

CONTINUING COVERAGE

FOR

YOUNG ADULTS

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Seattle Children's Hospital's
Patient Financial Specialist Team

Main phone line: 206-987-3333

Fax # 206-987-3879

Days: Monday - Friday

Hours: 8am-5pm

Location: 6th Floor at the Hospital / ask for us at the 6th floor Greeter Desk

Use patient's last name for alpha split(s) below:

A-Z Outpatient Michelle Harris # 206-987-73308

A-G Inpatient/Day Surg..... Wendy Wood #206-987-72228

H-O Inpatient/Day Surg Gary Ostendorf #206-987-73521

P-Z Inpatient/Day Surg Deborah Hudson #206-987-75594

Supervisor: Barbara Camelon # 206-987-2259

4800 Sand Point Way N.E.

Mail Stop: W6782

Seattle, WA. 98105

Learn About Your Insurance

Continuing coverage means making sure you are keeping yourself financially healthy. Educating yourself on your current coverage will teach you how your needs are being met now. It will also help you manage your future medical needs when you apply for new medical coverage. Make plans now for any change in insurance you know will happen in the next 12 months.

BEGIN BY LEARNING ALL YOU CAN ABOUT YOUR INSURANCE BEFORE THERE IS A CHANGE IN YOUR CURRENT COVERAGE.

(Some of the questions to ask / but may not be limited to, based on your specific needs are):

- > How much do I pay each month in premiums? _____
- >What is my yearly deductible?_____
- >What are my co-pays?_____
- >What is my yearly out of pocket expense?_____
- >What is my lifetime medical maximum that will be paid? _____
- >What is my lifetime transplant maximum that will be paid ?_____
- >What is my lifetime max for other services, e.g. rehab, mental health?_____
- >What type of prescription benefits do I have?_____
- >What are my co-pays for each of my prescriptions?_____
- >Does this policy cover Durable Medical Equipment?_____
- >Does this policy have ambulance/air lift coverage?_____
- >What are my Clinic/Outpatient benefits?_____
- >What are my Inpatient benefits?_____
- >Does this policy have any home care benefits? _____
- >What are my benefits if I travel out of state or out of country?_____
- > Do all of my medical providers (doctors/hospitals, etc.) contract with this payer? _____
- > Dental and Vision can be separate policies. Research all policies so you are fully informed.
- > WHAT ARE MY PLANS WHEN THIS INSURANCE ENDS or I can no longer be on my parents insurance?

PRIOR TO ANY COVERAGE ENDING

Plan and apply for other available coverage such as:

- ❑ **SSD/SSI – Social Security Disability/Social Security Income** - Eligibility is based on both financial and disability criteria. There is no lifetime max on this coverage as long as you meet the requirements to qualify. A yearly evaluation is required to remain on coverage.
NEW-IMPORTANT: in the year that a child turns 18yrs old, SSA will do an eligibility review based on adult rules. You must act immediately. If denied you have only 10 days to appeal! Benefits are in the form of a monthly check and medical assistance (coupons) through the Department of Social and Health Services (DSHS). SSA phone number: 800-772-1213 / TTY 800-325-0778
Website: <http://www.ssa.gov/ssi/text-understanding-ssi.htm>
- ❑ **Medicare** – Patients who have permanent kidney failure requiring dialysis or transplant are eligible for Medicare. The application process will be completed with you by the facility where you are receiving care. **IMPORTANT:** Medicare pays nothing when you are out of the country. Medicare Part A – Helps cover Inpatient care in hospitals. No premium required.
Medicare Part B – Helps cover outpatient services such as physicians. Monthly premium required.
Medicare Part D – Is a Prescription Drug Coverage
For detailed information call 1-800-MEDICARE 91-800-633-4227) / TTY call 1-877-486-2048
[www. Medicare.gov](http://www.Medicare.gov)
- ❑ **Department of Social and Health Services (DSHS)** – DSHS has a number of programs available for children from birth up to their 19th birthday. Unless you are on SSA, the children's medical program through DSHS will end on your 19th birthday. Call your caseworker at your local DSHS office for more information on other possible adult programs.
Website:<https://fortress.wa.gov/dshs/maa/>
- ❑ **Group Insurance** - is through your employer. Are you on your parent(s) policy? Health Care Reform says you will be able to stay on your parent's policy until age 26 yrs old. If you have insurance through your own employer, make sure you understand how your policy works. For example, do you have to work a certain number of hours each month to keep your coverage? Consider meeting with your employee benefits representative, they can provide you with detailed information on the insurance they have purchased for their company.
- ❑ **Private insurance** – each insurance company can sell many different policies. They will advise you of the different products they offer, what the benefits are and what the premium cost would be when you call.
Important: Health Care Reform will bring changes, but you may still need to ask if the policy *has exclusions (example such as home health care needs, ambulance, certain diagnosis's, etc.) medical (and transplant) benefits if needed, etc. Know your needs and ask questions.*
- ❑ **School Insurance** – If you attend college and are a full time student, ask about the student insurance that they offer through your school, e.g. benefits, monthly premiums, exclusions, etc.?

