The Development of a Tool to Assist Patients in Identifying Healthcare Coverage - *Personal Health Insurance Toolkit*

NATIONAL HEMOPHILIA FOUNDATION
www.hemophilia.org

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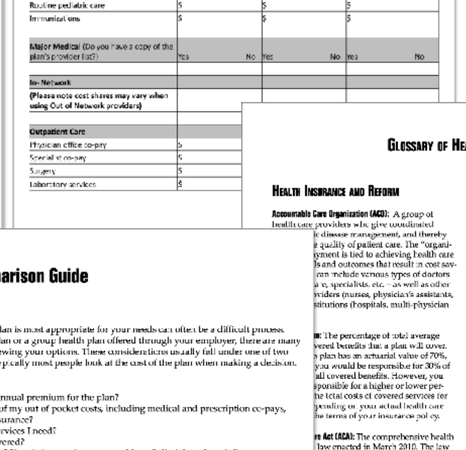
OBJECTIVE

To develop a tool to assist individuals in evaluating their health care coverage options.

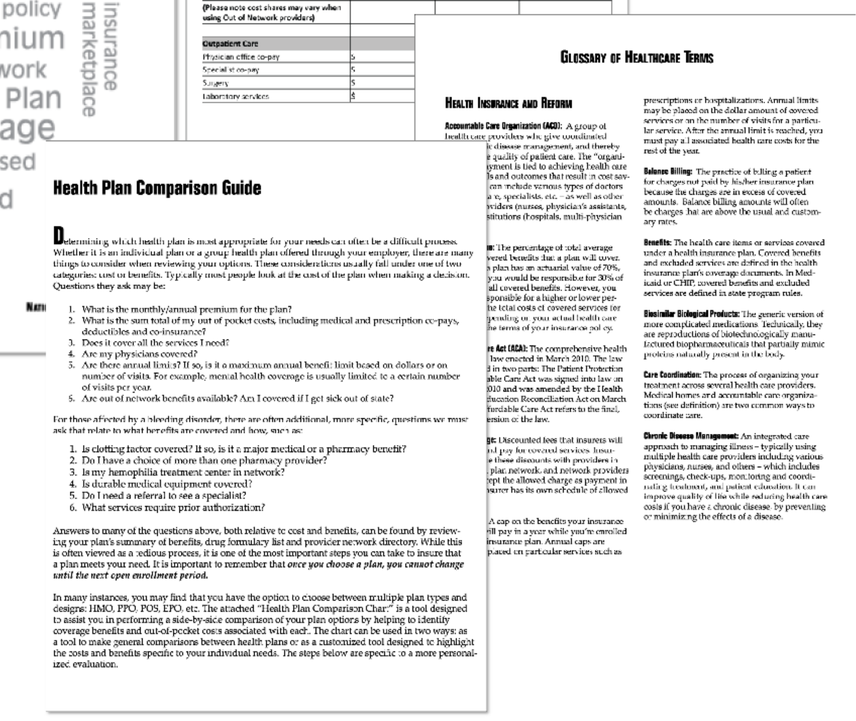
BACKGROUND and METHODS

Choosing a source of healthcare coverage is one of the most difficult yet important decisions an individual affected by a bleeding disorder must make. The National Hemophilia Foundation is often contacted by individuals and families experiencing coverage related issues. Those affected by a bleeding disorder in the United States have a limited number of health coverage options and a less than full understanding of the complexities of plan design and its impact on access to care. The process of evaluating a health plan can be time consuming and confusing leading many individuals and families to choose a plan prior to completing a comprehensive review of its benefits.

An online survey was developed to assess consumer healthcare and insurance needs, determine how they are receiving their coverage (commercial group plans, state or federal programs) and to determine consumer knowledge of key insurance and health care reform issues. The survey included questions related to: out-of-pocket costs, network adequacy, and access to necessary services.


Health Plan Cost Comparison Worksheet

Plan Name						
Plan Type (EPO, HMO, PPO, POS)						
Does the plan require you to choose Primary care physician (PCP)	Yes	No	Yes	No	Yes	No
Annual Premium	$		$		$	
Financial (deductible/coinsurance/annual limits						
Deductible Ind/Family	$	$	$	$	$	$
Co-insurance (i.e. 80/20, 70/30)	%		%		%	
Maximum out of pocket single/family	$		$		$	
Does the plan have annual limits?	Yes	No	Yes	No	Yes	No
If so, what is the limit?	$		$		$	
Preventive Care						
Physical exam	$		$		$	
Routine pediatric care	$		$		$	
Immunizations	$		$		$	
Major Medical (Do you have a copy of the plan's provider list?)	Yes	No	Yes	No	Yes	No
In-Network						
(Please note cost shares may vary when using Out of Network providers)						
Outpatient Care						
Physician office co-pay	$					
Specialist co-pay	$					
Surgery	$					
Laboratory services	$					


Glossary of Healthcare Terms

Health Insurance and Reform

Accountable Care Organization (ACO): A group of health care providers who give coordinated ... disease management, and thereby ... quality of patient care. The "organi- ... payment is tied to achieving health care ... and outcomes that result in cost sav- ... can include various types of doctors ... specialists, etc. - as well as other ... viders (nurses, physician's assistants, ... stitutions (hospitals, multi-physician ...

