

Recovery After Stroke: Health Insurance

Stroke recovery can require lots of time and medical attention. Ideally, some of that medical care is covered by health insurance. Dealing with health insurance companies, however, can be a challenge. But, taking the time to understand the specific benefits of your health care plan will help you manage your stroke recovery.

Dealing with Insurance Companies

Rehab programs can be costly. So it is important to know what portion of the bill your health insurance will pay and what you will have to pay “out-of-pocket.” It is also good to know if you can choose any doctor you want. Some plans require that you choose a doctor or specialist in a particular “network.”

There are two main types of health plans: Indemnity plans and managed care plans.

Traditional “Indemnity Insurance”

This type of health insurance usually:

- Involves a deductible, or amount you must pay toward your medical expenses before the insurance company will pay anything at all on your behalf.
- Pays part of your expense (usually 80%), once your deductible is met.
- Pays only for “covered” services listed in material sent by the insurance company.

- Allows you the flexibility to go to any doctor or rehab facility you choose.
- Requires more paperwork than other plans because you have to fill out and submit claim forms to receive your insurance benefits.
- Involves higher payments by you.

Managed Care

Managed care plans provide complete health services at reduced prices for their members, who agree to use doctors and facilities that belong to their plan. Under managed care plans:

- All medical costs are covered except for a small co-payment that you have to pay each time you are seen by a doctor or therapist.
- Your out-of-pocket expenses are often less.
- Your choice of providers, facilities and services is usually limited to those within the network of health care providers. If you see a doctor or therapist that is not in the network you may have to pay full price.

There are different kinds of managed care plans. The two most common are:

- Health maintenance organization (HMO). With an HMO, you usually have to get a referral from your doctor in order to see a specialist.
- Preferred provider organization (PPO). With a PPO, no referrals are necessary.

You can go to any specialist in the network or pay more to go to a specialist that is not in the network.

Settings and Services

Stroke recovery may require extensive rehabilitation. This may include many services in different settings. Check with your health insurance company to make sure you are covered under the following settings and services.

- **acute care (inpatient) and rehab hospitals** – provide 24-hour medical care and a full range of rehab services in a hospital setting.
- **sub-acute facilities** – provide daily nursing care and a fairly wide range of rehab services.
- **long-term care facilities or “skilled nursing homes”** – provide rehab services several times per week to long-term and short-term residents.
- **outpatient facilities** – provide a wide range of rehab services for people who live at home and can come to the center for treatment several times a week.
- **home health agencies** – provide rehab services to stroke survivors in their own homes.

It is important to remember that there are inpatient and outpatient settings and services.

Inpatient services are those that are given to hospital residents who get treatments while they are staying in the hospital. Outpatient services are those given to patients who live in their own homes. These patients come into an office to see a doctor or therapist. Insurance companies sometimes pay different rates/benefits for these two types of services.

Key Questions on Coverage

Figuring out what your insurance plan pays for requires that you ask a lot of questions. Examples include:

- Does the plan cover rehabilitation services? Which services?
- Does the plan require me to pay more for rehab services than for regular doctor visits?
- Are my doctors and facilities in the provider network?
- Does the plan require my primary care doctor to give me a referral to see a specialist?
- Does the plan provide coverage for prescription drugs?
- What medical equipment is covered by the plan (power wheelchair, adaptive equipment, braces, equipment to continue therapy at home)? How much of the equipment cost is paid by health insurance? How much do I pay?
- Does the plan limit the number of days for rehab program visits (either inpatient days in a facility or outpatient days/doctor visits, or combined)?
- If days are limited, are they renewed from year to year?
- Does the plan limit coverage, or require special referrals for treatment of a pre-existing condition or a repeat experience, such as a stroke?
- Does the plan require me to have speech therapy in order to receive occupational therapy (help with performing daily activities)?
- Does the plan cover outpatient speech therapy?
- Does the plan limit the dollar amount it will pay for a particular setting or service?
- Can the plan suddenly remove my doctor or therapist from the network, leaving

me without coverage to continue with them? Can the plan decide I will no longer be covered? In either situation, how much advance notice would I receive?

