

# Utilizing Health Insurance

*Continuing Education*

*April 30, 2018*



# Agenda

- Using Insurance
- Preventive Care
- How and When to Access the ER
- Enhanced Services
- HIP Waiver
- **BINGO!**
  - Watch and listen for key words throughout the presentation

# Objectives

- Discuss the steps in the consumers Road Map and identify the benefits of this process
- Review recommended preventive services by plan
- Identify when to access Primary Care and when to utilize the Emergency Room
- Understand the enhanced services and benefits available from each Managed Care Entity (MCE)
- Summarize Healthy Indiana Plan (HIP) Waiver Changes

# Insurance “Road Map”: Using Insurance



# First Steps

- **Choose a Primary Care Provider (PCP)**
  - Medical home
- **Sign up for Auto-Pay Billing**
  - Automatically scheduled payments means not missing a monthly premium
- **Complete Your Health Risk Assessment**
  - Most plans have a health needs assessment or screening for new members. This helps the plan make sure you are getting the right services and the best care for your situation
- **Create an online member account**
  - Most plans offer an online account to help you keep track of your health information
  - For example, on the MHS online portal, you can pay your bill, choose your doctor and more!

# Help Consumers Put Their Health First

Staying healthy increases the chances you'll be there for your family and friends for many years to come

There are several things you can encourage consumers to do to put their health and well-being first:

- Make time for physical activity, healthy eating, relaxation and sleep
- Get the appropriate **preventive services**
- Take an **active role** in your health
- Learn more about what you can do to stay healthy and share what you learn with your family and friends
- Keep all of your health information in one place

# Help Consumers Understand Coverage

- **Read the member handbook** to see what services are covered
- Be familiar with costs (premiums, copayments, deductibles, coinsurance)
  - These usually are available on the Member ID card
- Know the difference between in-network and out-of-network
  - If a provider is “out-of-network,” you may have to pay additional costs out of pocket
- Sign up for an **Online Member Account** to view benefits, pay premiums and more
  - Most plans offer online account access

# Talk About Where to Go for Care

Help consumers know the difference between their **primary care provider** and the **emergency department**.

## Primary Care Provider

You'll **pay your primary care copay**, if you have one.

You go when you **feel sick and when you feel well**.

You **call ahead** and make an appointment

You may have a short wait to be called after you arrive but you will generally **be seen around your appointment time**.

You'll usually see the **same provider each time**.

Your provider **will** usually have access to your health record.

Your provider will **check other areas of your health**.

Your provider will **help you make a plan** for follow up.

## Emergency Department

You'll likely pay a **copay, co-insurance, and have to meet your deductible**.

You should only go when you're **injured or very sick**.

You **show up when you need to and wait** until they can get to you.

You may **wait for several hours** before you're seen if it's not an emergency

You'll see the **provider who is working that day**.

The provider who sees you probably **won't** have access to your health records and may not know your chronic health conditions

You may **not have follow-up support**.

# Help Consumers Find a Provider

Recommend **four steps** to find a provider you can trust and partner with to live a long, healthy life.

- **Identify in-network providers**

- Check your plan's website to find providers who are in network
- Remember: You'll pay more to see a provider who isn't in your network

- **Ask around**

- Friends and family
- Research on internet to see community ratings

- **Pick a provider**

- **Give them a try**

- Schedule your first visit! The only way to see if a provider is a good fit for you is to have an appointment

# Talk About Making an Appointment

- Have your insurance card handy
- You should say:
  - Your name and if you're a new patient.
  - Why you want to see the provider.
  - The name of the provider you'd like to see.
  - If you have specific needs, such as translation or accessible equipment.
  - Days and times that work for you.
- You should ask:
  - If they can send you any forms you need to fill out before you arrive.
  - If you need to bring anything to the visit, such as medical records or current medications.
  - What to do if you need to cancel your appointment. Some offices charge a fee for missed, late or cancelled appointments, and your insurance will not cover that cost.

# Help them Prepare for the Visit

- Show up **early!**
- Make sure to bring a few key things
  - Insurance card
  - Photo ID (driver's license, government or school ID, passport, etc.)
  - Completed forms (if sent in advance)
  - Copay, if applicable (ask for a receipt)
- Be ready to share helpful information
  - Family health history and medical records, if you have them
  - Medications you are taking and dosages
  - Questions or concerns about your health
- Before you leave the doctor's office, you should be able to answer a handful of questions
  - Examples: How is my health? What do I do next? If I need to take medicine, when do I take it and how much do I take?

