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Colorado Chiropractic Association
A Publication of the



PLAYING HANDBALL

How to be your own health care advocate – and WIN!

You've paid your insurance premiums. You've submitted your health care bills properly – and on time. Your insurance company denies payment. You want to fight, but you don't know where to begin. Sound familiar? Unfortunately, this scenario is all too common with nearly every type of insurance. When disputes arise between you and your insurance company, try following these tips:

1. Educate yourself about your insurance coverage. Read your plan descriptions and booklets.
2. Appeal the insurance company's decision by telephone and in writing. Your insurance company should have a written appeals process for you to follow. Ask your agent, claim processor, or personnel department for a copy of the appeals process. Let your insurance company know that you are

expecting a reasonable, prompt response.

3. Start a file. Keep all explanation of benefits (EOBs) from the insurance company and copies of bills from your health care providers. Be sure to keep a log of all phone calls you make with dates, telephone numbers, the names and titles of the people with whom you speak, and a brief description of the conversation.



4. Ask your doctor/health care provider to appeal the denial and/or help you write letters.

5. If your insurance company does not respond favorably – go to the next level. Appeal to the medical director or the president of the insurance company.

6. Enlist the help of your employer's human resource department if the dispute involves your group health insurance or workers compensation insurance or your insurance agent if the claim involves your auto, business, or individual insurance.

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before duplicating.*

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7. Call and write to the **Colorado Division of Insurance** at:

I.C.A.R.E Department

1560 Broadway

Denver, CO 80202

(303) 894-7499 or (800) 930-3745

A complaint form and other information is available on their web site at

www.dora.state.co.us/insurance

8. Ask the insurance company for an arbitration or external review of your case. An independent arbitrator or specialist would be called in to review your case.

9. Contact a patient advocacy group. The Patient Advocacy Coalition provides an independent, free source of information for health care consumers in Colorado. Contact them at:

The Patient Advocacy Coalition

777 E. Girard Avenue

Englewood, CO 80110

(303) 744-7667

www.patientadvocacy.net

At the national level, contact:

The Center for Patient Advocacy

(800) 846-7444

www.patientadvocacy.org

10. Write and call your Colorado representative and senator. They want to hear from you - it's their job to listen to you. You may want to contact your state legislator regarding specific bills that are being considered or other general health care complaints. Find out who your legislators are by calling your county clerk's office or visit www.vote-smart.org.

11. Don't give up! It's tough to deal with a problem, especially if you're not feeling well – but you deserve to be paid fairly and promptly for what is covered under your plan. Keep trying! ■

SPEAKING THEIR LANGUAGE. . .

Common "insurance-speak" words and their meanings to help you communicate with the company!

Appeal: To formally request an insurance plan to change a decision.

Complaint or grievance procedure:

Defined process in an insurance plan for consumers or providers to use when there is a disagreement about services, billing, or general procedures.

Covered services: Services listed in a policy that insurance company agrees to pay for and/or provide.

Exclusions (also referred to as Limitations):

Services listed in a policy that are NOT COVERED or considered not to be "medically necessary" and are not paid by the plan.

Explanation (of denial, limit, or delay): The reason for the negative decision and the language in the policy that permits the negative decision.

HMO (Health Maintenance

Organization): Plan that requires its enrollees to use only certain providers - usually those within its own network.

IPA (Individual/or Independent Practice Association):

Association of providers who contract with an HMO to provide services to enrollees, but usually still see non-HMO patients and patients from other HMOs.

MCO (Managed Care Organization):

Organization that finances and delivers health care using a specific provider network.

Medical necessity: Legal term used to determine what services will be provided and paid for. The definition and how it is used varies from plan to plan.

PPO (Preferred Provider Organization):

MCO that contracts with a network of providers who deliver services for set fees, usually at a discount to the MCO.

For more definitions, visit www.patientadvocacy.net ■