

Subject: Help with Medical Insurance Claims

Dear Friends:

Some members of support groups have experienced smooth sailing concerning coverage for medical expenses involving the treatment of carcinoid cancer and others have been less fortunate. I do not pretend to be a 'medical claims' expert, however I do have 20 years of experience as an insurance agent and founder of my own insurance agency. On that basis along with some personal experiences involving my own husband's medical treatment needs and claims handling, I will share and hopefully help some of you wade through the bureaucratic quagmire of coverage and claims. Most of what I have to say doesn't matter as to the type of coverage you have....HMO, PPO, POS, etc.

The MOST important 1st step is to review with a regular claims rep exactly what coverage you DO have. For example, what is the deductible, is it a family deductible or separate deductible for each family member. Next question, what is your maximum 'out-of-pocket expense' for any single illness and is that maximum COST based on each calendar year, each contract year or lifetime for a single given illness. Next, you need to know if there is a lifetime MAXIMUM of coverage for each person

It's also important to ask the claims rep if they have a special claim unit or care management unit for cancer patients. (Some companies have both types of special units, one to determine the benefits and the other to assist in getting the necessary care and services needed). If there is no special unit, ask the claim rep if rare illnesses should be handled by a supervisor since many of the medical tests and even some of the treatment procedures are either unusual or even experimental. Now when an ins. co. hears the word 'experimental' they usually follow it by the words "NOT COVERED." Don't believe it. True, in the end MAYBE it won't be, but often when the right buttons are pressed, the impossible suddenly becomes possible. Never take the first "NO" for a final answer.

While there are some fairly standard treatments for carcinoid, there are not a large number of carcinoid specialists. Enlist the help of your local oncologist and if necessary, as for a written letter from the onco to the insurance co. This can be especially helpful if you want to see one of the few around the U.S. who ARE. If the insurance co. understands that a carcinoid specialist seen once to set up the direction and type of treatment may save lots of money in the long run, they are much more cooperative. (Don't forget, if you have to pay your own travel expenses to get there, it may be a tax deduction too.)

If you opt for going into a clinical trial, many hospital centers that offer experimental treatment will also provide assistance in dealing with your

insurer to obtain coverage. Some drug companies will also offer this type of assistance when they are the company providing the drugs for a given clinical trial.

Whatever stage of phone calling to the insurance company, be sure to have all necessary info you may need there by the phone. Your position will be more powerful if every question they ask can be immediately, factually and completely answered without the interruption of a call back. Keep a running diary of who you talk to, what they say and get agreement on who calls who back. ALWAYS ask the FULL name of who you are speaking to and WRITE IT DOWN.

Two months from now you will not remember which Sue or John you spoke with when there might be three in the same office. Read over the phone diary BEFORE your next call to remember the correct order of things. Saying angrily, "I'm sick and tired of this run around" is ineffective. Being able to say, "On May 4, 1998 I spoke with John Smith in your claim benefits office and he assured mewould be covered and the most recent 'explanation of benefits' has come in the mail and that exact procedure is not being covered. Why?" will much more likely get you fast action in a positive way. It is important to remain calm, in control, but determined and assertive. If necessary, have a close friend or willing family member help you with this.

Just this month I went to our family doctor for my annual physical. When I made the appointment (last June) the office knew this was for my ANNUAL physical. Early last week, the dr.'s office called and said the ins. co rejected the office visit benefit because it had not been a FULL year since my last physical. I called the ins. claims office and asked why my annual physical had been rejected. The claims benefit clerk said my previous physical had been the first week in November and this appt. was Oct. 1, which was within the 12 month period, hence no coverage. I took a deep breath, kept my temper in check and calmly explained my doctor is a member physician on their plan, his office booked my physical knowing my coverage was with said plan, it is necessary to call four to six months ahead to book a physical as the doctor has so large a patient base, thus the timing of my appointment was as close as they could accommodate within the doctor's schedule. The outcome was that the claims clerk agreed it was unreasonable not to cover the appointment and agreed to reopen and pay the claim.

In summary:

1. Review your coverages
2. Find the 'right' person(s) to talk with.

3. Be specific as to the diagnosis. If necessary get written assistance from your doctor.

4. Know what 'out of network' services you want to ask for before you call and have ready answers to questions as to why this special service is necessary.

5. Carefully document ALL conversations with ins. co. reps and keep a record of names as well as copies of any written communications.

6. Don't take "NO" as final go as far up the executive ladder as necessary to get your medical needs met. As a LAST resort, most medical ins. plans have a final review board patients can appeal to. This should be kept absolutely a final resort, as it can be quite time consuming.

7. Don't be afraid to ask a doctor or hospital for back up on your position. Don't hesitate to ask a family member or close friend to help with some of these communications if you find your patience slipping or begin feeling overwhelmed emotionally.

8. Share your ins. claims experiences here with all of us, as many times someone here may have some helpful suggestions or just plain good old moral support to help keep you going.

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