

Make your HMO pay for out-of-network treatment

A member on the Facebook group has recently asked, “I have Keystone Health Plan East. My doctor told me that they won’t pay for out-of-network treatment. The only surgeons who treat my disease/condition are out of network? What can I do?”

Keystone Health Plan East is an HMO which is offered by Independence Blue Cross of Pennsylvania. In an HMO, the insurer will only pay for treatments if you go to one of their in-network doctors. Doesn’t matter if the doctor is one mile from your house, fifty miles from your house, in or out of your state—they have to be in-network, or it is not a covered benefit.

The good news? This doesn’t mean that the HMO won’t pay for your out-of-network treatment. It just means that you will have to persuade them to do it. Only once in six years have I ever heard of a patient persuading an insurer to pay, by talking to them on the phone. You will most likely have to write an appeal.

I have made many HMOs pay all for out-of-network treatment—beginning with my own in 2005. I had a funky little HMO here in Seattle. They denied my surgery with Dr. Sugarbaker in Washington, D.C. I proved with facts that they needed to pay for it, under the terms of my contract. They paid every penny for my treatment with Dr. Sugarbaker.

I have made many other HMOs pay out-of-network: Kaiser California, Kaiser Colorado, Healthnet HMO, GHI, Optima. All that it takes is a fact-filled appeal, delivered directly to the top decision-makers at the insurance company.

The steps to make them pay

Where should we start, when persuading an HMO to pay for out-of-network treatment?

- Decide on a surgeon.
- Book a surgery date.
- Request the surgery.

Either the expert surgeon’s office can do this, your in-network doctor can do this, or you can do this.

- Get the denial in writing.

- Study your appeals and grievances procedures.

You will find them either in your benefits booklet, or on the insurer's website.

- Prepare to write your appeal.

The first thing that I do is to spend several hours seeking out all of the highest-level decision-makers at the insurance company, plus their correct names, titles, and personal fax numbers or email addresses. The most important part of any appeal is who you send it to.

What are you going to prove in your appeal? You are going to prove that cytoreductive surgery and HIPEC are proven to be safe and effective to treat your disease/condition, and that this treatment is not available IN the network.

It takes two pages to state your case—and thirty-four pages to prove your case with facts.

Precedent

One of the group members has told us that she has Keystone HMO, and that they paid out-of-network for Dr. Bartlett for this surgery. If I were you, I would ask this person for her date of surgery, and ask her if you may use her info in your appeal.

If you decide on Dr. Bartlett—I would also contact the person at Dr. Bartlett's office who handles insurance/reimbursement. I would say, "I have Keystone Health Plan East. I understand that they have paid for Dr. Bartlett before. Do they routinely pay for this, or do you have problems with them."

I would ask about their experience, so that I will know what I am in for. However, I would not rely on the doctor's office to make my insurer pay. I would take charge of my insurance case, and write my own appeal.

Over the past six years, I have gathered a list of 114 cases where insurers have paid out-of-network surgeons for this treatment. Four of these cases are with Independence Blue Cross of Pennsylvania.

While precedent cannot win an appeal by itself, it is a very powerful part of a winning appeal. Send me an email, and I will be glad to share more info with you.

Happy Insurance Warrior-ing,

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