

Your Physician Should:

- Respect the patient's right to privacy and confidentiality.
- Cooperate with patients who seek second opinions regarding diagnosis and treatment.
- Respect the decision of a patient regarding their choice of treatment options.
- Encourage patients to document their wishes regarding the use of life-prolonging medical treatments.
- Be willing to discuss fees and financial matters with patients.
- Maintain clinical skills by participating in continuing medical education programs.
- Follow applicable laws regarding disclosure of conflicts of interest in the provision of patient care.

Questions to Ask Health Insurance Providers:

- Premium costs per month, for individuals, and/or dependents?
- Deductibles or co-pays?
- Are health savings accounts (HSAs) available to help defray deductibles or co-pays?
- Is your physician a participating provider under the plan?
- Is the hospital you prefer a participating provider under the plan?
- Any exclusions or pre-existing conditions clauses?
- Is prescription drug coverage available?
- If you are ever dissatisfied with your insurance product, what is your recourse?
- Can you change companies, and are there any penalties?
- What is the insurers' policy on second opinions?
- Does your employer cover any part of the expense for second opinions?

The Role of Third Party Payors

Besides patients and physicians, the role of third party payors has become increasingly important in the healthcare delivery system. With the costs of health care rising each year, insurance has become standard practice in the marketplace.

When purchasing health insurance, the individual expects to use this policy for regular health care maintenance, as well as to secure protection against diseases or illnesses, and to assist us in treatment of chronic conditions.

Health Insurance Benefits

Health insurance offers predictability for health care costs. People seeking health insurance on their own or in small groups (less than 20) discover that it can be very expensive or often-times impossible to secure such coverage. This is because the risk of loss due to illness, pregnancies, accidents, or age cannot be spread out over a large number of insured members. Large employers and government entities can offer more insurance options and at better rates, even with larger numbers of diseased, aged or otherwise high risk employees and dependents.

Health Insurance Providers

There are many types of health insurance providers. First dollar, any provider, *point-of-service coverage* is the most expensive and seldom available. *Deductible insurance* places a dollar amount to be paid first before some payment or percent there of is made either back to the client or to the provider; these deductibles can be a few hundred dollars or more. A purchaser must assess one's health and age, as well as covered dependents. Some

personal funds for ongoing maintenance, just like one's automobiles or home appliances, must be set aside to pay the deductible.

Health saving accounts (HSAs) have been established for individuals to set aside funds tax-free to cover health expenditures or meet the deductibles. If HSA funds are not used in a calendar year, they can be carried over to the next year. This option places more control in the hands of the patient.

Many times, employers can offer several options for health care coverage to their employees. *Point-of-service (POS)* allows patients to go to any provider or health care facility they choose. *Preferred Provider organizations (PPO)* require you to choose from a predetermined panel of providers, hospitals other and health care facilities. *Health Maintenance Organizations (HMOs)* require more constraints, with specialty providers requiring referral by a primary care provider (PCP).

The patient agrees to pay co-pays at time of service to the PCP or specialists providing treatment, which is fairly common among HMOs and other forms of health insurance. These co-pays are required to be paid at the time of service and are specified by contract. Co-pays also are required on prescriptions by many insurance plans, usually in a tiered manner.

Anyone shopping for health insurance must pay close attention to whom and what is covered, as well as understand the steps involved to receive benefits of coverage.

The Uninsured

Either by choice or by circumstance, those citizens

without health insurance pay for services as needed or are held responsible for the expenses incurred. Some secure *Medicaid* coverage through the State of Louisiana but often have difficulty in locating participating providers.

Without insurance coverage or financial means, many patients present themselves to local hospital emergency rooms for care or seek care through the Charity System of the State of Louisiana. The cost of caring for the uninsured and disadvantaged is a burden for those who have coverage, as well as the providers and facilities who provide care.

Health Care Reform in Louisiana

A lack of primary care services for the uninsured and working poor has overwhelmed the health care system in Louisiana. Much has to be done to provide necessary services, but systemic change demands the effort of all parties involved. Physicians, patients, health care facilities and service providers, and insurers must lead the way to create a brighter, healthier future for Louisiana citizens.

For More Information

Louisiana State Board of Medical Examiners (LSBME):
www.lsbme.louisiana.gov

LA Dept of Insurance (DOI):
www.lidi.state.la.us

Centers for Medicare and Medicaid Services (CMS):
www.cms.hhs.gov

Louisiana Health Care Review, Inc. (LHCR):
www.lhcr.org