



National
Multiple Sclerosis
Society

Health Insurance, Appeals and Medicare Resources For Self Advocacy

Introduction

This guide is intended to help people diagnosed with multiple sclerosis better self-advocate for access to health care coverage. It offers an overview of Web sites, resources and information helpful to those seeking coverage or assistance with coverage-related problems. The question and answer format was designed to help navigate through these difficult topics. You will also see some general self advocacy questions without answers that are intended to help you start thinking about your current situation.

The National MS Society's Self Advocacy Worksheet (<http://www.nationalmssociety.org/living-with-multiple-sclerosis/advocate-for-yourself/download.aspx?id=8130>) and a case sample of the worksheet in action (<http://www.nationalmssociety.org/living-with-multiple-sclerosis/advocate-for-yourself/self-advocacy-for-health-insurance-issues/download.aspx?id=8144>) complement this guide.

These are intended to assist you in planning your course of action as you seek coverage for your medical care. Reference them to assess your circumstances, concerns or needs and identify your aims or goals related to access and coverage for health care services.

To discuss any questions about this material or to request a printed copy of any of the National MS Society Web pages or publications referred to in this guide, call an MS Navigator® at 1-800-344-4867.

No insurance

If you are currently without insurance, please review the information below. This information is intended to assist in a first step analysis of your current situation.

- Has there been a lapse in creditable insurance coverage? Creditable coverage gives you credit for the amount of time that you have been insured by one health plan and applies that coverage to the pre-existing exclusionary period of a new group health plan. You can not have a lapse in coverage of more than 63 days in order for coverage to be considered creditable. Have you been uninsured less than 63 days?
- Are you eligible for COBRA (Consolidated Omnibus Budget Reconciliation Act of 1986) benefits? If it has not been more than 60 days since losing your group health benefit, contact your previous employer's Human Resource Department and inquire about COBRA benefits.

- Does your spouse or partner's employer offer any group health insurance benefits? If you have recently lost your benefits you may be able to apply for a change of status enrollment period through your spouse or partner's employer. If there is not a change of status you can enroll in their benefits during the open enrollment season.
- Do you have a disability? Does a child under the age of 18 live in your home? If yes to either, Medicaid may be an option for insurance coverage. Medicaid is a low income and asset health resource. If you have a low income and are without health insurance, you can make an appointment with your local Medicaid office to explore any potential benefit options.
- Do you receive Social Security Disability Insurance (SSDI)? If so, for how long have you received SSDI? If you are receiving SSDI payments and it has been 24 months since you initially applied for SSDI, you are entitled to Medicare. Please contact the Social Security Administration at 1-800-772-1213 for further information.
- Does your state offer access to High Risk Insurance benefits? Some states offer group health insurance benefits as a way to continue coverage for people with pre-existing conditions. Please see information under the heading of High Risk Insurance/Pre-Existing Condition Insurance Plans for further details.

Resources for the uninsured:

Health Care.gov
 US Department of Health & Human Services
<http://www.healthcare.gov>
<http://finder.healthcare.gov/>

Health Insurance Info.net
 Georgetown University Health Policy Institute
<http://healthinsuranceinfo.net/index.htm>

Cover the Uninsured
 1-877-655-CTUW (2889)
info@covertheuninsured.org
<http://covertheuninsured.org/stateguides/>

Insure Kids Now
 1-877-543-7669
<http://www.insurekidsnow.gov/>

U.S. Department of Health and Human Services
 Health Resources and Services Administration
 Hill-Burton Free and Reduced Cost Health Care
 1-800-638-0742 (1-800-492-0359 in Maryland)
<http://www.hrsa.gov/hillburton/hillburtonfacilities.htm>

Needy Meds, Inc.

A list of patient assistance programs for medications including MS disease-modifying drugs. Patient assistance programs can help pay for the cost of medications for people without insurance. Some programs may assist with insurance co-pays.

P.O. Box 219

Gloucester, MA 01931

www.needymeds.org

Health Insurance Portability and Accountability Act (HIPAA)

If you currently have health insurance coverage, consider the following questions:

- Are you afraid you are going to lose your coverage?
- Have you had a lapse in health insurance coverage of less or more than 63 days? In order to maintain HIPAA coverage the time elapsed between health policies can not be more than 63 days or the new group coverage provider can implement a pre-existing condition clause into their policy.
- Do you have an option for other health insurance benefits to maintain continuity of coverage: spousal coverage, new employer coverage, COBRA coverage, high risk insurance, Medicaid or Medicare?