- ❑ **Washington State Health Insurance Pool (WSHIP)** – If you are denied all other health insurance you may be eligible for this health insurance. This is a major medical, premium based program and will have limits on how much they can pay out. Call for more information. Phone: 800-877-5187 Website: www.wship.org
- ❑ **Washington Health Program** (new program as of July 2010) - This is insurance for Washington State residents. This program is a premium based program that offers either \$75,000 or \$100,000 in health insurance coverage every year. Members maintain low deductibles and, at times, no-cost coverage for basic health services. <http://www.washingtonhealth.hca.wa.gov> # 800-660-9840 / TTY/TTD: 800-923-5622
- ❑ **NEW ! - PCIP-WA – Pre-existing Condition Insurance Plan** – Do you have a medical condition and have been without health insurance for at least six months? # 1-877-505-0514 / <https://www.wship.org/PCIP-WA>
- ❑ **Community Health Clinics (federally funded)** – These clinics offer health services for the entire community on a sliding scale. For a list of clinics in the state of Washington call or access website: http://wacmhc.org/chc_map.php Phone # 800-322-2588
- ❑ **Community Health Clinics in King County** – These clinics offer health services at discounted fees. Phone # 800-325-6165 / # 206-296-4600 – TTY Relay 711 Website: <http://www.kingcounty.gov/healthservices/health/personal/insurance.aspx>
- ❑ **Indian Health Services or a Tribal Health Clinic** – This is a federal health program for American Indians and Alaska natives. IHS also may provide services to Indians of Canadian or Mexican origin, or to non-Indian women pregnant with an eligible Indian's child. Phone: 503-326-2020 (or contact your local tribe/clinic)
- ❑ **SELF-PAY** – Most hospitals and clinics have some type of financial assistance program. These programs are referred to as "uncompensated care", "financial assistance", "charity care" or "sliding scale". Don't be afraid to ask. Each organization has separate income guidelines for eligibility. If you are over income at one hospital that does not mean you will be over income at another. These programs are not a form of insurance, but a write off of charges. If approved, it will only help with bills at the organization where you applied. *These programs are normally secondary to any other program that you may be eligible for that can pay for medical bills, such as Medicaid. Be prepared to apply for other programs that are recommended to you.*
- ❑ **Discounts** - If you do not have any insurance or other payer such as DSHS, ask your provider of care (doctor's office, hospitals, clinics) if they offer a discount if you pay in full with cash within a designated period of time. There are a number of organizations that have a cash discount program.
- ❑ **Other Employer Based Options** – look into all options that might be available to you through your employer. Tax deferred programs such as Flex Spending Programs could save you money on your out of pocket health care needs each year.
- ❑ **Washington Prescription Drug Discount Program** # 1-800-913-4146 Website: <http://www.rx.wa.gov/>

- ❑ **Basic Health Plan (BHP)** – As of this publication date, Health Care Reform has slated this program to end. At this writing there are no confirmed dates on when this may happen. The decision remains in the House and the Senate.
For questions call BHP: # 800-826-2444. Website: www.basichealth.hca.wa.gov
- ❑ **COBRA** (Consolidated Omnibus Budget Reconciliation Act) – If you have graduated, are at the age you no longer can be a dependent on your parents insurance policy or have left a job, and you meet the qualifying criteria, you may be eligible to convert your policy to a COBRA policy. Talk to your Human Resources office immediately. You have only 60 days to complete the necessary forms and convert your policy to a COBRA policy. If approved, coverage will be limited to an 18 month period of time or until you are covered by a new insurance policy. Under some qualifying events you may be able to extend your coverage to 36 months. Contact the previous employer 60 days before your 18 months are up to discuss if an extension is possible.

Phone: Call your previous HR department to discuss signing up for COBRA
 Questions: US Department of Labor / Phone # 866-444-3272 /
 Website: www.dol.gov/ebsa/faq_consumer_cobra.html

- ❑ **SPECIAL NEEDS TRUST** <http://www.nsn.com/Frequently.htm>

Special needs trusts (also known as "supplemental needs" trusts) allow a disabled beneficiary to receive gifts, lawsuit settlements, or other funds and yet not lose his or her eligibility for certain government programs. Such trusts are drafted so that the funds will not be considered to belong to the beneficiary in determining eligibility for public benefits. Seek legal counsel whose expertise is in this area so account is set up properly.

