

Finance and Reimbursement

This special Hemophilia Finance and Reimbursement supplement should take some of the mystery out of your exploration of insurance options available to you for hemophilia and/or HIV related health care. It is extremely important that you take a serious look at your present coverage, especially if there are lifetime limits or caps to the amount of reimbursement your insurance company will cover. Your understanding of your general benefits, benefits for factor replacement products, hospitalization, medicines and the limitations of your coverage is of the utmost importance.

The information in the following pages contains a brief summary of the benefits and guidelines of some of the major financial and reimbursement programs available in Illinois. Because the health care benefits of employee group plans and HMOs vary greatly from policy to policy, it is impossible to provide any summary in this presentation. HFI also has pamphlets with suggestions on dealing with HMOs, managed care organizations, and health insurance companies. For specific information regarding your group plan or HMO, contact your company's benefits administrator.

If you still have questions about your current insurance or insurance options after reading this presentation, please contact your Hemophilia Treatment Center or call HFI's Service and Information Coordinator at (312) 224-8966 Illinois Toll Free: (866) 492-1143

* Special thanks to Hemophilia Foundation of Michigan for the format design.

SOCIAL SECURITY
U.S. GOVERNMENT SOCIAL SECURITY ADMINISTRATION
1-800-772-1213

- Eligibility:** Must be determined disabled by Social Security. Disability is defined as having a severe physical or mental impairment that prevents the applicant from performing any substantial gainful employment (any paying job for which he/she is qualified) for a period of 12 months or more. Persons disabled in childhood (before age 22) where parent is eligible for benefits (retired, disabled or deceased). Disabled widower or surviving divorced wives ages 50-59.
- Financial:** Must have paid into system 5 of the last 10 years for person age 31 or older. Under age 31, worked $\frac{1}{2}$ of the time between age 21 and disability. Under age 24, worked $\frac{1}{2}$ of 3 years before disabled.
- Benefits:** Up to \$1,202 per month maximum for disabled. Average benefit is \$104 per month.
- Payments:** Once per month at beginning of month. 5 month waiting period from onset of disability date, not retroactive to date of application.
- Duration:** Long term based on disability.
- To Apply:** Call local Social Security office and an appointment will be made. Arrangements can be made to do the Interview over the phone. To find the nearest office, call 1400-772-1213.
- Eligibility:** For a person who is disabled, follows Social Security guidelines. Income may affect Medicaid spend down. Assets under \$2,000 for one person.
- Benefits:** Paid direct to service provider, not a cash program. Retroactive 3 months if requested.
- Payments:** Medical card received at beginning of the month, or after spend down has been met.
- Duration:** Ongoing

SUPPLEMENTAL SECURITY INCOME (SSI)
U.S. GOVERNMENT SOCIAL SECURITY ADMINISTRATION
1-800-772-1213

- Eligibility:** A person must be blind, disabled and/or age 65 or older. Earned Income must be under \$1109.00 per month, unearned income under \$504.00 per month and assets under \$2,000 for a single person.
- Benefits:** Pays up to \$532 per month; less if living in another's household.
- Payment:** Once per month, at beginning.
- Duration:** Long term.
- To Apply:** Through local Social Security Office. Call 1400-772-1213.

MEDICARE
U.S. GOVERNMENT SOCIAL SECURITY ADMINISTRATION

- Eligibility:** 65 years or older, kidney failure at any age, and If disabled. If disabled, must receive Social Security Disability for 24 months before qualifying for Medicare. Medicare is divided Into two parts, part A and part B. Part A Is hospital Insurance that pays for Inpatient care. Part B pays for outpatient care, doctor's services, etc.
- Benefits:** Part A pays for inpatient care, skilled nursing facility, home health care and hospice care. Part B pays for 80% of approved outpatient medical care, doctor's services, home health visits, diagnostic x-ray, laboratory, and clotting factor.
- Payment:** Medicare Insurance (part B) costs \$45.50 a month. This amount Is deducted from your Social Security checks.
- Duration:** As long as Social Security entitlement continues.
- To Apply:** Automatically enroled If receiving Social Security Disability benefits for 24 months, unless you say you don't want It. For more Information, the Medicare Handbook Is available by writing:
Consumer information Center, Department 59, Pueblo, CO. 81009.