...: The percentage of total average ... covered benefits that a plan will cover. ... plan has an actuarial value of 70%, ... you could be responsible for 30% of ... all covered benefits. However, you ... sponsible for a higher or lower per- ... the total costs of covered services for ... pending on your actual health care ... the terms of your insurance policy.

...re Act (ACA): The comprehensive health ... law enacted in March 2010. The law ... d in two parts: The Patient Protection ...able Care Act was signed into law on ... 010 and was amended by the Health ... Education Reconciliation Act on March ... fordable Care Act refers to the final, ... ersion of the law.

...: Discounted fees that insurers will ... ll pay in a year while you're enrolled ... these discounts with providers in ... plan network, and network providers ... ept the allowed charge as payment in ... arrier has its own schedule of allowed ...

... A cap on the benefits your insurance ... insurance plan. Annual caps are ... based on particular services such as ...

prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits for a particular service. After the annual limit is reached, you must pay all associated health care costs for the rest of the year.

Balance Billing: The practice of billing a patient for charges not paid by his/her insurance plan because the charges are in excess of covered amounts. Balance billing amounts will often be charges that are above the usual and customary rates.

Benefits: The health care items or services covered under a health insurance plan. Covered benefits and excluded services are defined in the health insurance plan's coverage documents. In Medicaid or CHIP, covered benefits and excluded services are defined in state program rules.

Biosimilar Biological Products: The generic version of more complicated medications. Technically, they are reproductions of biotechnologically manufactured biopharmaceuticals that partially mimic proteins naturally present in the body.

Care Coordination: The process of organizing your treatment across several health care providers. Medical homes and accountable care organizations (see definition) are two common ways to coordinate care.

Chronic Disease Management: An integrated care approach to managing illness – typically using multiple health care providers including various physicians, nurses, and others – which includes screenings, check-ups, monitoring and coordinating treatment, and patient education. It can improve quality of life while reducing health care costs if you have a chronic disease by preventing or minimizing the effects of a disease.

Health Plan Comparison Guide

Determining which health plan is most appropriate for your needs can often be a difficult process. Whether it is an individual plan or a group health plan offered through your employer, there are many things to consider when reviewing your options. These considerations usually fall under one of two categories: cost or benefits. Typically most people look at the cost of the plan when making a decision. Questions they ask may be:

1. What is the monthly/annual premium for the plan?
2. What is the sum total of my out of pocket costs, including medical and prescription co-pays, deductibles and co-insurance?
3. Does it cover all the services I need?
4. Are my physicians covered?
5. Are there annual limits? If so, is it a maximum annual benefit limit based on dollars or on number of visits. For example, mental health coverage is usually limited to a certain number of visits per year.
6. Are out of network benefits available? Am I covered if I get sick out of state?

For those affected by a bleeding disorder, there are often additional, more specific, questions we must ask that relate to what benefits are covered and how, such as:

1. Is clotting factor covered? If so, is it a major medical or a pharmacy benefit?
2. Do I have a choice of more than one pharmacy provider?
3. Is my hemophilia treatment center in network?
4. Is durable medical equipment covered?
5. Do I need a referral to see a specialist?
6. What services require prior authorization?

Answers to many of the questions above, both relative to cost and benefits, can be found by reviewing your plan's summary of benefits, drug formulary list and provider network directory. While this is often viewed as a tedious process, it is one of the most important steps you can take to insure that a plan meets your need. It is important to remember that ***once you choose a plan, you cannot change until the next open enrollment period.***

In many instances, you may find that you have the option to choose between multiple plan types and designs: HMO, PPO, POS, EPO, etc. The attached "Health Plan Comparison Chart" is a tool designed to assist you in performing a side-by-side comparison of your plan options by helping to identify coverage benefits and out-of-pocket costs associated with each. The chart can be used in two ways: as a tool to make general comparisons between health plans or as a customized tool designed to highlight the costs and benefits specific to your individual needs. The steps below are specific to a more personalized evaluation.

