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2018

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3. Within **2 WEEKS** of this session:
   - ✓ Complete the evaluation*
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EDUCATIONAL SERIES FOR HEALTHCARE PROFESSIONALS

SPEAKERS

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Triage Cancer

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CONTENT PARTNER

HEALTH INSURANCE & HEALTH CARE REFORM

Key Topics:

- Getting and Keeping Health Insurance with a Pre-Existing Condition
- Consumer Protections in the ACA
- New Health Insurance Options
- Tips to Choose a Health Insurance Policy
- Potential Changes to Our Health Care System

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RESEARCH: "COST" OF HEALTH CARE

- As of 7/17, 11.7% of US uninsured
  - About half of uninsured are eligible for $ help in Marketplace
- More than 1 in 4 cancer patients surveyed reported they had to pay more for medical care than they could afford (6/6/16)
- 30% of US residents reported receiving surprise medical bills
- 2014 NerdWallet study found mistakes in 49% of Medicare claims
- Cost of care survey respondents reported levels of post-traumatic stress similar to what African-American survivors of Hurricane Katrina experienced and greater than those who witnessed and were present in lower Manhattan on 9/11
  (Cancer Support Community & Genentech: Cost of Care National Pilot Survey)

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DON'T UNDERSTAND HEALTH INSURANCE? YOU ARE NOT ALONE

- Only 23% understood terms used in their health policy
- Only 50% knew their monthly premium
- Only a few understood acronyms: HMO (36%), PPO (20%) & HSA (11%) *(eHealth, 2008)*
- When asked to define insurance terms and calculate their bill, only 50% got it right *(The Regence Group, 2008)*

"Yes, we have 'All You Need To Know About The Health Care Legislation' but it is part of a twelve volume set."

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HEALTH INSURANCE TERMS

Cost to Have Health Insurance

- Premium – each month

Costs When You Use Your Health Insurance

- Deductible – each year
- Co-Insurance or Cost-Share – each time you get care
- Co-Payment – each time you get care
- Out-of-Pocket Maximum =

  deductible + co-payments + co-insurance

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HEALTH INSURANCE EXAMPLE

Your Plan: Co-pay $250 for ER visit

Deductible = $2,000

Co-insurance = 80/20 plan

OOP Max = $4,000

If you have a $102,000 hospital bill, what do you pay?

1. Your co-pay of $250 for ER visit

   $102,000-$250 = $101,750 left

2. Your remaining deductible of $1,750

   $101,750-$1,750 = $100,000 left

3. Your co-insurance amount of 20%

   20% of $100,000 = $20,000

But OOP max is only $4,000. So, you only pay the $2,000 deductible + $2,000 of the $20,000 co-insurance amount, for a total of $4,000

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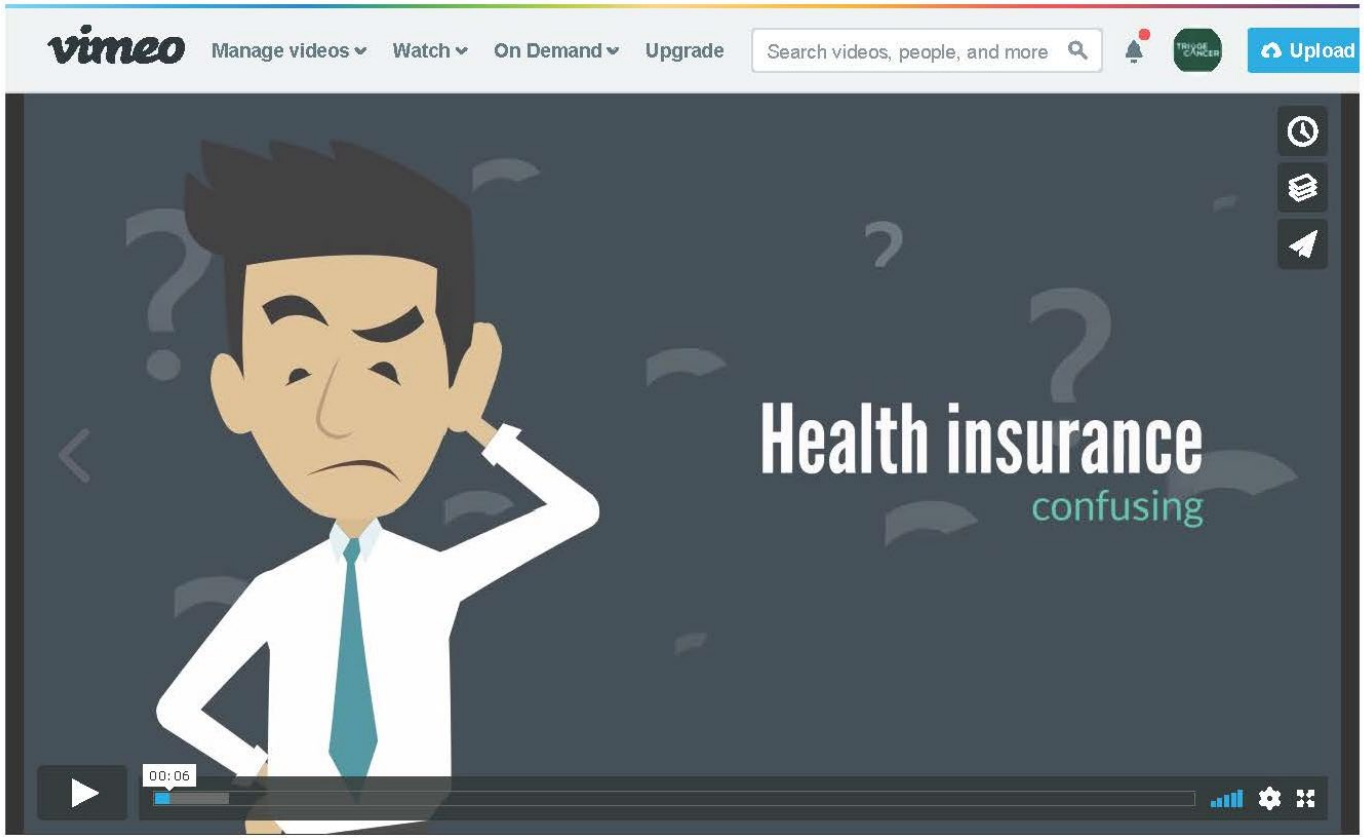