STATE HEMOPHILIA PROGRAM
ILLINOIS DEPARTMENT OF PUBLIC AID
P.O. Box 19129, Springfield, IL 62794-9129
(217) 782-3303

- Eligibility:** Must have a diagnosis of hemophilia or related coagulation disorder, have no Insurance, or Insurance that does not cover the total cost of clotting factor, and be Ineligible for Medicaid. A participation lee (similar to an Insurance deductible) is determined for each applicant based on Income and dependents. Applicant must be enrolled in an Illinois Comprehensive Hemophilia Treatment Center.
- Benefits:** Pays the cost of clotting factor not covered by any Insurance, after participation fee Is met. Will also pay for two Comprehensive Hemophilia evaluations per year, up to \$1,000 each. When an enrolled individual's insurance cap is \$100,000 or less, the program can become primary for clotting factor.
- Payment:** Paid directly to service provider. Not a cash program.
- Duration:** One year (July 1 to June 30). Must reapply each year.
- To Apply:** Applications may be obtained from your Hemophilia Treatment Center, by contacting HFI or the State Hemophilia Program office in Springfield at (217) 782-3303.

DIVISION OF SPECIALIZED CARE FOR CHILDREN (DSCC)
(FORMERLY: DIVISION OF SERVICES FOR CRIPPLED CHILDREN)

1 -800-322-DSCC

- Eligibility:** Any Illinois child from birth to age 21 with a diagnosis of hemophilia or related coagulation disorder. Amount of assistance will depend on family Income and size. Applicant must be enrolled In an Illinois Comprehensive Hemophilia Treatment Center.
- Benefits:** Qualified applicants can receive reduced cost or no-cost diagnosis and treatment at an Illinois Hemophilia treatment Center. This program works In conjunction with the State Hemophilia Program, therefore it does not cover clotting factor.
- Payment:** Paid directly to service provider. Not a cash program.
- Duration:** One year. Must reapply each year.
- To Apply:** Call 1 800 322-3722 to locate the Regional DSCC office in your area.

ILLINOIS COMPREHENSIVE HEALTH INSURANCE PLAN (CHIP)

1-800-962-8384

- Eligibility:** Must be a permanent resident of Illinois, not receiving Medicaid, and not have health Insurance coverage which is substantially similar to CHIP.
- Benefits:** Two plans are available to eligible persons. Plan 1 is for persons who are not eligible for Medicare, Plan 2 is for persons eligible for Medicare and have both Medicare parts A and B. Plan covers both inpatient and out patient health care expense to a lifetime maximum of \$1,000,000. Applicants have choice of \$500, \$1000, \$1500 or \$2500 deductible. Pre-existing condition clause is six months unless ⁺eligible for a HIPAA-CHIP policy.
- Payment:** Premiums are based on age, sex, location in the state, and amount of deductible. Premiums may be paid monthly, quarterly, semi-annually, or annually.
- Duration:** As long as premiums are paid on time, and until lifetime maximum has been met. To Apply: Application can be obtained by calling HFI, or call 1-800-456-0224.
- Note:** If the enrollee is also enrolled in the State Hemophilia Program, factor will be billed to the State Hemophilia Program and that cost will not be applied toward the CHIP lifetime cap of \$1,500,000.

*Federally eligible individuals in the individual market are those who, at the time they seek individual coverage, satisfy all of the following criteria:
they must have accrued a total of 18 or more months of prior creditable coverage; they have no more than a 90 day break between periods of [creditable coverage](#);

their most recent creditable coverage must have been provided under a group health plan, governmental plan or church plan;

they must not be eligible for group health coverage, Medicare or Medicaid, and must not have any other health insurance coverage;

their most recent coverage must not have been terminated due to nonpayment of premium or fraud; and,

if offered continuation of coverage under federal COBRA requirements or state continuation laws, they must have elected and exhausted such continuation coverage.

CONTINUATION OF HEALTH INSURANCE (CHIC) PROGRAM

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

NANCY ABRAHAM, PROGRAM COORDINATOR

(217) 524-5983

Eligibility: AIDS or disability due to HIV; health Insurance that covers prescription drugs, meet income standards (up to \$16,480 per year for a family of one, \$22,120 for a family of two) and asset limits and have to leave employment and eligible for health insurance coverage through COBRA.

