

THE
**Birmingham
Bloomfield**
C H A M B E R

**Real Estate Forecast Breakfast
February 22, 2019**

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Denise Brooks-Williams



Sunny Connolly



Dan Sherman

The Emerging Role of Financial Navigation Services in the Healthcare Setting



Dan Sherman, MA. LPC

The
NaVectis
GROUP



- 42% of insured cancer patients express a significant or catastrophic financial burden. The Oncologist, 2013
- A 2014 Advisory Board study found that only 4% of survey participants could correctly identify 4 key health insurance terms (Co-Pay, Co-Insurance, Deductible and Max Out of Pocket) The Advisory Board, 2014
- A 2015 study found that there is a direct correlation between Cancer Related Financial Burden and quality of life. Higher CRFB scores correlates to lower Quality of Life scores. The Oncologist 2015
- A population of Medicare Part D patients who were taking at least 1 of the 5 top selling oral drugs covered under Part D, up to 70% reported discontinuation of their therapy due to expensive out-of-pocket costs. J Manag Care Spec

Models of Financial Advocacy Programs

- Financial Counselors
 - Medicaid Enrollment
 - Charity Programs
- Social Worker/Financial Advocate
 - Co-Pay and PAP Assistance
 - Basic Needs
- Financial Navigation
 - Insurance Optimization
 - Part of Multidisciplinary Team
 - Involved with Treatment Plan
 - Navigates our complex health insurance landscape



5 Start

Blue Care Network Of Michigan · Blue Cross® Select HMO Silver

Silver | HMO | Plan ID: 98185MI0180004

Estimated monthly premium \$1,732.99	Deductible \$2,400 Individual Total \$4,800 Family Total	Out-of-pocket maximum \$7,900 Individual Total \$15,800 Family Total	Copayments / Coinsurance Emergency room care: \$250 Copay after deductible/30% Coinsurance after deductible Generic drugs: \$4 Copay after deductible Primary doctor: \$30 Specialist doctor: \$50 Copay after deductible	Estimated total yearly costs ESTIMATE TOTAL YEARLY COSTS	Medical providers & prescription drugs covered Coverage details below SEE IF PROVIDERS & DRUGS ARE COVERED
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Documents

- [Summary of Benefits](#)
- [Plan brochure](#)
- [Provider directory](#)

Dental

- Child dental benefit not included
- Adult dental benefit not included

\$5,960: Typical cost for a healthy pregnancy and normal delivery.

\$3,960: Typical yearly cost for managing type 2 diabetes for one person.

\$1,900: Typical cost for treatment of a simple fracture.

Main Costs

Health care cost
Plan covers 70% of total average cost of care
Total premiums for the year
\$20,796

- [List of covered drugs](#)

Doctors & Hospitals

Emergency room care

\$250 Copay after deductible/30% Coinsurance after deductible

Inpatient hospital services (like a hospital stay)

30% Coinsurance after deductible

Other Services & Prescriptions

Preferred brand drugs

25% Coinsurance after deductible

X-rays and diagnostic imaging

30% Coinsurance after deductible

Routine eye exam for adults

Benefit Not Covered

Routine eye exam for children

No Charge

Routine dental care for adults

Benefit Not Covered

Extra savings

Blue Care Network Of Michigan · Blue Cross® Select HMO Silver Saver

Silver | HMO | Plan ID: 98185MI0180012

Estimated monthly premium \$317.87 Was: \$1,695.94	Deductible \$600 Individual Total \$1,200 Family Total	Out-of-pocket maximum \$2,400 Individual Total \$4,800 Family Total	Copayments / Coinsurance Emergency room care: \$250 Copay after deductible/10% Coinsurance after deductible Generic drugs: \$4 Copay after deductible Primary doctor: \$30 Specialist doctor: \$50 Copay after deductible	Estimated total yearly costs ESTIMATE TOTAL YEARLY COSTS	Medical providers & prescription drugs covered Coverage details below SEE IF PROVIDERS & DRUGS ARE COVERED
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Documents

- [Summary of Benefits](#)
- [Plan brochure](#)
- [Provider directory](#)

Dental

- Child dental benefit not included
- Adult dental benefit not included

\$1,960: Typical cost for a healthy pregnancy and normal delivery.

\$2,460: Typical yearly cost for managing type 2 diabetes for one person.

\$1,200: Typical cost for treatment of a simple fracture.

