

Some Medical Insurance Information

Below is a memo from Pam DeVito, an Acts Corporate Director, on April 23, 2018 which describes the situation regarding the process currently being pursued to secure insurance reimbursement for services provided by our resident nurse practitioner.

- We encourage all residents to obtain or maintain coverage with original Medicare. Original Medicare has proven to provide the most comprehensive coverage as residents move through the continuum of care. This is also why resident contracts require residents to have original Medicare. (Sometimes there are circumstances that do not make this possible).
- If a resident does not have original Medicare, it is typically because:
 - They are not qualified yet for Medicare
 - They have a life time insurance provided by a previous employer
 - They are still employed and are covered under their employers plan
 - They have opted to switch plans
- In the past few years, many residents have opted to switch from original Medicare to a *Medicare Advantage Plan* such as Aetna, Keystone 65 (through IBX) and Humana. There are many plans to choose from, but we have found that these 3 are the most common. We are seeking approval from IBX, Aetna and Humana for our Nurse Practitioners to participate with these insurance plans. **Noted on 2/19/2019, two more plans have been added for approval, Highmark and United Healthcare.**
- Seeking approval requires that we go through a credentialing process with each insurance carrier. It typically takes 4 to 6 months for a physician or nurse practitioner to receive final approval. Once this is done, he/she can then accept the insurance plan.
- In the state of PA, Nurse Practitioners cannot operate independently, they must have a collaborating physician. It is typically the Medical Director at each community. For this reason, the collaborating physician must be credentialed and approved by the insurance companies first, then we can credential the Nurse Practitioner. This, of course, elongates the process – it can be upwards of a year before the Nurse Practitioner receives final approval from an insurance carrier.
- For Brittany Pointe, we are in the process of gathering the necessary information from the Medical Director/Collaborating physician in order to complete the first step in this process.

I hope you find this information helpful. Please do not hesitate to contact me should you need any clarification or have additional questions. I would also be more than happy to come out to Brittany Pointe and field questions from residents as well.

Thank you for reaching out and the opportunity to assist!

Pam

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