

MINORITY HEALTH MONTH 2017

HOW TO NAVIGATE THE U.S. HEALTHCARE SYSTEM

Welcome to OCHLA’s Minority Health Month initiative about the complexities of the United States’ healthcare system. Here we have broken down everything you may need to know to take charge of your own healthcare.

INSURANCE/PAYMENT

Types of health insurance

Traditional health insurance	<ul style="list-style-type: none">•Tend to be the most expensive•Most flexibility for choosing providers
Health maintenance organizations (HMOs)	<ul style="list-style-type: none">•Lower co-payments•Covers cost of preventative care•Limited choice in providers
Preferred provider organizations (PPOs)	<ul style="list-style-type: none">•Lower co-payments•More flexibility in choosing providers [than HMOs]
Point of service plans (POS plans)	<ul style="list-style-type: none">•Combines traditional + HMOs (choice of provider in- or out-of-network)•In-network: coverage under HMO guidelines•Out-of-network: use deductible (like traditional) until amount is reached

Types of payments

Copayments

- Amount of money you pay for medical services or prescriptions

Coinsurance

- You and insurance split cost after the deductible is reached

Deductible

- Amount you pay before insurance will pay claims (one-year period)

Network providers

- Providers in agreement with insurance company to provide services at specific rates (often discounted)

Non-network providers

- Providers not in agreement with insurance company; higher cost than network providers

Out-of-pocket providers

- Maximum amount you would have to pay for covered services per terms of the insurance plan (one-year period)

Affordable Care Act (ACA)

What is the Affordable Care Act?

ACA allows US citizens to access health insurance (medical, dental, vision, etc.) at an affordable rate. Citizens have the option to obtain insurance through either the state or federal governments. ACA also allows children to stay on the family's plan until age 26.

When can I enroll?

The next open enrollment period is November 1, 2017-January 31, 2018, where you can do one of the following:

- Re-enroll in your current plan
- Choose a plan for the first time
- Choose a new plan to replace your current one
- Make any changes to your existing plan

Are there ways to enroll or make changes outside of the enrollment period?

ACA allows enrollment or changes in your current plan year-round if you have experienced any of the following life changes:

- Marriage or divorce
- Giving birth or adding a dependent to your family
- Loss of other coverage
- Move to a new state
- If you qualify for Medicaid or CHIP

How do I enroll?

You must apply through an ACA Marketplace via one of the following methods:

- Online: <http://www.healthcare.gov/>
- Phone: 1-800-318-2593 or TTY 1-855-889-4325
- In person: Find a center near you <https://localhelp.healthcare.gov/#intro>
- Mail: download the application via the website above

Consolidated Omnibus Budget Reconciliation Act (COBRA)

What is COBRA?

The Consolidated Omnibus Budget Reconciliation Act gives workers the right to choose to continue a group health coverage through a group health plan for a specific period of time.

How do I qualify?

COBRA has specific requirements for eligibility:

- The worker must have a group health plan covered by COBRA.
- A qualifying event must occur (i.e. job loss, reduced hours, transition between jobs, death, divorce)
- The worker must be a qualified beneficiary for the event.

I am eligible to utilize COBRA. Now what?

You are given at least 60 days to decide if you would like to continue coverage.

More information: <http://www.dol.gov/ebsa/pdf/cobraemployee.pdf>

Long-Term Care (LTC)

Is long-term care included in health insurance plans?

LTC is usually not included or extremely limited in most health insurance plans.

How do I qualify for an LTC plan?

Most plans will require you to be unable to perform a certain amount of daily living activities (i.e. eating, dressing, walking, moving from bed, using the bathroom, bathing, etc.).

What types of care are covered?

