PCHC

Philadelphia Coordinated Health Care

Navigating

The Insurance System…

AGAIN!!!

Medicaid, Medicare, Medicare Advantage Plans and Health Maintenance Organizations Systems

2014

Southeast Regional Health Care Quality Unit

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Information and education provided by PCHC is intended as general information only and is not all inclusive or intended to replace medical advice. If you believe that you, or someone you support, has medical issues, please seek the advice of medical professionals.

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The insurance system in Southeastern Pennsylvania can be very confusing and difficult to navigate. Medicare, Medicaid/Medical Assistance (MA), HMOs/ MCOs, Dual Eligible and Medicare Advantage Plans, are all descriptions that effect how you access health care, but what does it all mean?

Individuals can have Medicare, (Original Medicare) Medicaid or a Medicare Advantage Plan. This can be confusing! Many individuals in Southeastern PA are 21 and older. They might have "Original Medicare" Part A and Part B which is 80% of their insurance coverage and Medicaid/MA which is the remaining 20% of the insurance coverage. They are called "dual eligible", meaning they are eligible for Medicare and Medical Assistance. Eligibility is based on each individual's situation and differs from person to person.

To help you better understand, lets define each insurance plan, terminology, eligibility and in combination:

CMS - (The Centers for Medicare & Medicaid Services) is an agency within the US Department of Health & Human Services responsible for administration of several key federal health care programs. In addition to Medicare (the federal health insurance program for seniors) and Medicaid (the federal needs-based program), CMS oversees the Children's Health Insurance Program (CHIP), the Health Insurance Portability and Accountability Act (HIPAA) and the Clinical Laboratory Improvement Amendments (CLIA), among other services.

HMO – (Health Maintenance Organization) is an organized system which combines the delivery and financing of health care and offers basic health services to voluntary members. HMOs are actively involved in the care of their members. In most HMO Plans, you can only go to doctors, other health care providers, or hospitals on the plan's list except in an emergency. You may also need to get a referral from your primary care doctor to see a specialist.

MCO – (Managed Care Organization) are like HMOs, but in the case of MCOs, the health care provider or group of medical service providers who contract with insurers or self-insured employers provide the wide variety of managed health care services.

Medicaid/Medical Assistance (MA) – is a health insurance program that serves low-income adults, children, seniors, and people with disabilities. It is jointly funded by the federal government with match funding administered by the states and is an entitlement based on certain qualifications. Eligibility is different for everyone depending on each person's situation, including their income.

Medicare- is the federal health insurance program for people, who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD). It is funded and administered by the federal government and not matched by the state.

Medicare has four parts:

Part A - is a hospital insurance plan. It covers nursing care and hospital stays, although not doctors' fees. Part A also covers some home health services, such as skilled nursing care after a hospital stay and hospice care.

Part B - (medical insurance) covers doctor and other health care providers' services, outpatient care, durable medical equipment, home health care, and some preventive services.

Part C - otherwise known as a Medicare Advantage Plan/MAP, is another way to get benefits. It combines Part A, Part B and sometimes Part D coverage and is managed by private insurance companies approved by Medicare. These plans must cover medically necessary services.

Part D -Medicare Prescription Drug Coverage

Medicare Advantage Plans – is a federal health insurance program of managed healthcare which is either a Preferred Provider Organization (PPO) or Health Maintenance Organization (HMO) that serves as a substitute for "Original Medicare" Parts A and B Medicare benefits.

SNU – (Special Need Units) are separate units within the HMOs design to assist members with access to care, coordination of care, and community resources. They are mandated by PA DHS (Department of Human Services).

HealthChoices Program - is the name of Pennsylvania's physical health mandatory managed care programs for Medical Assistance recipients. Recipients receive quality medical care and timely access to all appropriate physical health services, whether the services are delivered on an inpatient or outpatient basis. The PA Department of Public Welfare's Office of Medical Assistance Programs oversees the Physical Health component of the HealthChoices Program.

In Pennsylvania, each county or county joinder contracts with a **Behavioral Health Managed Care Organization**. Recipients receive access to appropriate mental and behavioral health and/or drug and alcohol services. This component is overseen by the Department of Human Services, Office of Mental Health and Substance Abuse Services (OMHSAS).

Dual Eligible – refers to individuals who have Medicare Part A and Part B and are eligible for some type of Medicaid.

Fee-For-Service - (FFS) Plans are a traditional type of insurance in which the health plan will either pay the medical provider directly or reimburse you after you have filed an insurance claim for each covered medical expense. When you need medical attention, you can visit the doctor or hospital of your choice.

