

Maximizing Your Health Insurance Benefits: A Consumer's Guide to New and Traditional Plans

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As anyone who has ever had to do it can attest, filing health insurance claims or trying to resolve claim-processing errors can be a big headache. Consumers are often confronted with cryptic forms and terms, the basis for claim denials may not clearly explained, and the procedures to follow in making an appeal are not always known. This clearly written and easy to understand book offers practical remedies for coping with these and other health insurance ills.

Epstein began his research in health insurance claims resolution over 15 years ago when spinal arthritis made an electric wheelchair necessary for mobility. He discovered that insurance company rules were often illogical or difficult to impossible for the average person to understand. As a nationally syndicated columnist on health insurance issues, he has helped scores of average people satisfactorily navigate the health insurance maze and to resolve claims questions and disputes.

The introduction to the book lists several unfortunately rather common experiences in dealing with a health insurance claim. For example, "You file a claim, and your insurance company responds with a message that's so cryptic that you feel as if you need a translator to even begin to understand it." Or, "Your insurance company sends you a check for far less (or far more) than you think you are entitled to under the terms of the policy, and you have no idea why." Or, "Your insurer insists that your doctor's bill is far above the usual and customary rate, but your doctor assures you that her fees are the same as, or lower than, other doctors in the area."

The book is a practical, "how-to" manual designed to give consumers the information and tools they need to resolve their own health insurance problems. As a secondary purpose, the book gives an overview of the current health insurance system in America to enable readers to become more active participants in the current national debate about health care provision and health insurance reform.

The book is divided into four parts. Part I, *The Basic Tools*, has three chapters. All are prescribed reading for anyone who has filed a claim and is now experiencing problems or who anticipates filing a claim at any time in the future. In the first chapter, consumers are given a brief overview of the current health insurance system. Federal and state regulatory agencies over the various public and private health insurance programs and agencies are identified.

In the second chapter, Epstein recounts the experience of a person who was denied a claim for treatment of depression. The bill was already several thousand dollars and more treatment was scheduled. Reviewing statements from the insurance company that explained the reason for the denial, Epstein noted the insurance company had requested a copy of an accident report. After calling the supervisor at the insurance company and reviewing the case, he learned the consumer had written the word "therapy" under "type of illness or treatment." He then notes that some insurance companies, this one included, only use the term "therapy" to denote physical therapy. The claims processor, thinking an accident must have occurred for physical therapy to be needed, requested the accident report. When the claims were re-filed with the phrase "outpatient treatment for mental illness" used instead of "therapy," they were quickly and completely paid. To help individuals avoid such misunderstandings and frustrations, Epstein explains the technical terms used in claim processing. He also defines the technical terms used to describe the various types of health insurance plans and plan benefits.

Chapter three lays out a systematic six step approach for dealing with health insurance claims. In step one, Epstein shows consumers how to set up an information file on their insurance policies that lists coverage limits, co-pays, and procedures for filing claims and appeals. In step two, Epstein explains how to obtain a predetermination of benefits to review coverage and costs prior to undertaking medical treatment or tests when time and health condition permit. In step three, he

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explains how to submit a claim form, identifies which items to photocopy, and advises consumers to file all medical bills separately even if all are related to the same incident, to minimize the possibility that they would be incorrectly processed. He describes a record keeping system to track claim processing in step four and a method for filing claim appeals in step five. Consumers who need additional help in resolving claim disputes and errors can follow the instructions in step six for requesting help from government agencies or private organizations.

The five chapters in Part II, *Health Insurance Plans*, contain a detailed discussion of traditional individual and group health insurance plans, self-funded plans, managed care plans, CHAMPUS (Civilian Health and Medical Program of the Uniformed Services), and Medical Savings Accounts. In these chapters, Epstein explains general policy rules and calculation of benefits for the various policies. Ways to resolve the difficulties consumers can encounter with each type of policy are discussed. For example, Epstein tells of one consumer who had filed a \$1200 claim for an outpatient procedure and received an \$800 reimbursement. The procedure was done in the hospital by a doctor who had two offices, one in another town. When the consumer questioned the basis for the reimbursement, he learned that the insurance company had mistakenly used the location of the office most distant from the hospital when assessing the usual and customary fee under a traditional fee for service type plan. When the correct location was used, the consumer received an additional \$300 reimbursement.

Part III, *Medicare and Medicare-Related Programs*, focuses on Medicare, Medigap policies, secondary insurance policies, and Medicare HMOs. Technical terms and general policy provisions related to Medicare are explained. The coverage offered by standardized Medigap plans is identified and limitations of these plans are discussed. Features of Medicare HMOs and traditional Medicare plans are compared.

The three chapters in Part IV focus on different *Specialized Situations*. One chapter discusses the mechanics of continuing health insurance coverage through COBRA, the new Portability and Accountability Act, and conversion options. Another chapter discusses programs designed to help children or adults who have special health care needs or disabilities. Another is devoted to the issues of obtaining health care coverage for home health care, nursing home, and other types of long term care.

The book concludes with a brief discussion of the future of the health insurance system in the United States. Aside from favoring use of an electronic claim-filing and processing system to increase efficiency, Epstein does not make any specific recommendations for change in the health insurance market. Rather, he points to the large number of uninsured, the uncertainty that managed care really reduces costs, the limited means many have to continue health coverage when changing jobs or marital status, the complex and tangled web of arcane terms and policy rules, the pressures an aging population will place on government and private health insurance, and the inadequate results of previous piecemeal reforms. He encourages consumers to become informed, active members of the current health care debate and to seriously consider and resolve the question of whether government control, free market forces, or some combination are desired.

This book would earn its keep on the bookshelf of anyone who has ever had to file a health insurance claim for themselves or on behalf of others. Epstein's clear explanations and systematic plans of action can help readers feel as though, finally, someone understands their frustrations and offers hope for emerging successfully from the health insurance maze.

Epstein admits that in a field as complex, varied, and dynamic as health insurance, some important facts or issues may have been overlooked. Readers who have comments or suggestions about the book are invited to contact him, further reinforcing the idea that he is a welcome and needed ally of those wearied, confused, and stymied by the health insurance claims system. He also makes it clear that this book is a general guide. Readers are warned that policies differ. State and federal laws and regulations are subject to change or reinterpretation. Laws and regulations can vary from state to state. Readers are encouraged to consult with their attorney and to contact their State Department of Insurance or any one of the many organizations listed in an appendix to obtain current information on the health insurance industry and to get advice on specific problems before making any decisions.

Given the dynamic world of health care and the volatility of the health insurance reform, the major limitation of this work is that future reform, legislation, or case precedent may render some of the specific instructions out-of-date. That limitation notwithstanding, this book offers a basic, practical prescription for curing many