

Step Up! Into Life after High School Session

How do I pay for it 3; Exploring the world of Medicaid, Private Insurance, HIMAT.



What You Will Learn

- Basic understanding of Private Insurance
- A brief overview of Medicaid.
- Health Insurance Mandated Autism
 Treatment (HIMAT)



Medicaid

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Private Insurance

Every system has:

- Eligibility
- Terms
- Laws/rules
- Procedures
- Benefits
- An Appeal process

Learn them!!!!



Private Insurance Two types of Private Insurance

	Commercially Insured	Self-Insured
Who pays healthcare costs?	Employer pays premium to health insurance company; insurance company pays healthcare costs	Employer pays all healthcare costs
Who does administrative work?	Insurance company	Employer, or the employer hires a third party administrator
Who regulates the healthcare plans?	State and federal governments	Federal government; plans are exempt from many state insurance regulations

- Self-insured (self-funded) health plan, employers (usually larger) operate their own health plan as opposed to purchasing a fully-insured plan from an insurance carrier.
- Colorado State Law applies to any insurer operating under Colorado Division of Insurance
- Look for CO DOI on your card



Insurance Language

Private

- Co Payment
- Deductible
- Max Lifetime Benefit Cap
- Medically Necessary
- Open Enrollment
- Pre-existing Condition
- Prior Authorization (PAR)
- Benefit
- Case Manager RN

■Public (Medicaid/CHP+)

- Co Payment Exempt
- Medically Necessary
- Open Enrollment
- Eligibility
- Prior Authorization (PAR)
- Durable Medical Equipment
- Benefit
- Rehabilitative
- Amount, Duration Scope
- Lifetime



Medically Necessary

Communicate it clearly:

- What is it?
- Why it is important?
- Understand there are many definition!
- Document why it is Medically Necessary
- Who Decides?
- How is it Proven?

Always ask for things in writing!



Health First Colorado?

- Health First Colorado = Colorado Medicaid
- Colorado Medicaid is called <u>Health First</u>
 Colorado.
 - The name reflects the significant changes that were made to modernize Colorado's Medicaid program.
- While the name and look of Colorado Medicaid changed, member eligibility, benefits and providers remain the same.



What public programs offer help in paying for health care services?

- Medicaid is a program that pays for health benefits for some Coloradans who cannot afford it.
- When financial eligibility criteria is met, Medicaid covers families with children, pregnant women, the elderly, and people with disabilities.
- People who are not US citizens can only get Medicaid to pay a life-threatening medical emergency.
- Apply at your county Dept. of Human Services or any Certified Application Assistance Site or online at www.colorado.gov/PEAK



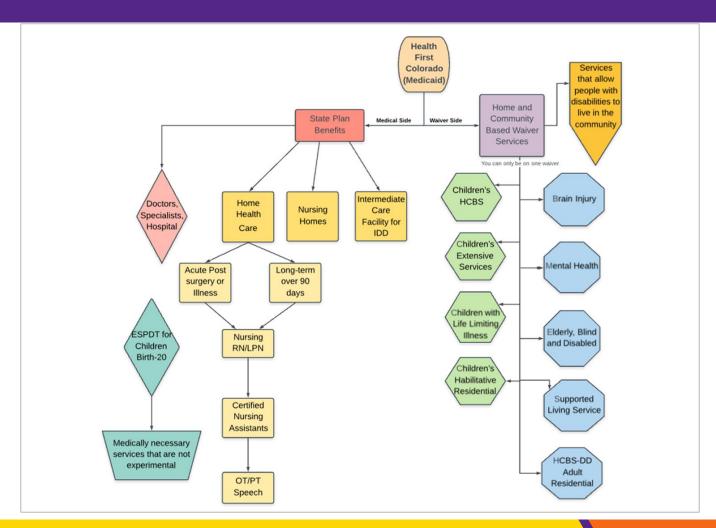
Crash Course in Medicaid

- Think of Medicaid like a house.
 - There are many ways to get in and each point of entry entitles the individual to different services.
- Medicaid is NOT Medicare.
 - These are two distinct programs.
 This program will focus on Medicaid.
- Think of the HCBS Child/Adult
 Waivers as different rooms in the Medicaid house.





Crash Course in Medicaid





Health First Colorado (Colorado's Medicaid Program) Members Cannot Be Billed for Services

It is important that all health care providers know that

Health First Colorado members <u>cannot</u> be billed for services covered by Health First Colorado.

Federal statutes and regulations provide that state Medicaid agencies must limit provider participation to those who will accept Medicaid reimbursement as "payment in full" (42 C.F.R. § 447.15). Providers must participate in the state Medicaid agency to be reimbursed for covered services. Further, state Medicaid member payments are limited to state-defined cost sharing arrangements (42 U.S.C. § 1396a (a)(14)). State Medicaid cost sharing arrangements are limited to established co-pays for services received.