Triage Cancer Presents: Health Insurance Basics

https://vimeo.com/triagecancer/healthinsurancebasics

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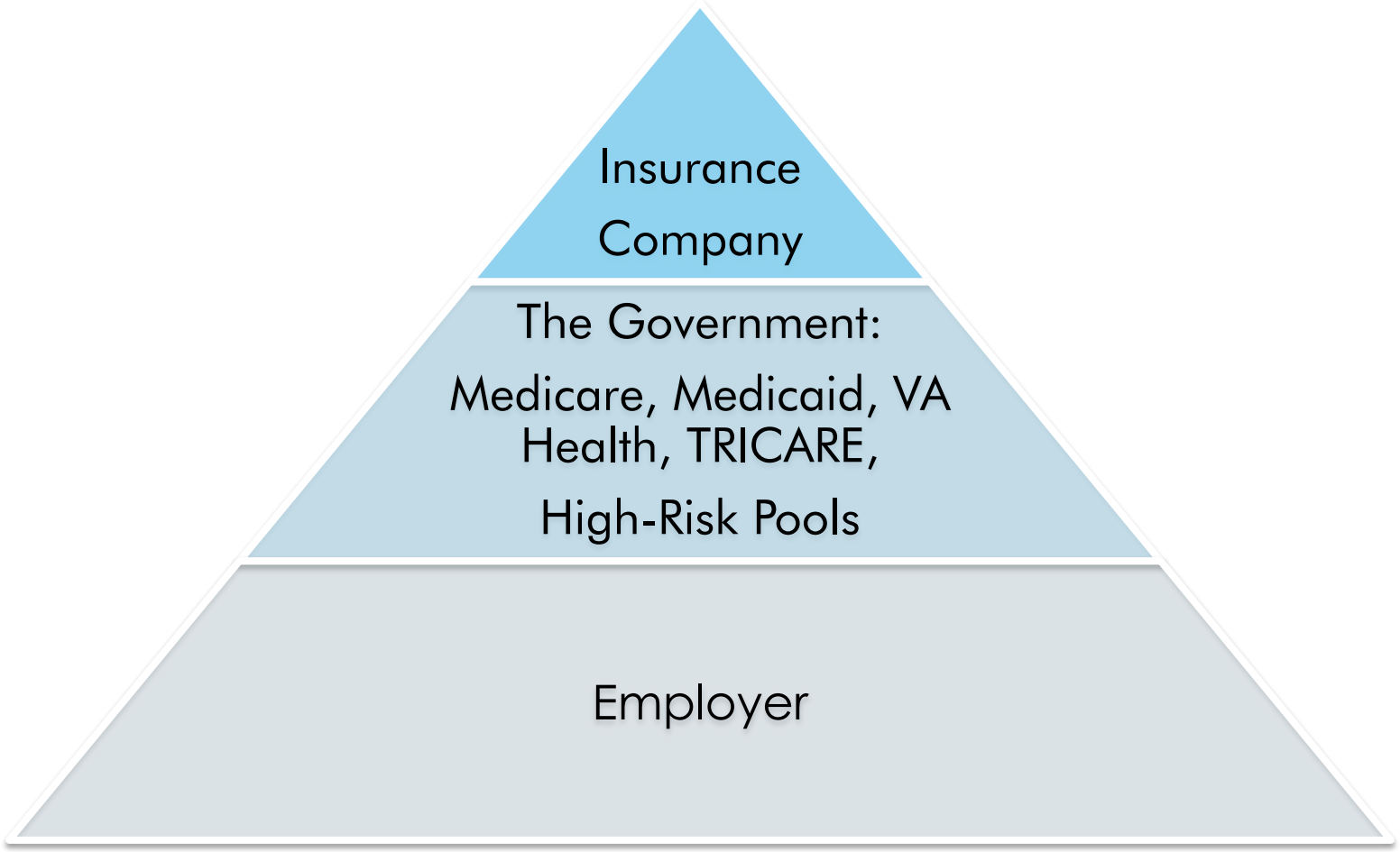
WHERE WE GET HEALTH INSURANCE



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EMPLOYER-SPONSORED HEALTH INSURANCE

COBRA

- Employers with 20+ employees
- Cost up to 102% of applicable employee rate
  = Employer amount + Employee amount + 2% fee

COBRA Qualifying Event	Max COBRA Coverage
Employment ends or hours reduced	18 months
Loss of dependent child status	36 months
Employee enrolls in Medicare	36 months
Divorce or legal separation from employee	36 months
Death of employee	36 months

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STATE COBRA LAWS

States with COBRA statutes:

- AR, CA, CO, CT, FL, GA, IL, IA, KS, KY, LA, MA, ME, MD, MN, MS, MO, NV, NH, NJ, NM, NC, ND, OH, OK, OR, RI, SC, SD, TN, TX, UT, VT, WV, WI, WY
- Details vary by state
- Most cover employees with 2–19 employees
- Coverage lasts between 3–36 months

http://Triagecancer.org/StateLaws

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WHEN COBRA ENDS EARLY

- Employee doesn't pay premiums
- Employee becomes eligible for Medicare
- Employee commits fraud
- Employer stops offering a health plan to all employees
- Employer goes out of business

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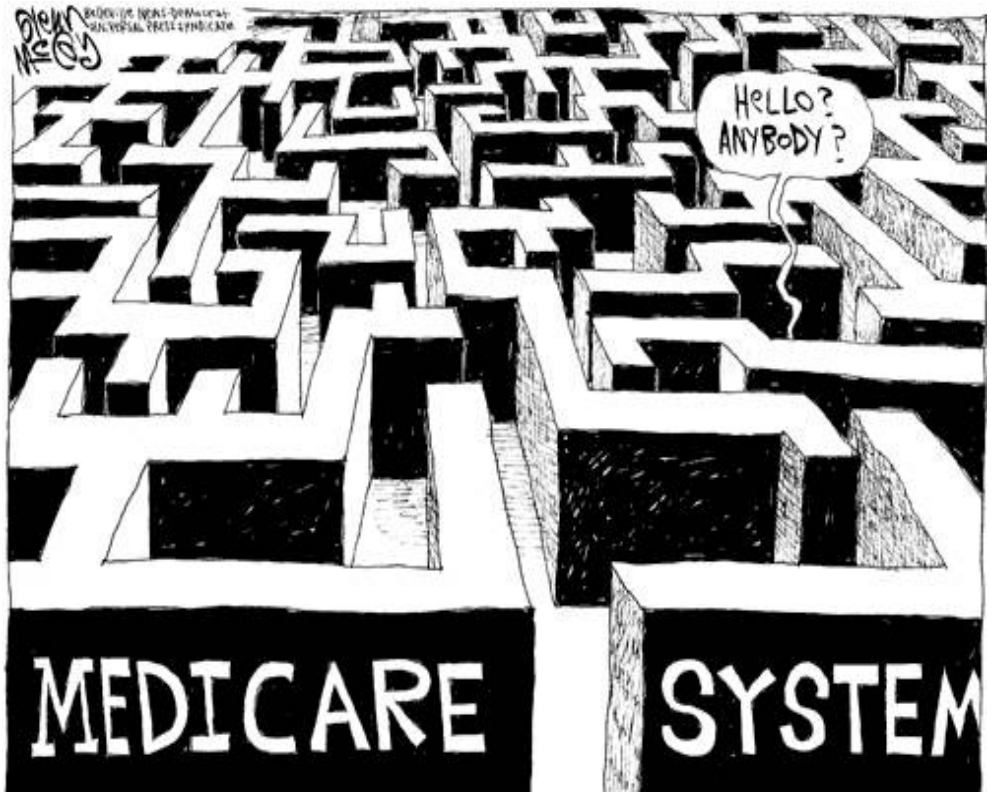
MEDICARE

- Eligibility
  - 65+ years old
  - On SSDI 2+ years
  - ESRD or ALS
- www.Medicare.gov
- 2017 Medicare and You: https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf
- Open Enrollment: 10/15 – 12/7



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MEDICARE PATHS

Part A: Hospital Insurance
(Free monthly premium for most people)

Part B: Medical Insurance
(Premium $134 [w/exceptions] & Deductible $183)

Part D: Prescription Drugs (Annual deductible not more than $400 in 2017; "Extra Help")

Original Medicare

Or . . .