# Did They Pick the Right Provider?

- It's important to find a provider that meets your needs
- Not happy? Consider giving them another try
  - Call the office and share concerns
  - You may be able to see another provider in that office
- Speak up
  - You can ask for changes – the right provider for you will meet your needs when you ask
- Keep trying
  - It's important to find a provider you feel comfortable with and trust
  - A strong partnership with your provider will keep you healthy
  - If the first provider isn't a good fit, start your search again

# Did They Pick the Right Provider?

After your first visit, think about whether your provider:

- Was trustworthy and seemed to care about your health and you as a person.
- Listened to you and addressed your needs.
- Answered your questions in a way you could understand.
- Used words you could understand, speak slow enough, pay attention to what you had to say and speak in a way that made you comfortable.
- Showed an interest in your concerns.
- Was respectful of your opinions, culture and beliefs when examining you and talking about your health.
- Gave you any assistance you asked for, like an interpreter, translation or alternate form of written materials.
- Included you in making decisions about your care.
- Treated you fairly.
- Seemed accessible for follow-up questions.

# Steps After the Appointment

Now that you have found a provider and had your first visit, where do you go from here?

- Schedule your next appointment or recommended health screenings
- Questions or concerns between visits? Call your provider
- Follow through with recommendations (see a specialist, take medications, etc.)
- Read your Explanation of Benefits (EOB)
  - Overview of total charges for your visit and how much you and your insurer will have to pay
  - **NOT A BILL** – that will come separately from the provider

# Preventive Care:

What Is It and Why Does It Matter?



# Preventive Services

- Even if you feel fine, you should still see your health care provider for regular checkups
  - This is called preventive care
  - These visits can help avoid problems in the future
- Another part of preventive health is learning to recognize changes in your body that may not be normal
- Being proactive in your preventive health care can keep you healthy **AND** save you money

# Preventive Services

- There are specific preventive service screening recommended for a person's age, gender and health.
- You have handouts with the break down of recommended services by plan:
  - Healthy Indiana Plan (HIP)
  - Hoosier Healthwise
  - Hoosier Care Connect
  - Marketplace
- Do you notice common preventive services or key differences between plans?

# Preventive Services

## Major Preventive Services

- Well-person Exam
- Blood Pressure
- Body Mass Index (BMI) Percentile Screening
- Cholesterol Screening
- Dental Exam
- Diabetes (Type 2) Screening
- Flu Shot
- Immunizations

# Essential Health Benefits (Marketplace)

- The comprehensive package of items and services required to be covered through health insurance by the Affordable Care Act
- Unique to Marketplace plans
- Preventive services among the 10 categories of essential health benefits:
  - Ambulatory patient services
  - Emergency services
  - Hospitalization
  - Maternity and new born care
  - Mental health and substance use disorder services (including behavioral health treatment)
  - Prescription drugs
  - Rehabilitative and habilitative services and devices
  - Laboratory services
  - Preventive and wellness services and chronic disease management
  - Pediatric services (including oral and vision care)

# How and When to Access Care:

## Going to the Emergency Room (ER)



# How and When to Access Care

## Emergency Room (ER)

### When to go:

- Broken bones
- Gun or knife wounds
- Bleeding that won't stop
- If you are pregnant and either in labor or bleeding
- Severe chest pain or heart attack
- Drug overdose
- Poisonings
- Shock (You may sweat, feel thirsty or dizzy, or have pale skin)
- Convulsions or seizures
- Trouble breathing
- Suddenly unable to see, move or speak

*This is not a complete list of when you should get emergency care. If you have a health condition that occurs often (a chronic condition), talk to your doctor about what a life-threatening medical emergency would be for you.*

# How and When to Access Care

## Emergency Room (ER)

### When NOT to go:

- Flu or colds
- Sore throats
- Earaches
- A sprain or strain
- A cut or scrape not requiring stitches
- To get medicine or have a prescription refilled
- Diaper or other skin rash

# How and When to Access Care

## Emergency Room (ER)

- Limiting use is beneficial
  - If it's not an emergency, you'll wait longer
  - You may be liable for the full cost if you use an out-of-network ER as a Marketplace member
- Use Urgent Care Centers when it's not an emergency but you can't get an immediate appointment with your doctor
- Call your insurance company's nurse advice line if you aren't sure it's an emergency
  - If they tell you to go, your visit will be covered