Benefits: Assistance with COBRA continuation insurance.

Duration: On-going. Program remains active as long as funds are available.

To Apply: Application can be obtained by calling HFI, or call Nancy Abraham at (800) 8254518.

AIDS DRUG REIMBURSEMENT PROGRAM

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

NANCY ABRAHAM, PROGRAM COORDINATOR

(800) 825-3518

Eligibility: \$3,190 or less than income for one person or \$4,277 per month for a household of 2; not be eligible for 80% or greater coverage for drugs through another third party payer, individuals on Medicaid spend down or with medical/financial assistance applications pending may participate.

Benefits: This program provides pharmacy by mail of most HIV related medications and accordance with program guidelines, no client may receive benefits exceeding a value of \$2,000. Program will cover cost of these drugs after billing any existing insurance.

Duration: On-going. Program remains active as long as funds are available.

To Apply: Application can be obtained by calling HFI, or call Nancy Abraham at (800) 8254518.

HEMOPHILIA FOUNDATION OF ILLINOIS

FINANCIAL ASSISTANCE PROGRAM

(312) 427-1495

Eligibility: Any person with hemophilia or related coagulation disorder may apply. Each applicant is required to meet with an HFI staff member to complete an application and determine eligibility.

Benefits: This program was designed to assist Individuals and families In maximizing available health care resources. Therefore, it will not pay for clotting factor. it can pay up to \$1000 per person per year for expenses such as, insurance premiums, participation fees, and insurance copays.

HEMOPHILIA FOUNDATION OF ILLINOIS

EMERGENCY SERVICES FUND

(312) 427-1495

Duration: Total amount of assistance may not exceed \$1000 In a one year period. Requests are processed on a quarterly basis. Total allocations during each quarter are limited.

To Apply: Applications may be obtained by calling HFI.

Eligibility: Requests for emergency services must come from Hemophilia Treatment Center (HTC) staff or HFI staff. Appropriateness of the request will be based upon submitting staff person's knowledge of the client's situation.

Benefits: This limited fund is designed to assist individuals and families in need of emergency services (Funeral Expense, Housing, Utilities, Food, Other). No more than one request will be granted per year.

AIDS FOUNDATION OF CHICAGO
EMERGENCY CLIENT ASSISTANCE
(312) 922-2322

- Duration:** No more than one request will be granted per year. There are limits established by service category.
- To Apply:** Contact HTC staff or HFI staff.
- Eligibility:** HIV disabled clients receiving Ryan White or ORS AIDS Medicaid Waiver funded case management residing in the eligible metropolitan area (EMA), Income less than limits based upon median family income for EMA, and at risk of losing current housing and/or utilities.
- Benefits:** Designed to assist Individuals and families In need of emergency services (Rent/Mortgage and)or Utilities). No more than one request will be granted per year.
- Payment:** Payment made directly to vendor. Payment Is not made to client.
- Duration:** No more than one request will be granted per year.

Patient Services Incorporated (PSI)
Insurance and Ancillary Items Assistance
800-366-7741 or unneedpsi@unneedpsi.org

- Eligibility:** Persons with specific chronic illnesses and rare disorders including Hemophilia and von Willebrand Disease based upon the severity of medical and financial need. PSI is a non-profit organization, primarily dedicated to
- Benefits:** Subsidizing the high cost of health insurance premiums and pharmacy co-payments for. Families requiring assistance with their health insurance premiums or co-payments.
- Eligibility:** A second program The **Patient Service Items Program (PSIp)** for members of the bleeding disorders community and does not have a financial eligibility requirement. It does require a notarized statement regarding your eligibility at enrollment.
- Benefits:** PSlp will supply the medically necessary items and services that homecare companies and specialty pharmacies can no longer provide: Nutritional Supplements ,Supplement Drinks, Helmets, Factor Packers, Cryo-cuffs, Pager Service Assistance, MedicAlert Bracelets Knee & Elbow Pads/Supports, Ankle braces, Crutches, Canes, Hot/Cold Packs, and More