

providers in both plans, you have the best chance for reducing or eliminating your out-of-pocket expenses. Remember you receive health care from many others besides just doctors. Be sure that your pharmacy, hospital and other professionals such as speech therapists are on your health plans.

4. GET AND STAY ORGANIZED.

This is the most important thing to do when you have dual coverage. You will be receiving two letters for each of your services. That is double the paperwork! Here's what to do:

- ✓ **START A FILE:** Keep all your papers together in a binder or drawer so you know where to find them. Put all papers about the same service in a folder.
- ✓ **KEEP A COPY OF EVERYTHING:** Keep copies of all the letters you receive from your health plan. Also, keep copies of all the letters and other records that you send to the health plan, especially letters written by your doctor or health care provider. Health plans are big companies and it is easy for your papers to get lost.
- ✓ **KEEP A JOURNAL OF PHONE CALLS:** You will talk to many health care providers and health plan staff. When you call about your health care, have your insurance card nearby with your member and group number. Write down the date, name of who you spoke with and their title, and what was discussed.

5. DON'T GO IT ALONE. GET EXPERT HELP.

If it seems overwhelming, don't try to manage on your own, but get some help. Often a family member or friend can sit down and help you get it together. There are also some agencies whose sole mission is to assist those who need to navigate through their health insurance. Use these resources.

ADVOCACY RESOURCES:

- **STATE HEALTH INSURANCE PROGRAM (SHIP):** This is a state program that provides education, outreach, counseling and information to Medicare beneficiaries. Their Benefits Assistance hotline number is 1-800-432-4040. Ask for their local office for individual in-person counseling.
- **MEDICARE RIGHTS CENTER:** This is a national non-profit organization that provides information and advocacy to the public about Medicare. Their website is www.medicarerights.org.
- **CENTER FOR MEDICARE ADVOCACY:** This is a national medicare rights advocacy organization. Their website is www.medicareadvocacy.org.

FEDERAL AND STATE RESOURCES:

- **Arizona Department of Insurance:** This is the state agency that oversees health insurance companies. Their toll free number is 1-800-325-2548. Their website is www.id.state.az.us.
- **Arizona Health Care Cost Containment System (AHCCCS):** This is the state Medicaid agency in Arizona. Their website is www.ahcccs.state.az.us.
- **Centers For Medicare and Medicaid Services:** This is the federal agency that oversees Medicare. The toll free number for the Coordination of Benefits (COB) program that coordinates the Medicare payment process is 1-800-999-1118. Their website is www.cms.hhs.gov/medicare.

Arizona Center for Disability Law

Protection and Advocacy System for Arizona

MANAGING DUAL INSURANCE COVERAGE

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Managing your health care can be especially hard when you have more than one kind of health insurance. This guide will give you general information and tips on what to do when you must work with more than one health plan to get your health care. This is a complicated area and depends greatly on your individual situation. It is always a good idea to go to someone who can review your unique needs. This guide will also tell you who you can go to for such assistance.

WHAT IS DUAL HEALTH INSURANCE COVERAGE?

Dual health insurance coverage means that you are covered by more than one kind of health insurance. Some common types of dual coverage situations include health care coverage under:

- Two private health plans (your work and your spouse's)
- Medicare and a private health plan
- Medicare and Medicaid

Medicare is a federal health insurance program that provides health benefits to the elderly and people with disabilities who receive Social Security benefits. Medicaid is a joint federal and state program that provides health care to people with low incomes. In Arizona, AHCCCS (Arizona Health Care Cost Containment System) and ALTCS (Arizona Long Term Care System) are both Medicaid programs.

THE BIGGEST CHALLENGE IS COORDINATING BETWEEN TWO SOURCES OF HEALTH

If you have dual coverage, you know that it is difficult to coordinate between two different health plans. Each health plan or insurance has its own rules. Don't give up. Here's what you can do to manage dual coverage:

1. FIND OUT WHO IS PRIMARY PAYER FOR YOUR HEALTH CARE.

When you have more than one type of health insurance coverage, it is important to understand who pays first. It can be time consuming and difficult to correct errors in health care billing. The insurance company that pays first is called

the primary payer. Your other health insurance is called the secondary payer. This means it will pay the remaining claims after the primary payer. Some people may even have a third payer.

WHO IS MY PRIMARY PAYER?

It depends on your health insurance. This is where it can get complicated, but here are some general guidelines to follow:

- For two private health plans, usually the health insurance provided by your employer will be primary.
- For most Medicare beneficiaries, Medicare is the primary payer. However, there are numerous and important exceptions. For example, if you have private health insurance through you or your spouse's current employer, your private health insurance is usually primary.
- Medicaid (AHCCCS/ALTCS) is always the payer of last resort. This means that it will always pay last.

Even if you think you know, it is always better to confirm with your insurance who is your primary payer. If you are on two private health plans, either one of your health plans or your employer can tell you who is the primary payer. If you are on Medicare, there are several agencies that can help:

- **The State Health Insurance Program (SHIP)** and **The Center for Medicare and Medicaid Services / Coordination of Benefits (COB) Program**. See the back of this pamphlet for more information on these and other agencies.

2. KNOW YOUR POLICIES. FOLLOW THE RULES.

- Once you know your primary payer, you need to know what services are covered under your primary health plan. You should find out this basic information about

your health insurance:

- What services are covered?
- What doctors or providers can I go to?
- When do I need a referral?
- When do I need prior authorization?
- What are my co-payments, co-insurance or deductibles?

Once you know about your primary health coverage, find out the same information about your secondary health insurance. Know under your primary plan what out-of-pocket costs you will incur such as co-payments and deductibles. These are the areas where your secondary health plan should save you money. It is also important to know the scope of services covered by both your plans. If your primary plan does not cover a service, such as durable medical equipment, check whether it is covered under your secondary plan. If so, your secondary payer should pay as if it was primary for that service.

As with all health insurance, it is important to follow their rules on referrals and prior authorizations. This will give you the best chance to maximize your health care benefits.

Avoid the health care billing headache. Ask your health care providers to bill your primary payer first. After the claim is paid by your primary insurance, ask the provider to bill your secondary payer. If both insurance plans are billed at the same time, the secondary payer will always deny until the primary has paid its share.

3. USE HEALTHCARE PROVIDERS ON BOTH YOUR HEALTH PLANS.

The best way to get the most out of your dual coverage- and avoid some headaches- is to find health care providers who are contracted with both of your health plans. Most doctors' offices can tell you which insurance they can bill, but it is best to always check with the health plan. Doctors often move in and out of health plan networks, so beware. If you find health care