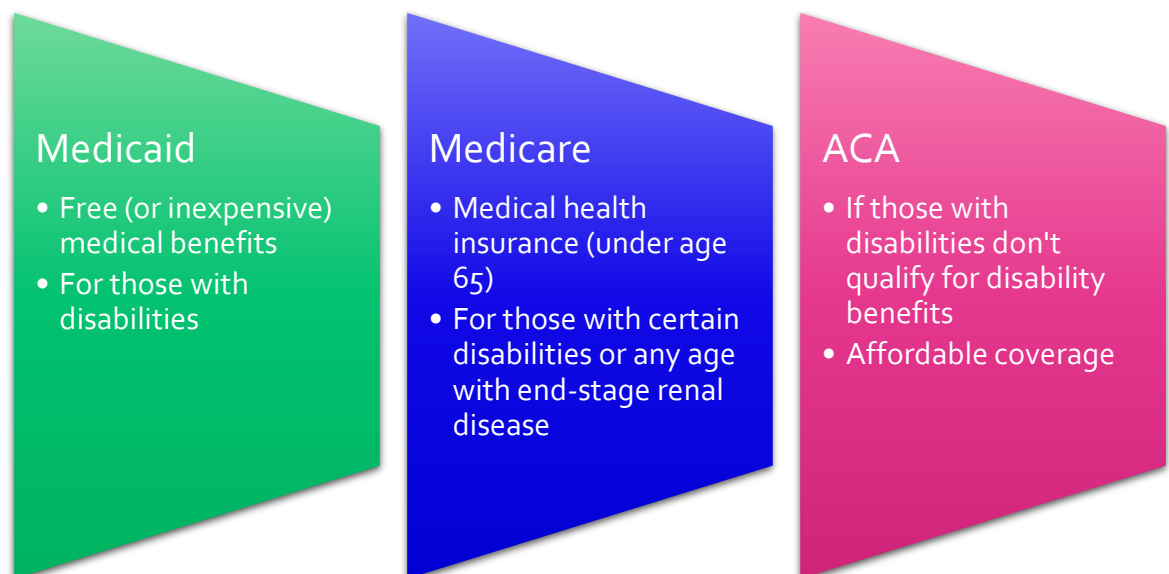
An LTC plan can include types of care like a nursing home, home care, skilled services, housekeeping and more.

How do the benefits work?

Most LTC plans have a dollar/day benefit and the benefit period is usually between 1-6 years. It is also important to know if your plan includes benefit adjustments for inflation and if there is a waiting period before you can begin to utilize benefits.

More information: <http://publications.usa.gov/USAPubs.php?PubID=5879/>

Coverage for People with Disabilities



ADVOCACY

What is an advocate?

An advocate is someone who communicates on behalf of the patient if the patient is can't do so effectively (i.e. due to dementia, age, sickness) to help improve the quality of care.

Who can be an advocate?

The advocate can be a member of the family, a friend, or a healthcare provider.

When is an advocate needed?

Here are a few scenarios in which an advocate can be utilized:

- The patient is unable to make decisions on his/her own.
- The patient asks for help in making decisions.
- The patient has been diagnosed with a terminal or chronic condition.
- The patient needs medical information that may be difficult to obtain.
- The patient has received conflicting instructions from his/her providers.
- The patient has become frustrated with his/her quality of care.

Can a patient advocate for his or herself?

Absolutely - you are your own best advocate for your health care if you are able to make decisions on your own.

I would like someone to advocate for me. What should I do?

If you would like someone to advocate on your behalf:

- Choose someone you trust that can communicate well.
- Decide what you would like help with and what you would like to handle on your own.
- Decide how involved you would like your advocate to be (attend any tests, appointments, etc.).

LEGAL CONSIDERATIONS

What is a living will?

- A legal document in which you express your wishes in regards to future medical treatment.
- It is used only if you are unable to communicate these wishes.
- It includes the types of treatments and the extent of life-sustaining measures you would like (i.e. CPR or life support machines).

What is power of attorney?

- Permits a patient to give access to medical records to family member or friend.
- A POA can sign legal documents on behalf of the patient or read medical records when the patient is not present.
- POA ends when the patient loses his/her mental capacity.

What is durable power of attorney?

- It is very similar to POA but continues when the patient has become incapacitated.

What is medical power of attorney (durable power of attorney for health care)?