Main Costs

Health care cost
Plan covers 87% of total average cost of care
Total premiums for the year
\$3,814

[List of covered drugs](#)

Doctors & Hospitals

Emergency room care

\$250 Copay after deductible/10% Coinsurance after deductible

Inpatient hospital services (like a hospital stay)

10% Coinsurance after deductible

Other Services & Prescriptions

Preferred brand drugs

25% Coinsurance after deductible

X-rays and diagnostic imaging

10% Coinsurance after deductible

Routine eye exam for adults

Benefit Not Covered

Routine eye exam for children

No Charge

Routine dental care for adults

Benefit Not Covered



50% of Medicare beneficiaries fall below 200% of FPL. KFF 2014

MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JOHN DOE

MEDICARE CLAIM NUMBER
000-00-0000-A

SEX
MALE

IS ENTITLED TO EFFECTIVE DATE

HOSPITAL (PART A)	01-01-2007
MEDICAL (PART B)	01-01-2007

SIGN HERE →





Case Study

A 52-year-old married male diagnosis with Multiple Sclerosis. Monthly household gross income is \$1,680 and they have \$11,000 in assets. He has Medicare A and B only. He is not enrolled in part D. It is February 2019.

Treatment regimen: Ocrevus.

Total treatment cost for one year estimated to be around \$220,000

Patient responsibility estimated to be around \$22,000



Case Study

Optimizing Insurance Coverage

- LIS
- Medicare intervention (Medigap vs. MAPD)

Optimizing External Assistance Programs

- The Assistance Fund - \$10,000
- MSP - \$3,252

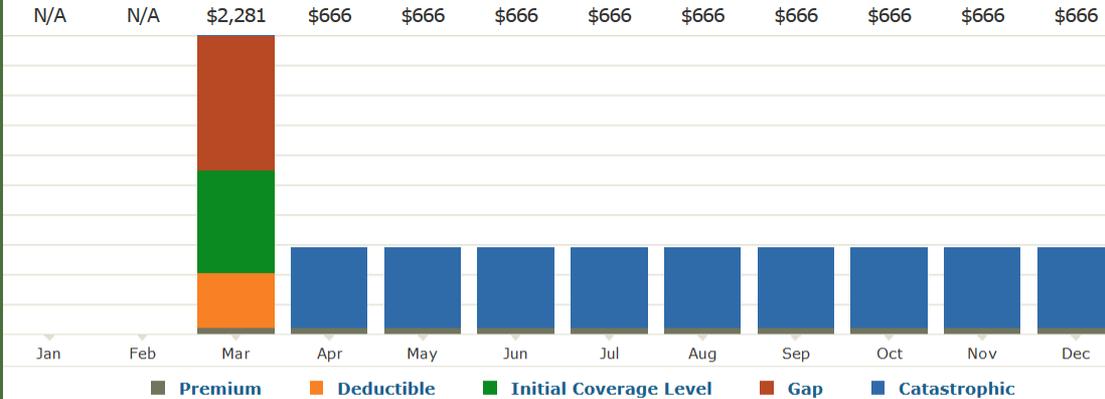
Estimated Savings to the Patient	\$25,000
Estimated Savings to the Provider	\$21,000

SELECTED DRUGS	FULL COST OF DRUG	Refill Frequency	Drug Costs During Coverage Levels			
			Deductible[?]	Initial Coverage Level[?]	Coverage Gap[?]	Catastrophic Coverage[?]
Humalog Kwikpen INJ 100/ML	\$522.95	Every 1 Month	\$522.95	\$41.00	\$130.74	\$26.15
Xarelto TAB 20MG	\$441.77	Every 1 Month	\$441.77	\$41.00	\$110.44	\$22.09
Xtandi CAP 40MG	\$11,376.76	Every 1 Month	\$11,376.76	\$2,844.19	\$2,844.19	\$568.84
MONTHLY TOTALS:	\$12,341.48		\$12,341.48	\$2,926.19	\$3,085.37	\$617.08

Estimated Monthly Drug Costs

Walgreens #15466 Mail Order Pharmacy

Monthly Costs for the Rest of the Year (based on enrollment today)



