Health Insurance : Questions to Ask and Tips

WYOMING family TO family HEALTH INFORMATION CENTER

Calling a Member Representative

A member representative can help you answer questions about:

- **Eligibility, benefit coverage, and enrollment in the health plan**
- **How to access other services, such as case management**
- **How to find a primary care provider (PCP) or speciality providers in the plan**
- **How to change your child's PCP**
- **How the prior authorization process works**
- **What to do if you have a complaint or grievance**
- **What to do if you disagree with a decision made by the health plan and you want to appeal**
- **Coverage for services your child receives out-of-state**
- **Billing**

TIP: Have your insurance card ready for the call.

Changing Health Insurance Plans

If you child's health insurance plan changes:

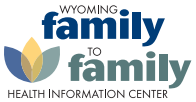
- **Learn as much as you can about different plan options, if available.**
- **As soon as you can, contact a member representative at the NEW health plan. Get a benefits handbook and a list of primary care and speciality providers in the network. Find out how the NEW plan will help you to transition you child's current services.**
- **Learn about the network of health care providers in the new health plan. Check if your child's primary care and speciality providers are in the network of the NEW health plan.**
- **Tell all of your child's providers and vendors about the insurance change. This includes home health care, durable medical equipment, and pharmacy. Be sure to have the name and subscriber information of the NEW health plan with you when you call.**
- **If any of your child's CURRENT health care providers are NOT covered by your NEW plan, speak with your current providers about the change and how to find new providers.**
- **If you work with a case manager at your CURRENT health plan, contact that person as soon as you know about the change and how to find NEW providers.**

Mental Health Services

Check the benefits handbook or call a member representative at your child's health plan to learn more about mental health benefits. Ask about:

- **How to find mental health providers in the plan**
- **The number of outpatient mental health visits the plan will pay for each year**
- **The number of inpatient mental health hospital days the plan will pay for each year**
- **How authorizations for inpatient and outpatient mental health services are arranged**
- **What to do in case of a mental health emergency**

Financial Assistance Programs



Prior Authorization Process

Prior authorization, also called prior approval, means getting permission from your child's health plan before your child uses a special service or kind of equipment. It is usually the responsibility of your child's primary care provider (PCP) or other treating provider to get prior authorization from the health plan.

Examples of services usually requiring prior authorization are:

- **Most hospital admissions**
- **Medical procedures**
- **Non-emergency surgeries**
- **Some tests and consultations (such as a second opinion)**
- **Durable medical equipment (DME)**
- **Home health care**
- **Outpatient therapies (such as physical, occupational, and speech therapy)**

Different plans have different prior authorization processes. Learn about the process at your child's health plan so you will know what to do if your child needs any services that require prior authorization.

Appeals Process

If you disagree with a decision made by your child's health plan, you or your child's primary care provider (PCP) may appeal to the plan. For example, you may request that a decision be reviewed if:

- **The plan refuses to pay for treatment that you and your child's PCP believe your child needs**
- **The plan tells you that it will stop paying for treatment.**

Check the benefits handbook or contact a member representative at the plan for more information about how to appeal a decision. Ask for a copy of your plan's policy on prior approval and appeals. The member representative will work with you to help find the best way to address the problem.

Federal law requires that a health plan allow you to appeal a decision up to 180 days from the service date. It is best to file an appeal as soon as you can. Remember to keep a written record of everything you do and everyone you speak to. Also, keep copies of any letters you send or forms you fill out.

Grievances and Complaints

At times you may not be satisfited with the care your child has received and may want to notify the health plan with your concerns. Contact a member representative from your insurance for information on filing a complaint or grievance. If you have a case manager, you may want to share this information with that person as well.