PPO - (Preferred Provider Organization) is a managed care organization of medical doctors, hospitals, and other health care providers who have agreed with an insurer or a third-party administrator to provide health care at reduced rates to the insurers or administrators.

A **Letter of Medical Necessity** (LOMN)- is an essential part of a request for services, and can be used in a wide range of issues. When a service is denied it's typically due to the lack of medical justification for the need of that service. For more information and an example of a Letter of Medical Necessity please visit www.PCHC.org.

Copayment or **Copay-** is a payment defined by a particular insurance company paid by the insurance person each time a medical service or medication is rendered. The co-pay amount will differ depending on the insurance coverage and type of medication. For details on copays, visit www.dhs.state.pa.us, Copayment Information for Medical Assistance Recipients.

Hints and Links

Hints:

When visiting a physician it is important that you present all your Insurance cards, including Medicare card, and or Medicaid/MA Access Card and Prescription Drug Coverage if applicable. This will prevent any inappropriate or incorrect billing.

It is important that protocol is followed when there is a dispute or disagreement with your insurance provider. Call your insurance provider If you received a bill or denied letter of service. They will inform you on why the service was denied. You should also received a letter from your insurance provider explaining the reason for the denial. If you don't get a letter of denial of service, ask for one.

If you have an HMO or MCO, you can call member services or the Special Needs Unit when you have a concern, issue or question. HMOs do not have an enrollment period. You can change your HMO plan at any time.

Medicare and Medicare Advantage Plans do not have Special Needs Units but they can be easily contacted through member services. These plans do have enrollment periods unless life changing circumstances, (such as marriage or a move) occur.

Medicare consumers who are also in one of Pennsylvania's Home and Community-Based Services Waiver Program (Consolidated Waiver or Person/Family Directed Support Waiver) should not have co-pays for their Medicare Part D prescription medications.

Within the ID system you should not be paying out of pocket for any needed medical services. Insurance providers are to provide medical services that are medically necessary and medically justified. This is a situation to contact the Special Needs Unit of appropriate MCO.

Links:

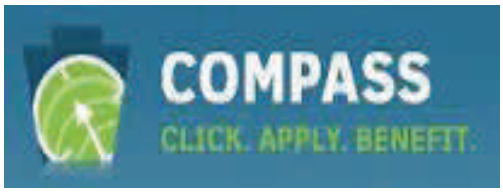
www.pchc.org

Philadelphia Coordinated Health Care (PCHC) is the Southeastern Health Care Quality Unit (HCQU) of Pennsylvania since 1989. In the state of Pennsylvania there are a total of eight HCQUs. You can access many of the forms and information listed in this booklet on PCHC's website or you can call PCHC and ask for the Outreach Department 215-546-0300.

Medicare.gov
The Official U.S. Government Site for Medicare

www.Medicare.gov

You can sign up for Medicare, or change your plan during enrollment period, choose plans when applicable, know your cost of your plans coverage and drug coverage, claims, etc. You also call 1-800-Medicare or 1-800-633-4227.



www.compass.state.pa.us

You can apply for Medicaid and other human services benefits. You can apply at any time 24 hours a day, seven days a week. The site provides a tutorial to assist when applying.

www.dhs.state.pa

The Department of Human Services supports programs for individuals with disabilities throughout the state with a focus on individualized care and benefits programs designed to meet the specific needs of each person. From assisted living and personal care homes, to individual supports plans for community services, to Medical Assistance, DHS seeks to meet the needs of individuals with disabilities throughout the community. For assistance call 1-800-692-7462.

To access Special Need Services for only Medical Assistance, Fee-For-Service (FFS), contact the Intensive Medical Case Management (IMCM):

- 1-800-537-8862
- Select option # 2 (recipient)
- Select option # 4 (IMCM)
- Select option # 1 (Supervisor)

www.enrollnow.net

You can compare contracted health insurance plans throughout the state of Pennsylvania. The state is divided into five sections, HealthChoices: New West, New East, Southwest, Lehigh Capitol, and Southeast. Once you select your county a comparison chart of the available HMOs/MCOs in your area is shown. You can change your HMO or MCO and see if your present doctor is in the new plan selected. You can also call 1-800-440-3989 for assistance.

www.cms.gov

CMS is the Centers for Medicare & Medicaid Services. CMS is the federal Health and Human Services (HHS) agency responsible for administering the Affordable Care Act Health Insurance Program, Medicare, Medicaid, SCHIP (State Children's Health Insurance), and several other health-related programs.