HIPAA resource:

National MS Society Web page on HIPAA:

<http://www.nationalmssociety.org/living-with-multiple-sclerosis/insurance-and-money-matters/health-insurance/hipaa/index.aspx>

COBRA (Consolidated Omnibus Budget Reconciliation Act of 1986)

COBRA is an extension of health benefits for groups of 20 or more. COBRA is triggered when someone loses their group health benefits for any reason other than loss of job for gross misconduct. With COBRA, the qualified beneficiary would be responsible for the entire cost of the COBRA plus a 2% surcharge.

If you are currently employed and receive health care benefits, consider the following questions:

- Does your employer offer health insurance and are there 20 or more employees in the business or if your employer has 19 or fewer employees, have you checked with the Department of Insurance regarding COBRA-like protections?
- Will your employer health benefits be ending and is the employer still in existence? If the employer is going out of business, COBRA is not an option.
- Are COBRA benefits an option? Was your employment terminated for gross misconduct?

- Do you have a disability determination through the Social Security Administration? If so, the length of your COBRA benefits can be extended for an extra 11 months if you prove to the COBRA administrator within the first 60 days of enrollment that you have a disability.
- Will you have a source of income to maintain COBRA benefits? COBRA benefits will cost what the employer was paying plus what the employee was paying plus a 2% surcharge.
- If you are currently on COBRA, when will it end? Can you apply for a state-sponsored high risk insurance pool? COBRA is normally 18 months, 29 months with a disability extension, or 36 months in the case of divorce, legal separation, or death of the previous employee.
- Do you have a human resources department? Are you comfortable speaking to, or have you spoken with, an HR representative about the possibility of COBRA and the potential costs?

COBRA resource:

National MS Society Web page on COBRA:

<http://www.nationalmssociety.org/living-with-multiple-sclerosis/insurance-and-money-matters/health-insurance/cobra/index.aspx>

High Risk Insurance

If you are about to lose your health insurance coverage, consider the following questions and your potential access to a High Risk Insurance Pool:

- Are you at risk of losing your group benefits because you are leaving your job, your spouse is leaving a job, you may get fired, or you intend to take Long Term Disability (LTD)?
- Are you about to lose your job, but you cannot afford COBRA?
- Are your COBRA benefits about to run out?
- Are you looking for a way to extend your continuous coverage while looking for another job or going through the Social Security Disability Insurance waiting period for Medicare?

In all of these instances, check to see if your state has a High Risk Pool as not all states have enacted legislation for High Risk Pools. In the majority of states you must maintain creditable coverage to have access to a High Risk Pool without a pre-existing condition exclusionary period. If you know that any of the situations above may occur, investigate what potential coverage may be available through your State High Risk Pool.

High Risk Pool resource:

National Association of State Comprehensive Health Insurance Plans

http://www.naschip.org/states_pools.htm

Pre-Existing Condition Insurance Plans

If you are uninsured consider the following:

- Have you been uninsured for 6 months?
- Do you have a difficult time obtaining insurance due to a pre-existing condition?
- Are you legally present, a citizen, or a national of the United States?

If you said yes to all of these questions please call your local division of insurance for information about your state's Pre-Existing Condition Insurance Plan.

Pre-Existing Condition Insurance Plan Resource:

Health Care.gov

<http://www.healthcare.gov/law/about/provisions/pcip/index.html>

Individual Health Insurance

Do you live in a guarantee issue state or are you eligible for HIPAA protection?

- Maine, Massachusetts, New York, New Jersey and Vermont are guarantee issue states as far as individual health insurance is concerned. Within the states above, individual health insurance providers must sell to people regardless of their health status and/or any pre-existing conditions. In Michigan and Pennsylvania, Blue Cross/Blue Shield is the only guarantee issue provider regardless of health status for individual providers.

