

Financial Issues

Helpful information

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Knowing your needs helps you make plans about paying for them. It really helps to start thinking about these issues as soon after admission as you can face them.

~ Patient Advisor

Planning Ahead

Planning your finances, both your income and insurance, is a key part of being prepared for rehabilitation and beyond. Most likely, you will need to make decisions for both the short term and the long term.

Your case manager will give you a *benefit profile*, which is a review of your insurance coverage. If you are not from Washington state, your social worker may contact someone who knows about programs in



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your state to advise you and answer your questions. UWMC Financial Counseling staff can also help.

Short-term Issues

- Paying for rehabilitation
- Transportation and living expenses for your caregiver(s)

Long-term Issues

- Paying for continuing care, including a caregiver, if needed
- Source of income
- Paying for medicines and medical supplies, if needed

UWMC Financial Counseling

UWMC financial counselors can help you and your family:

- Understand your hospital bills and funding for your hospital stay
- Work with insurance companies, public insurance plans, and the Department of Social and Health Human Services (DSHS)
- Apply for Medicaid, now known as Washington Apple Health, and other financial aid

For help with applying for insurance after you have been discharged from the hospital, call 598-4388 to set up an appointment with a counselor at the Roosevelt Clinic.

Check Your Health Insurance Plan

Most insurance plans will pay for rehabilitation. There are many different insurance policies. They have different levels of coverage and limitations. Some do a good job of covering your costs, but others may leave you with big gaps in coverage.

Check your plan carefully to find out if it covers:

- **Inpatient hospital stay** – Does your policy cover inpatient charges at a certain percent (such as 80% or 90%)? Or, do you pay a set co-pay per day while in the hospital (such as \$100 per day up to a certain maximum, such as \$300)? If your policy pays a percent of the costs, this means you will have a larger bill to pay yourself.

- **Waiting periods** – Some insurance plans require that you be a member of their insurance plan for a certain period of time before you are eligible for some benefits.
- **Coordination of benefits** – If you are covered by more than one commercial insurance plan, such as through your employer as well as your spouse’s employer, you will need to check with the secondary policy to find out its rules on coordination of benefits. This will help you know what expenses your secondary policy will cover after your primary coverage pays.

Insurance Coverage for Medicines

Here are some questions to ask the inpatient rehab pharmacist about your health insurance plan’s prescription drug coverage:

- Does your insurance cover prescriptions at a certain percentage (such as 50%, 80%, or 90%)? Or, do you pay a set dollar amount co-pay for each prescription (such as \$10 for each prescription per month)?
- Does your insurance provide different coverage based on whether the drug is a “generic” or a “name” brand, or what “tier” it is in?
- Does your insurance offer a mail-order pharmacy for medicines? These mail-order pharmacies often allow you to get a 3-month supply of medicines for a lower co-pay than if you went to a local pharmacy.
- Some drug makers offer financial help for people who cannot afford to buy the medicines they have been prescribed. Ask your social worker for more information.
- These resources may also be helpful:
 - **RxAssist** – www.rxassist.org. This website is sponsored by an organization called Volunteers in Health Care. You can search the database for application forms.
 - **Medicare**. Visit www.medicare.gov or call toll-free: 800-633-4227.

- **NeedyMeds** – www.needymeds.org. This website includes program information, forms, and other helpful links.
- **Partnership for Prescription Assistance** – www.pparx.org. A program for Washington state residents. Visit the website or call toll-free: 877-923-6779.

Public Health Insurance Plans

Medicare

Medicare is a health insurance plan provided by the U.S. government. It is for people who are on dialysis, have had a kidney transplant, have been on Social Security Disability for at least 2 years, or are at least 65 years old. Medicare has a number of deductibles and co-pays.

There are 3 parts to Medicare:

- **Part A** covers hospital stays.
- **Part B** covers doctor fees for inpatient and outpatient services, as well as all approved outpatient expenses.
- **Part D** covers prescription drugs.

Medicare Supplements or “Medigap” Policies

These policies supplement your Medicare coverage. Most times, they pay the Medicare co-pays and deductibles, but nothing extra. Having Medicare and a “Medigap” supplement will likely cover most of your costs.

Medicaid (Washington Apple Health)

Medicaid in Washington state is now known as Washington Apple Health. This is a health insurance plan through the State of Washington for people who have a very low income and are medically disabled. It will pay 100% of covered medical expenses. Talk with your financial counselor or social worker to see if you qualify.

Washington Healthplanfinder

Washington Healthplanfinder, run by Washington Health Benefit Exchange, is an online marketplace for health insurance. It provides:

- Side-by-side comparisons of health insurance plans
- Financial help to pay for copays or monthly premiums
- Expert customer support online, by phone, or in person

Visit the Washington Healthplanfinder website at www.wahealthplanfinder.org.

Disability Income Insurance

If you were working before coming to the rehab unit, your employer might provide disability income insurance. There are 2 types of income insurance: short-term and long-term.

Short-term Disability

Short-term disability pays a part of the salary you were earning, often around 60%, while you are off work for a medical reason. Short-term disability usually covers your salary for 3 to 6 months.

Long-term Disability

Long-term disability insurance pays a part of the salary you were earning, often 60%, for as long as you are considered disabled and unable to work. But, you usually need to be disabled for a minimum length of time, such as 90 days, before benefits will begin.

Social Security Disability (SSD)

The Social Security Administration (SSA) has its own definition of disability for various illnesses, such as kidney disease or diabetes. The application process can take many months. If you are approved, the monthly amount you receive is based on how much money you have paid to Social Security through payroll taxes. SSA must consider you disabled for at least 5 months before benefits can begin. Also, your disabling condition must be expected to last at least 1 year to be eligible for SSD.

Supplemental Security Income (SSI)

SSI is a disability income program offered through the SSA for disabled people who have not worked enough to pay much to Social Security and are not eligible for SSD. The disability rules are the same as for SSD. But, SSI has strict income and financial limits.

Other Options

If you are not eligible for any of the above resources, here are some other options:

- Put aside money to help pay the bills.
- Borrow money from family and/or friends.
- Try fundraising. Some people have success with friends and members of their communities holding fundraisers to offset medical costs. You can ask your social worker for more details.

Questions?

Your questions are important. Talk to your doctor, nurse, or other health care provider if you have questions or concerns.

While you are a patient on Inpatient Rehab, call:
206-598-4800

After discharge, call your primary care provider or UWMC's Rehabilitation Clinic: 206-598-4295