WHEN HEALTH INSURANCE TRIES YOUR PATIENCE, THERE'S HELP

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How can a family with health insurance end up owing more than $80,000 for care that was supposed to be covered?

It sounds hard to believe, but that's what happened to the Bennett family after their son suffered a severe back injury. Despite months of intense therapy, the pain was still unbearable. Doctors recommended surgery. The Bennetts contacted their health insurance company and were told that their son's surgery would be covered by the plan.

The family arranged for the surgery. After the surgery, the Bennetts learned that they owed more than $80,000 because the hospital wasn't part of their insurer's network.

Faced with the unexpected bill, the Bennett family sought help from the Managed Care Patient Assistance Program, part of NC Attorney General Roy Cooper's Consumer Protection Division.

Managed Care Patient Assistance is a free service that can answer questions about private health plans and help with appeals if you've been denied coverage by your health insurer. Thousands of North Carolinians have received help from the program since it was created in 2002, saving consumers millions of dollars.

Working with the Bennetts and their health insurance company, Managed Care Patient Assistance found out that the Bennetts had been told incorrectly that the hospital was part of the insurer's network. Because of the mistake, the insurance company agreed that the Bennett family shouldn't have to pay the extra $80,000.

Knowing how to navigate your health plan can save you time and money, and can also prevent frustration and anxiety. Because the Bennetts studied their insurance policy and knew where to go for help, they were able to avoid the nightmare of having to pay $80,000 in costs they hadn't counted on and focus instead on helping their son get better. By understanding how your health insurance plan works, you can cut down on out-of-pocket medical costs and protect yourself from charges you shouldn't have to pay.

Health care costs including families' out-of-pocket expenses have risen dramatically in recent years. But you can minimize extra costs and protect your wallet.

First, find an in-network provider who you are confident will provide good medical care. Next, confirm that the care and services you'll receive are covered by the plan. It isn't enough just to ask if a procedure is covered; you also need to find out how much you'll have to pay out of your own pocket in deductibles (costs an individual must pay – usually annually – before healthcare is provided), co-insurance (percentage of a fee that an individual pays for care) and co-pays (set fee an individual pays for care). What you have to pay may vary dramatically even for a covered service; for instance, depending on

whether a procedure takes place at the hospital or in a doctor's office. Some doctors may bill through hospitals even though they are located far away from the hospital buildings.

It's also important to identify all doctors and other providers who will be billing you for services. That way, you can find out if they're in your insurer's network. If they aren't, you may wind up paying more than you expected. For example, after a hospital stay you may get separate bills from the hospital and each of the physicians who treated you. One surgical procedure can easily include several physicians, including the surgeon, an anesthesiologist, a radiologist, and a pathologist. It wouldn't be unusual if you only knew one or two of the doctors involved in your care. Whenever possible, it's a good idea to find out who will be billing you *before* procedures and how much of the bill you will be responsible for.

Also, ask for information from your insurance company and doctors in writing. The Bennetts had written information from their insurance company that the hospital they chose was an in-network provider. Having that information in writing saved them $80,000.

In short, remember that the more specific questions you ask up front, the more protection you'll have from unexpected or incorrect bills later.

If you need help making sense of your private health plan, remember that you're not alone. Specialists at the Attorney General's Managed Care Patient Assistance Program (MCPA) can explain the requirements and coverage of your plan. They can also help you understand your right to appeal if you're denied coverage and give you tips to make your appeal more effective.

CLIP AND SAVE:

Save Money on Health Care Costs:

1.   Always ask a doctor or hospital if they are "In-network" with your health plan. It isn't enough to ask if they accept your plan.

2.   Always check with your health plan before getting treatment to verify out-of-pocket costs. Out-of-pocket costs can vary based on where the medical procedure takes place or who performs it.

3.   Call the health plan and ask for a list of providers that are in-network. Health plans will sometimes grant an exception and pay for out-of-network care with no added cost to you, but you must ask for and be granted an exception before you get the treatment or service.

4.   Keep written records when you talk to your health plan or health care providers. Include the name of the person you talked to, what they told you, and the date.

5.   Check your health insurance company's website for medical policies, reimbursement rules, provider directories and other useful information.

6.   If you disagree with your health insurance company's decision, you have the right to dispute it. For more information on the appeal process or for help understanding your health plan, call the NC Attorney General's Managed Care Patient Assistance at 866-867-6272 (toll free in North Carolina) or send an e-mail to MCPA@ncdoj.gov.

"The Partnership for a Healthy Durham is the Healthy Carolinians planning team for Durham and serves as the Health Committee for the City and County's Results-Based Accountability initiative. The Access to Care Committee is responsible for this series of articles. For more information on the Partnership, see www.healthydurham.org or call 560-7833."