Payers of Health Care

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This seminar will introduce students to the major providers of healthcare coverage in the U.S. On day 1, students will review the demographics of various covered populations and the types of coverage afforded to them. In small group, students will examine the pros and cons of our current, multiple-payer system versus a single-payer system (or versus major reform plans under consideration at the time of the session).

On day 2, students will learn how a local insurer, Blue Cross-Blue Shield of Nebraska, determines coverage and how it processes its claims. In the small group, students will act as providers or as medical reviewers and determine whether various claims are valid.

Objectives:
Knowledge:
1. Explain the basic structures of self-insured (ERISA) plans, commercial plans, HMO’s, PPO’s, and other health care payment mechanisms.
2. Identify the major public programs providing health care coverage, describe the populations eligible for coverage, and know where to send candidates for coverage.
3. Define a “covered benefit” and explain how coverage determinations are made.

Attitude:
4. Recognize that insurers have a fiduciary duty to pay only valid claims.
5. Be willing to work collaboratively with insurers to secure valid payment of claims.

Skills:
6. Determine whether a claim satisfies coverage requirements.
7. Prepare the appropriate documentation to support a valid claim.
8. Inquire about appeals procedures to review disputed claims.
9. Prepare a courteous, informative appeal.