

Tips for using your health insurance wisely

Understanding your health plan's fundamental coverage points, outlined in the Summary Plan Description, such as the process for referrals to specialists and other services, pre-authorization for medical procedures, and costs for out-of-network healthcare will help prevent problems and future claims disputes. Although you as the consumer are responsible for knowing the ins and outs of your coverage, your health insurer is responsible for answering your questions and following their own procedures for claims disputes. The following tips can help you be an informed—and less stressed-out—healthcare consumer.

Communicating with health insurance companies

- If you are dealing with a billing issue, you may be able to enlist the assistance of your healthcare provider's secretary or billing professional. They may already have a lot of experience with certain insurance companies and particular billing issues, and they also have a vested interest in resolving the issue. (It may be hard to get that person's time, so be extra nice: always ask if they have a few minutes or when would be a good time for you to call back; ask if they would prefer an email or fax with all the details; and try to confirm when you might be able to check back in to follow up.)
- Call your insurance company as soon as you have a question or problem with a claim, and keep notes from each conversation, including the name of the person with whom you spoke. If the representative is not able to answer your question, or a situation becomes complicated and you need more assistance, ask to speak with a supervisor. If necessary, contact the company's claims manager. Remember to stay calm, kind, and respectful, even if you start to feel stressed.
- Always put disputes in writing according to the insurance company's policies: never let a disputed medical bill or denied claim simply lag, as this can damage your credit rating and result in legal action. If you need to mail any documents, only send copies; keep all originals for your own records.
- If you need more assistance, contact your state insurance department. You can find contact information for your state via the Insurance Information Institute website at www.iii.org (search state insurance department directory or use the Tools tab).
- If you need to communicate with an insurance company and/or a healthcare provider on behalf of an adult loved one, you may need to complete a form in advance or show proof that you are the person's designated healthcare proxy. Inquire with your loved one's healthcare provider and insurer to find out what its procedure is.
- Healthcare advocates are professionals who work on behalf of healthcare consumers to help them get all the services and treatments to which they are entitled. They can also assist with complex situations and provide advice on seeking out other services. Some employers offer health advocacy as part of their employee benefits, and there are also community-based organizations that may be able to help.

Stay organized

- Maintain a file for all insurance information, especially the Summary Plan Description, as well as all Explanation of Benefits notices (EOBs), and medical bills, and keep it up to date.
- Keep track of how much of your deductible you have used, and maintain a list of your own and your dependents' medical visits and procedures.
- You can usually access EOBs, as well as lots of other very useful information, from your health insurance company's website after you register and get a username and password. (You will also get EOBs via mail; however, websites are increasingly useful for accessing insurance coverage information and your personal records.)
- Maintain a list of all your insurance and healthcare provider websites with your login information (usernames and passwords). Remember to keep this in a secure place where only you and your designated family members can access it, since this is confidential information.

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