RESULTS

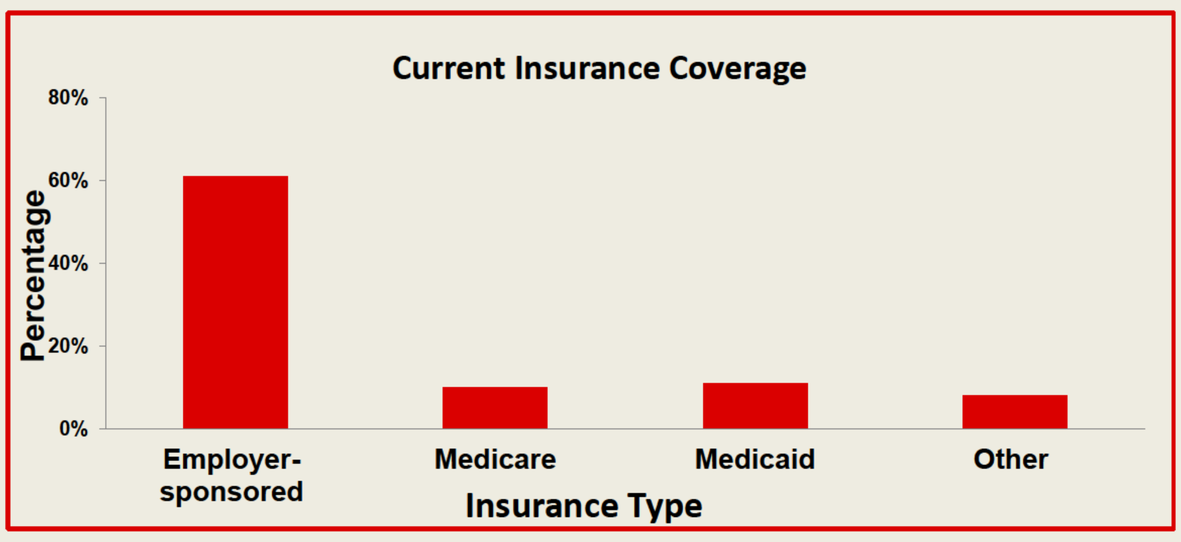
147 surveys completed:

- 49% affected individuals 18 and older
- 51% caregivers

While the majority of respondents ***did not*** have issues obtaining clotting factor or accessing their hemophilia treatment center:

- **50%** *were unsure* if factor was covered as a pharmacy or major medical benefit
- **38%** *were unsure* if their policy contained lifetime caps
- **27%** *were unsure* of the co-pay requirements
- **22%** *were unsure* of their annual out-of-pocket (OOP) limits

Results indicated that while ***most*** respondents were aware of coverage related to treatment of their disorder, they were ***less*** aware of the plan's full range of benefits and the total out-of-pocket costs associated with their plan.



National Hemophilia Foundation determined consumers needed:

- General education on health coverage systems (in the commercial and public markets)
- Specific education on:
  - Cost share
  - Benefit design
  - How to compare and evaluate plan options

REFERENCES

1. www.healthcare.gov/glossary/
2. The U.S. Department of Labor Statistics National Compensation Survey; http://www.bls.gov/ncs/

DEVELOPMENT and TRAINING

Created ***Personal Health Insurance Toolkit*** containing:

- Glossary of healthcare terms
- Plan comparison guide
- Cost comparison worksheet
- Personal health experience stat sheet

Workshops were held to illustrate how to utilize the various toolkit components. *Educated:*

- **50** State consumer advocacy groups
- **500** Consumers
- **50** Hemophilia treatment center social workers
- **6** National consumer health related advocacy groups

RESPONSES

"NHF presented the *Personal Health Insurance Toolkit* at our annual consumer meeting. The information was invaluable! An insurance topic is the most daunting for many consumers, but this packet made analyzing benefit plans so much less intimidating. I use this tool as a social worker regularly because it's so easy to use in the office. I can sit down with a consumer and help them compare their benefit summaries in an organized way. It is so helpful."
-Colleen Joiner, LMSW
Hemophilia Foundation of Michigan

"In this economy, insurance coverage has become one of the most important issues for many persons with hemophilia and their families. Now, more than ever, consumers and providers need to be familiar with the coverage benefits and costs that impact treatment options. The National Hemophilia Foundation has addressed this concern by introducing their *Personal Health Insurance Toolkit* which is the most comprehensive and powerful visual aide available to help consumers make the best decisions about insurance selection for their own situations. It will be invaluable to staff at Hemophilia Treatment Centers."
-Peg Geary, MA, MBA, MPH, LCSW, CCM
New England Hemophilia Center

"I was scared to open the packet. Once I saw that the information was easy to use, I didn't feel so alone anymore. It made me realize how important it is to really look over your benefit summary before picking insurance."
-Consumer

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Educational Models
Michelle Rice
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