Navigating Healthcare Finances



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← EMERGENCY

← Entrance 3 & 5

Entrance 1 & 2

A roadmap to understanding your coverage, out of pocket costs, hospital billing statements, and more!

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- Understanding key insurance terms
- Roadmap from visit to bill
- Financial resources at Western Reserve Hospital

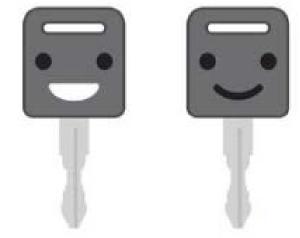






When selecting an insurance plan it's important to know what your responsibility is:

- Premiums
- Deductible
- Out of Pocket Maximum
- ✤Co-insurance and Co-Pays





Think of premiums like a monthly bill or subscription.

- You pay into it every month to ensure coverage is there when you need it
- Premiums often cover free preventative services
 - Routine doctors visits
 - Screenings for diabetes, cancer, etc.

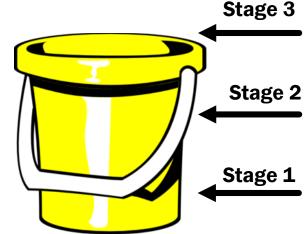


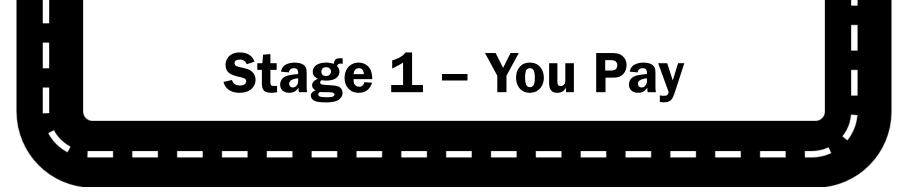


How much extra you will have to pay depends on the type of plan you have and its covered services.

There are usually 3 main stages of the year

- I. You pay
- 2. You pay and your insurance pays
- 3. Your insurance pays for everything

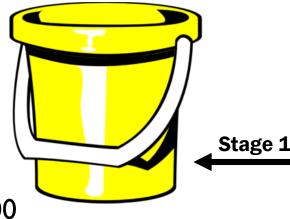


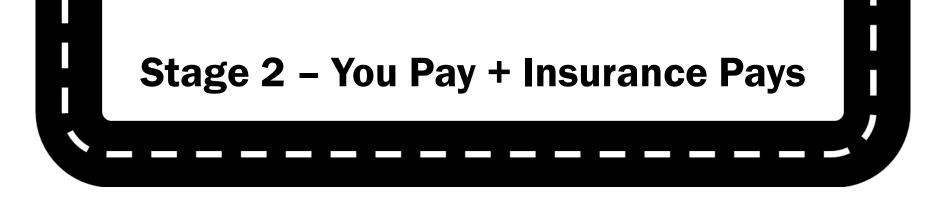


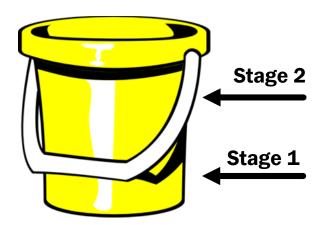
In the beginning of the year you pay for most of your health expenses until you hit your deductible.

A deductible is the amount of money you have to pay before the insurance company chips in to share the costs.

- For example, lets say your deductible is \$200
- That means that when you receive health services you will have to pay for each visit until you have paid a total of \$200 out of pocket







Once your deductible has been met you have entered Stage 2, which is when your health insurance shares the cost.

How much will they share?

- Depends on your plan
- Usually you pay part of the cost
- Fees called co-pays or co-insurance



Co-pay

A co-pay is a flat fee that you are charged each visit to share the cost of a health service with your insurance company.

Co-insurance

Co-insurance is a fixed % you may pay for certain benefit services. Co-insurance may be subject to the deductible first, and is a percentage of the covered amount



For example, you may have to pay \$20 each time you have a physical therapy appointment. That's a co-pay.

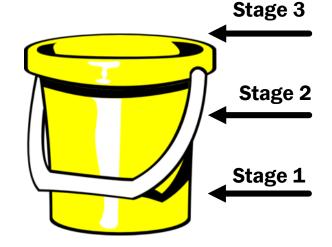
However, you have to pay 20% of the covered services from your total inpatient stay. That's a co-insurance.



