Learning How to Navigate Health Insurance

Access to quality care

Hemophilia is a lifelong condition, which means you will always want to make sure you are getting the care you need. This brief overview of the insurance process is a good starting point for what you should consider about your health insurance plan.

How health insurance works

Insurance companies provide health insurance through policies for which you pay a monthly premium. You may have to pay an annual deductible before your medical expenses are covered. You may also need to pay for a portion of the costs or a set amount when receiving care. Your plan may describe this sharing of cost as coinsurance/co-payment. In some cases, you may have a choice of insurance companies or plans, with different benefits and levels of service. It is important for you to know what is covered under each plan. Remember that you may have other insurance choices if your spouse or partner is eligible for coverage at his or her job.

How people get health insurance

Health insurance is typically provided by your employer or the government, or you can purchase insurance as an individual. If your employer is the provider of your insurance, some of your salary may be withheld from your paycheck to help pay for insurance. If this option is not available, you may pay money directly to the insurance company.

When deciding on a plan, it's important to know whether it has a narrow network (where you can only see a handful of doctors) or a wide network, where you can see whatever doctor you would like to.

Types of plans

Health insurance, in general, is divided into 2 types:

- **Commercial** (the kind of insurance your job may offer, or that you may purchase on your own)
- **Government-sponsored insurance**

Commercial health insurance includes:

Health Maintenance Organization (HMO): An insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. An HMO generally won't cover out-of-network care except in an emergency and may require you to live or work in its service area to be eligible for coverage.

Preferred Provider Organization (PPO): A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers who belong to the plan's network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

Point-of-Service Plan (POS): A type of plan in which you pay less if you use doctors, hospitals, and other health care providers that belong to the plan's network. POS plans may also require you to get a referral from your primary care doctor in order to see a specialist.

Government-sponsored insurance includes:

Medicaid: A state-administered health insurance program for low-income families and children, pregnant women, the elderly, people with disabilities, and, in some states, other adults. The federal government provides a portion of the funding and sets guidelines. States also have choices in how they design their program, so medical programs and eligibility vary from state to state and may have a different name in your state.

Medicare: A federal health insurance program for people who are age 65 or older and certain younger people with disabilities. It also covers people with End-Stage Renal Disease (ESRD).

Medicare has 4 parts (A,B,C,D), which cover different aspects of health care.

What plans cover

Most individual and small group health insurance plans available after 2014 offer services from 10 categories of essential benefits. While all qualified plans must offer the 10 essential benefits, the scope and quantity of services offered under each category can vary. Essential benefits are:

- Emergency services
- Hospitalization
- Laboratory tests
- Maternity and newborn care
- Mental health and substance-abuse treatment
- Outpatient care (doctors and other services you receive outside of a hospital, such as a visit to your hemophilia treatment center or hematologist)
- Pediatric services, including dental and vision care
- Prescription drugs (such as factor products)
- Preventive services and management of chronic diseases
- Rehabilitation services

No matter what insurance plan you have, you will want to know:

- How much the plan costs, your out-of-pocket expenses, and drug co-pays
- What services the plan covers
- Which doctors and hospitals are affiliated with it

Denial of coverage

In some instances, your health insurance company may send you a letter telling you that your prescribed factor replacement therapy or a certain service will not be covered. If you get such a letter, do not panic. It is important to keep the letter and share it with your hematologist, your primary doctor, and your hemophilia treatment center. This will help you and your treatment team decide the best way to respond.

The appeals process

If your insurance company denies coverage, you may appeal the decision. This means sending a letter to the company asking them to reconsider. The kind of letter you should send depends on the reason the insurance company gave for denial.

Filing an internal appeal

When you request an internal appeal, your insurance company may ask your health care team for more information in order to make a decision about the claim. The insurance company should inform you of the deadline to send any additional information requested. If they don't provide a deadline, call your insurer using the number on the back of your ID card. Remember, you should receive the denial in writing. Don't wait to contact them if you do not.

Follow up

If your appeal is denied, don't assume your appeal will go to the next level automatically. Make sure you let your insurance company know you want a second-level or Independent External Review. If the independent reviewers think your plan should cover your claim, your health plan must cover it.

Should you have any questions, talk to your hemophilia treatment center or your specialty pharmacy for more information.

Taking charge of your care

It can be challenging, but it is up to you to make sure you receive the best care. The better you know your options, the better you can guarantee that you will continue to have access to quality, affordable care. Remember to always share your care concerns with your treatment team and talk to your insurance provider when you don't understand a policy and need more information.

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