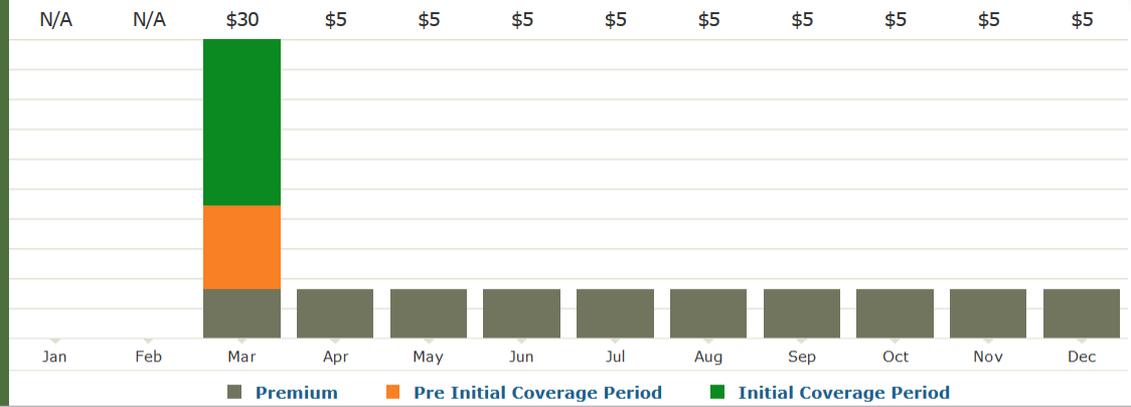
FEEDBACK

SELECTED DRUGS	FULL COST OF DRUG	Refill Frequency	Drug Costs During Coverage Levels			
			Pre-Initial Coverage Period	Initial Coverage Period	Post-Initial Coverage Period	Catastrophic[?]
Humalog Kwikpen INJ 100/ML	\$522.95	Every 1 Month	\$8.50	\$8.50	\$8.50	\$0.00
Xarelto TAB 20MG	\$441.77	Every 1 Month	\$8.50	\$8.50	\$8.50	\$0.00
Xtandi CAP 40MG	\$11,376.76	Every 1 Month	\$8.50	\$8.50	\$8.50	\$0.00
MONTHLY TOTALS:	\$12,341.48		\$25.50	\$25.50	\$25.50	\$0.00

Estimated Monthly Drug Costs

Walgreens #15466 **Mail Order Pharmacy**

Monthly Costs for the Rest of the Year (based on enrollment today)



FEEDBACK

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Optimizing External Assistance Programs

- Patient Assistance Programs
- Co-Pay Assistance Programs
- Premium Assistance Programs



Proactive Involvement

- Navigating our complex healthcare system
 - Transitioning from Medicaid Expansion to Medicare
 - Medicaid Expansion and SSDI payments
 - Navigating ACA patients with advanced stage disease
 - Utilizing LIS and MSP with Medicare Beneficiaries
 - Have a systematic process when navigating Medicare A/B only patients
 - Navigating Marketplace or COBRA policies for Medicare eligible patients
 - Navigating SSDI Medicare beneficiaries
 - Supplemental vs. MAPD
 - Turning 65





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Currently Viewing:
Supplements The Patient Assistance Safety Net: How Many Need Help? How Many Are Helped?

Currently Reading
Impact of Trained Oncology Financial Navigators on Patient Out-of-Pocket Spending

Todd Yezefski, MD; Jordan Steelquist, BA; Kate Watabayashi, BA; Dan Sherman, MA; and Veena Shankaran, MD

Supplements > **The Patient Assistance Safety Net: How Many Need Help? How Many Are Helped?** – Published on: March 06, 2018

Impact of Trained Oncology Financial Navigators on Patient Out-of-Pocket Spending



Todd Yezefski, MD; Jordan Steelquist, BA; Kate Watabayashi, BA; Dan Sherman, MA; and Veena Shankaran, MD

Hospitals that used trained financial navigators were able to provide financial assistance for their patients with cancer, providing access to care that would otherwise be unaffordable.

ABSTRACT

Objectives: Patients with cancer often face financial hardships, including loss of productivity, high out-of-pocket (OOP) costs, depletion of savings, and bankruptcy. By providing financial guidance and assistance through specially trained navigators, hospitals and cancer care clinics may be able mitigate the financial burdens to patients and also minimize financial losses for the treating institutions.