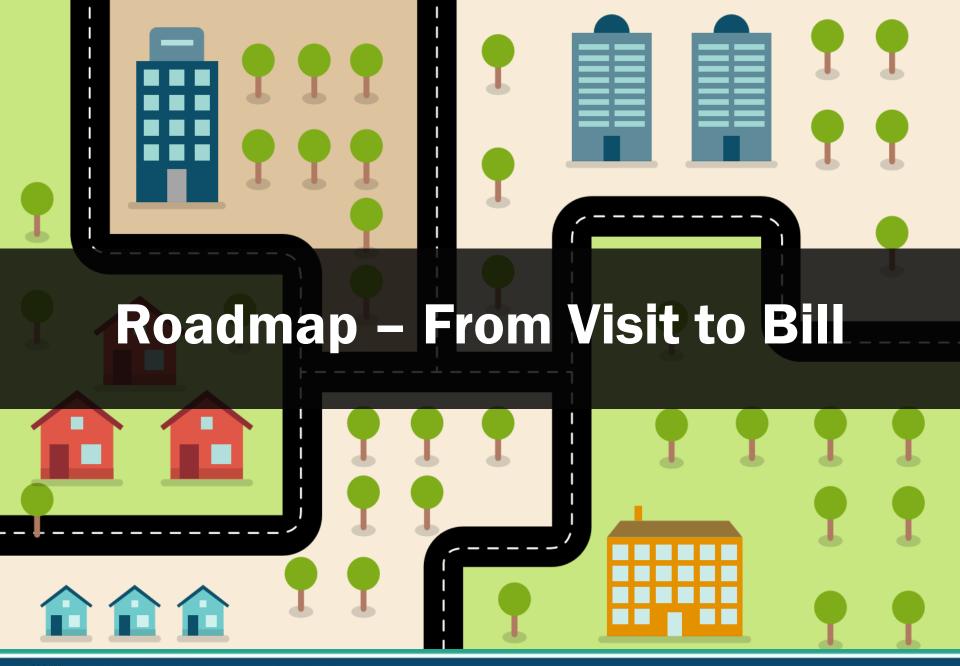


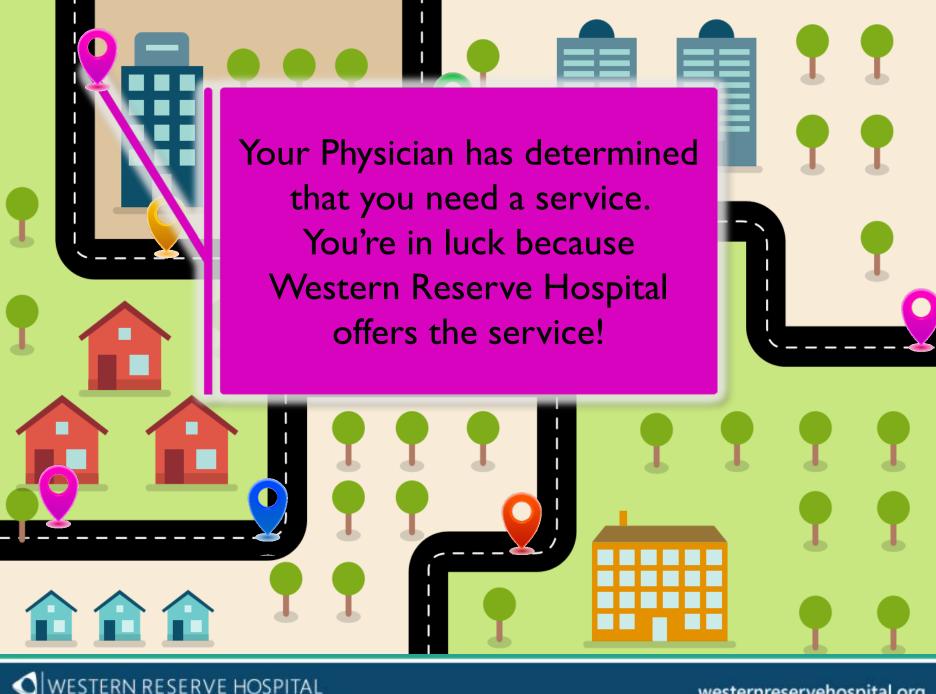
As you pay for services, your insurance company is keeping track and once you've met your Outof-Pocket Maximum, you enter Stage 3.

An Out-of-Pocket Maximum is the most money you will pay over an entire year for covered services.









