

Person-Centered Access to Long-Term Services and Supports

6 The Influence of Health Insurance on Long-Term Services and Supports



Introduction

These slides contain content adapted from the Administration for Community Living's Person Centered Counseling Training Program. The content includes text and narration from online courses. To view original content or for more information, please visit nwd.acl.gov or contact NoWrongDoor@acl.hhs.gov.

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Welcome! (1/3)

Health insurance has the potential to be a critical asset to overall health and well-being. It can be a part of support for a return to community living after a hospitalization. Accessing benefits can help people reduce the likelihood of return to health crisis or loss of functioning. Some people may need support to fully understand these options. They may need support to access and advocate for benefits through their health insurance.

Welcome! (2/3)

Due to the Affordable Care Act, health insurance is becoming more accessible to many people. However, people have more choices and information to sort out than ever before. This lesson will help the Person-Centered Counseling (PCC) professional understand the most common aspects of insurance as it relates to supporting people with LTSS needs.

Welcome! (3/3)

Learning Objective

After completing this lesson: You will be able to support the person in effectively accessing benefits through their health insurance in ways that support their person-centered goals.

Common Challenges or Misunderstandings (1/2)

Insurance coverage is not always clear when it comes to services and supports needed for long-term conditions. In fact, health insurance is not meant to cover long-term services and supports (LTSS). However, it does provide benefits that are helpful to people with chronic conditions and in periods of recovery from acute conditions. The following list describes some of the common challenges people may face when it comes to understanding health insurance coverage. This can have an impact on their lives and influence their LTSS. The PCC professional should be aware of these and have strategies for supporting people.

Common Challenges or Misunderstandings (2/2)

- People may not have health insurance coverage yet. They don't know how, when, or where to apply for health insurance coverage.
- They may have coverage that is not well suited to their overall situation, especially if it has changed (e.g. high premiums, inadequate coverage, etc.).
- They don't know that their insurance will pay for things that could be helpful to their situation (this may include therapy, treatments, equipment, or short-term personal care).
- They believe insurance will pay for things it will not and plan poorly for these expenses (this can include long-term personal care or stays in nursing facilities).
- They are having trouble accessing benefits and don't know how to make special requests, appeal decisions, or advocate for themselves when turned down for coverage.
- They don't know how to navigate the intersection between health care and LTSS systems and therefore experience gaps in services during transitions.

Health Insurance Coverage that Supports Long-Term Needs (1/3)

Health insurance is used to cover preventative and treatment related medical costs. Everyone (with few exceptions) is required to have health insurance under the Affordable Care Act or pay a fee. It is not designed to pay for long-term services and supports (LTSS). However, some things covered by health insurance can be helpful to people with LTSS needs. These can include a number of things, such as:

- Developmental screening for children
- Mental health, learning disability, or other diagnostic assessments
- Purchasing durable medical equipment, for example, walkers, power chairs, and SAD lights

Health Insurance Coverage that Supports Long-Term Needs (2/3)

- Access to short-term home health or personal care services (usually in a skilled care facility)
- Preventative care to maintain health and screening/assessments
- Acute care (hospitalization including psychiatric crisis)
- Transitional and recovery-based care (partial hospitalization, residential treatment centers, acute and sub-acute rehab, nursing facilities, etc.)
- Some treatments to support recovery or restore or improve functioning such as occupational therapy, speech therapy, mental-health therapy (including Cognitive Behavioral Therapy or Dialectical Behavior Therapy), chemical dependency treatments, physical therapy. Note that coverage may vary: for example cognitive rehabilitation therapy may be paid for if a person has a stroke or brain injury, but not for schizophrenia

Health Insurance Coverage that Supports Long-Term Needs (3/3)

- Medications
- Access to allied professionals (such as, a nutritionist)

Supporting Best Use of Insurance (1/4)

People should be encouraged to think about insurance and be clear about benefits and limits. Supporting people to use their health insurance effectively (for example, to obtain a needed assessment or treatment) can prevent undesirable situations. Otherwise, people may miss out on potentially helpful options. They may experience a decline in health or wellbeing. They may end up using resources that are much more costly, such as acute care or institutional care, because they did not realize they had other benefits to support community living or could not effectively organize them. Working with the person to understand insurance coverage will create a more seamless and coordinated experience. It can help them avoid problems caused by lack of effective coordination of care.

Supporting Best Use of Insurance (2/4)

The following are basic roles for Person-Centered Counseling (PCC) professionals in supporting best use of health insurance.

- Learn about eligibility criteria and the application process for any public program, including critical windows for open enrollment. Learn about and support people in considering private insurance as well.
- Stay informed about health insurance changes as the Affordable Care Act rolls out in your community. Here is a helpful website for more information:
<http://www.hhs.gov/healthcare/rights/index.html>
- Become knowledgeable about local resources that can help fill gaps while people wait for health insurance coverage, such as sliding fee or free clinics or free or reduced cost access to supportive technology (cell phones, adaptive equipment, etc.).

Supporting Best Use of Insurance (3/4)

- Offer to walk with the person through the process of applying for insurance, paying for/arranging services, exploring coverage, working with insurance programs, and appealing denials as needed (filling out applications, assisting in contacting insurers/care coordinators/gatekeepers, and advocating on behalf of the person as requested).
- Become knowledgeable about the basics of insurance options and how they intersect with long-term support and services (LTSS) needs. Specifically, know what benefits are possible, the providers associated, and the timelines for coverage.

