help detect vision issues and can also spot developing conditions such as hypertension and diabetes?
Read the full blog post and more content from Choose Smart California at mypatientrights.org/stay-informed/

California Chronic Care Coalition

@CAChronicCare

www.CaliforniaChronicCare.org

@CAChronicCare

@MyHealthRights

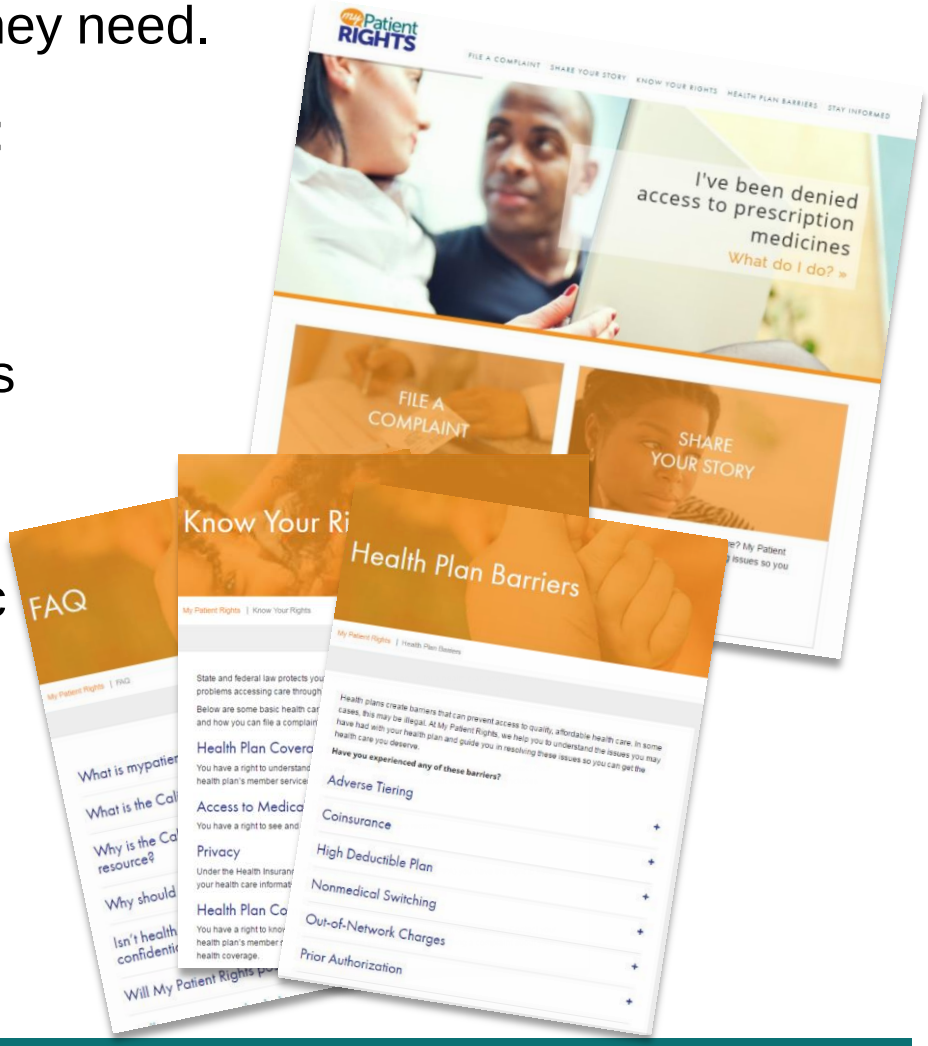
info@mypatientrights.org

@MyPatientRights

My Patient Rights (MPR) is a one stop shop for patients to learn about their rights how to access the care they need.

MPR helps patients who experience:

- Denials to important procedures
- Barriers to prescription medicines
- Medical bills from out-of-network providers
- Delays receiving tests for chronic diseases
- Denials to specialists
- Billing issues



"Standing Up For Your Rights Creates Results"

OVER

4,000

IMR cases submitted to the DMHC in 2017

THE RESULT:

