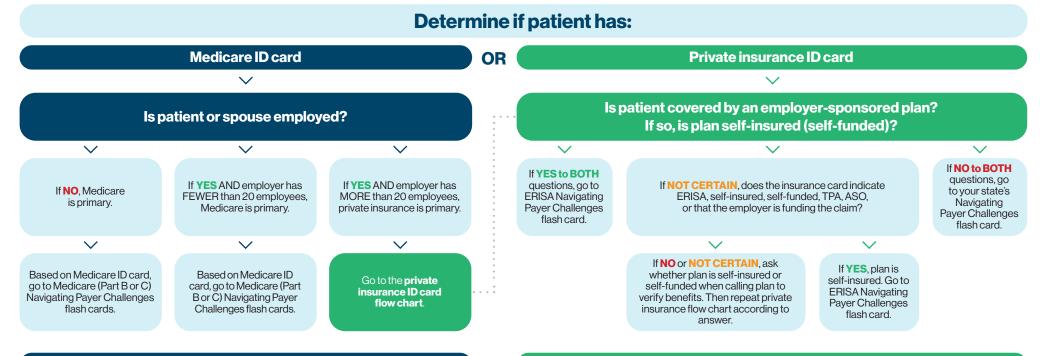
Navigating Payer Challenges—Decision Tree

Guidance in Helping to Determine Whether a Patient Has a Medicare ID or Private Insurance ID Card





Medicare Definitions

Medicare Part B (Original Medicare): Helps cover doctors' services and outpatient care. Managed by the federal government.

Individuals who must pay a premium for Part A must also meet certain requirements to enroll in Part B.

Medicare Part C (Medicare Advantage): A type of Medicare health plan offered by private plans that contract with Medicare. Medicare Advantage plans provide, at minimum, all Part A and Part B benefits. Care may be delivered through Health Maintenance Organizations. Preferred Provider Organizations, or Fee-for-Service plans.

Private Insurance Definitions

Fully Insured Plan: When employers purchase coverage from a private insurance company to pay for the risk of insuring their employees.

Self-Insured Plan: When employers set aside funds (in trust) to pay for the risk of insuring their employees. ERISA (Employee Retirement Income Security Act): Federal regulations that preempt state laws and set standards for claim processing.

TPA (Third-Party Administrator): A company that processes the health insurance claims of a self-insured employer.

ASO (Administration Services Only): A company that functions similarly to a TPA; however, most are connected to a private plan.

Where to **Find More Information** Medicare: Visit the Centers for Medicare & Medicaid Services (CMS) website: https://go.cms.gov/2wbRyak

Fully Insured Plans: Contact your state's Department of Insurance. Each state has its own department overseeing the regulation of private insurance companies Self-Insured Plans: Visit the Department of Labor (DOL) website: http://bit.ly/2LLN6Lb. The DOL oversees the regulation of ERISA plans

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