Part C: Medicare Advantage Plans

(Getting your Medicare Parts A, B & D through a Medicare managed-care plan)

May pick up your Part B premiums, deductibles and other benefits.

Less provider choice, whereas original Medicare is fee-for-service.

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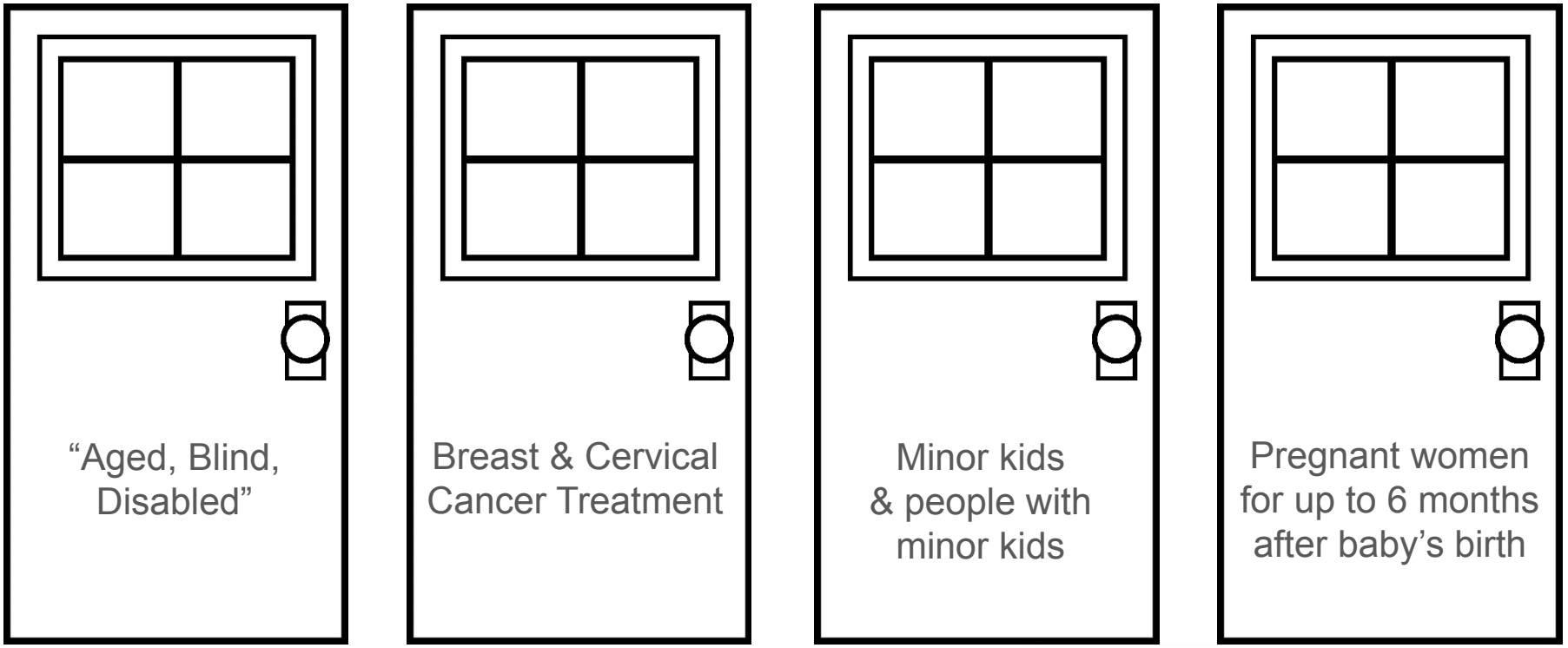
MEDICAID – PRIOR TO 2014

Eligibility: low income + low assets +



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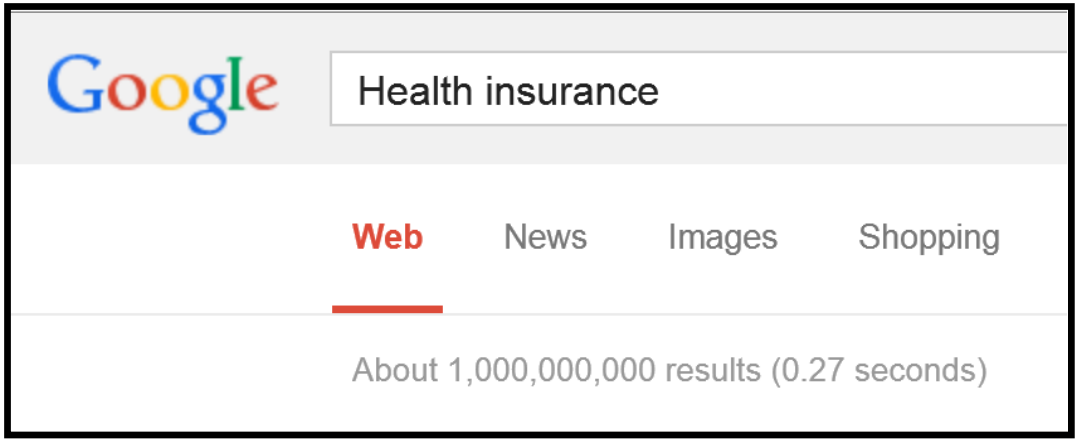
WHY WAS THERE A NEED FOR HEALTHCARE REFORM?

- Confusion



- Pre-existing conditions
- High cost / low coverage

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PRESIDENT'S CANCER PANEL 2001

"No person in America with cancer should go untreated, experience insurance-related diagnosis or treatment delays that jeopardize survival, or be bankrupted by a cancer diagnosis."

