

2.4 Tips for Troubleshooting Health Insurance: Information to Help Teachers Explain Insurance to Learners

Fixing problems with health insurance is unfortunately an all-too-common need, which requires specific knowledge and skills on the part of consumers. It is a huge challenge for people fluent in English and familiar with U.S. business culture, but for people with limited English the challenges are far greater. As the Affordable Care Act potentially increases the number of learners with health insurance, ESOL instructors may hear of more learners encountering difficulties in understanding and using their health insurance coverage. While educators can't hope to completely cover all the language and cultural skills necessary for health insurance use with learners, here are some tips and resources to keep in mind to help you give learners some basic knowledge about troubleshooting problems with health insurance.

Here is what the [Affordable Care Act](#) says about appealing health insurance claim denials.

Here is the [HealthCare.gov glossary of health insurance terms](#).

Below are some key concepts to convey to learners about using health insurance and appealing claim denials.

- 1. Know what your health insurance policy covers.** Get printed information about what your insurance policy covers. This is called a *Summary of Benefits and Coverage (SBC)*. If you get insurance from your employer, ask your supervisor or human resources department for this information.
 - a. Know your **co-payments**.
 - b. Know if you can use **in-network** or **out-of-network** providers.
 - c. Know what providers are **in-network**.
 - d. Know if you need to get an **insurance referral** for a doctor visit to keep the price down.

- 2. Keep your medical papers organized.** Keep proof of everything!
Keep:
 - a. Doctor and test bills and receipts
 - b. Insurance Explanations of Benefits (EOBs)
 - c. Notes from any phone calls to insurance companies and doctor's offices
 - d. Letters from your insurance company



3. Take steps to overcome the language barrier on the phone.

Unfortunately, for LEP individuals, much interaction around insurance problems has to occur by telephone. In writing this toolkit, many calls were made and emails sent by the author to health insurance and patient advocacy organizations for information on the rights of patients with limited English around telephone communication with health insurance companies. Specifically, the writer asked if interpretation is available, by industry policy or standard, on phone calls with health insurance companies when the LEP patient is trying to clarify benefits and inquire about claims processing. None of this writer's efforts to obtain this information from industry sources met with a clear response. This may indicate that companies are looking into standards or policy around implementation of interpretation but aren't quite there yet.

This writer contacted the Office for Civil Rights at the U.S. Department of Health and Human Services (HHS/OCR) and posed the question:

Is there any policy in place that calls for telephone language assistance for LEP people trying to communicate on the phone with their health insurance companies?

The HHS/OCR response indicated the following:

- **Generally, no:** If health insurers are not recipients of federal financial assistance, they are not covered by Title VI of the Civil Rights Act of 1964 or by the regulations governing its implementation (e.g., CLAS Standards), which prohibit recipients from discriminating against persons on the basis of race, color, or national origin.
- *However,* if health insurers offer Qualified Health Plans (QHPs) through Exchanges created under Title I of the Patient Protection and Affordable Care Act (ACA), they may be required by regulations covering the Exchanges and by Section 1557 of ACA to provide language assistance services to applicants and beneficiaries of QHPs, which could include telephonic interpreter services.

(personal communication with L. Montoya, OCR, HHS, 2/8/2013)



For now, when the learner's situation is not one of the seemingly few cases impacted by Title VI, an insurance company is unlikely to offer telephone customer service or interpretation in a learner's native language. The complexity of English skills required for successful telephone communication around insurance claims and benefits may well deter some learners from calling and questioning insurance company decisions. A learner may need to rely on a native-English-speaking acquaintance to call on his or her behalf and use the learner's identifying information to gain the information or take the action the learner needs.

4. Be patient and persistent on the phone with the insurance company. The long hold times, multiple transfers, and difficulty reaching a real person that customers experience when calling insurance companies are seen by some people as ways insurance companies wear down customers who would otherwise pursue an issue of understanding benefits or questioning claims. Stay on the phone until you get the help you need.

5. If an insurance claim is rejected, don't be afraid to call the insurance company and appeal. This is your right. Many times, claims are denied because of billing errors. Calling the insurance company to talk about why a claim was denied can be frustrating and time-consuming, but it can sometimes result in reversing the denial. Some customers believe that insurance companies intentionally delay payouts by rejecting claims once, then approving them upon appeal.

6. If you want to appeal a denial of an insurance claim, you will need all of these things:

- a. Doctor and test bills and receipts
- b. Insurance Explanations of Benefits (EOBs)
- c. Notes from any other phone calls to insurance companies and doctor's offices

When you call about an insurance problem, write down:

- a. Dates and times of calls
- b. Names and ID numbers of every representative you talk with: If they will give you a direct phone number to call them back, write that down.



7. If a telephone appeal doesn't work, try a written appeal. This involves sending a letter to your insurance company with copies of all the information you have collected. Your doctor will need to write a letter, too. Here is a very helpful resource with examples of appeals letters:

- [Patient Advocate Foundation's Your Guide to the Appeals Process: Step 3: Write the Appeals Letters.](#)

It may take a while to hear back from this kind of appeal. You can ask the Virginia Bureau of Insurance to help you communicate with the insurance company. If you get your insurance through your job, you can ask if your work's Insurance Benefit Manager can help you communicate with the insurance company. The following resources may be helpful.

- [Virginia Bureau of Insurance: File a Complaint](#)
- **Virginia Bureau of Insurance Phone Number:** (804) 371-9741 or 1-800-552-7945
- [Virginia Bureau of Insurance: Office of the Managed Care Ombudsman](#)

8. If your appeals with the insurance company (called *internal reviews*) don't work, you are entitled by law to an *external review*, a review by an expert who does not work for the insurance company. Specific procedures for requesting an external review are available in **Step 6** of the linked chart from HealthCare.gov.

Resources

[Fighting a Health Insurance Claim Denial](#)

This 2010 article was written by Michael Bihari, MD, and David Fisher.

[7 Steps in Appealing a Health Insurance Denial.](#)

The *New York Times* published this article by Ann Carrns on July 11, 2011.

[Connecticut Office of the Health Care Advocate: Problems](#)

[Kaiser Family Foundation: A Consumer Guide to Handling Disputes with Your Employer or Private Health Plan, 2005 Update](#)

[Virginia State Corporation Commission Bureau of Insurance: Office of the Managed Care Ombudsman](#)



[HealthCare.gov \(from U.S. Department of Health & Human Services\)](#)

[How to Appeal a Health Insurance Denial](#)

This how-to guide is available on the website of the *Wall Street Journal*.

[Health Care Reform and Settling Grievances: FAQ](#)

This feature by Lisa Zamosky, a part of WebMD's Health Care Reform: A Guide to Health Insurance & Affordable Care Act collection, was updated in February 2011.