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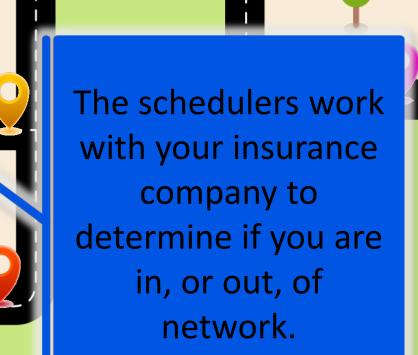
Insurance Authorization

- A decision by your health insurer or plan that a health care service, treatment plan, or prescription drug is medically necessary
- Also known as prior authorization, prior approval or precertification
- Many health insurance plans require preauthorization for certain services before you receive them
- It's important to note that pre-authorization isn't a promise that your health insurance or plan will cover the cost

Your Physician sends an "order" (prescription for a test/surgery/therapy needed) to the professionals in the scheduling department at Western Reserve Hospital. Some orders don't need to be scheduled, like x-rays and lab work. Feel free to call us if you're unsure.

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Your insurance plan has a provider network which is a list of doctors and hospitals connected to your plan.

Insurance companies negotiate discounts with these providers.

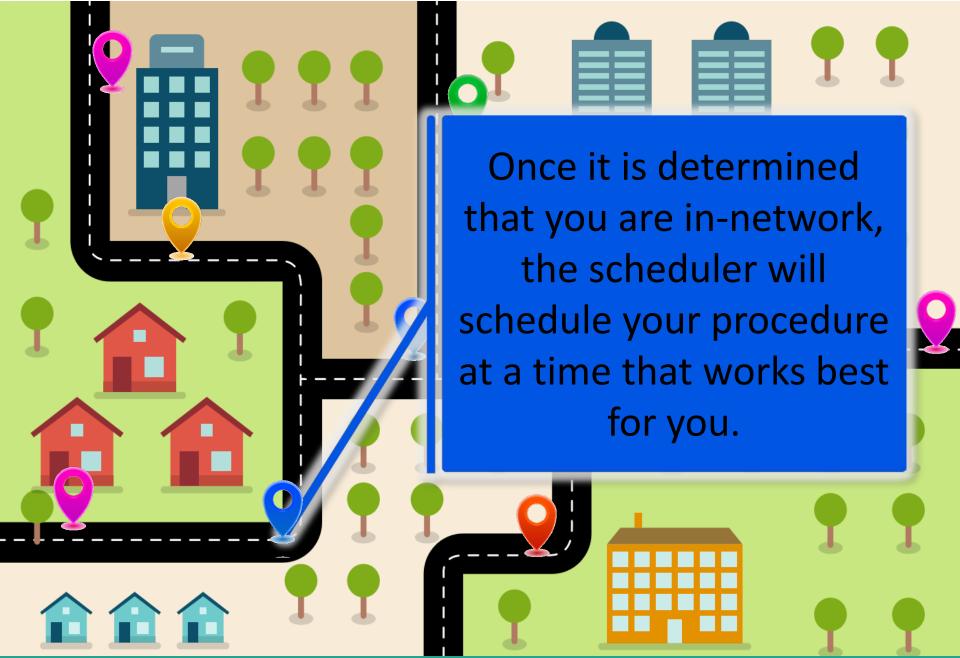
Stay in-network and the discounts get passed to you

✤Go out-of-network and you could end up paying more

In vs. Out of Network

A Cautionary Tale

- Before switching or selecting a new plan, be sure to ask or review what hospitals, physicians, and services are covered in-network
- If you are happy with your care at Western Reserve Hospital review the list of accepted insurances
- Accepted Insurance List



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Our friendly registration staff will either contact you prior to your visit, or register you when you arrive for your appointment.



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The registration staff will ask you questions that help to ensure your safety and privacy, and help to eliminate billing hang-ups down the road.







This information follows you throughout your visit and even after you leave the hospital.

- It ensures that there are no mistakes made when processing your insurance claim.
- Helps keep you safe, as this information is also verified by the clinical staff to make sure you receive the test or treatment your physician prescribed to you.



Medicare Secondary Payer (MSP)

- If you have traditional Medicare insurance the Federal Law requires that providers of medical services to Medicare beneficiaries determine whether or not there is other insurance coverage for the beneficiary that should be billed before a bill is submitted to Medicare.
- During your registration process you will be asked questions to determine if Medicare is the primary or secondary payer. Examples would be worker's comp, car accident, etc.

