

Michiana Hematology Oncology, PC

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Insurance and You

Most insurance companies require you, as the patient, to share in the cost of medical care. When your physician prescribes chemotherapy, you should expect to pay a part of the therapy cost.

Forms of patient responsibility are usually divided into three groups:

- **Deductible** – this is the fixed annual (calendar year, January to December) amount that your health plan expects you to pay out of pocket before your benefits begin to be covered. Typical deductible amounts are \$250, \$500, or \$1,000, per person or family.
- **Co-insurance** – this is the percentage that your insurance does not cover. Traditional plans pay 70%, 80%, or 90%. Co-insurance is the 10%, 20%, or 30% remaining after your health plan has made their payment. This amount is the patient's responsibility.
- **Co-payment** – this is an on-going responsibility for the patient to pay. Your plan may require you to pay \$10, \$15, or \$20 for each day you see the physician or are treated by our office.
- **Stop-loss or Out of Pocket Maximum** - this is an amount that is fixed by the insurance company to insure that you are not required to pay a catastrophic dollar amount from your own pocket. It works hand-in-hand with your co-insurance amount. Once a patient has paid a selected amount from their own pocket – benefits then turn to a higher level (typically 100%) for the remainder of the calendar year. Example: Your plan pays 80% to a stop loss of \$2,000.00. Once the 20% that you are required to pay from your pocket reaches \$2,000.00, all benefits will be paid at 100% for the remainder of that calendar year. Your health plan can furnish you with the specific amount as it applies to your policy.

Eligibility

Know the plans for which you qualify:

You may be eligible for medical benefits through your employer, your spouse's employer, your state government (Medicaid), or the federal government (Medicare). Many people are eligible for more than one plan.

If more than one insurance plan is available to you, it will be necessary to determine which benefits are primary and which benefits are secondary. Primary benefits pay the largest portion of your health care costs. Secondary benefits generally pick up the co-insurance and deductibles that the primary insurance does not pay.

When you become a Michiana Hematology-Oncology, PC patient, we will contact your insurance provider and verify your insurance coverage. This will help us to understand what the insurance carrier will reimburse and what you, the patient, can expect to pay. It is extremely important that you furnish us with copies of your insurance cards when you visit our office for

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the first time. Additionally, it is important for you to notify us if your insurance is no longer in effect or has changed. By doing this, we can provide cost-effective care and treatment for you and your family.

Understand Your Plan's Policies

The majority of health plans offered by private insurers (such as Blue Cross/Blue Shield), commercial insurers and managed care plans will cover physician administered chemotherapy for medically indicated uses. Many private policies also cover prescription drugs obtained from your pharmacy – however you should check with your insurer about specific coverage limitations to be certain.

Managed Care Organizations (“MCO”) or Health Maintenance Organizations (“HMO”) generally cover FDA approved drugs and treatments when used according to their labeling, although some MCO’s or HMO’s require drugs to be on a “Formulary,” which is a list of approved prescriptions. Some drugs require special precertification or documentation before they will be covered. It’s best to contact your insurance company to find out if there are any special requirements for the medication you may be prescribed to take orally.

Michiana Hematology Oncology, PC participates with a large number of health plans. However, many MCO’s also may require you to be treated by a specific group of physicians or at a specific hospital – you should verify with your insurance company whether or not your physician and/or hospital preferences are in your health plan. This verification should take place prior to receiving services if possible.

Medicaid

Medicaid is a state funded insurance that covers medical care for patients who are financially incapable of purchasing private insurance or are considered in a low income or resource category. Benefits vary from state to state, and depending on your level of income or resources, you may be required to pay a small portion of your health care costs (typically referred to as a *spend-down*) or you may receive total benefits. Medicaid typically covers prescription medications dispensed through your local pharmacy – but it is best to check in advance to see if your pharmacy accepts Medicaid insurance.

Medicare

Medicare is a federally funded health insurance program for individuals residing in the United States who are either disabled or age 65 or older, and have paid social security taxes to the federal government, or their spouse has paid taxes, at some point during their lifetime. Everyone who qualifies for Medicare automatically gets Medicare Part A benefits at no cost to them. Part A benefits cover hospitalization services only. It is in your best interest to enroll in Medicare Part B, for which you are required to pay a small amount each month for coverage. This amount is typically deducted from your social security check. Medicare Part B pays for outpatient and physician services that are done outside of a hospital setting. Medicare Part B will typically pay 80% of all covered charges.

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Supplements

Most people choose to purchase a supplement to their Medicare policy, to cover the expenses that Medicare does not pay – typically the deductible and co-insurance or 20% that is not covered by Medicare Parts A and B. If you choose not to purchase a supplemental policy, you will be responsible for the payment of the deductible and co-insurance that is not covered by Medicare Parts A & B. If you are in a low-income level, you may be able to qualify for Medicaid as a secondary coverage to Medicare Parts A & B.

Other Medical Benefit Programs

- TRICARE – A health insurance plan for spouses and dependents of active duty, retired or deceased military family members.
- Department of Defense (DOD) military treatment at a hospital or facility.
- Veterans' Administration (VA) clinics and hospitals.
- PACE (Pharmaceutical Assistance Contract for the Elderly) programs that allow low income or senior citizens to obtain prescription drugs for a co-pay rather than full price.
- Other state-funded health care programs for individuals who do not qualify for Medicaid.

FILING INSURANCE CLAIMS

Michiana Hematology-Oncology, PC will file a claim directly to your insurance company for both primary and secondary coverage. You will still be responsible for paying any co-payments, deductibles, or co-insurance portions that are not otherwise covered by your insurance company. We will furnish you with a statement on a monthly basis which will indicate what charges have been incurred, what your insurance has been billed, how much they have paid, as well as what is due for payment by the patient.

Claim Denials and Appeals

In the event that your insurance plan would deny a claim, you have the right to appeal any denial. Insurance companies typically send EOB's or Explanations of Benefit explaining why a particular claim has been denied. If you feel your claim was denied in error, contact the insurance company directly to see if the situation can be handled verbally over the phone. If you feel that your insurance company is unfamiliar with your therapy and is denying services in error, you may need to request a special review. If you need help with this, contact your physician or the Insurance Department at Michiana Hematology-Oncology, PC and we will be glad to assist you.

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ADDITIONAL QUESTIONS OR CONCERNS

If you have additional questions or concerns, please feel free to call Celina Nissley, Manager of Insurance & Billing at Michiana Hematology-Oncology, PC, at 574-204-7721; toll free at 1-800-860-8100; or by e-mail at: cnissley@mhopc.com