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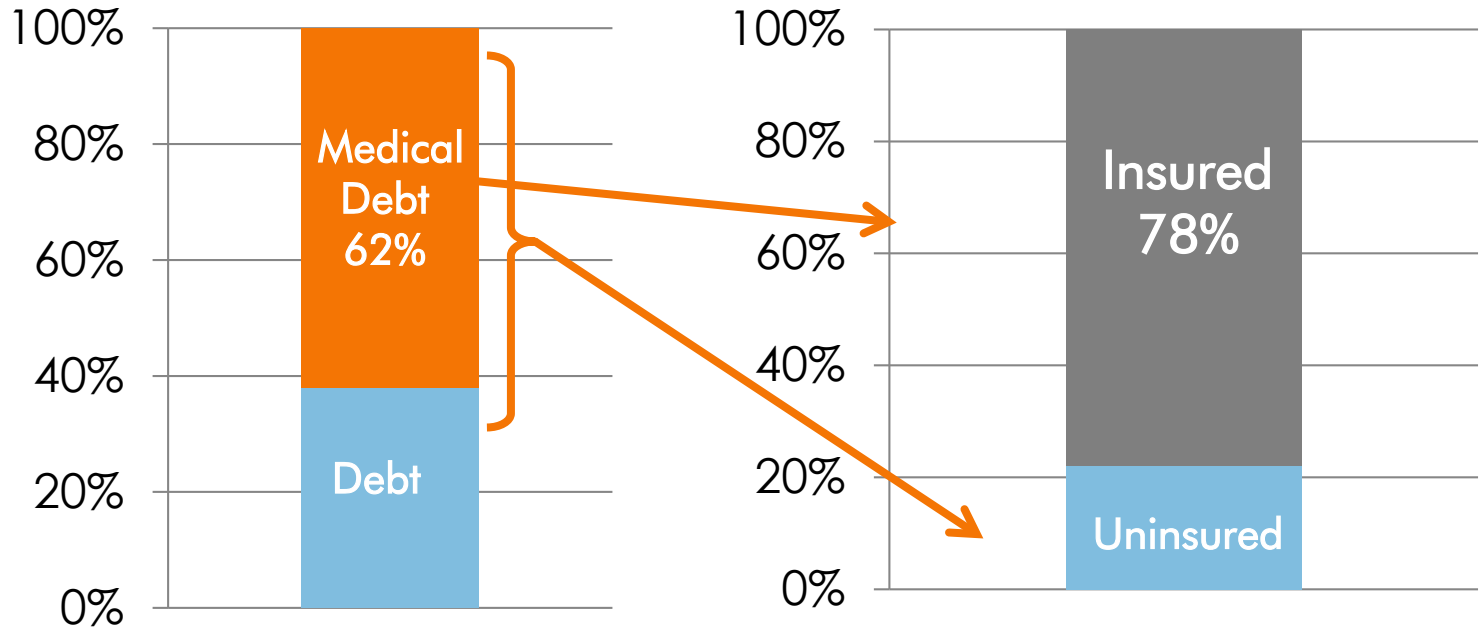
BANKRUPTCIES IN THE U.S.



Source: Woolhandler, et. al., American Journal of Medicine 8/09

In 2016: Cancer patients who go bankrupt are nearly 80% more likely to die.

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PATIENT PROTECTION & AFFORDABLE CARE ACT (ACA)

Signed into law on March 23, 2010

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CONSUMER BENEFITS

1. No rescissions (cancellations)
2. No lifetime or annual limits
3. Young adults can stay on parent's plan until 26
4. Clinical trials coverage*
   - Routine care costs as of 1/1/14
   - Existing law in many states
   - See http://triagecancer.org/clinical-trials

* Does not apply to grandfathered plans

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CONSUMER BENEFITS

5. Free preventative care (except grandfathered plans)
   - No co-pays, co-insurance, or deductibles
   - Ex: immunizations, blood pressure, diabetes, cholesterol, cancer screenings
   - USPSTF Rated A/B (+ Mammography for women over 40)
   - www.healthcare.gov/preventive-care-benefits
     - Colonoscopies **AND** removal of polyps
     - BRCA genetic screening **AND** testing
6. Also: minimum essential health benefits, Summary of Benefits of Coverage, medical loss ratio

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HEALTH INSURANCE APPEALS

- Denials of coverage
  - Internal appeals
  - External appeals
    - State Health Insurance Agency
      - www.triagecancer.org/resources/stateresources
  - Ex: clinical trials, experimental, investigational, off label, prescription drugs, imaging tests, etc.
  - 39 - 59% of appeals won, so don't take "no" for an answer

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NEW MEDICARE BENEFITS

1. Free Wellness Visit
2. Free Preventative Care
3. Lowers the cost of prescription drugs

2017: Part D deductible = $400;
Donut hole between $3,700 and $7,425 (in total drug costs)
www.medicare.gov/pubs/pdf/10050.pdf

Year	What you pay for brand name drugs in the coverage gap	What you pay for generic drugs in the coverage gap
2017	40%	51%
2018	35%	44%
2019	30%	37%
2020	25%	25%

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CONSUMER PROTECTIONS

1. Premium Rating:
    - Individual Plan/Family Plan
    - Geographic location (by zip code)
    - Age (64-year-old can't be charged more than 3 times what a 21-year-old can)
    - Tobacco (some states have eliminated this: e.g., CA, DC, CT)

2. No Pre-Existing Condition Denials/Exclusions

    Insurance companies **cannot** look at:

    - Pre-existing condition (physical or mental) or health history
    - Gender or age

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HEALTH INSURANCE REQUIREMENT

Most U.S. citizens & lawfully present must have health insurance

What coverage counts?

Employer or Individual Plans

Medicare, Medicaid, Veterans Health

COBRA/HIPAA Plans

High Risk Pools, & others

How much is the penalty?

Year	Adult Penalty	Child Penalty	Family Max	or % of Income, whichever is more
2014	$95	$47.50	$285	1%
2015	$325	$162.50	$975	2%
2016 & 2017	$695	$347.50	$2,085	2.5%

Fine collected through IRS annual taxes

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REQUIREMENT TO HAVE HEALTH INSURANCE

- Can have 1 gap up to 3 months during the year
  - Lines up with 90-day waiting period for employer health insurance
- Penalty is per month: only pay 1/12 of yearly penalty for each month you're uninsured

Who Doesn't Need to Purchase Health Insurance?

- If cheapest plan costs more than 8% of household income
- Taxpayers with incomes below $10,300 (single under 65 — 2016)
- Members of Indian tribes and healthcare-sharing ministries
- Members of recognized religious sects with religious objections
- Individuals who are not lawfully present or incarcerated
- More: www.healthcare.gov/health-coverage-exemptions/exemptions-from-the-fee

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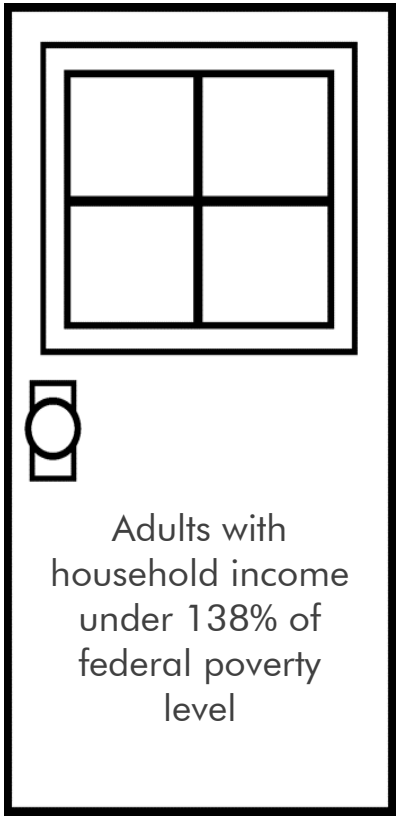
NEW HEALTH INSURANCE OPTION #1

New category (door) of eligibility:

- No asset/ resource test



Adults with household income under 138% of federal poverty level

Household Size	138%*
1	$16,753
2	22,715
3	28,686
4	34,638
5	40,600
6	46,561

*Except Alaska & Hawaii

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STATE MEDICAID EXPANSION IN 2018

Expanded 32	Not Expanded 19
AK[5], AR[4], AZ, CA, CO, CT, DC, DE, HI, IA[4], IL, IN, KY, LA[7], MA, MD, MI[1], MN, MT[6], ND, NH[3], NJ, NM, NV, NY, OH, OR, PA[2], RI, VT, WA, WV	AL, FL, GA, ID, KS, ME, MO, MS, NC, NE, OK, SC, SD, TN, TX, UT, VA, WI, WY

Updated: 7/2018 (information changes frequently, please check for updates)

[1] MI expansion began 4/1/14

[2] PA expansion began 1/1/15

[3] NH expansion began 1/1/16

[4] IA and AR implemented expansion through premium assistance & wrap around Medicaid

[5] AK expansion began 9/1/15

[6] MT enrollment began 11/2/15 for coverage that begins 1/1/16

[7] LA Governor signed Executive Order for expansion that began 7/1/16

[8] ME voters approved a proposition 11/17, but the Governor is resisting implementation

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WHY DOES MEDICAID MATTER?

As of 11/2017, 74,231,243 people on Medicaid & CHIP

1. Seniors, children, and people with disabilities would lose coverage
2. People with low wage jobs that don't offer health insurance would lose coverage
3. Increases premiums in the marketplace for everyone
4. Uncompensated care for hospitals
5. Closed hospitals or emergency rooms

**See recent Triage Cancer Blogs on Medicaid work requirements*

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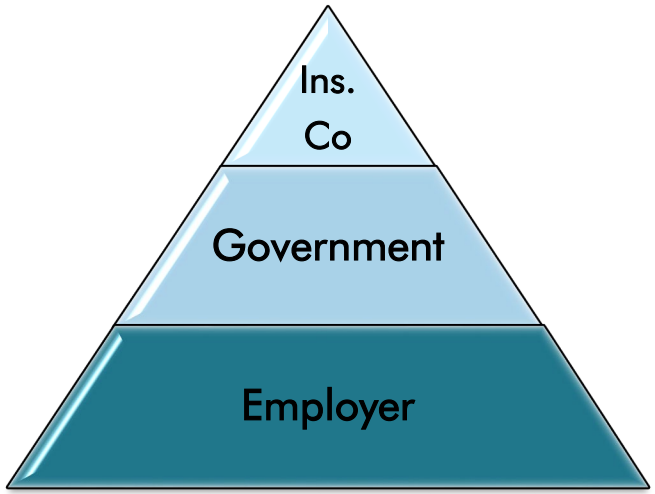
NEW HEALTH INSURANCE OPTION #2

State Health Insurance Marketplaces

- "Exchanges" = insurance shopping mall
- Benefits:
  - Cap on OOP max: $7,350 individual/$14,600 family (2018)
    - **2019: $7,900/$15,800!**
  - Financial help
    - Premium tax credits
    - Cost-sharing subsidies
      - **No longer reimbursed by gov't**



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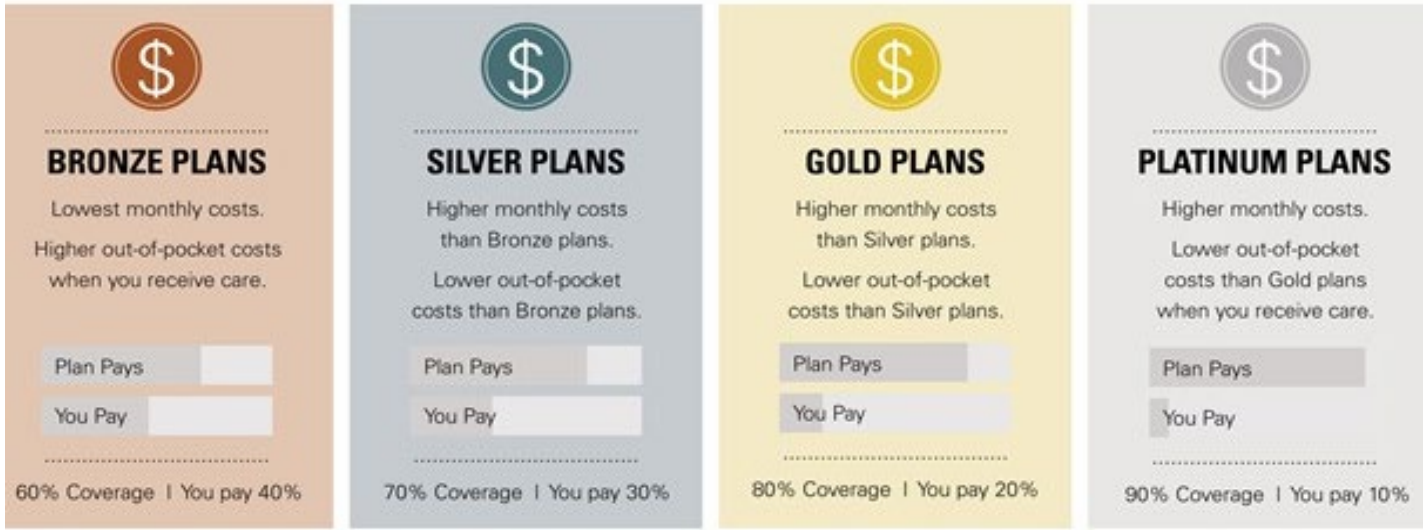
MARKETPLACE PLAN OPTIONS

Standardized cost-share:

Now 66%



Catastrophic coverage (under 30 or $ hardship)

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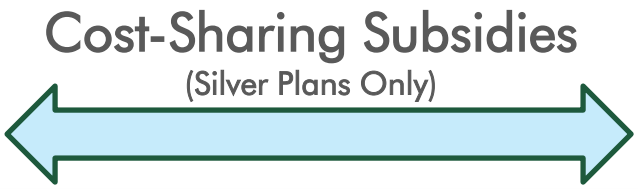
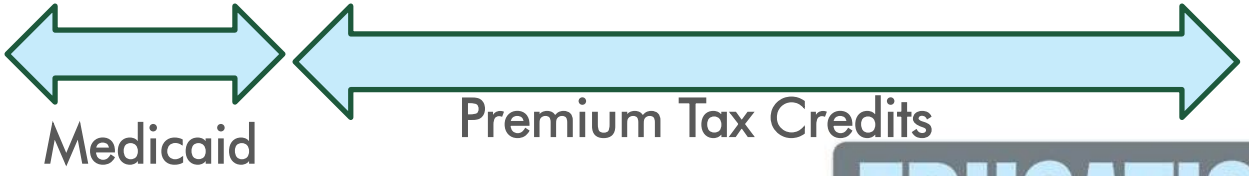
STATES EXPANDING MEDICAID