Advance Beneficiary Notice (ABN)

- A notice the hospital or doctor gives you before you're treated, telling you that Medicare will not pay for some treatment or services.
- The notice is given to you so that you may decide whether to have the treatment and how to pay for it.

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Once you receive your treatment and have a wonderful experience with us, the billing staff submits a claim to your insurance company.



A statement is a printed summary of services you received.

- It's important to note that this is not a bill!
- It may concern you when you see a high dollar amount.

Why do we send a statement?

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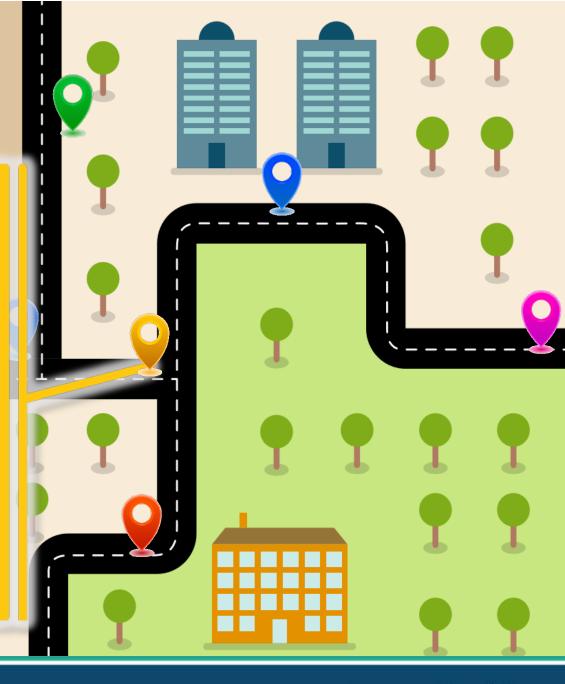
It is how you know what we are billing your insurance

Explanation of Benefits

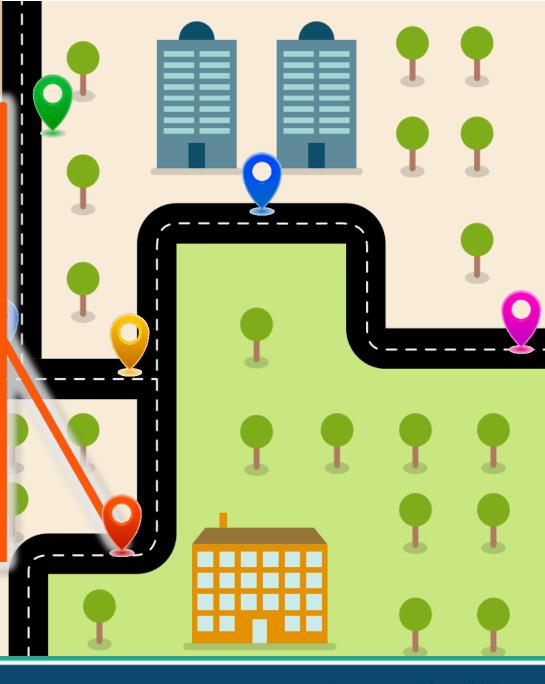
You may receive an EOB from your insurance company, this document is sent as confirmation that they have received your claim



The insurance company determines if the claim is approved or denied. If the claim is approved, the insurance company pays the hospital it's portion of your bill.



The hospital billing staff will send you a bill of just what you are required to pay. It will also show how much the insurance company already paid, and any adjustments lowering the bill to the covered amount.



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You receive the bill in the mail and may have a few questions. You call in to Western Reserve Hospital's friendly customer service representatives who can accurately assist you!

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The customer service representative can also help determine if you qualify for any of our financial assistance programs.

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How can I become an informed healthcare "driver"?

- Get to know your insurance plan
- Ask questions when you don't understand something
- Communicate to your physicians when your insurance changes
- Register on-line with your Insurance provider
- Before having a test or procedure done, request an estimate
- Set-up a payment plan with the billing departments
- Ask about financial assistance





Financial Resources

By Phone: Open Monday- Friday For Billing Questions Customer Service (330) 255-3101 <u>To Schedule an Appointment</u> Scheduling (330) 971-7496



In Person:

Patient Access Financial Coordinator (330) 971-7597 Western Reserve Hospital- Entrance #5 Open Monday-Friday Hours: 8:00am-4:30pm

Online:

www.westernreservehospital.org/bill-pay.aspx



Thank you! **Any questions?**

