

“Making the Most of Health Insurance”—Part One

It is important to thoroughly read and understand what your health insurance policy is, and what it is not. For example, you're in a managed health care organization (HMO), you must follow their rules or you are most likely not to be covered. Beyond knowing your coverage, you have to empower yourself through communication to maximize your health insurance. To communicate accurately it is essential to maintain good record keeping. The following are suggestions on how you may organize your records. For each family member you should get a loose-leaf binder, or notebook, and some dividers. These binders need four divided sections and each section may eventually turn into one binder.

The first section should be a list of every medical and service provider that you use. Every medical and service provider is listed there for you—names, addresses and contact information—everything that you should copy down as soon as you call a doctor.

The second section is a chronology or simply dates. This chronology is where you write down in time order what happens with your medical care. For example, if you call or visit a doctor, write “March 2, 2006, Dr. So and So, for such and such”. Then you assign a number to it, such as ‘No. 1’. That number is going to be used to correspond to all documentation that will come against that appointment or encounter with that specific provider. This includes any hospitalizations, or going to a laboratory for testing x-rays, which are listed separately. Also keep some loose-leaf papers in the front of this section to list any necessary invoice summaries.

The third section will be for bills. Titled “Billing”, you will record what each bill received was for, and in a column labeled “Insurance”, using an assigned letter (A, B, C, etc) or other symbol, document what happens with the insurance claim. For example, if the doctor files the claim, assign the letter ‘A’ to it. If you have to file it give it the letter ‘B’ or any other symbol that you want.

The fourth is for insurer statements. When you get any documents from the insurance company, such as a sheet outlining your ‘explanation of benefits’, it goes in this section titled “Insurance Information”. Should you receive any other paperwork in relation to these benefit statements, such as denial notices, be sure to attach that information with them.

This notebook is valuable. You will appreciate that this documentation is in one location, not in open drawers or shoved in boxes around the house. The following are examples of valuable uses for the binders.

It will be very simple when you do your income tax at the end of the year. You will have all of your medical bills listed together, and you will know what you paid out-of-pocket and what the insurance company has paid.

This documentation becomes a medical history, one that you can add to as your history evolves. Doctors are not always forthcoming with records even when they are legally required. But then you have this binder as your medical history to fall back on.

A notebook for your child becomes invaluable to pass on for their adulthood; their medical records are all there: inoculations, childhood diseases, allergies (including reactions to certain medicines or anesthesia), doctor's names with

contact information, hospitalizations, surgeries, lab work, x-ray results, physical therapy, etc...

For those of you who are on Medicare and are low income, but not low enough income to qualify for Medicaid specifically, there's something called a Medicare savings program. If your income, adjusted by some of your out-of-pocket medical spending and other expenses, reaches certain levels, it is possible to get your deductible and co-payments covered. This notebook helps document expenses.

Keep the insurance policy booklet in a binder pouch or better a family policy binder (it is especially good if there is more than one policy).

Say your employment changes, so could your carrier. Do not throw out the old insurance policy paperwork, because you should always work under the assumption that bills may come in before changes to any new insurance coverage goes into effect. Medical costs that could have been covered with proper insurance documentation may end up out-of-pocket.

The notebook is important if you move because, again, it is your medical history easily located. You will know every physician you have ever seen. Maybe a new physician will need to contact a previous physician.

If you are applying for special medical programs, or if you are involved in medical research, you have a history of what you have been involved in previously.

The documentation in your binder is highly useful in many ways. Consider claim disputes:

This book and documentation will help to educate your physician and their billing processor, because it is a record of what you and your insurance provider have been billed for in the past.

If your insurance company attempts to dispute a claim this documentation will show a pattern of past interpretation and practice.

If you ever have to go before a state insurance commissioner to appeal action, or non-action, taken by your insurance provider, you would have the documentation to show that they have medically evaluated this material in the past and covered it.

Unless there is a specific policy coverage change in the appeals process, you would normally win.

Armed with this documentation you are better prepared to deal with those awful 'denial' notices that frequently occur. They might say:

"We are sorry, but we have reviewed this claim and it is not a covered service."

"It is not a customary, or reasonable and necessary charge."

"Your physician is not an 'assigned' provider."

A common one for NF people... "This service is not consistent with the diagnosis." This one can usually be repaired.

What to do when receiving a denial notice.

The first and most important thing to do is not panic.

Go to your documentation.

Call the service provider who submitted the initial bill. It is customary that you will deal with a billing processor. Unfortunately the doctor's only association is merely contracting them to process their claims.

Not satisfied, contact the doctor directly. Realize many medical professionals never even see the initial denials. If there is no response to your phone calls, e-mails or letters, bring your paperwork with you to present to them at your next appointment.

Regardless of whom you end up discussing the matter with:

Find out what was in the claim that was submitted.

Was the denial legitimate?

Was there information left out that might have made a difference in determining coverage eligibility?

Just leaving out the fact that the patient has neurofibromatosis can mean the difference between 'covered' or 'denied'.

For example, a problem that can often exist for those of you with peripheral tumors, or skin lesions, is that when you look into having them removed, you are frequently turned down. Why?

It is automatically viewed as a cosmetic procedure, and cosmetic surgery is not covered.

With Medicare and other insurance companies, that generally means that the physician never stated there it was a neurofibromatosis-related tumor.

Furthermore, neurofibromatosis tumors are covered for removal for two reasons (this is one instance where NF2 can benefit from (NF1).

Somewhat controversial, particularly with NF2, is that there is an increased incidence of the potential for the tumors becoming malignant. Now, with NF2 that really is not true, but with NF1 it *is*, therefore, because they are considered to be the same type of tumor, they are covered.

Secondly, is that the tumors are a source of discomfort, meaning severe itching, or that you are unable to put your shoes on, or it rubs against your shirt collars and irritates. In other words it has the potential for becoming infected. All of these meet the criteria for making it a medically necessary procedure, *not* cosmetic.

Denials can happen if the doctor inadvertently submits the bill without providing the documentation of a diagnosis of neurofibromatosis.

Medicare statistics (even more dramatic with private health insurance) show when people get an initial denial notice, better 80 percent accept it at face value. With Medicare, of the 40 percent that are appealed in the first stage, almost 80 percent of *those* are paid on the second level. This was because additional proper documentation had been provided in tandem with the information provided by the practitioner or billing processor, enabling the insurer to pay.

Being denied coverage is costly to you, but it is still money *into* your physician's pocket. What patients may not realize is that some physicians appreciate getting all of this information, because the idea of always having to submit additional documentation results in delays with their payments and costs them money in

billing. Learning how to bill patients more efficiently from the beginning helps the overall claim process and the physicians receive their reimbursement more quickly.

IMPORTANT The thing to remember is not to let the bill (out-of-pocket) go into collection without you having made every effort to “comment” on it. Commenting on it puts the burden on them to provide you with documented proof of denial, giving you a defense. If you say nothing, it implies that you accept it and it becomes a legitimate debt on your part. Acknowledging that you owe that debt, because you are not challenging it, can adversely affect your credit history. Laws in most states affirm medical debts to legally affect patient’s credit ratings.

It can be daunting. You have to be responsible—stay on top of it. For some, this may not be easy. If necessary, make an appointment with yourself and a friend or relative one weekend a month organizing all the medical information. It proves to be so important.

“Making the Most of Health Insurance”—Part Two

You have to be both the advocate and manager of your family’s health care coverage. It takes a little bit of time, a little bit of patience, and a whole lot of blood and guts should you ever have to fight but you want to avoid being taken advantage of.