

PRIVATE INSURANCE CHECKLIST

Inpatient Hospital Coverage:

- What hospitals are covered under this plan?
- Can you receive home care services in lieu of hospital care?
- What types of services are covered?
- What co-pays are required for each type of service?
- Are there any deductibles?
- Are there prior authorization (approvals) procedures to be followed for needed services not covered? Are there penalties for not following those procedures? If so, can you file an appeal? How is that handled? In emergency (where patients risk pain, suffering or disability) situations, can time frames be accelerated to assure appropriate and timely care?
- How many days of inpatient hospital care is covered?
- Will exceptions be made possible if services are deemed necessary by the primary physician? What procedures must be followed to receive an exception? Can they be approved by phone or must written approval be received by the primary physician?
- What is the time frame for such approvals? Can services be covered until such time as a decision is made? Who does the company consult with about children with special health care needs? Do their credentials include pediatric experience particularly in developmental pediatrics?
- Are there pre-existing condition clauses limiting coverage? For how long are these conditions denied coverage? Are those spelled out clearly in the contract? By whom?
- Appeals process? Procedures for appeals?

Outpatient Services and Home Care Coverage:

- What types of providers' services will be covered? Is there a list of providers one must use? Are their credentials available and do the credentials document experience in pediatric care?
- How many hours of each service will be covered?
- How many visits are allowed? Please define a visit.
- Is there a minimum or maximum number of hours or dollars in these areas?
- Are there restrictions regarding home care? A) registered nurse only/registered nurse only at eight hour shifts; or B) Medicare-certified home health agency only?
- Must home care start within a designated number of days of hospital discharge and be completed in so many days? Will this be covered 100%? What are the co-insurance requirements?
- What is the family deductible per calendar year?

- What has been paid by our family toward our yearly deductible as of the present date?
- Is there an 80/20, 90/10, 50/50 coinsurance requirement up to a specified dollar amount per calendar year, after which the insurer covers 100% of the charges or costs? What is the dollar amount?
- Is there a lifetime maximum? Does this include hospital coverage or only outpatient services/ home care nursing services, etc? What has been expended toward that lifetime maximum?
- Does the contract include case management services either provided by the insurer or an outside agency? Who has the final decision-making power? How can that person be accessed during an appeal?
- Is there major medical coverage? To what limit?
- What services are included in the major medical coverage? Are there restrictions on providers? Are there exceptions to going outside that list? What are the cost ramifications?
- Does this policy contain a catastrophic illness clause?
- Are there any exclusionary clauses? Are alternative medical procedures covered? Is there an appeals process if procedures are denied? Documentation required by medical director for such an appeal?
- Can you/ or your employer purchase a supplemental benefits package? Can this include services that are not already covered?
- Are the following services available under your current policy or can they be purchased under a separate policy?

Adaptive equipment:

- prone standers
- corner tables
- specialized car seats
- bath aids
- van adaptations
- Medications
- trach tubes
- gastrostomy tubes or buttons
- feeding pumps and bags
- catheterization equipment and bags
- wheelchairs - how often can they be replaced _____
- seat adaptations - how often can they be replaced _____
- scooters
- crutches___ walkers___ braces___
- Corrective shoes
- eyeglasses__ lens replacement__ how often can they be replaced_____
- Specialized orthodontia
- Dental braces
- Prosthetic devices

Services:

- Respite care: _____ in-home _____ out-of-home
- Specialized medical day care
- Genetic services
- Hospice
- Speech, language and hearing services
- Physical therapy
- Occupational therapy
- Programs for eating disorders
- Mental health services
 - coverage restrictions _____
 - payment restrictions _____
 - inpatient care _____
 - outpatient mental health services _____
- Homemaker/home health aide services
- Personal attendant
- Nutrition services
- Rehabilitation services
- Habilitation services
- Infant stimulation programs
- High-risk infant follow-up programs
- Early intervention programs
- Counseling programs: parents _____ peers _____ patient _____
restrictions _____
- Case management _____ individualized _____ benefits managers _____

Durable Medical Equipment

- Ventilators
- bipap machine
- suctioning
- I.V. stands
- air compressors
- feeding pumps
- nebulizers
- CPT vests _____ pacemakers _____ phrenic _____ heart _____ diabetes kits _____

Questions to ask your insurer:

- How does your insurance policy define and how does the company determine what is:
 - usual and customary
 - experimental
 - therapeutic
 - custodial
 - medically necessary?

- When seeking a referral to specialists what are the procedures and restrictions?
- To those affiliated with the contract? To those outside the contract?
- How long does it take to get a decision on a request?
- Who approves such referrals?
- How are denials of referrals appealed?
- What hospitals are available under my plan?
- Are their primary care physicians who specialize in children? Children with special needs? Experience in children's mental health?
- How many patients must a primary care provider, under this plan, see?
- Is the time frame for each visit restricted under this plan? How long can the primary care physician visit with patients?
- If I decide to change primary care physician are there procedures I must follow? What financial incentives (bonuses or penalties) are used to encourage physician to control utilization and cost of services?
- Will the plan pay for a second opinion from a physician outside this plan?
- Are all providers within a reasonable geographic location or must we travel to another city or area?

General Tips to Follow When Working with Health Plans

- Get information about your insurance policy, HMO contract or PPO contract in writing from your insurance company, HMO or PPO.
- Always know your insurance agent or employee benefits representative and where he or she can be reached.
- Know where a copy of your policy is located. Read through it carefully as soon as you receive it.
- Know your policy number and enrollment code and include them with any inquiry, whether in written correspondents, by phone or email.
- Keep a record of all phone calls, including date, time, name of the person you spoke with and content of the conversation.
- Make a clear and concise presentation of any information. Always speak to your child's medical needs and how long they are expected to last. Demonstrate how paying for a particular service or item will improve the your child's health outcomes or prevent further disabling conditions.
- Be willing to negotiate. Propose payment of a service or item which may not be covered in your plan for a period of time to demonstrate cost savings or improved health outcomes.
- Always remember the bottom line is cost savings or improved health outcomes. Be sure the person that negotiates for your coverage understands you and your child's needs. Share your child's success with your boss, your benefits manager and other employees so they may feel a part of doing what is right for your child and family.