# Enhanced Services: MCE Comparison



# Enhanced Services

Service	MHS	Anthem	CareSource	MDwise
<b>Rewards</b>	<ul style="list-style-type: none"> <li>• Complete Health Needs Screening</li> <li>• Get Preventive Services</li> <li>• Use to buy healthy items, pay PAC, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• \$10 for completing health survey</li> <li>• Blue Ticket to Health: Team up with Colts to get well visit and win prizes</li> </ul>		<ul style="list-style-type: none"> <li>• MDwise rewards: Earn points for a variety of activities and shop for gift cards</li> </ul>
<b>Free Cell Phone program</b>	<ul style="list-style-type: none"> <li>• Through ConnectionsPlus and SafeLink</li> </ul>	<ul style="list-style-type: none"> <li>• Through SafeLink</li> </ul>		<ul style="list-style-type: none"> <li>• Free smart phone</li> <li>• Can use own phone with free minutes, etc.</li> </ul>
<b>Transportation</b>	<ul style="list-style-type: none"> <li>• Free, unlimited transportation to doctor visits, pharmacy after visits, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced transportation to doctor and other health-related trips</li> </ul>		

# Enhanced Services

Service	MHS	Anthem	CareSource	MDwise
<b>Smoking cessation</b>	<ul style="list-style-type: none"> <li>• Program available in partnership with Indiana Tobacco Quitline</li> </ul>	<ul style="list-style-type: none"> <li>• Programs to help you quit for good</li> </ul>		<ul style="list-style-type: none"> <li>• SMOKE-free program includes partnership with Quitline</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>• MemberConnections can help explain coverage and connect to resources</li> <li>• MHS Family Education Network gives members in-person benefit education</li> </ul>	<ul style="list-style-type: none"> <li>• Referrals for WeightWatchers and YMCA memberships</li> <li>• Online peer support</li> <li>• Free dental hygiene and pregnancy test kits</li> <li>• Assistance with getting HSE degree</li> <li>• In-home assistance with health &amp; resources</li> </ul>	<ul style="list-style-type: none"> <li>• Life Services program assists with employment efforts</li> <li>• Wellness and disease management programs</li> <li>• Medication Therapy Management (MTM)</li> <li>• Free pregnancy tests</li> <li>• Women and Infants health care management program</li> </ul>	<ul style="list-style-type: none"> <li>• Free, unlimited preventive care services</li> <li>• myMDwise member portal provides 24/7 access to important coverage information</li> </ul>

# Healthy Indiana Plan (HIP) Waiver: Current and Upcoming Changes



# HIP Renewal

- Approval means continuation for another three years (Feb. 1, 2018 to Jan. 31, 2021)
- Core elements remain the same
- Enhancements to the program intended to streamline services for members, address pressing health needs

# HIP Enrollment Summary

	Basic		Plus		Total	
FPL	Basic Total	Percentage	Plus Total	Percentage	HIP Total	Percentage
<5%	74,516	40.3%	110,353	59.7%	184,869	46.2%
5-22%	4,986	36.4%	8,698	63.6%	13,684	3.4%
23-50%	13,314	37.7%	21,983	62.3%	35,297	8.8%
51-75%	17,550	36.9%	29,982	63.1%	47,532	11.9%
76-100%	17,960	33.8%	35,247	66.2%	53,207	13.3%
<101%	128,326	38.4%	206,263	61.6%	334,589	83.6%
101-138%	9,015	14.7%	52,305	85.3%	61,320	15.3%
>138%**	1,807	39.8%	2,736	60.2%	4,543	1.1%
<b>Grand Total</b>	<b>138,148</b>	<b>34.7%</b>	<b>261,304</b>	<b>65.3%</b>	<b>400,452</b>	<b>100.00%</b>

# HIP Waiver Changes

- **Redetermination:** Consistent with Indiana law and the original HIP program
  - HIP members may lose coverage for six months if they do not comply with the redetermination process
- **MCE Selection Period**
  - Runs Nov. 1 to Dec. 15
  - Only time of year a member can change MCE without 'just cause'
- **Benefit Period vs. Benefit Year**
  - Benefit Period
    - Eligibility span remains unique to the member
    - Redetermination of eligibility for program occurs based on the month the member enters the program
  - Benefit Year
    - Calendar year (Jan. to Dec.) resets benefits and POWER Account
    - If member leaves HIP and returns that same calendar year, they return to the MCE they were with when they left the program