Supporting Best Use of Insurance (4/4)

- Be familiar with the common transition periods from acute care (medical coverage) to LTSS and be able to help people proactively prepare for these periods (such as after injury or illness, to rehab/recovery, to potential LTSS). Help make these transitions transparent and support people as they work with any transition professionals to ensure care aligns with their goals.
- Inform people of the potential consequences of choices. For example, tell them how choosing a certain Medicare Advantage plan, choosing not to sign up for a plan, or ignoring paperwork might impact their goals. A benefits specialist can help by explaining options in depth. You can also see if the person would like to contact an insurance specialist through the State Health Insurance and Assistance Program (SHIP).

Affordable Care Act and Its Impact (1/2)

The Affordable Care Act (ACA) will create many changes in health care coverage. In general, for people who need access to long-term services and supports (LTSS) or similar services these changes should enhance coordination and lead to better outcomes. There is also more information about the influence of the ACA on specific programs and processes later in the lesson.

Here is a basic overview of ACA:

- Everyone must have coverage or pay a fee (there are certain exceptions for religious reasons, hardships, or tribal members). Healthcare.gov can direct you to the federal health insurance exchange or your state's marketplace. It can also connect you to brokers and navigators who assist with the process of enrolling and choosing the best plan.

Affordable Care Act and Its Impact (2/2)

- Most employers must provide coverage to full time employees.
- Health-care options, including Medicare and Medicaid, are shifting from fee-for-service coverage to coverage that bundles and coordinates care. Some examples of bundled care might be managed care organizations (MCOs), accountable care organizations (ACOs), and health homes, such as behavioral health homes.
- The Medicare Part D coverage gap between what Medicare will pay for and what medications cost (called the “donut hole”) will close by 2020.
- Eligibility requirements are changing (income, citizenship status, age), and in many states poorer adults and children have increased access to Medicaid health benefits.

Publicly Funded Health Insurance

It can be difficult to keep up with all the nuances of various public programs. Many of them also vary considerably from state to state. However, having at least a basic understanding of the larger programs will help you do better at supporting people in this area.

Private Health Insurance (1/3)

People can obtain private insurance through an employer, or the Health Insurance Marketplace. People can compare premiums, deductibles, and out-of-pocket costs before deciding to enroll. Previous employers typically provide Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage, which is a temporary continuation of group health coverage that otherwise might be terminated. COBRA health insurance is typically expensive.

Private Health Insurance (2/3)

Just like Medicare and Medicaid, private insurance may help pay for costs related to long-term services and supports (LTSS) needs but will not pay for LTSS needs specifically. Looking at the out-of-pocket/premium costs can be a helpful part of budgeting.

Private Health Insurance (3/3)

When someone has access to more than one insurance program, there are issues to consider that can help avoid problems:

- They must check whether the private insurance can be used with public insurance -- there are rules around the types of coverage a person can have.
- They must monitor their bills to ensure that both companies are not billed for the full amount of the same services or item.
- There can be dispute among providers over who will cover a service that then leaves it uncovered.

Sometimes it's best to just have one insurance plan.

Health Insurance Appeals (1/3)

Health insurance providers might turn down a person's application for a variety of reasons. The Affordable Care Act (ACA) has enhanced a person's right to appeal these decisions. When a person has applied for a service, treatment, or payment toward durable equipment to support their long-term service and supports (LTSS) needs, they may need or want support to help understand how to appeal a denial of these services. Many states have set up an ACA consumer assistance program to help people with appeals.

Health Insurance Appeals (2/3)

The following are basic things a Person-Centered Counseling (PCC) professionals should know:

- People should have been given information about appeals when they signed up for insurance. You can remind them or help them look this up if they no longer have it or it is not clear on the denial letter.
- They have a right to an internal appeal first. If this does not work they can also go to an external review process (people outside of the health insurance company).
- If a person uses an older program initiated before a certain date, the company may not have to comply with the ACA. They may still have established appeals processes that can be helpful.

Health Insurance Appeals (3/3)

- Keep good records of the process in order to help the person progress through each stage seamlessly. Help the person stay organized as needed and desired.
- There may be special assistance available for people who speak a language other than English.

Conclusion and Lesson Review (1/2)

- Using health insurance effectively can help the person reach their goals and improve quality of life.
- Preparing the person for the process can help minimize their frustration, expense and waiting periods. Person-Centered Counseling (PCC) professionals can help with organizing paperwork around eligibility and appeals.
- The Affordable Care Act will have an effect on all health insurance options as it continues to roll out. You should be aware of changes in major public programs such as Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). You should also have resources for helping people learn more (such as State Health Insurance Assistance Programs).

Conclusion and Lesson Review (2/2)

Learning Objective

After completing this lesson, you will be able to support the person in effectively accessing benefits through their health insurance in ways that support their person-centered goals.

Reflection on Learning Objective

Directions: Review the objective(s) on this page. Write down your answers to the following questions.

1. What did you learn in this lesson that you felt was important?
2. What will you do differently because of the content in this lesson?