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9 Ways to get the most from your
Managed
Health
Care Plan



Contents

	Introduction: So You're in Managed Care	1
1	Knowing Your Plan	2
2	Choosing a Primary Care Doctor	4
3	Getting Referred to Specialists	7
4	Being a Partner in Your Health Care	8
5	Using Your Mental Health and Substance Abuse Coverage	10
6	Using Your Prescription Drug Coverage	12
7	Getting Care When You're Seriously Ill	14
8	Knowing Your Legal Rights and Protections	17
9	Complaining About or Appealing Managed Care Decisions	19
	Resources	21
	Glossary	22

So You're in Managed Care

If you're a member of a health maintenance organization (HMO), a preferred provider organization (PPO), have a point-of-service option (POS) or some other "managed" health care plan, this guide can help you understand important aspects of your health coverage.

It will also tell you how to work with your doctors, other health professionals, and your managed care plan to get the health care that you need.

There are many kinds of managed care health plans and they are constantly evolving. But there are three key features that nearly all these plans share. Understanding these will help you become a smart managed care consumer.

First, managed care represents a different philosophy of health care from the one most Americans grew up with. The best plans focus first on helping you stay well—by encouraging you to eat right and exercise regularly, by preventing disease, and by detecting any illnesses early. When you do become sick, these health plans try to manage your care cost effectively; they won't jump to give you the latest or highest-cost treatment if something less expensive may do just as well. That is how plans seek to "manage" the overall cost of

health care; to save money for the people who pay the bills—you, your employer or sometimes the government—and to stay in business themselves.

Second, managed care plans are complex systems. It may be helpful for you to think of them as a kind of marriage between a health insurance company that processes and pays medical bills, and a separate group of doctors, hospitals and health care professionals.

Third, to make the most of your managed care plan, you'll want to play two different roles. You should be a full-fledged partner in your care, working as closely as possible with you plan and doctors.

At the same time, you must also be ready to prod the system, to be an advocate on your own behalf. Most managed care plans are bureaucracies with layers of employees and decision-makers who may not always take your concerns as seriously as you do. And as with any bureaucracy, the squeaky wheel gets the grease.

Expecting a lot from your health plan and providers, and knowing how to work the system, are the best ways to ensure that you get the care you need. The nine sections that follow are designed to help you achieve that goal.

Knowing Your Plan

Understanding the three R's of managed care—Rules, Rights, Responsibilities—is crucial.

The Rules

Many people become frustrated with managed health care plans because they don't take the time to understand how a plan operates or what type of care it covers.

Read the membership handbook, the summary of benefits, and the description that legally defines your benefits, which is generally known as the "member contract," or "certificate of coverage." Note the list of services the plan will pay for, such as doctors' care and hospital inpatient services; the "exclusions," or benefits that the plan doesn't cover (cosmetic surgery, for example), and the schedule of copayments and deductibles, or the share of treatment costs that you must pay.

Also, read the plan's newsletter, if it has one, for insight on provisions that you might otherwise find confusing. Keep in mind that you'll have to pay for any health care not covered by your plan. So, pick up on such details as whether the plan has a cap on the amount of care it will pay during your lifetime. (A \$1 million "lifetime cap" is typical even though a series of hospital stays for serious illness might cost more.) Also, be aware of circumstances under which your plan will cover care from doctors or

hospitals not associated with your plan.

That's good information to have when you're traveling. It also helps to understand which of the many types of health plans you're in and how your particular plan operates. For example, many managed care plans will pay for care only if you use a designated group of doctors and hospitals—often called the plan's "network." But some are "point-of-service" plans that allow you to use out-of-network providers if you pay some of the cost, usually 20 or 30 percent of the doctor's or hospital's fee. If you're in a point-of-service plan, get the details on payment for out-of-network care.

If you have a serious or chronic illness, find out whether the health plan requires doctors to follow standardized procedures (often called "practice protocols" and "treatment guidelines") for treating certain medical conditions. Clear guidelines can result in high quality care. You can help by asking your plan's member services department to explain the authority that doctors have to practice outside these guidelines if they think the case warrants.

Your Rights

Getting the most out of your managed care plan requires understanding your rights, which usually are listed in your plan documents. Furthermore, note your right to appeal when treatment or payment is denied by the plan. (See section nine for details.) Your plan may not give you a lot of details about your rights unless you ask. The member services department may be the only place to find out. You also have federal and state protections regarding health care coverage. (See section eight and the “Resources” section near the end of this booklet to learn more.)

Your Responsibilities

Assume the leadership role in your health by participating in health care decisions and by eating right, exercising regularly, and following your doctors’ advice on disease prevention. Your managed care may provide such extras as free counseling on nutrition and discounts on membership in a health club. Taking full advantage of such aspects of managed care pays big dividends in health and happiness.

If ill, you are responsible for following the treatment agreed upon by you and your doctor. You’re responsible for keeping the managed care plan informed

of changes in your address and phone number, or any changes in your employment or family situation that could affect your coverage. Furthermore, you’re often responsible for some paperwork, such as medical claims, and some payments, such as premiums and fees.

When you’re talking with representatives from your health plan, keep in mind that they probably are not health care professionals. They can tell you what’s covered. They may not be able to tell you what care you need. So, when you’re in doubt about whether you need care, and if it’s not an emergency, call your primary care doctor or your plan’s “helpline” for advice. If you think it is an emergency, go to a hospital immediately. Most managed care plans pay for emergency hospital care in cases in which a “prudent layperson”—someone who’s not a doctor or other health professional—would have gone to the hospital in the same situation.