



**Patient Financial
Navigator Foundation Inc.**
A Community Outreach Program

Transforming the hassle factor in healthcare-
one patient, one family, one employer,
one community at a time

Welcome to the Patient Financial Navigator Outreach

PFNF Education



The Patient Challenges with HealthCare

- No one 'asks' to come to a hospital.
- Patient's lives are impacted - they are scared, they feel out of control, they are lost with the overwhelming factors of cost/unknown, multiple providers, and continuing frustration with 'who knows all of this?'
- Patients are unaware of the many changes with their insurance, government programs, employer's coverage and all the 'rules' associated with getting services paid.
- Patients historically access hospitals once a year or less.

Healthcare is very personal!

Healthcare is personal. Healthcare is local... but...

- Healthcare can be complex and too complicated
- **WHY?** Every insurance has their own rules for coverage.
- **WHY?** Physician directed care may not be insurance approved.
- **WHY?** Frustration in 'thinking there is coverage in my plan' only to be denied as 'not medically necessary.'
- **WHY?** Charges and actual payment do not align.
- **WHY?** Itemized statements from providers are confusing
- **WHY?** Changing employer plans are adding new items – like Health Savings Accounts –with limited understanding by the employers. ++++++

...and They May Not Identify with the Language of Value-Based Care Tomorrow

We say...	Consumers said...
Medical home	<p>“It sounds just like a nursing home.”</p> <p>“First you go to the medical home, then you go to the funeral home.”</p>
Integrated care	<p>“It sounds like a sales pitch in a cheap brochure.”</p>
Accountable	<p>“It’s kind of scary. I am going to go there and something bad is going to happen and someone has to be held accountable for it.”</p>
Value (vs Volume- means???)	<p>“It means things are cost effective. They are going to keep the value down. You aren’t getting the best care.”</p>

Source: M. Ross, T. Igus, and S. Gomez, “From Our Lips to Whose Ears? Consumer Reaction to Our Current Health Care Dialect.” *The Permanente Journal*. Winter 2009, Vol. 13, No. 1. <http://www.thepermanentejournal.org/files/Winter2009/dialect.pdf>



htma

healthcare financial management association

Additional ‘factors’ influencing the patient experience= confused=hassle factor

- Electronic medical record /EHR - incentive and penalties *Ransomware*
- Integrated systems between providers/doctors and hospitals but safety with data sharing a concern.
- Quality reporting systems -with rewards and penalties
- Physicians new payment system
- Alternative payment systems for hospitals, doctors, long term care, DME , home health - all in the midst of rolling out with the goal of **increased quality, reduced costs and more engaged patients.**
- What about a change to ‘privatizing’ Medicare? Voucher program -means?

An Idaho-Based, Family Foundation was created in 2017 – MISSION:



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Any community can do this Outreach - learn how..

Three legs of the Outreach Mission: No cost for any service

- ▶ Community Outreach - Boot Camps
- ▶ Employer Outreach - Lunch and Learn for employees
- ▶ Navigator Resource Library- personal pt/family
- ▶ As significant healthcare changes occur along with ongoing 'Healthcare buzz' updates in local newspaper.

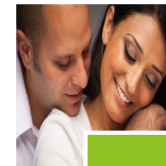
Three components of this dynamic program- A community outreach program



- **Employer program**
- Build historical info
- Lunch & Learn-onsite education with employers
- HealthCare Buzz
- EOB - how to read
- New healthcare changes-national and local
- Q&A -as requested by the site



- **Community programs**
- Networking with existing services
- Creating unique trainings
- Identify community healthcare legislative changes -educate
- Turning 65 Bootcamp
- National 'new terms:- HSA, ACO, Quality based, Managed, Medicare, etc.
- HealthCare Buzz



- **Navigator Resource library * located at local hospital**
- Employer specific guides
- Medicare & ME
- Traditional vs Mgd
- Translating 'ease'
- What to expect when??
- General Education
- How to appeal?
- Networking with existing services

1st) Example of Community Outreach Education - Boot Camps



- 1) **Identify community leaders to participate in the boot camp trainings**
- 2) Identify thru existing community services, additional healthcare related 'hassle factor' training.
- 3) Provide education to high schools, colleges, regional and others as requested.”
- 4) Innovation lab - creating community specific ed.



2018-19 Projected Community Outreach Education

OUTREACH TO HIGH SCHOOL SENIORS AND COLLEGE STUDENTS/MEDICAL FIELD

- ▶ “Insurance 101” - teach Govt and Personal Finance

CONTINUE 2-3X A YEAR MEDICARE FOCUSED BOOT CAMPS

- ▶ “Medicare 101, Social Security Benefits and Assistance for Seniors” Boot Camp- 2x a year
- ▶ “Preparing to Turn 65” Boot Camp 1x year
- ▶ All class material is posted on the PFNFinc.com Webpage for immediate and ongoing reference.