- ❑ **Military TRICARE** is the health care program serving active duty service members, National Guard and Reserve members, retirees, families and survivors worldwide.
Website: <http://www.tricare.mil/>

Health Care Reform

For the most up to date information go to:

<http://www.healthcare.gov/foryou/youngadults/index.html>

September 2010, here are ways the law will make insurance better:

- If you're under age 26, you can be insured as a dependent on your parent's health insurance. The only exception is if your parent has an existing job-based plan and you can get your own job-based coverage. Many plans have made a business decision to provide this coverage earlier, so if your parent has coverage with one of these plans, you could be insured before September 2010.
 - New health plans must cover certain preventive services without cost sharing.
- Insurance companies won't be able to drop you if you get sick just because you made a mistake on your coverage application.
- If a new insurance plan doesn't pay for services you believe were covered, you have new, clear options to appeal the decision.
- Insurance companies can't include lifetime limits on your coverage.

Insurance Contract Rules/ Definitions:

Exclusions: Insurance companies may exclude certain services or diagnosis from a policy. For instance, if you believe there may be a need for, as an example: home equipment, ambulance services, mental health, rehabilitation services, etc. ask your plan for specific benefits information on those types of services you know you may need.

Contracting with providers, such as physicians and hospitals, means your insurance company may or may not contract with the physician, hospital or others that provide you with care. Be sure and know who all your providers of care are and ask any new insurance company if they contract with your providers. If they don't it could be more out of pocket expense for you.

Portability: If you have had "creditable" health insurance for 12 straight months, with no lapse in coverage for 63 days or more, a new group health plan cannot implement the pre-existing condition exclusion. It must cover your medial problems as soon as you enroll in the plan. Proof of previous creditable health insurance is required.

Pre-Existing Condition: If you have had a break in coverage (usually more than 30 days), your new insurance could impose waiting periods before they will start to cover your pre-existing condition.
Note: they will not go back and pick up previous medical bills during your waiting period.

Wait Periods for Special Services: Even though you may be covered under a new policy there may be additional waiting periods for special needs. For example, there may be a 12-month waiting period for transplant services. Talk to your insurance company about any special needs you may have.

Referrals: In HMOs and other managed care policies, a referral is usually necessary to see any practitioner or specialist other than your primary care physician (PCP), if you want the service to be covered. The referral is obtained from your PCP, who may require a telephone or office consultation first. The term "referral" can refer both to the act of sending you to another doctor or therapist, and to the actual paper authorizing your visit.

Pre-Authorization/Certification: Certain medical care requires the approval of a treatment plan by your insurance company before care is given. If approval is not given, payment can be denied. Approvals can be verbal or a written statement indicating they agree to pay for medical treatment. In most cases a pre-authorization or certification number is assigned and is used during billing.

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RESOURCES

Insurance Representative - On the back of your insurance card is a phone number to call for benefits and eligibility information. If your questions are more detailed you may want to ask for a lead worker or a supervisor's help.

Washington State Office of the Insurance Commissioner – Staff are knowledgeable in the rules and regulations of the insurance companies in the State of Washington. Topics on their website include, but are not limited to information such as "Shopping for Health Insurance", "Help for consumers losing their insurance", "Need help with your coverage or finding coverage?"
Phone # 800-562-6900 / Website: <http://www.insurance.wa.gov>

SHIBA (Statewide Health Insurance Benefits Advisors) - This is a free service staffed by trained experts who can assist you in answering questions regarding health insurance, health care access, prescription access, publications and getting bilingual help if necessary. See attached information.
Phone number 800-562-6900 / TDD 1-360-586-0241

Starting Point – This is a resource guide for Washington families who have children with special health care needs. This guide includes phone numbers, email addresses and websites for many services that you may need.
Phone # 800-322-2588 / Website: – www.CSHCN.org

E Health Insurance - www.ehealthinsurance.com

This is an online website service. When you enter your zip code, this website will bring up leading insurance companies in your area. You are able to compare prices and benefits of these companies.

Human Resource Department – If your insurance is through an employer, contact your Human Resource department for information on the type of policy they have purchased for their employees. There should be a representative at your place of employment that can advocate for you and also supply you with a benefits pamphlet.

Parent(s) – If you are on your parent's insurance policy or if your parents have applied for DSHS or SSI for you, learn from them. Ask your parents to educate you on the type of coverage you have now. Partner with them to teach you how to apply for programs on your own.

Patient Financial Specialists / Financial Counselors – Most hospitals have staff that are available to provide information and resources for your education and research. Making the best financial decisions for your individual medical needs remains the responsibility of each patient and family. Financial Counselors can advise if there are financial assistant programs or other adult programs available to you at your adult hospital.

Social Workers - In some adult hospitals the Social Worker is also the Financial Counselor. If you have questions, ask your Social Worker to connect you to the right staff or department that can help you with your insurance questions.