- Medical POA makes medical decisions when the patient cannot.
- The medical POA cannot make decisions that violate wishes outlined in a living will.
- The medical POA cannot make financial decisions unless specifically named as durable power of attorney for finances.

NECESSARY INFORMATION TO RECEIVE TREATMENT

Medical information

- Updated list of medications
- List of known allergies
- Medical history

Legal information

- Contact information for your attorney
- Power of attorney for your finances
- Advances directives (living will, power of attorney for healthcare)

Insurance information

- Insurance cards with policy information
- LTC insurance policies
- Disability insurance policies

PRIVACY RIGHTS

Health Insurance Portability and Accountability Act (HIPPA)

What is HIPPA?

HIPPA protects patients' medical records from becoming public knowledge. Medical records are private and anyone with access cannot share information with anyone except the patient.

Who must follow this law?

- All health insurance plans
- Most healthcare providers (doctors, hospitals, nursing homes, pharmacies, dentists, psychologists, clinics)
- Healthcare clearing houses (businesses that process health information they receive into a standard or vice versa)
- Companies that help pay the doctors for providing care
- Companies that distribute health insurance plans
- Lawyers, accountants, IT specialists
- Companies that store or destroy medical records

Who doesn't have to follow this law?

- Life insurance companies
- Employers
- Carriers of workers' compensation
- Schools
- State agencies (i.e. child protective services)
- Law enforcement
- Municipal offices

What information does this law protect?

HIPPA protects information your healthcare providers put into your medical records, conversations between your healthcare providers about your treatment and medical information held by your insurance company.

What rights do I have over my health information?

You have the right to receive a copy of your health records, to request corrections to your health information, to receive notice as to how and why your information could be used or shared, to decide if you would like to give permission to have your information shared for certain purposes, and to receive a report on when and why your information was shared.

How can my health information be used or shared?

Your health information can be used or shared in the following ways:

- For your treatment and care
- To pay doctors and hospitals who have treated you

- With those you have identified as involved with your healthcare (family, friends, etc.)
- To protect public health (i.e. reporting the presence of illnesses in the local area)
- To report required information to police

COMMUNICATION TIPS

Healthcare team

Prepare a list of questions and organize important information about the problem in advance.

- Possible side effects?
- What changes or symptoms should I watch out for?
- What tests will need to be done and what are they looking for?
- How often do I need to receive treatment?
- What are the risks?
- Can you suggest resources where I can learn more about this treatment?
- What else do I need to know?

Maintain a log of all healthcare including:

- Names, contacts, phone numbers
- Dates
- Information received from the healthcare team
- Experiences with treatment to recount to providers
- Anything related to your treatment

Bring someone with you to any appointments.

Be persistent and assertive – you are in charge of your own care.

Always ask for clarification if you are confused – never assume anything!

Always ask for important instructions in writing.

Insurance Company

Communicate clearly and confidently.

If a request has been denied, don't give up. Be persistent. Ask to speak to a supervisor if you aren't satisfied with the results of the conversation.

Know the benefits you are entitled to – this is your responsibility. Ask your representative to explain anything you don't understand.

Keep a log of all communication including dates, times and names. Take notes during any communication.

If communication occurred over the phone, always follow up in writing. Include identifying information as well as dates, time, names, and what you were told.

Follow the procedures for submitting claims, filing appeals or requesting prior authorization to avoid any delays.

TIPS ON HOW TO MONITOR YOUR OWN CARE

Always keep a record of all tests, treatments, medications and procedures.

Share new information with all members of the healthcare team.

Be aware of: new or different symptoms, any changes to medication, changes to the healthcare team, test results, changes in nutrition or eating habits, changes in sleeping patterns, signs of depression or any changes in mood, etc.

If you are concerned at any point, communicate this to your healthcare team.

RESOURCES

General:

<http://ochla.ohio.gov/HispanicServingOrganizations.aspx>

Insurance:

<https://www.usa.gov/health-insurance>

Privacy rights:

<https://www.hhs.gov/hipaa/for-individuals/spanish/index.html>

<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/spanish/index.html>

<https://www.hhs.gov/hipaa/for-individuals/index.html>