Household Size	100% (2018)	138% (2018)	250% (2017)	400% (2017)
1	$12,140	$16,753	$30,150	$48,240
2	16,460	22,715	40,600	64,960
3	20,780	28,686	51,050	81,680
4	25,100	34,638	61,500	98,400
5	29,420	40,600	71,950	115,120
6	33,740	46,561	82,400	131,840



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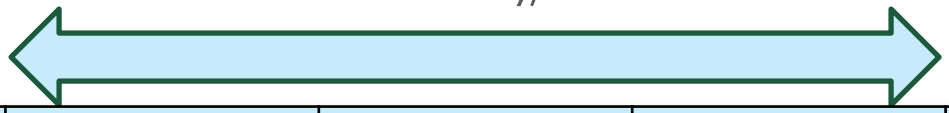
STATES NOT EXPANDING MEDICAID



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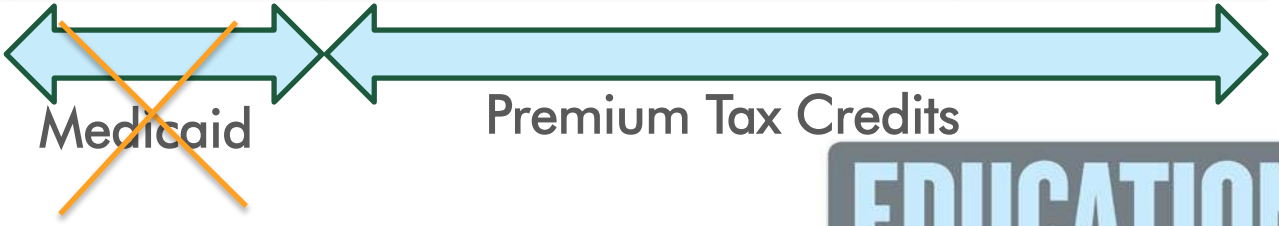

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*

FINANCIAL ASSISTANCE…THE DETAILS

- Final amount of financial assistance is based on your actual income by the end of the year
  - If income is more, you may have to repay
  - If income is less, you may get a larger credit at tax time

*Report changes as soon as possible

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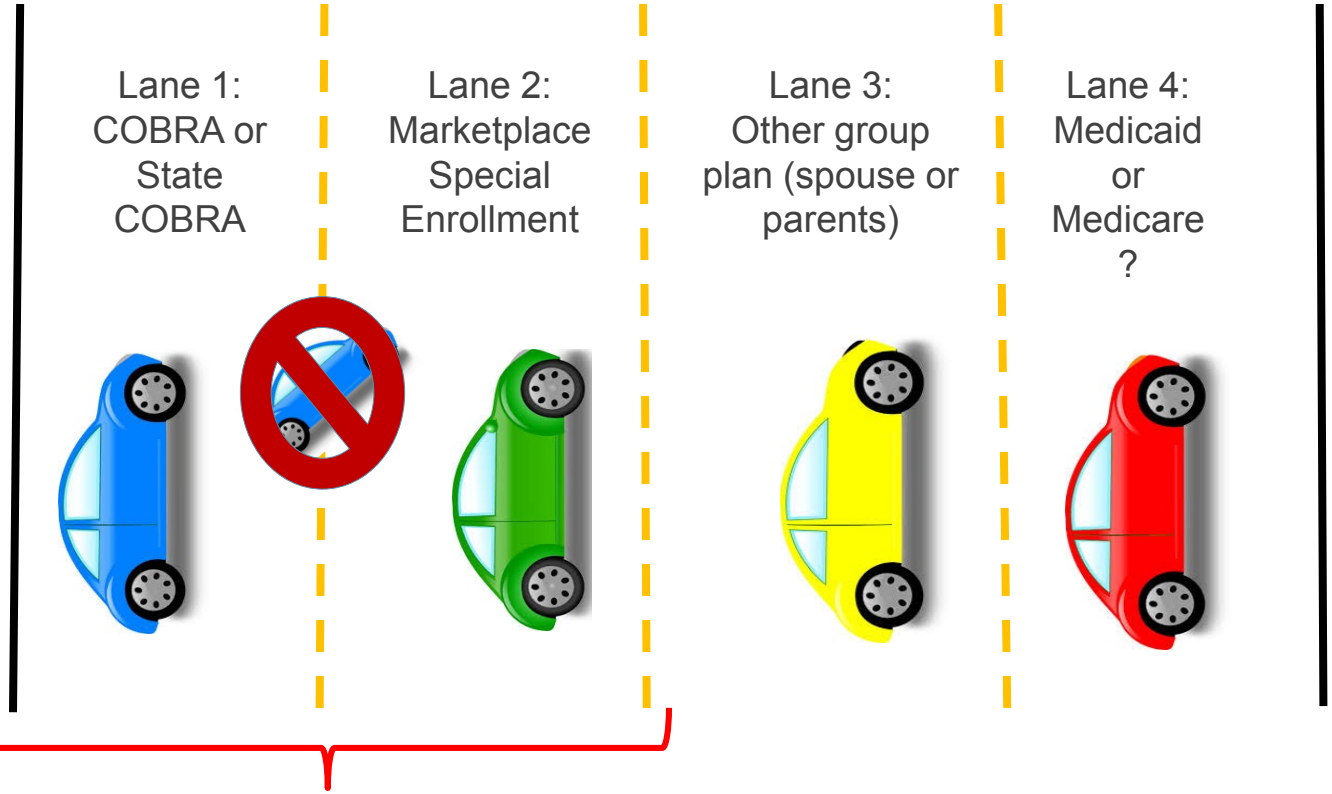
LIFE CHANGING EVENT



Trying to fill coverage gap while waiting for marketplace plan to start? Can chose COBRA coverage only until Marketplace plan is effective, but get Marketplace plan first, then COBRA

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HOW TO ENROLL

Enrollment:

- Website: HealthCare.gov or state marketplace
- Toll-free phone hotline: 800-318-2596
- Paper application: mail or fax
- In-person: places to get help enrolling
  - Marketplace Assister Organizations
  - www.healthcare.gov/contact-us/

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WHEN TO ENROLL?

- Medicaid applications accepted year round
- 2019 Open Enrollment: Nov. 1 – Dec. 15, 2018
  - D.C.: November 1, 2018 – January 31, 2019
  - California: October 15, 2018 – January 15, 2019
  - Massachusetts: November 1, 2018 – January 23, 2019
  - Minnesota: November 1, 2018 – January 13, 2019
  - Rhode Island: November 1, 2018 – December 31, 2019
  - Others?
- Medicare: Oct. 15 – Dec. 7
- Employer Plans: Vary (usually Fall)

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SPECIAL ENROLLMENT PERIOD

When you have a life-changing event . . .

