TALKING WITH YOUR INSURANCE COMPANY

When you suffer from a chronic illness like migraine, you should work with your health care provider to ensure your care does not result in undue financial burden. Take advantage of resources that your health care provider offers and follow these tips on how to effectively talk with your insurance company.

KNOW THE DETAILS OF YOUR INSURANCE POLICY

Request a copy of your policy that explains:

- the health care services covered
- if and when you need a **referral** to see certain health care professionals
- if and when you need **prior authorization** to receive services or medications
- your policy expiration date

UNDERSTAND THE FINANCIAL ASPECTS OF YOUR POLICY

Most insurance plans require a premium payment to keep coverage active.

- Premium payments have a due date, plus a grace period.
- If a premium is not paid in full by the end of the grace period, the insurance company may suspend or cancel your coverage.
- Premiums for employer-sponsored plans are usually automatically deducted from your paycheck.

Insurance plans rarely cover 100% of the health care costs, leaving patients to pay the outstanding portion. The three primary types of patient out-of-pocket costs are:

- **a deductible** — a preset amount you must pay before insurance kicks in
- **coinsurance** — an amount (often a percentage) you must pay for services after a deductible has been reached
- **a copayment** — a preset, flat fee you must pay for services after a deductible has been reached

BE AWARE OF SPECIAL COVERAGE REQUIREMENTS

Some insurance companies have prior authorization (PA) requirements that must be met before they will cover a specific migraine treatment, medication, or procedure.

- Some plans may require a headache specialist to evaluate you before you can receive certain migraine medications.
- Some plans may require medications be prescribed in a specified order and with certain outcomes (e.g., **step therapy).**

Check your insurance company's website for PA requirements and forms or request this information by calling the member services number on the back of your insurance card.

- In most instances, your health care provider's office is responsible for submitting the PA, demonstrating the service or medication is **medically necessary.**
- Ensure PA forms are completed quickly and accurately with assistance from your health care provider's office.
- Inquire about "success stories" with other patients that may help guide your PA submission.

Stay on top of timing and key dates.

- Know when your PA information needs to be submitted and if any strict deadlines apply.
- Start the PA process early to avoid a potential delay in receiving medication or treatment.
- Find out how to expedite the PA process if your situation is urgent or time-sensitive.

Seek help if you are unable to manage your health insurance.

- Enlist the support of a case manager, a typically free resource provided by the insurance company, who can help you navigate the process.

BEFORE CALLING YOUR INSURANCE COMPANY

- ☐ Find your insurance card, which will have the following important information:
  - insurance plan name
  - member phone number(s)
  - policy member number
  - policy group number
- ☐ Make a list of your health care providers, their affiliations, and contact information.
- ☐ Locate relevant paperwork from your health provider(s) and insurance company, including Explanation of Benefits forms and bills.
- ☐ Create an organized file to keep all of your important documents in one place.
- ☐ Know your goal for the call and what you want to ask.

TIPS FOR TALKING TO YOUR INSURANCE COMPANY

- ☐ Allocate plenty of time and be prepared for possibly long wait times.
- ☐ Speak clearly and calmly.
- ☐ Confirm you are speaking with right point of contact.
- ☐ Write down the date, time of your call, and the name of each person with whom you speak.
- ☐ Keep notes of key information obtained and agreed upon next steps.
- ☐ Be assertive. Continue to ask questions until they are answered.