# HIP Waiver Changes

## Tiered Payments and Tobacco Surcharge

- POWER Account Contribution (PAC) no longer based on 2% of income
  - Based on % of Federal Poverty Level (FPL)
  - Range from \$1 to \$20 per month (current maximum is \$100 per month)
  - Will not change as frequently
- Surcharge for Tobacco users begins in 2019
  - Tobacco user: A person who has used tobacco four or more times per week during the previous six months
  - Tobacco includes chewing tobacco, cigarettes, cigars, pipes, hookah and snuff but NOT nicotine delivery devices such as e-cigarettes or vapes
  - Member self-attest tobacco use
  - Surcharge is a 50% increase in PAC

# HIP Waiver Changes

## Tiers

1. < 22% FPL
2. 23 – 50% FPL
3. 51 – 75% FPL
4. 76 – 100% FPL
5. 101 – 138% FPL

Tier	Monthly PAC Single Individual	Monthly PAC Spouses	PAC with Tobacco Surcharge	Spouse PAC when one has tobacco surcharge	Spouse PAC when both have tobacco surcharge (each)
1	\$1	\$1	\$1.50	\$1 & \$1.50	\$1.50
2	\$5	\$2.50	\$7.50	\$2.50 & \$3.75	\$3.75
3	\$10	\$5	\$15	\$5 & \$7.50	\$7.50
4	\$15	\$7.50	\$22.50	\$7.50 & \$11.25	\$11.25
5	\$20	\$10	\$30	\$10 & \$15	\$15

# HIP Waiver Changes

## New and Changed Benefits

- Chiropractic
  - Up to six spinal manipulation visits per person, per year
  - Self-referral and no prior authorization
- Pregnancy and HIP Maternity
  - New, pregnant members applying for HIP benefits making 138% FPL or less are enrolled directly into HIP Maternity
  - Those making more than 138% FPL are enrolled directly into Hoosier Healthwise Package A
  - HIP members who become pregnant stay in HIP – but have no cost sharing
  - No more switching between HIP and Hoosier Healthwise while pregnant
- Substance Use Disorder Treatment
- End of HIP Employer Link Program
- Pushing Gateway to Work program to encourage employment

# HIP Waiver Changes

## Substance Use Disorder Treatment

- Fill treatment gaps with new services
  - Inpatient detox
  - Residential treatment
  - Addiction recovery services (recovery education, peer recovery support, housing support, recovery-focused case management, relapse prevention)
- Lift restriction on IMD providers
  - Expand access of at least 15 more facilities with 12 more in queue
- MCEs use incentive programs to influence behaviors – including targeting SUD treatment

# HIP Waiver Changes

## Gateway to Work

- Launched in 2015
- Voluntary program promoting connection between employment and health
- Integrates state's various work training, job search programs with HIP
- Seeks to connect HIP members to gainful employment in a way that improves physical and mental health as well as the individual's overall financial stability and well-being
- Robust participation will:
  - Encourage member self-sufficiency
  - Foster an eventual transition to the private market
  - Lead to decreased unemployment for Hoosiers and improve health and financial stability for members

# HIP Waiver Changes

## Gateway to Work

- Qualifying Activities include:
  - Work
  - School
  - Volunteer work
  - Learning English as a second language
  - Caring for elderly non-dependent
  - Job skills training
  - Job search activities
  - Participation in SNAP work requirements
  - MCE employment initiatives
  - Community service

# HIP Waiver Changes

## Gateway to Work

- Exemptions include:
  - Students
  - Medically Frail
  - Homeless
  - Caring for young child
  - 60 years or older
  - Participating in TANF work requirement
  - Pregnant women
  - Primary caregiver of dependent child below compulsory school age
  - Kinship caregivers of abused or neglected children
  - Certified temporary illness (includes FMLA)
  - In active SUD treatment
  - Former foster children younger than 26
  - Recent incarceration

# HIP Waiver Changes

- **Enhanced Incentives for HIP Members**
  - Smoking Cessation
  - Disease Management

**Questions?**



# Presenters

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