

KNOW YOUR PLAN

Know what type of health insurance plan your child has. For example, is it a:

- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)
- Medicaid/LaCHIP/Bayou Health Plan
- Other

TIP: Keep your child's insurance card with you at all times.

Know the important numbers on your child's insurance card:

- Policy Number
- Health Plan telephone number-look on the back of the insurance card (Customer Service)

Know the following about your child's Primary Care Physician (PCP)/doctor:

- Your child's PCP/doctor's name
- Your child's PCP/ doctor's phone number
- Know if your child needs a referral from his/her PCP/doctor for special medical services, such as getting an X-ray or seeing a foot doctor. This is called *prior authorization*, which is an extra step the insurance companies require before they decide to pay for a service. Make sure your doctor's office contacts your insurance company and asks if they require prior authorization for the services your child needs.
- Know if your child will still be covered after age 18. If not, you may need to look for other plans.

READ YOUR HEALTH INSURANCE POLICY

Co-pays and deductibles are sometimes unclear; call your insurance company for help. A *co-pay* is the amount you may have to pay to see a doctor. The *deductible* is the amount you may have to pay before your insurance coverage begins.

- Know if there are services your child's plan will not cover or only pay a small amount. You can find this in the Exclusion and Limitation section of your policy. List any such services.
- Know why insurance claims can be denied. A *claim* is a request to an insurance company asking for payment.
- Make sure your child's doctor and the insurance company have updated information, e.g. address, phone number and policy number. Your claim may be denied if your insurance company or doctor has this information listed incorrectly.

TIP: Call your insurance company to find out why your child's claim may have been denied. You can appeal your child's denial. Ask your insurance company what you need to do to appeal a denial.

Just remember it's easy to call your insurance company; look on the back of your insurance card for the number. When you call, ask to speak with an insurance case manager who can help you.

IF YOUR CHILD HAS MEDICAID, KNOW YOUR RIGHTS

Did you know you have the right to request a review of a Medicaid decision? This is called an appeal. Here are some tips on filing an appeal:

- Send a letter to Medicaid saying you want to appeal a decision. You can send the letter to :
Division of Administrative Law
Health and Hospitals Section
P.O. Box 4189
Baton Rouge, LA 70821-4189
(Fax) 225-219-9823
Or call: 225-342-1800
- Fill out the appeals forms:
http://www.adminlaw.state.la.us/AdminLaw/AppealRequest_Form.aspx
- Get a statement from your physician/doctor about why the services were needed.
- Appealing within 10 days of denial may keep services you are receiving from being cut.
- Waiting on a decision about the appeal can take up to three months.
- You can have a friend, relative, attorney, or other person represent you in an appeal if you choose.
- You may contact the Advocacy Center (1-800-960-7705) for help.

TIP: If your child's Medicaid coverage will end at age 19, don't wait until then to replace it! Call your Medicaid case manager to learn about other options. Such as <http://www.healthcare.gov>. If your child receives SSI because of a disability, your child's Medicaid coverage will not end when your child turns 19.