MedBillsAssist

# Medical Claims Solutions

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## Drug Discounts

Drug discount cards are commonplace these days. We see GoodRx advertisement on television, and a simple search on the internet yields multiple hits for drug discounts. Amazon has its own pharmacy and even Mark Cuban get a line of business with discounted drugs. These are good options for generic, relatively inexpensive, drug discounts. GoodRx and others work well without insurance and basically anyone have access to these discounts.

The other type of drug discounts are from drug manufacturers.
The drug manufacturers deeply discounted programs are for brand name expensive drugs.

It mostly works with commercial insurance products. The insurance pays portion of the drug and the manufacturer covers another portion of it.
The most significant problem I can see is Medicare, and Medicaid beneficiaries. Our federal government decided that beneficiaries in these government programs are not allowed to get drug company discounts.
As a result people with Medicare who needs to take these very expensive drugs ends up paying those exorbitant prices or apply for special programs from the drug manufactures and hoping to pass the income threshold barrier. Unfortunately, the income limits are based on 300-500 percent of the Federal Poverty numbers.

## Protection Against Surprise Bills

Last year a new consumer protection law was enacted to control out of pocket cost for emergency services, air ambulance and out of network physician services provided while receiving care in-network facilities.

This was necessitated by the hospitals excessive use of specialist who did not participate with the same insurances as the hospitals did. The same applies to emergency care. The consumers does not have a choice of doctors in the emergency room, anesthesiologist, pathologist and so on. These doctors were able to balance bill the patient. Balance billing is when an out of network provider charges a full fee. Then the insurance pays the in network rate and the difference is being billed to the patient.
When a patient uses out of network provider the insurance policy have higher deductible, and higher cost share. The difference between the insurance payment and the total billed amount is the balance bill. I like to note in here that when the policy states it pays 80% out of network the actual 80% in not the billed amount. It is 80% of what the insurance deems to be allowed amount. As a result the actual payment can be less than half than the actual charged amount. Balance billing is still allowed when a patient chose to go out of network and is informed in advance that the physician is out of the insurance network.

The No Surprises Act left out ground ambulances from this protection. Emergency medical transportation is mix of municipal, county government, fire departments and privately held ambulance companies. There are some regulations in place with the local authorities. This is one reason for the exclusion.

## Quote of the Quarter

Senator Charles Grassley, R-Iowa investigated the Medicare Advantage industry "Medicare Advantage is an important option for America's seniors, but as Medicare Advantage adds more patients and spends billions of dollars of taxpayer money, aggressive oversight is needed". The efforts to make patients look sicker and other abuses of the program have "resulted in billions of dollars in improper payments," he said.

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# Medicare Advantage

As of today half of all Medicare beneficiaries are now enrolled on Medicare Advantage plans.
Perhaps this is the fault of Joe Namath (former Jets quarterback) and all its television advertising. Joking aside, this is a concern for multiple reasons.

Medicare Advantage is an odd mix of Medicare and Managed Care. In the TV commercials and publications it seems so wonderful: no additional premium, includes, prescription, vision, hearing and dental services.
What is not included in the commercials: limited provider network, need prior authorization, deductibles, co-pays, must stay in network, and extra services limited to a fixed small dollar amount.
The common phrase comes to mind *you get what you pay for.*
In this case $0 premium.

A small or higher premium may give you a larger network , but still dealing with all of the other limitations.

If you can afford to pay $200-300 extra a month for the supplement and prescription plan, regular Medicare is a way to go.

Regular Medicare only require authorization for a few, that could be considered cosmetic, services. The supplement pays cost shares and there is no hustle with authorizations.
It is true that regular Medicare doesn't cover dental, vision and hearing aids, but the coverage offered for those services by the Advantage plans is limited to a meager sum.

## Definitions:

**Medicare Advantage:** commercial insurance replacing traditional Medicare

**Medicaid :** medical insurance offered by every state for people with limited income

**Surprise Bill:** insurance bill received by out of network providers while utilizing in network facility

# Medicaid Enrollments Unwinding

The official end of the pandemic brings the Medicaid continuous enrollment provision to a sunset. It is estimated that between 5-14 million people will be dis-enrolled from coverage. About 7 million people should be still eligible, but will likely be dis-enrolled during the unwinding period.

It is important to read and understand letters and other forms of communications coming from the state Medicaid program. If you are no longer eligible there are other options to check out.

# Healthcare Payment Financing

A new industry popped up in the horizon. Third party healthcare financing. In most cases it is similar to a credit card with deferred interest.

Just like any other financial tools one needs to understand the terms. Look for interest rates (fixed, compounding, and variable). Then look at fees, such as late payment and processing fees.

These financing options don't serve the individual, it only serves the medical provider. They get paid and it you are not careful you can end up with a higher (credit card) bill than the actual medical bill was.

Better options:

Call you insurance and make sure that the balance due to the doctor is correct. Be sure you have all the details about your bill: service date, physician name, charged amount. Between billing and insurance there are a number of things that can go wrong. It is possible that there was a mistake along the way. Discovering errors and have the doctor or insurance correct it can significantly reduce that bill.

If the bill is correct do any of the following:

Try to negotiate the bill to a reasonable amount.

Ask for an interest free payment plan.

Last resort: let it go to collection. Law Firms and Collection Agencies are more willing to negotiate and give you a discount.

## MedBillsAssist

Our Mission is to represent our clients' best interests. We work on your behalf in an ethical manner in compliance with state and federal regulations.

We tailor our service to your specific needs.

We work with claims in collection or track and resolve claim problems for the entire family.

When you need a patient advocate to negotiate with medical providers and insurance companies, give us a call.

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