If you live in the U.S. and are HIPAA eligible, you are guaranteed the right to buy individual health coverage of some kind with no pre-existing condition exclusionary period. To be HIPAA eligible, you must meet all of the following guidelines:

- You must have had 18 months of continuous creditable coverage, *at least the last day of which was under a group health plan.*
- You must have used up any COBRA or state continuation coverage for which you were eligible.
- You must not be eligible for Medicare, Medicaid, or a group health plan.
- You must not have health insurance. (Note, however, if you know your group coverage is about to end, you can apply for coverage for which you *will* be HIPAA eligible.)
- You must apply for health insurance for which you are HIPAA eligible within 63 days of losing your prior coverage.

Your HIPAA eligible status ends as soon as you enroll in an individual health insurance policy, because the last day of your continuous health coverage must have been in a group plan. You can become HIPAA eligible again by maintaining continuous coverage and rejoining a group health plan (including a state offered high risk pool). (www.healthinsuranceinfo.net)

Medicare

Consider the following questions and resources regarding Medicare eligibility.

- Are you over the age of 65, or do you have End Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS/Lou Gehrig's Disease)? If yes, you automatically qualify for Medicare.
- Are you receiving SSDI benefits? Medicare benefits start after SSDI has been awarded for 24 months (backdated to the date of your SSDI application).

Medicare resources:

National MS Society Web page on FAQ about Medicare:

<http://www.nationalmssociety.org/living-with-multiple-sclerosis/insurance-and-money-matters/medicare/faqs-about-medicare/index.aspx>

Centers for Medicare & Medicaid Services

7500 Security Boulevard

Baltimore, MD 21244-1850

1-800-MEDICARE (1-800-633-4227)

www.medicare.gov

Medicare Part D

If you have Medicare Part A or B, Medicare Part D is an option for prescription drug coverage.

Consider the following questions regarding your potential eligibility:

- Do you have Medicare A or B?
- Have you applied for Medicare Part D?
- Have you applied for Medicaid as a subsidy?
- Have you applied for the extra help program through the SSA that would assist with the premium, deductible, co-pays and donut hole of Medicare Part D?
- Have you applied for the Medicare Savings Program through your local Medicaid office? It can assist with Medicare Part A and B expenses.
- Have you applied for your State Patient Assistance Program, which may offer assistance to help with the out of pocket cost of Medicare Part D?
- Have you called the patient assistance program that covers your medication or disease-modifying drug to help with the expense of your disease modifying drug?

Medicare resources to help with out of pocket costs:

Medicaid - State by State Descriptions and Plans

<http://www.colorado2.com/medicaid/states.html>

Social Security Administration
Help with Medicare Prescription Drug Plan Costs
1-800-772-1213
<https://s044a90.ssa.gov/apps6z/i1020/main.html>

State Patient Assistance Programs-Medicare Interactive
Medicare Rights Center
1224 M Street NW
Suite 100
Washington, DC 20005
Phone: 202.637.0961
http://www.medicareinteractive.org/ext_url.php?url=http://www.medicareinteractive.org/uploadedDocuments/mi_extra/spap_chart.html

Medicare Savings Plan
Assistance with the Cost of Medicare Part A and B
1-800-772-1213 or contact your local Medicaid office
<http://www.medicare.gov/Publications/Pubs/pdf/10126.pdf>
http://www.medicareinteractive.org/ext_url.php?url=http://www.medicareinteractive.org/uploadedDocuments/mi_extra/msp_chart.html

National MS Society Web page on Financial Assistance for Medicare Part D Plans
<http://www.nationalmssociety.org/living-with-multiple-sclerosis/insurance-and-money-matters/medicare/medicare-prescription-drug-plans/financial-assistance/index.aspx>

Medicaid

If you currently have no medical insurance, consider the following questions regarding Medicaid:

- Are you able to obtain and afford insurance through an employer, spouse, Medicare, COBRA, etc.?
- What is your income? Medicaid eligibility is different state by state. Eligibility is based on the Federal Poverty Guidelines.
- How many people are in your household? Medicaid also takes into consideration how many people are in your household when determining income.
- Do you have children under the age of 18? Children under the age of 18 are considered when determining eligibility.
- Do you have a disability classification from the SSA? A disability classification from the SSA can assist in eligibility for Medicaid.
- Are you currently working, but slightly over the Medicaid guideline? Programs like the Medicaid Buy-In Program may qualify you for Medicaid

- if you are over the income guidelines for Medicaid, but are working with a disability determination from the SSA.
- Do you have a Home and Community Based Services (HCBS) Waiver for Home Health Care? If you qualify for Medicaid and have a HCBS waiver, Medicaid will pay for in home health care-sometimes up to 24 hours per day of in home health care in order to keep people with disabilities more independent and at home.