Health First Colorado (Colorado's Medicaid Program) Members Cannot Be Billed for Services

Colorado law (C.R.S. 25.5-4-301(II)), provides that no Health First Colorado member shall be liable for the cost, or the cost remaining after payment by Health First Colorado, Medicare or a private insurer, of medical benefits authorized under Title XIX of the Social Security Act. This law applies whether or not Health First Colorado has reimbursed the provider, whether claims are rejected or denied by Health First Colorado due to provider error and whether or not the provider is enrolled with Health First Colorado. This law applies even if a Health First Colorado member agrees to pay for part or all of a covered service.

Payment may be collected from or billed to a Health First Colorado member only if the service rendered is not covered by Health First Colorado. In this situation, the Department strongly recommends that providers obtain a statement signed by the Health First Colorado member acknowledging that the specific service is not a Health First Colorado-covered benefit and agreeing to pay. Questions regarding whether or not a service is covered by Health First Colorado may be referred to the Provider Services Call Center at 1-844- 235-2387.



Myth Individuals receiving Medicaid can not keep Medicaid once they start working

- Working Adults Age 16-64, who are:
 - Employed
 - Have a qualifying disability
 - Meet income requirements
- You might have access to the Colorado Medicaid Buy In program
- Your loved one could earn up to \$4684/month
- Individuals may pay a monthly premium on a sliding scale (\$0-200).



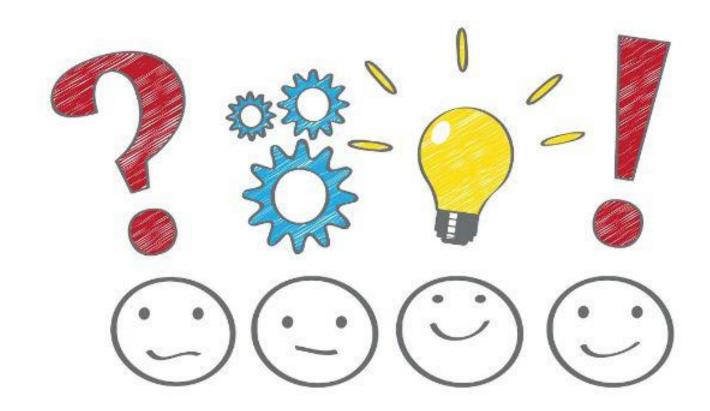
What if I need help with my Medicaid application?

- There are assistance agencies, like AMES
- They can help with processing your medical application for medical assistance to see if you qualify for Health First Colorado (Colorado's Medicaid Program)
- They will work one on one with you through the entire process, until you get the medical assistance program for which you qualify.
- If you live in Colorado, they can help you.
- They are certified by the state of Colorado as a medical assistance (MA) site. The Department of Health Care Policy has given them the stamp of approval to help you find the medical assistance programs you need.
- Number 303-755-4138 with questions or to make an appointment
- Website: http://www.accessenrollment.org/
- Cost: Free





Questions





Health Insurance Mandated Autism Treatment (HIMAT)

- Mandates coverage of certain Autism treatments by certain private health insurance plans.
- State law (CRS 10-16-104 (1.4)) requires certain types of private group health insurance policies to cover treatment for Autism Spectrum Disorder (ASD).
- Treatment Limits
- Benefits are subject to the general terms of the policy (co-pays, deductibles, ca ps, etc.), but are otherwise unlimited, except:
- Applied Behavior Analysis (ABA) only the plan may limit benefits as follows:
 - 0 through 8 -- \$34k per year
 - 9 through 18 -- \$12k per year



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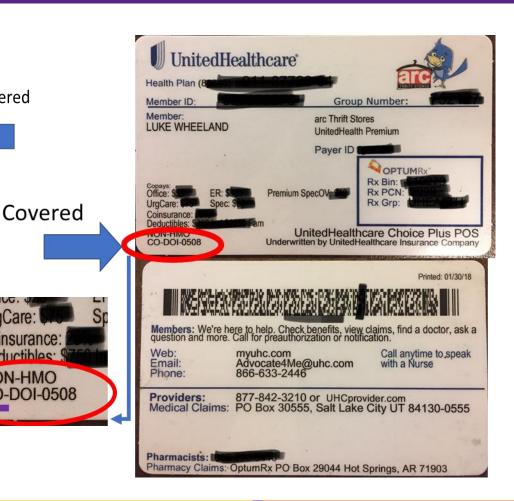
Health Insurance Mandated Autism Treatment (HIMAT)

- Who is covered:
 - Children from birth through 18 years of age with certain private group health insurance
 - The child is covered by a Colorado Based insurance plan.
- If a private health insurance card is marked with "CO-DOI", most circumstances, the group health benefit plan is required to comply with HIMAT
- ASD defined as Autistic Disorder, Asperger's Disorder and Atypical Autism as PDD-NOS (as defined at time of diagnosis, DSM currently being revised)
- You do not need to have Medicaid to use HIMAT



Health Insurance Mandated Autism Treatment (HIMAT)





UrgCare:

Coinsurance:

Deductibles 9

NON-HMO

CO-DOI-0508



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