More than 61% of health plan decisions were reversed or overturned

CARE RECEIVED IN

61%

OF CASES

WE TOOK A HARDER LOOK AT

1,011

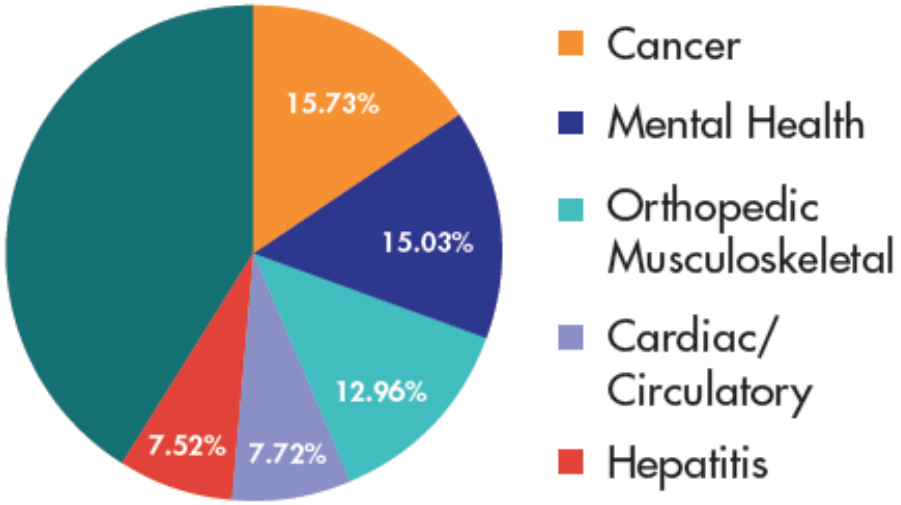
IMR CASES[2]

489 Reversed or Overturned

22 Partially Overturned

"Standing Up For Your Rights Creates Results"

TOP FIVE DENIAL PERCENTAGES



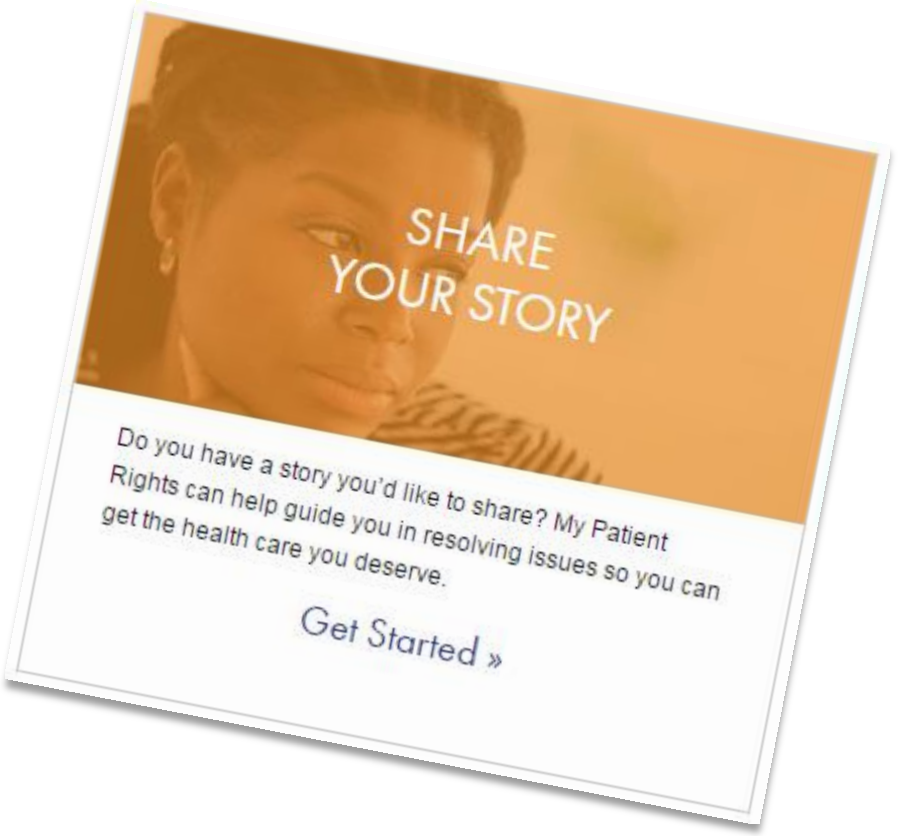
THE TAKEAWAY:

If you've been denied coverage, you have options—don't give up!

Visit www.mypatientrights.org for help appealing your insurance denial and to share your story.

Sharing Stories

- Amplifies ***your*** voice to make policymakers understand how health plans and others block access to care
- Empowers patients to tell their stories and impact public policy changes



Patients have the right to share their story publicly or not; for confidentiality reasons, they must agree to allow MPR to share their story publicly.

HEMOPHILIA COUNCIL OF CALIFORNIA

Overview of Upcoming Webinars

Upcoming webinars –

August 18 & 31 – Navigating Bleeding Disorders Treatment in a Managed Care World

September 15 & 16 – Navigating Your Treatment and Care—a CCS Example

October 13 – Patient Rights

November 10 – Navigating Your Care and Treatment—a Medicare Example

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Questions?

HCC's 2021 Advocacy & Policy Webinar series

Thank you for joining us!

Reminder: this webinar is part of a series of educational webinars presented by the Hemophilia Council of California.

A recording and slides will be available soon at http://www.hemophiliaca.org/programs/webinars/

NEED HELP? Contact Lynne Kinst at (916) 572-7771 or lkinst@hemophiliaca.org