

# Navigating Payer Challenges—Decision Tree

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

## Decision Tree

### Determine if patient has:

#### Medicare ID card

OR

#### Private insurance ID card

#### Is patient or spouse employed?

#### Is patient covered by an employer-sponsored plan? If so, is plan self-insured (self-funded)?

If **NO**, Medicare is primary.

If **YES** AND employer has **FEWER** than 20 employees, Medicare is primary.

If **YES** AND employer has **MORE** than 20 employees, private insurance is primary.

If **YES to BOTH** questions, go to ERISA Navigating Payer Challenges flash card.

If **NOT CERTAIN**, does the insurance card indicate ERISA, self-insured, self-funded, TPA, ASO, or that the employer is funding the claim?

If **NO to BOTH** questions, go to your state's Navigating Payer Challenges flash card.

Based on Medicare ID card, go to Medicare (Part B or C) Navigating Payer Challenges flash cards.

Based on Medicare ID card, go to Medicare (Part B or C) Navigating Payer Challenges flash cards.

Go to the **private insurance ID card flow chart**.

If **NO** or **NOT CERTAIN**, ask whether plan is self-insured or self-funded when calling plan to verify benefits. Then repeat private insurance flow chart according to answer.

If **YES**, plan is self-insured. Go to ERISA Navigating Payer Challenges flash 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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