Medicaid resources:

Health Insurance Resources: A Guide for People with Chronic Disease and Disability, 2nd Edition, by Dorothy E. Northrop, MSW, ACSW: Information at <http://www.nationalmssociety.org/multimedia-library/books/health-insurance-resources/index.aspx>

Medicaid State by State Descriptions and Plans
<http://www.colorado2.com/medicaid/states.html>

Kaiser Family Foundation: Medicaid Benefits
2400 Sand Hill Road
Menlo Park, CA 94025
phone: 1-650-854-9400
fax: 1-650-854-4800
http://www.kff.org/medicaid/benefits/state_main.jsp

Appeals

Any time a claim is denied through your health insurance company, you should consider appealing the denial. Appeals work for any type of insurance and can work for any type of expense including doctor's visits, hospital stays, durable medical equipment, and medication. But check your policy first, as there is no point in appealing a denial for a service or item that is not covered by your policy. Please consider the questions below when thinking about appealing a claim:

- Has a claim for coverage of a medication or piece of durable medical equipment been denied?
- Has your premium been increased dramatically?
- Has your medication changed tiers or gone from a flat co-pay to a percentage of the full cost of the medication?
- Has a doctor visit or stay in the hospital been denied?
- Is a doctor's bill more than you expected it to be?

Appeals resources:

National MS Society Web page on appealing a coverage denial or limitation by your health plan:

<http://www.nationalmssociety.org/living-with-multiple-sclerosis/insurance-and-money-matters/health-insurance/appeals/index.aspx>

National MS Society Web page on health insurance appeal letters:

<http://www.nationalmssociety.org/download.aspx?id=517>

Medicare Part D Appeals Manual from the Medicare Rights Center:

<http://www.medicarerights.org/appealsmanual.html>

Medicare Appeals information from Medicare.gov:

<http://www.medicare.gov/basics/appeals.asp>

Health Insurance Resources: A Guide for People with Chronic Disease or Disability, 2nd Edition, (Chapter 8): Information at

<http://www.nationalmssociety.org/multimedia-library/books/health-insurance-resources/index.aspx>

Life insurance

If you are looking for life insurance options, consider the following question and resource in your search for life insurance information.

- Can you get life insurance through an employer or your spouse's employer?

Life Insurance resource:

National MS Society Web page on shopping for life, disability and long-term care insurance:

<http://www.nationalmssociety.org/living-with-multiple-sclerosis/insurance-and-money-matters/other-insurance/shopping-for-insurance/index.aspx>

Long-term care insurance

If you are in the market for long-term care insurance, please note that relatively few Long Term Care Insurers will sell to people with MS. Those that do may not advertise widely and may accept people on a case by case basis.

Long-term care resource:

The Questions You Have, The Answers You Need by Rosalind C. Kalb, PhD:

Information at: <http://www.nationalmssociety.org/multimedia-library/books/the-questions-you-have/index.aspx>

Short-term disability (STD) and Long-term disability (LTD) insurance

If you currently are in the market for short-term or long-term disability insurance, consider the following questions:

- Do you have STD or LTD benefits through your employer?
- Have you disclosed your MS to your employer?
- Have you asked for accommodations at work?
- Are you actively using accommodations and are they assisting with your daily work?
- Have you had an evaluation with the department of vocational rehabilitation? If so, what was the outcome of the evaluation?
- Have you utilized your Family Medical Leave Act (FMLA) benefits?
- Has your doctor told you that you need to decrease your hours at work or stop working?

STD and LTD resources:

National MS Society Web page on STD/LTD:

<http://www.nationalmssociety.org/living-with-multiple-sclerosis/insurance-and-money-matters/other-insurance/index.aspx>

National MS Society Web page on Employment and MS:

<http://www.nationalmssociety.org/living-with-multiple-sclerosis/employment/index.aspx>