- Loss of minimum essential coverage, for example:
  - Change in full-time employment status
  - Loss of employer-sponsored insurance
  - Change in dependent status as a result of turning 26
  - COBRA ending
- Birth or adoption of a child
- Marriage, domestic partnership, divorce, legal separation
- Moving regions or states
- Gain eligible immigration status
- Release from incarceration
- Military returning from active duty

. . . you have 60 days to enroll in Marketplace plan

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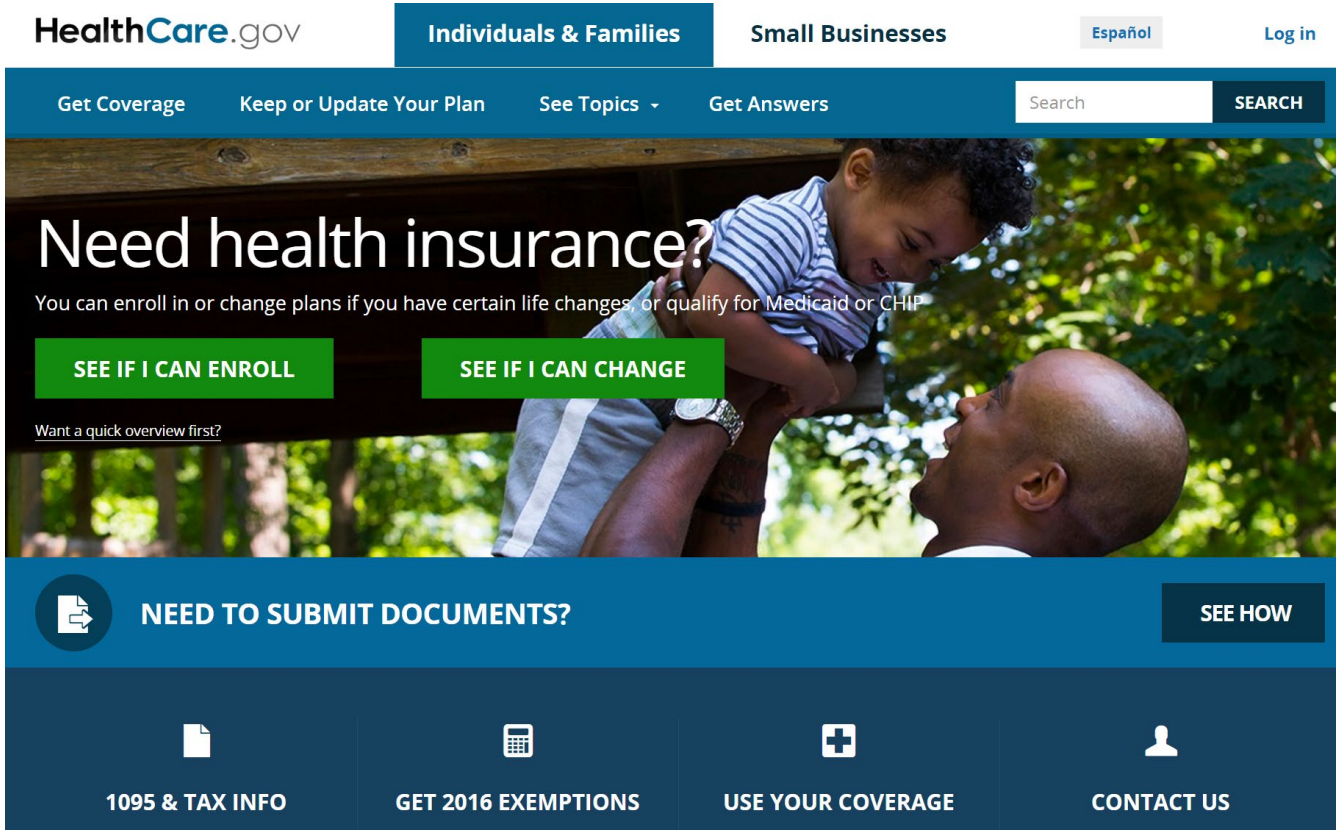
WHERE TO START



www.HealthCare.gov/see-plans

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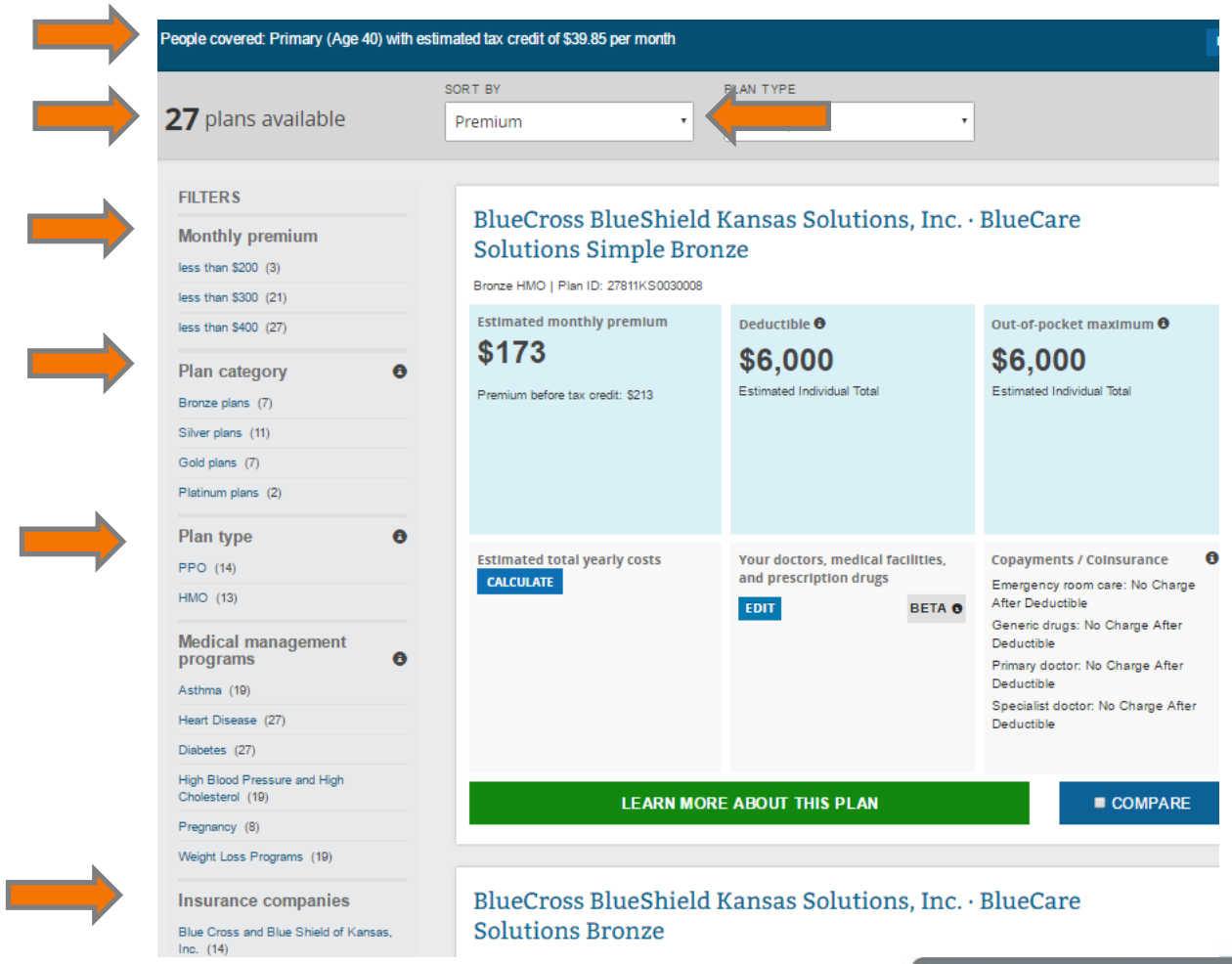
OVERVIEW



