choosing a **HEALTH PLAN**

that is **right** for **you**

Your employer,
Medicare, or Medicaid
may soon tell you that you need
to choose a health plan

This guide answers three important questions:

1. What does it mean to choose a health plan?
2. How do I make the right choice?
3. What do I do if things go wrong?

1 What does it mean to choose a HEALTH PLAN?

You have probably been getting health care from any doctor you choose. Each time you go to the doctor, your insurance, Medicare, or Medicaid may pay for the services you use.

Soon, you may be asked to "choose a health plan." These health plans may go by different names-health maintenance organizations or HMOs, managed care organizations or MCOs. No matter what they are called, they will change the way you get health care.

Once you sign up with a health plan, you can only use the doctors and hospitals in that plan. These doctors and hospitals have agreed to take care of you for a set amount of money each month-no matter how much care you need. If you need health care, you must first get permission from the plan. If you want to see a doctor who is not in your plan, you may have to pay for the visit yourself.

A Health Plan Should

* give you an up-to-date list of the doctors and hospitals near you that you can use
* have enough doctors so that you get the health care you need
* make sure you stay healthy by getting check-ups and shots
* make sure you get all the care you need quickly
* make sure the doctors are easy to reach by phone and easy to get to
* limit the costs you pay for care
* have staff that are respectful and helpful and speak your language

A Health Plan Should NOT

* put heavy pressure on you to choose them
* include too few doctors and specialty services for your family and the other patients
* make you wait a long time before getting the care you need
* make money by not giving you care when you need it

Important Words to Know

Capitation — Your health plan may pay your doctors a set amount of money for your care, no matter how much care you use. It is important to make sure you get the care you need.

Gag rules — Your health plan may try to stop doctors from talking about some things with you. For example, a plan might say the doctors cannot talk about services that are not covered by their health plan. You may want to ask if they have these kinds of rules before joining a health plan.

Gatekeeper — When you join a health plan, you should be able to choose a doctor in that plan who will make sure you get all the health care you need when you need it-who sets up check-ups and approves visits to hospitals and special doctors. This doctor is called a gatekeeper or a primary care doctor. Work closely with your gatekeeper to make sure you get the care you need. Make sure your gatekeeper is a doctor or nurse practitioner and not some other plan employee.

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2 How do I make the RIGHT CHOICE?

There may be many health plans to choose from, so it is important to pick the best one for you and your family. Before you sign up for a plan, use this checklist. Check the box if the answer is yes. The more check marks you have, the better the plan may be for you:

- ❑ 1. Are my family's doctors, clinics, and hospital part of the health plan?
- ❑ 2. Is there a drug store near me that is part of the plan?
- ❑ 3. Do I get a list of the doctors, hospitals, and drug stores in the plan and a member booklet that explains how the plan works?
- ❑ 4. Does the plan have doctors, nurses, and other staff who speak my language and are friendly to me?
- ❑ 5. Can I use the doctors' offices even if I am in a wheelchair or have a vision or hearing problem?
- ❑ 6. Can I choose my doctor and change doctors in the plan if I am unhappy?
- ❑ 7. Can I change plans?
- ❑ 8. Does the plan ask me to get a check-up within 60 days after I have signed up?
- ❑ 9. Is there a 24-hour phone line so that I can reach my doctor during and after office hours?
- ❑ 10. Will I get to see a doctor: right away if there is an emergency; within minutes if I feel very sick; within 2 weeks for a check up or for special care?
- ❑ 11. Think about what your family needs. Does the plan cover all these health care needs-for example, does it cover: the drugs my child needs, mental health services; pregnancy and well-baby care; home care and physical therapy? Does the plan put any limits on these services-for example, only 10 mental health visits?
- ❑ 12. Will my doctor discuss the most up-to-date treatments with me, even if my plan does not include them?
- ❑ 13. Can I get another doctor's opinion paid for if my doctor or the plan says that I don't need care that I think I need?
- ❑ 14. If I do not agree with the plan's or the doctor's decision about my care or if I am unhappy in the plan, will the plan handle my problem fast-right away if my life is in danger and within 24 hours if I feel very sick?
- ❑ 15. Does the plan tell me what to do if I have a question or a problem? Is there a 1(800) number I can call?
- ❑ 16. Can I get the services I need without having to travel far?
- ❑ 17. Does the plan pay for my transportation to get to the doctor or hospital even if my life is not in danger?
- ❑ 18. Will someone at the health plan help me learn how to use the plan?
- ❑ 19. Does the plan limit the amount of money I will have to pay out of my own pocket for health care?
- ❑ 20. Has the plan agreed not to place a limit on what it will cover if someone in my family becomes disabled?

Ask as many people as you can about the plan you like

Talk to... ❑ your doctor ❑ your boss ❑ Medicare or Medicaid

Talk to... ❑ your neighbors ❑ co-workers ❑ and friends

Talk to... ❑ people who work at the health plans you might choose

Make notes of your talks. Include the date you call and the names of the people you talk with.

The National Committee for Quality Assurance (NCQA) reviews the quality of managed care organizations. You can request a free-of-charge Accreditations Status List, which lists all the health plans that NCQA has reviewed, by calling (800) 839-6487.

3 What do I do if things GO WRONG?

Regardless of the health plan,
you have legal RIGHTS.

You have the right

* to get truthful information
* to get the services that are listed by your health plan as you need them
* to get emergency care immediately from the emergency room that is closest to you
* to be free from discrimination based on your disability or race or the country you are from
* to obtain copies of your medical records
* to keep your health care needs private
* to file a complaint and have it explained to you clearly
* to request a state hearing (if you are on Medicaid)

If You Have a Problem, You can File a Complaint With

* the health plan's membership services office listed in your member booklet
* your state Medicaid office if you are on Medicaid
* your state Department of Insurance

Send a copy to the Health Care Financing Administration (HCFA), Office of Managed Care at the address listed below.

Important Words to Know *(Continued)*

Grievance — You can file a grievance with the health plan's member services office when you have a problem or are unhappy with their services. The health plan should answer your grievance in writing within a certain number of days (for example, 15-30 days).

HMOs — Another name for a health plan that gets a set amount of money for your care. Health maintenance organizations are supposed to help you stay healthy by making sure you get regular check-ups and know about how to live a healthy life.

Member — Another name for you, the patient in a health plan. Also called the "subscriber."

Network — The doctors, hospitals, clinics, pharmacies, and other health care professionals who work together as part of the health plan.

State Fair Hearing — If you are on Medicaid and a health plan denies, reduces, or stops a medical service that you think you need, you can appeal to your state Medicaid office. The state must give you an opportunity to tell your story to a judge who is not part of the health plan and make a decision on your case within 90 days.

Medicare patients should get a copy of the Medicare Managed Care Resource Information Directory. This guide is important. It tells you how to get information on choosing a health plan from your state's Health Insurance Counseling Program (services are free) and how to report problems to Medicare.

For your free copy, contact
Office of Managed Care, HCFA,
7500 Security Blvd. Room S3-02-1
Baltimore, MD 21244-1850.

You can also ask a lawyer to help you. You may be able to get free legal help from your local legal services program, listed in the yellow pages of your phone book.

Prepared by the National Health Law Program, *based in Los Angeles, California for over 25 years, defining and protecting consumer's legal rights to health care, especially for low-income people, the elderly, and people with disabilities.*

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