



Navigating the World of Insurance

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Introduction

- ▶ Who am I?
 - ▶ Registered Nurse of 36 years
 - ▶ Successfully navigated the insurance world for 25 years
 - ▶ Caregiver and daughter of a lung cancer patient
- ▶ Why am I here?
 - ▶ The world of health insurance is confusing, convoluted, and frustrating. Often, providers, patients, and others assume the goal of the company is to deny care. While an understandable conclusion, the truth is that armed with knowledge, a patient can work successfully within the system





Personal involvement

- ▶ Disclaimer: I work for Blue Cross Blue Shield of Minnesota but I do NOT represent the company. I am here as an advocate for patients, their families and caregivers.
 - ▶ My mother died from metastatic lung cancer in 1993. My father and siblings were unprepared for the ordeal of her illness and shocked at the lack of support and information available for patients and their caregivers, as well as the stigma surrounding the disease. My mission since that time has been to educate and correct misperceptions, as well as advocate for increased awareness and funding into research.
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The Insurance World



Terminology

- **Billed charges:** Total charges billed by a provider.
- **Co-Insurance:** Percentage of the cost charged to the insured person. 20% co-insurance means you pay 20% of the eligible expenses, and the insurance pays 80%
- **Co-pay:** A fixed amount you may need to pay for a covered service, for example, \$20 for an outpatient visit
- **Deductible:** The amount that a covered person must pay before plan payments begin
- **Fully-Insured:** health coverage under which the **plan** assumes the risk of paying the covered person's claims
- **Self-Insured:** health coverage under which the **employer** uses its own assets to pay the claims



Understanding benefits

- ▶ Tip #1: Get a copy of your **benefits booklet** – also known as contract or Summary Plan Description (SPD)
 - ▶ Know your *Rights and Responsibilities*
 - ▶ Review the *Covered Services*
 - ▶ Review *What is Not Covered or Exclusions*
- ▶ Tip #2: Familiarize yourself with the **company website** and **member portal**
- ▶ Tip #3: Know your **appeal rights**
 - ▶ Health plans vary in the way internal appeals are handled, but all are required by law to provide access to an external review of a denial by an accredited Independent Review Organization (IRO)

Utilization Management

“A set of techniques used by or on behalf of purchasers of health care benefits to manage health care costs by influencing patient care decision-making through case-by-case assessments of the appropriateness of care prior to its provision”¹

- ▶ Involves the evaluation of the appropriateness and medical necessity of health care services, procedures, and facilities
- ▶ Based upon evidence-based criteria, guidelines, and policies
- ▶ Guidelines and criteria may be developed internally, involve an external vendor, or both
- ▶ May involve prior authorization or retroactive review
- ▶ Review is performed by clinical staff, including registered nurses and physician advisors
- ▶ If services are denied, the member has a right to appeal that denial

¹ National Academy of Medicine



The Appeals process

Internal process

- ▶ Rule #1: **KNOW YOUR APPEAL RIGHTS!**
- ▶ Denial letter will contain appeal rights
- ▶ All plans have an appeals process
 - ▶ Standard – 30-day response time for pre-service, 60 days for post-service
 - ▶ Urgent – the plan must respond with a determination within 72 hours
- ▶ If your plan offers an in-person appeal option, **always take it**



External process

- ▶ Minnesota law requires all plans offer an external appeal option
- ▶ Denial notice will include internal and external appeal rights
- ▶ Method of external review depends on whether the plan is fully- or self-insured
 - ▶ Fully-insured: regulated by the Department of Health
 - ▶ Self-insured: regulated by the Department of Commerce
- ▶ \$25 filing fee but may be waived if financial hardship
- ▶ You may submit any evidence or documents you want considered



Resources

Understand your plan:

<https://www.ag.state.mn.us/brochures/pubManagingHealthCare.pdf>

Appeals:

<https://www.ag.state.mn.us/Consumer/Handbooks/ManageHealthcare/CH04.asp>

Minnesota Department of Health managed care regulation:

<https://www.health.state.mn.us/facilities/insurance/managedcare/index.html>

Minnesota Department of Commerce

<https://mn.gov/commerce/consumers/your-insurance/health-insurance/>