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Sanford Health Plan · Sanford TRUE $6,000

Bronze | HMO | Plan ID: 89364ND0090007

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance
$132.66 Was: $256.39	**$6,000** Individual Total	**$7,150** Individual Total	Emergency room care: 40% Coinsurance after deductible Generic drugs: $40 Primary doctor: $45 Copay before deductible/40% Coinsurance after deductible Specialist doctor: 40% Coinsurance after deductible

Blue Cross Blue Shield Of North Dakota · BlueDirect 80 Silver

Silver | PPO | Plan ID: 37160ND2410014

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance
$239.15 Was: $362.88	**$2,600** Individual Total	**$6,550** Individual Total	Emergency room care: 20% Coinsurance after deductible Generic drugs: 20% Coinsurance after deductible Primary doctor: 20% Coinsurance after deductible Specialist doctor: 20% Coinsurance after deductible

Medica · Medica Applause Gold Copay Plus

Gold | POS | Plan ID: 73751ND0080019

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance
$391.20 Was: $514.93	**$1,000** Individual Total	**$4,000** Individual Total	Emergency room care: $150 Generic drugs: $5 Primary doctor: $30 Specialist doctor: $30

The Math Matters!

Total potential costs for year = 12 months of premiums + OOP max

#1:
$132.66x12 = $1,591.92
+ OOP = $7,150
Total = $8741.92

#2:
$239.15x12 = $2869.80
+ OOP = $6,550
Total = $9419.80

#3:
$391.20x12 = $4,694.4
+ OOP = $4000
Total = $8694.40

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DIFFERENCES BETWEEN PLANS?

- Cost
  - Premium, Out of Pocket, Co-Pay, Cost-Share
- Networks of doctors and hospitals
  - Check to make sure your doctors are covered by the plan you choose
- Prescription drug coverage
  - Which drugs are covered?
  - Is there a separate drug deductible?

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CHECKING PROVIDERS & DRUGS

Enter your doctors, medical facilities & prescription drugs to see if they're covered by each plan

You save money by using doctors and facilities (like hospitals and pharmacies) in a plan's network -- and drugs it covers.

Search for and select your doctors, facilities, and prescription drugs below.

When you compare plans, you'll see if your selected doctors and facilities are in a plan's network, and if your drugs are covered. You'll see all plans, even if your selections aren't covered. *(Information on group practices will be available in the future.)*

Information is provided by the Insurance companies. Some information may be out of date, and plans change which doctors and drugs are covered during the year. Check with your doctor and the insurance company before enrolling to make sure your doctors and drugs are covered.

Enter ONE doctor, facility, or prescription drug at a time

SEARCH

Blue Cross Blue Shield Of North Dakota · BlueDirect 80 Silver

Silver | PPO | Plan ID: 37160ND2410014

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total yearly costs	DOCTORS, FACILITIES & DRUGS COVERED
$239.15 Was: $362.88	$2,600 Individual Total	$6,550 Individual Total	Emergency room care: 20% Coinsurance after deductible Generic drugs: 20% Coinsurance after deductible Primary doctor: 20% Coinsurance after deductible Specialist doctor: 20% Coinsurance after deductible	$9,436 EDIT	EDIT

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WHAT'S ON THE TABLE? EVERYTHING.

- NCI & NIH - funding reductions
- FDA - roll back
- CHIP - reauthorization
- Medicare - privatization, vouchers, increase age
- Medicaid - block grants
- ACA
  - Medicaid Expansion
  - Marketplace + financial assistance
  - Consumer Protections
  - Individual & Employer Mandate
  - 21st Century Cures Act & Prevention Fund

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TOP TAKEAWAYS

1. Can't be denied health insurance and can't be charged more because of your health condition – for now
2. Weigh your options carefully — when looking at plan options, the math matters!
3. Appeal denials of coverage
4. Learn more about how the ACA & other laws that impact the cancer community
   - How to Pick a Plan Webinar: https://vimeo.com/triagecancer/pickinginsurance2018
   - Triage Cancer Blog: http://TriageCancer.org/blog
   - Quick Guides & Other Resources: http://TriageCancer.org/healthinsurance
   - Webinars: http://TriageCancer.org/webinars

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RESOURCES

Cancer and Careers

- Accredited Balancing Work & Cancer Webinars (Survivors and Healthcare Professionals) www.cancerandcareers.org/en/webinars
- Accredited Educational Series for Healthcare Professionals www.cancerandcareers.org/en/edseries
- Midwest Conference on Work & Cancer March 23, 2018, Chicago www.cancerandcareers.org/en/midwest
- National Conference on Work & Cancer June 22, 2018, New York City http://www.cancerandcareers.org/en/community/events/conference
- Newsfeed www.cancerandcareers.org/newsfeed
- Resume Review www.cancerandcareers.org/resume_reviews/new

Cancer and Careers & Triage Cancer

- In-Service Trainings for Healthcare Professionals — Navigating Cancer: Work & Insurance

Triage Cancer

- Educational Blog TriageCancer.org/Blog
- Events TriageCancer.org/Events
- Cancer Survivorship Webinar Series TriageCancer.org/Webinars
- National & State Resources TriageCancer.org/Resources
- Regional Conferences TriageCacer.org/Conferences
- Quick Guides Triagecancer.org/QuickGuides
- Links to Partner Publications

CANCER+ CAREERS

EDUCATIONAL SERIES FOR HEALTHCARE PROFESSIONALS

MORE FROM CAC

2019 Conferences:

MIDWEST CONFERENCE ON WORK & CANCER*
Friday, March 29, 2019, Chicago, IL

NATIONAL CONFERENCE ON WORK & CANCER*
Friday, June 21, 2019 New York City, NY

Upcoming Webinar:

BODY CONFIDENCE, SELF-CONFIDENCE IN THE WORKPLACE
December 12th, 2018 at 1:00 pm ET/10:00 am PT
http://www.cancerandcareers.org/en/community/events/webinar-confidence

Free Publications
www.cancerandcareers.org/publication_orders/new

*Travel scholarships available.

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CEU REQUIREMENTS

If you plan on requesting continuing education credits, you MUST complete all of the following steps:

1. You must have registered online for today's session
2. Dial-in to the audio portion of the webinar
   Please note that participants who "listen-in" on another participant's line will NOT be eligible for credit.
3. Within **2 WEEKS** of this session:
   - ✓ Complete the evaluation*
   - ✓ Complete the post-test & earn a passing grade*

*An email with links to the evaluation and post-test will be sent *Friday, November 17* by 5:00 PM ET.

Certificates will be emailed within 4-6 weeks