More 2018-19 Community Outreach

- ▶ Partnering with the Small Business Development Center at CSI:
“**Employer Healthcare Summits/Luncheons**” - 2 x a year.
- ▶ Presenting “**Insurance 201**” at the community Safety & Business Fest. Employer focused
- ▶ Presenting to service groups - updated. “**What does disruption in healthcare look like?**” - **POWERFUL**
- ▶ **Tell your local story, state story, national story.**



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3rd 2018 Boot Camp:

“Preparing to Turn 65 Boot Camp

Sat, Nov 3rd 8:30-1:00 pm CSI Fine Arts

Subject experts will train on:

- Medicare 101 – Part A, B, C, D and Medicare as secondary payer.
- Medicare Advantage vs Traditional Medicare
- Supplemental insurance costs & needs
- Social Security Benefits
- Aid for Aged, Blind and Disabled (Medicaid)
- Tax impact
- What does it cost to retire?
- Office on Aging Programs
- SHIBA
- Fit after 60!
- Safety in the home
- Palliative – end of life decisions
- Stay active - Volunteerism

SAMPLE AGENDA – LOCAL, COMMUNITY FACULTY...

Go to webpage for all historical and current class material.

Ongoing Education – thru “**HealthCare Buzz**” articles

- Times News /local bi-monthly educational articles
- All articles are available on our webpage:
 - What does out of network look like?
 - What is a portal and why do I care?
 - Turning 65: Initial wellness visit
 - Turning 65: How does a Medicare inpt actually pay?
 - Turning 65: What is a Medicare Supplemental Insurance plan?
 - Turning 65: What are the Medicare options? **
 - Turning 65: When is Medicare a 2nd payer? **
 - Turning 65: Fall Medicare Mgd Care Enrollment

Trusted HealthCare Educator

Participate:

Office on Aging events

Wellness Fairs- **Have Ins or Medicare booth**

Population Health dialogue/changes = **‘translator’**

New transformations in healthcare

Employer work place insurance initiatives

Next generation of healthcare -with partners

School outreach - high school, colleges

As requested

2nd) Example of Employer-Specific “Lunch & Learn”

1. Meet with the HR staff to learn about the employer’s insurance plan.
2. Outline the key elements for education to be covered during the **30 min employee ‘Lunch and Learn.’**
3. Hot spots for education (usually): **EOB education, out of network, what happens when you are scheduled for a surgery and ‘HealthCare Buzz’ ++ Q&A.**
4. Innovation lab – taking the education to the employer.



Take the Hassle Out of the Experience

Hassle Map: Elective Surgery for an Insured Patients- **who knows to do this?**



So now you need healthcare – Outpt surgery - CARPEL TUNNEL

- Surgeon's office will contact your insurance carrier to get the surgery pre-authorized. Insurance carrier has their own criteria for medically necessary services. Many times requires 'negotiation' with provider and payer.

- **Routine bills for an outpt surgery- usually each sent separately:**

Surgeon

Anesthesiologist

Pre-op testing

Procedure location (Hospital, free standing ctr)

IMPORTANT: Validate all of the above are within the network that is part of the plan. IN NETWORK

2nd 2018 All Employer HealthCare Summit - 2xyrly

- 1) Jointly sponsored by Small Business & PFNF
- 2) National ‘Disruption education” - PFNF
- 3) Idaho Hospital Association - State/National
- 4) Local hospital CEO - local issues.



PFNF Education

Understanding today's insurance world

- ▶ Benefit packages include in network and out of network payments.
- ▶ In network = Employer or individual insurance plan has contracted with healthcare providers. If you stay in network, there will be a reduction off billed charges. Patient still owes yearly deductible and each visit/hospitalization/outpt service has a co-insurance too.
- ▶ Out of network - a penalty as there is no contract so full billed charges are normally due.
- ▶ ALWAYS ask before going to see any healthcare provider.

PLUS DISRUPTIONS IN HEALTHCARE—Lots of new delivery choices... Web-based, individual businesses do their own, etc.

**Affordable Care Act 2010
created “ESSENTIAL BENEFITS” –
Commercial Ins.**

- *Only required for over 50 employees**
- *coverage until 26, even if married**
- *No pre-existing limitation**
- *No limitation on coverage /capping out**

10 Essential Benefits	
Ambulatory Patient services	Emergency Services
Hospitalization	Maternity & Newborn care
Mental health, substance abuse including behavioral treatment	Prescription drugs
Laboratory services	Rehabilitative services
Preventive and wellness	Pediatric services

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NEW EXPANDED WEBPAGE: PFNFinc.com &
<http://arsystemsdayergusquiza.com>