Study Design: Financial navigators at 4 hospitals were trained through The NaVectis Group, an organization that provides training to healthcare staff to increase patient access to care and

Resulting in:

- Reduction financial toxicity
- Reduction in bad debt/charity
- Reduction in stress / workload for Social work department
- Increased Patient Satisfaction Scores
- Win - Win





Thank you

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[www. NaVectis.com](http://www.NaVectis.com)



Steven Selinsky

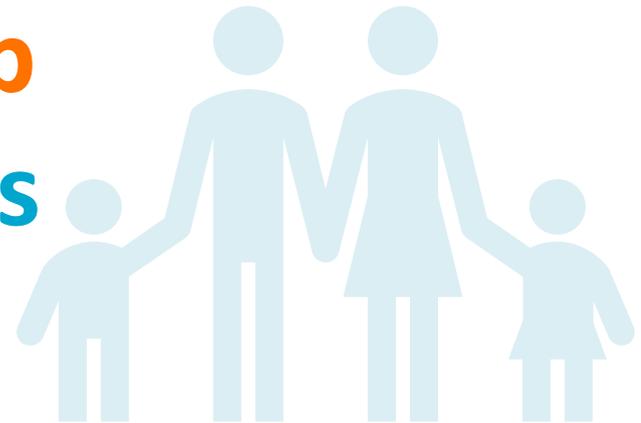


Welcome





2019 Small Group Product Updates



Steve Selinsky
Vice President of Business Development

Small Group Definition

- Small group is defined as any group 1-50 Full time equivalent employees

Health Insurance Options for Small Group Employers

- Small Group Qualified Health Plans
- Send Employees to Individual Marketplace
- Level/Shared Funding
- Association Health Plans

Small Group Qualified Health Plans

- Fully insured Health Plans that follow ACA guidelines and pricing
- Offered on 4 tiers : Platinum, Gold, Silver, Bronze
- Many offer group multiple plan options
- Age rated
- Local market has seen stable rates/decreases

Send Employees to Individual Marketplace

- Popular with smaller employer who may not be able to afford or offer insurance and who have employees that may qualify for subsidy
- Employees go to CMS Marketplace and purchase insurance
- Not as many options and often premiums too costly

Shared/Level Funded Plans

- Small group employers usually 25 or more employees
- Self fund the risk
- Plans look very similar to fully insured plan except employer takes the risk
- Stop loss to protect employer and cover high dollar claims

Association Health Plans

- President signed Executive order in June 2018 establishing Association Health Plans
- Allow more individuals and groups to band together to purchase insurance
- Designed to offer small groups more options, better pricing, less regulations
- Not subject to ACA Essential Benefits and other ACA fees

Association Health Plans Continued

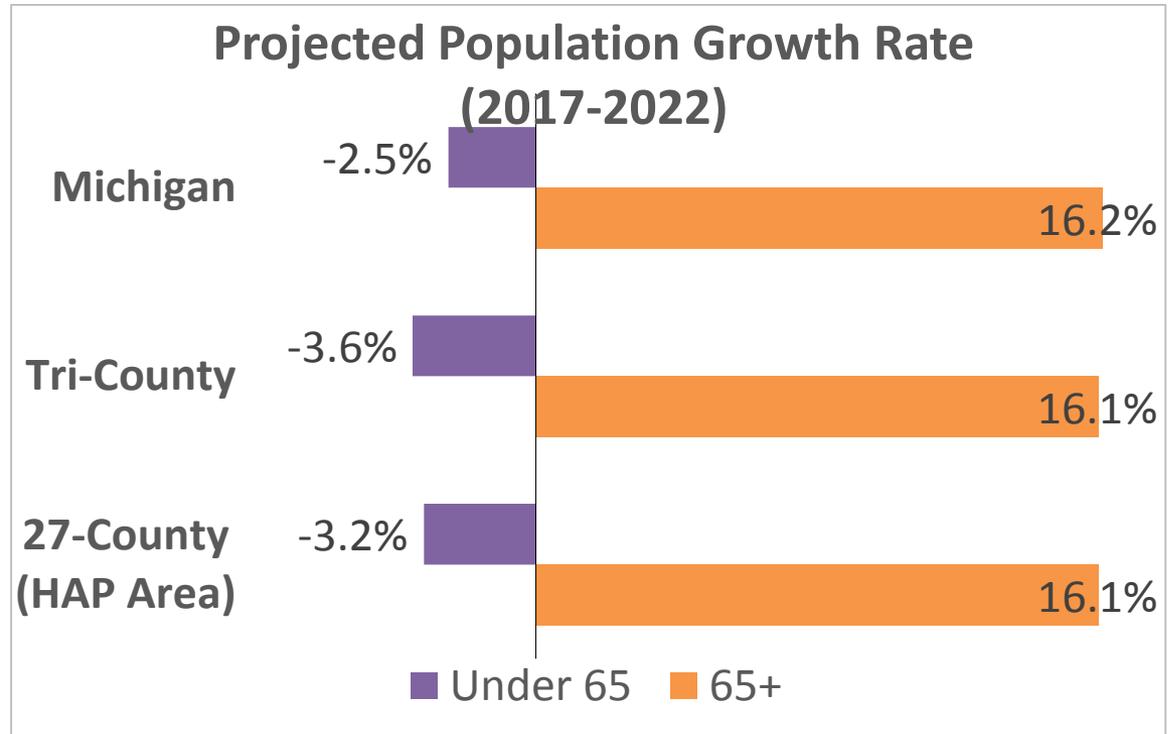
- Allows associations to be created for bonafide reason to purchase health care as long as there is also 1 other service that the Association offers its members
- Associations formed and could offer Fully insured offering effective 9/1/2018
- Associations may be formed and offer self funded offerings effective 4/1/2019

