

Tips for Communicating with Your Insurance Company

Helpful Hints for Dealing with Your Health Insurance Company

You are in charge of your healthcare needs as well as your baby's. Knowing your insurance benefits and communicating effectively can increase your chances of having your breastfeeding-related equipment and services covered and reimbursed by your insurance.

The following are helpful hints for dealing with your insurance company:

- **Be confident when calling your insurance company.** As a valued customer, you have the right to receive complete information regarding your health benefits. Your insurance company's customer service representatives are there to assist you. Part of their job includes answering questions to your satisfaction.
- **Communicate clearly and calmly.** Remember that your ultimate goal is to get coverage for what you and your baby need. If you are met with resistance, simply restate your request.
- **Don't give up.** Don't take "No" for an answer. If you have tried discussing your request with your health plan's customer service representative, but are not satisfied with how your insurance matter was handled, ask to speak to:
 - a Supervisor in the Customer Service Department
 - the Manager or Director of Customer Service or Member Services
- **Know your benefits.** Health insurance plans can be confusing. However, you are responsible for knowing what benefits you are entitled to under your policy. If you do not fully understand something, ask your insurance representative or your employer's benefits administrator.
- **Keep track of all communications with your insurance company.** Be sure to keep detailed, written records of each conversation you have with your insurance company representatives. Record the date the conversation took place, the first and last names of the representative with whom you spoke and make notes regarding any information that was provided to you. Also, remember to keep copies of all written correspondence that has taken place between you and your insurer.
- **Follow up in writing after speaking with a health plan representative on the phone.** Keep your correspondence simple and to the point. Include relevant dates, names of representatives with whom you spoke and what they told you. Also, be sure to include your name, policy number and any other identifying information. Do not hesitate to ask for help from your employer's Human Resources department and your healthcare provider or lactation consultant. In many cases, your employer makes decisions about what will and will not be covered under your health plan. Your employer's support may result in the approval of your request for coverage. Having your healthcare provider contact your insurance representative can also be helpful since he/she can support the communication that you have had with your insurance company as to why the requested medical products or services are needed for your baby's overall health.
- **Carefully follow the steps outlined by your health plan for requesting prior authorization, submitting claims or filing appeals.** Not following these steps may result in a delay in processing or a denial of your request for coverage.
- **Advocate at all levels.** Write to your state health insurance commissioner and/or your state and Federally-elected representatives and enlist their help by informing them of your health needs and what has occurred with your health plan insurance claims. Notify your insurance company that you have requested help from the state health insurance commission and other agency representatives in resolving difficulties in meeting your healthcare needs.

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- **Be persistent.** Remember that a denial is not necessarily the final word. Ask your insurance company to reconsider their decision and follow-up to make sure they are taking action.
- **You can make a difference!** Medical directors at insurance companies have indicated that they would be more likely to expand coverage for breastpumps and lactation consultant services if their customers were actually requesting coverage. You will find several helpful letters on our Website that can be used to initiate prior authorization or to notify your insurance company of the medical necessity for breastfeeding-related supplies and services. Two of the letters are claim denial letters (one from you and one from your healthcare provider to your insurance company). The prior authorization letter can be used to request coverage for your breastpump/supplies before you make the purchase or rental. The other sample letters are useful to send to your employer and your state insurance commissioner/representative to inform them of the need for this important healthcare benefit. Remember that expression, “the squeaky wheel gets the grease.” The more you make the needs of you and your baby known, the more likely you will get those needs met!