

FREQUENTLY ASKED INSURANCE QUESTIONS

MED CENTER SPECIALTY PHARMACY HAS THE ANSWERS.

How will the insurance process work?

We will assist you and your physician by filing claims with your insurance company on your behalf. We will call your insurance company to learn what is covered and the paper work needed. If a claim is denied; we will work to get it approved through the appropriate channels. This may be a difficult process and may require the work and assistance of you and your physician in addition to our team.

How can I help the reimbursement process?

- Make sure you understand your medical and pharmacy benefits, as well as what your financial responsibility may be.
- Make sure that your Customer Service Specialist has the most up-to-date prescription card or other insurance information.
- If your Customer Service Specialist requests for information about your insurance, please reply as quickly as possible
- If your customer service specialist asks you to call your insurer it is imperative that you complete this task as quickly as possible

How will I know when payments have been made? Or if I have a balance due?

We will keep you informed and send you a patient statement to show if there is activity on your account, including any balance that may be your responsibility. Your insurer may also provide you with an Explanation of Benefits (EOB) report to describe which services were covered and how much was paid as well as remains. If you have any questions, please get in touch with your Customer Service Specialist.

What do I do about benefits if I lose my job?

If you lose your job, you can sometimes keep your policy with your employer for 18 months. You will have to pay the insurance company to keep the coverage. This benefit is often called COBRA (Consolidated Omnibus Budget Reconciliation Act). You must get this benefit within 60 days after you stop working. Another option is to ask for coverage under a state program or short-term medical insurance policy to cover you between jobs. Check with your employers Human Resources Department for additional details about these specific programs.

What should I do if my insurance changes?

In the event that you have a change in your insurance, please call your Med Center Customer Service Specialist as soon as you can to inform them of these changes. They will check your new benefits and inquire about any changes that may result in your care or coverage as a result of your new insurance coverage. Many insurance companies need to give their approval in advance. This can take as long as 30 days. Please be sure to let your Med Center Customer Service Specialist know as soon as possible to avoid a delay in getting your medication.

I may change my health plan, what should I know?

It is important to make sure that the new plan does not have a “pre-existing condition” clause, or if it does, that it is waived, consistent with the requirements of the 2010 Patient Protection and Affordable Care Act (the “ACA”). This clause could mean that you could be without insurance. It could also mean that it could be delayed six months or longer. It depends on what the clause says.

For plan years beginning on or after September 23, 2010 the ACA prohibits plans from imposing pre-existing conditions limits on covered persons under age 19. For plan years beginning on or after January 1, 2014 the ACA will prohibit plans from imposing pre-existing condition limits on covered persons of any age. It is also important to fill out all forms completely and without mistakes. Misrepresentations of material facts can call your insurance coverage into question.

Your employers Human Resources Department may know the details and plan guidelines of your new benefit package/plan. Before you change plans feel free to give us a call if you have any questions and we will be happy to assist you and do our best to answer any questions that you may have.