Association Health Plans Continued

- Currently handful of Association Health Plans in Michigan
- Small groups can band together and Association Plan turns them into a large group and the plan can be treated similarly to a large group plan
- Popular with sole proprietor small business owners who previously only could purchase individual insurance
- Appeal to small groups that want a more customized plan

Michigan's population isn't growing or getting younger.

In fact, Michigan sees an older population aging in place and faster than the rest of the U.S.



With Such a Rapid Growing Post 65 Population It's Important to understand Medicare vs. Medicare Advantage

Original Medicare

Part A



Hospital insurance



Part B



Medical insurance

Mandatory add-on \$\$\$:

Part D



Medicare prescription
drug coverage

Add-on \$\$\$:

Medigap



Supplemental (OOP)

Medicare Advantage

Part A



Part B



Part D



Part C

HAP \$0 Premium

Other Pending Legislation That May Impact Employer Health Care

The Cadillac Tax, set to go into effect in 2022 under delay, will impose a 40% excise tax on health plans that exceed certain cost thresholds beginning in 2020. Specifically, the law calls for a 40% excise tax on the amount of the aggregate monthly premium of each primary insured individual that exceeds the year's applicable dollar limit, which will be adjusted annually to the Consumer Price Index plus 1%.

The current threshold for when the tax applies is set to \$10,800 for individual coverage and \$29,100 for "other than self-only" coverage.

Because of the wide-ranging benefits that can be counted towards the tax, including HSAs, HRAs, FSAs, and other cost-containment measures, many employers will find their plans exceeding these thresholds already when the tax takes effect.

It is estimated that a third of employers would be impacted by 2018 and 47% by 2022. While designed to incent employers from offering the most-benefit rich plans, in reality the tax will impact a majority of plans, including those that aren't benefit-rich and were not the intended targets of this provision.

Other Pending Legislation That May Impact Employer Health Care

Elimination of The Employer Tax Exclusion:

More than 175 million Americans currently receive their health insurance through employer-sponsored insurance. The employer-based system is highly efficient at providing American workers and their families with affordable coverage.

The success of this system is possible because of the preferential tax treatment of employer-sponsored insurance coverage, where employer-paid contributions for an employee's health insurance are excluded from that employee's compensation for income and payroll tax purposes. However, some members of Congress are considering proposals that would cap the maximum value of the exclusion or eliminate it altogether.

Eliminating the exclusion would eliminate most of the benefits of employer-sponsored insurance. Employers and individuals would lose many group purchasing efficiencies, and there would no longer be a potent means for spreading risk among healthy and unhealthy individuals.

Further, eliminating the exclusion could result in employers having little incentive to offer insurance to their employees, as employers continuing to sponsor insurance would face higher FICA matches to the value of the plan, and employees would face increased income taxes. The likely result would be less-generous benefit plans.

Q & A

CONTACT US

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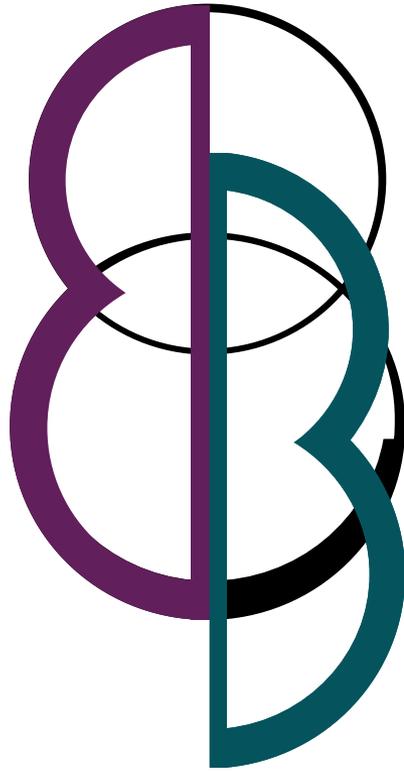
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