



Things to Think About!



By Brandan Atkin

If you need any further assistance on how to understand and manage your insurance claims, please feel free to visit these sites:

<http://www.insure.com/articles/healthinsurance/claim-denial.html>

<http://www.insure.com/articles/healthinsurance/claim-denials.html>

http://www.sdcers.org/images/pdf/carecounsel_manage_claim_records.pdf

<http://articles.moneycentral.msn.com/Insurance/KnowYourRights/HowToFileAnInsuranceClaimAndWin.aspx>

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Managing Medical Claims: Part I

The Insurance Company

By Linda Jorgensen

As the parent of a Special Needs child I find myself spending a lot of time dealing with medical bills and the insurance companies that (ahem) pay them. This is my least favorite occupation but after taking care of the needs of my child, my family and myself, the most important. Failure to appropriately file, and follow up on, medical claims can adversely affect the family budget, personal credit reports and scores, cause loss of benefits and sometimes even family assets. From firsthand experience I can tell you this is not an area of financial management that can be left to take care of itself. Medical claims require prompt attention if they are to be billed, and paid, correctly.

Many families find this a very time consuming process but by following a few simple steps may find it simpler to manage family medical bills and avoid costly hits to the family budget than first thought.

Know Your Policy

The first step in managing family medical claims is really rather simple. *Read your policy manual before you obtain treatment or services.* Become familiar with the information your insurance company provides for you, the consumer. Don't assume your physician's office or local hospital will know all the ins and outs of your particular policy. It is up to you, the consumer, to know. Keep your policy manual where you can get to it and refer to it often. Failure to follow policy requirements and guidelines may result in medical bills that are your sole responsibility for payment.

Get To Know Your Insurance Company

Children with special needs and/or unusual medical conditions often need more than the usual routine well-child visits, lab work or tests generally covered by insurance providers. Contact your company and alert them that there may be a higher number of bills for family members going through their office. Having the billing office "in your corner" can often work to your advantage by assuring quicker response and payment times for medical bills, complaints, enquiries by providers, etc. For families with large medical expenses constant communication with their insurance company will be vital.

Every company is different. Some will cover certain benefits that others may not. Premium amounts can vary widely along with co-pay policies and services available. Knowing what your company will cover, who to contact, and how to go about obtaining services is important.

Often families find themselves forced to make a decision between two or more insurance programs offered by employers only to discover none of the offered programs will work very well for their needs. For many the best strategy is to choose the program which most closely meets family needs and then look for other sources of help. Knowing your company policies and being aware of what is offered is an important tool for parents.

Need help contacting your company? Insurance companies have several ways of obtaining customer service information.

Try the following:

- Insurance carrier's customer service 800 numbers. This information can often be found in your policy handbook or on your medical identification card. Be sure to have your policyholder information, medical card, patient information, medical information and questions at hand when you call.
- Use your insurance company's Internet information center. Most offer search functions that allow beneficiaries to find network physicians, hospitals and outpatient treatment centers for a variety of services. Contact information is also provided.
- Still having trouble? Contact your employer's Human Resource Office. Many employers have an insurance liaison within the company, if not on site at least available by phone. Quite often they will be able to assist beneficiaries in navigating murky fine print and obtain needed authorizations for unusual medical procedures not common to the general public.

Case Managers

Parents who have children with major medical issues may find it helpful to request their insurance provider assign a family liaison, or case manager, to assist them in navigating company policies and

procedures. This may be an RN with prior medical background or a customer service representative skilled in navigating company policies and offices. Case Managers can also help families obtain authorizations, benefit information, coordinate between equipment companies, physician's offices, treatment facilities (large or small), pharmacies and any other places you may need to go. A case manager may also help you find information regarding policy catastrophic cost limitations, co-pays, and alternative programs the company may offer.

If your company does not offer you this service, ask if they do have case managers and if you could have one assigned to assist you in managing your medical care. If your company does not provide this service it will fall to you, the consumer, to ensure all the proper steps have been taken

Be sure to contact your insurance carrier BEFORE YOU OBTAIN SERVICES. Charges incurred without proper authorization are the responsibility of the individual, child's parent or guardian.

Documentation

Any time you call to speak with your insurance company, regardless of the department, there is certain information you will need to keep a record of. Basic details of the conversation, any messages left, if written down, can save a lot of time and hassle. ([Use a Call Form found in the Forms Section for taking notes](#)). Be sure to keep copies of your notes in the same file as your billing information. Other items that should be kept on file include copies of letters of authorization or denial, benefit updates, and any other general correspondences between you and the company. These may come in handy later and should be kept for a minimum of 3 years with the exception of financial statements, which should be kept with your income tax returns and rotated accordingly.

By following proper guidelines set up by your insurance company, documenting and maintaining open communication between yourself, the insurance company and your various medical providers, you'll be able to more easily navigate what can be a very complicated system.