- What are the procedures to appeal a decision made by the health insurance plan? Does the insurance company or an independent reviewer handle an appeal?
- Does the plan exclude “cognitive therapy” (a form of treatment used to change patterns of thinking, such as depression)?
- What type of home care is covered? What do I pay for home care?

Disability Benefits

If you are working in a place where you are covered by the Family Medical Leave Act (FMLA), you must apply as soon as possible. For one, FMLA will protect your job. Also, you often have to apply for FMLA before you can apply for short-term and long-term disability from an employer-sponsored plan.

It is important that you apply for disability benefits shortly after your stroke. These benefits can assist you financially until you are able to go back to work.

There are several types of disability benefits that may apply to you, including private disability insurance or government disability benefits. Private disability insurance benefits are provided by an employer or through a disability insurance plan you purchased on your own. If you have private disability insurance, take these steps to apply:

- If your disability insurance is through your employer, contact human resources to assist you in applying for benefits.
- Check with your employer to see if you will have to pay taxes on the money received.

- If you have your own disability insurance policy, call your insurance agent to help you apply for benefits.
- Not all disability plans are the same. Some will pay if you cannot do your current job. Others will only pay if you cannot do *any* job at all. Check to see which applies to your situation.
- Check your life insurance policies because they may pay your premiums while you are disabled.

Government Disability Benefits

The Social Security Administration (SSA) has two programs that provide money to people who are disabled and unable to work.

- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)

You can learn more about Social Security programs on the web at www.ssa.gov or by calling (800) 772-1213. There are a few things to consider:

- If you are already retired and receive a Social Security benefit, you will not be eligible to receive additional benefits.
- SSA’s definition of disability is a physical or mental condition that lasts for at least 12 months and keeps you from working.
- Apply for benefits even if you plan to go back to work.
- You will need to describe to them the impact the stroke has had on you physically – they need to know why you can’t work.

Because of the time needed to process the paperwork, be sure to contact them as soon as possible. Also, make and keep copies of all the documents you send to them and letters they have sent to you. Keep track of the names of all the people you talked to, dates and what they told you.

Changes in Your Abilities

After stroke, what you are able to do may change many times. For example, you may start walking after years of using a wheelchair. Or you may regain sensation in an arm or leg. You may even lose the ability to do something that you once could do. Changes may happen shortly after stroke or take place years later. Either way, they generally require new rehab treatments.

Under Medicare and many private health plans, you are entitled to “re-enter” the system at any time if you experience a change in your abilities. This means that you can re-apply for added rehab benefits based on the change.

What Can Help

Every health insurance plan has coverage limitations. But you may have options for getting the rehab services you need.

- Try contacting the “exceptions” department of your health plan.
- Ask to work with a case manager for chronic or catastrophic illness.
- Seek help from your employer in dealing with the plan.
- Trade inpatient rehab days for outpatient days. Some plans have short inpatient coverage but longer home care/outpatient coverage.

- File an appeal if you feel you are being denied payment or a medical service to which you are entitled.
- If you need help talking to your insurance company about your health care and recovery, consider contacting resources in your community, including vocational rehabilitation services, aging agencies, disability law/elder law projects and the Social Security Administration Office of Disability (<http://www.ssa.gov/disability>).
- For more information on Medicare coverage for stroke rehab, call (800)-MEDICARE or visit www.medicare.gov
- For information on your specific private health insurance plan, contact your insurance company or your employer’s benefits administrator.

Rehabilitation is a lifetime commitment and an important part of recovering from a stroke. Through rehabilitation, you relearn basic skills such as talking, eating, dressing and walking. Rehabilitation can also improve your strength, flexibility and endurance. The goal is to regain as much independence as possible.

Remember to ask your doctor, “Where am I on my stroke recovery journey?”