Frequently Asked Questions About UC Health Insurance

Q: What is the most frequent problem that retirees experience with their UC health insurance?

According to Berkeley UC Health Care Facilitator, Gabe Schmidt, the most commonly encountered problem is that a retiree receives a payment due statement from a provider for a procedure, lab visit, etc. The retiree believes the procedure/service was covered under their insurance. The member wants to know why they are receiving a statement.

A: Primary reasons for receiving a balance due statement include:

a. The patient was on Medicare and went to a provider who does not accept Medicare.
b. The supplemental insurance policy ID number sent into Medicare by the provider was incorrect.
c. The provider may have billed your secondary insurance (e.g. Blue Cross) as your primary (Medicare is your primary insurance).
d. The diagnostic code entered by the provider was either incorrect or omitted from the paperwork that was submitted to the lab or insurance company.
e. The patient went to an “out of network” provider.
   1. If the patient is on Medicare and goes to a Medicare provider, it does not matter if the provider is in or out of the network. The provider will accept the reimbursement set by the Medicare fee.
   2. If the patient is not on Medicare and has a PPO plan, it is important to go to an in-network provider that is covered by the plan. For example, if you have a Blue Cross PPO, you need to go to a Blue Cross Provider that is in the Blue Cross network. If you do not, you may be responsible for some or all of the fees.
d. The procedure requires pre-approval (e.g., MRI, ultrasound, stress test, etc.). Before getting an appointment, have your provider request prior authorization or you may be responsible for the cost of the procedure.

Recommendations

• If you are on Medicare, make sure your provider accepts Medicare. Before making an appointment, ask the provider if they accept Medicare, or search Medicare providers at: www.medicare.gov
• Always check that your provider has the correct insurance card (sometimes the provider inadvertently enters an expired insurance number).
• If your physician is prescribing testing (e.g., lab work, imaging, etc.) check to be sure that the diagnostic codes are entered onto the referral form. Usually this is automatic but sometimes the codes are left out or incorrect, which creates problems at the time of the referral visit (e.g., lab won’t schedule the procedure or a billing statement is generated and sent to the patient.
• If you are not on Medicare and your insurance plan has in- and out-of-network providers, using in-network providers will significantly reduce your out of pocket costs as opposed to using an out-of-network provider.