



Healthcare Law is Here to Stay

The Supreme Court ruled the healthcare law constitutional. It was decided that a penalty for not having insurance is a form of tax and the federal government has a right to tax it's citizens.

While I am sympathetic with those who truly does not have a financial resources to purchase medical insurance, I am appalled by those who simply chose not to have it. It is not freedom, it is simply being irresponsible.

The Medicaid extension was struck down based on limited federal financing. Although the Federal government wanted to push extension of the program forward, it planned to pay 90% of this cost for only three years. After that time the states are left with their normal contribution, which is about 59% this time. The states will be left filling up the gap for many more enrollees.

Another bit of good news is that Medicaid will be paying primary care doctors Medicare rates starting in January 2013. In my estimation this will be a 50% increase of payments, and will allow primary care physicians to consider seeing Medicaid patients again. Presently

Medicaid recipients are forced to get almost all their primary care at clinics.

Although this law has not done enough to move us much closer to a real solution; it is a decent start. This law already made life a little easier; for young adults by letting them stay on their parents policy longer and for children with pre-existing conditions to actually have insurance. By removing a lifetime limit it become a major improvement for folks with serious medical conditions. The law forced insurance companies to provide free preventive care, such as mammograms and colonoscopies. They are not allowed charge deductibles, co-pays or co-insurances on these type of services. This change makes a difference for all of us, but especially for those with high deductible health plans.

Large employer based insurance is still costs significantly less, and offers a more comprehensive coverage. People with pre-existing conditions, or their covered family members are forced to work for large employers just keep medical insurance. Hopefully this will all change in 2014, when the insurance exchanges will be in place. This will allow all of us to change jobs or start a business.

Quote of the Quarter

"It is not our job, to protect the people from the consequences of their political choices."

Supreme court Justice John G. Roberts was quoted in the New York Times in regards to the recently upheld constitutionality of the healthcare law.

I Know Now

A seemingly simple question: I am working, I have two jobs, and have two insurance policies. Which policy is my primary insurance?

To decipher the primary coverage is simple in most cases. This is what called, in insurance language, a coordination of benefits (COB).

Married couples are often covered under their spouses employer insurance which

makes the primary policy holder's insurance primary for that person. In case of children with two policies, the answer is often based on the parents birth dates.

This original question turned out to be a simple rule. The decision was based on how long a person had each coverage. In this case the small employer policy was in effect longer, therefore it stayed a primary insurance. Mystery solved, on to the next one.

Managed Medicare - How is it Different?

New Medicare enrollees often struggle with all the different choices they have to make. One of these decisions is to choose between traditional Medicare or Managed Medicare, also called Medicare Advantage, or simply Medicare part C.

The way one uses healthcare and their traveling habits often makes it a simple decision.

People who are visiting a lot of specialists and not used to dealing with insurance red tapes are better off with traditional Medicare. People with US vacation homes or those who spend several months away from their primary residence should also stay with traditional Medicare.

For those who see a few of the same doctors and stay within the state limits most of the year Managed Medicare may save some money. But keep in mind that the old saying "pay me now, pay me later" still applies. Managed Medicare may cost very little or nothing in premiums, but hospitalization cost-share can get very expensive, very fast. While traditional Medicare simply needs a supplemental plan to cover balances after Medicare payments, Managed Medicare has that cost-share built into it. It has physician co-pays and hospital co-insurances. Those can be \$40 per physician visit and \$250 per hospital day. It adds up quickly.

Definitions:

Medicaid: A Federal and State insurance program providing medical insurance for low income residents

Medicare a federal insurance program for people over age 65 and the disabled.

COB: Coordination of Benefits is a term used to decipher the appropriate rules when someone has more than one medical insurance.

Medication Changes

Our healthcare system is desperately trying to move towards outcome based medicine. Presently we are paying for each service without regards to its benefits, or in some cases harm. While considering changes I find myself amused by a letter from a drug insurance company. The letter is advising to change a brand name drug to a generic version to reduce cost. Unfortunately it forgets to mention that change within two drugs may cause unintended consequences; mostly side effects. Most doctors spend considerable time to find just a right combination of

medications. They also spend time and effort to adjust the dose. Once a balance found it is advisable to keep the drug that works best in place. Drugs can be extremely beneficial in some cases and devastating in other cases. Getting the correct combination and balance in place is not a small task. Especially for those whom are on several medications it is very important to make sure the prescriptions work in harmony and they don't interfere with each other.

It is a good idea to ask your primary care doctor to review all your medications at least once a year.

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Legal Issues or Who is in Trouble this Time?

Healthcare fraud comes in all shapes and sizes. GlaxoSmithKline a well known drug company settled with federal and state governments and agreed to pay 3 billion due to various illegal schemes related to marketing and pricing several drugs, including Paxil, Wellbutrin, Advair, Zofran, Lamictal, Imitrex, Flovent, Valtrex and Avandia.

It is common practice to prescribe a specific drug for uses not approved by the FDA, but it is a decision made by

a physician and patient together. It is illegal, and in my opinion dishonest, to market a drug that was not cleared by the FDA for a specific medical condition. Unfortunately, GlaxoSmithKline went further and made false representations regarding the safety and efficacy of certain drugs. The company illegally marketed Paxil for use by children and adolescents. They also offered kick-backs to medical professionals and underpaid rebates for federal and state programs.