

Understanding the HMO Certificate of Coverage

What is the HMO certificate of coverage?

When you enroll in an HMO you are given a certificate of coverage. It may also be called a *contract*, *evidence of coverage*, or *summary plan description*.

This is the document that explains what health benefits you and your dependants have under the plan. It details the services that will and will not be covered. Services that are not covered are called *exclusions*.

The certificate outlines your obligations. It explains:

- when you will be required to make copayments and pay deductibles and how much you will have to pay
- when you will need to obtain a referral from one provider to another
- when you will need to call the HMO to obtain approval before you receive a service

The certificate also details the process for appealing decisions made by the HMO.

It is important to keep the certificate available, because it should be the first place you look when you have a question about coverage. It includes the phone numbers to call if you have any questions, including the number for the HMO's customer representative.

Where should I look to find out whether a service is covered?

Every plan has a different certificate because the benefits under each plan are different. To find out whether a specific service or supply is covered, look for the heading that applies to the situation.

Be sure to look up every service or supply that might apply so you won't have any surprises. For example, if your child is brought to the hospital by an ambulance and then stays in the hospital as an inpatient, the coverage for the ambulance service may be different from the coverage for the hospital stay.

You may be required to make a copayment for the ambulance service but not for the hospital stay.

Certificates usually have a section of definitions to explain words that have special meanings. It is important that you use the definitions to best understand your coverage.

How do I know whether I need to get approval before my child sees a doctor?

Some HMOs require you to call for approval (sometimes called *prior authorization*) before your child receives certain services or supplies. If you do not call the HMO first, then it might not provide coverage and you could be required to pay yourself. The certificate tells you when you need to call for prior approval. You can also call your HMO's customer service department to find out whether prior approval is required.

My contract provides more coverage for participating providers than nonparticipating providers. What is a participating provider and how do I find one?

Some HMO plans have a list of participating providers (also called *preferred providers* or *network providers*). These are doctors, hospitals, clinics, and other health care providers that are part of the HMO's network. HMOs usually provide more coverage for seeing a participating provider than for a nonparticipating provider. For example, you may be required to pay a higher copayment to see someone other than a participating provider.

You generally receive a list of participating providers when you enroll in a plan. Check as soon as possible to find out whether the doctors, clinics, hospitals, and other health care providers you and your family use are listed. You can always call your HMO's customer service department to find out whether a particular doctor is a participating provider.

What should I do if there is an emergency and my child is treated by a nonparticipating doctor?

Many HMOs do not require that you pay for a non-participating provider in cases of emergency. Your certificate explains the procedures to follow in order to have the services covered.

How do I know if my child needs a referral in order to see a specialist?

Some HMOs require you to obtain a referral from your child's primary care doctor for your child to see a specialist. The certificate outlines exactly when you need a referral. Some certificates provide information about referral requirements next to the coverage information for each particular specialist. It is important that you look up the referral requirements before you make an appointment with a specialist.

Is there a section in the certificate that talks about coverage for children with special health needs?

Most HMO certificates of coverage do not have separate sections that talk about coverage for children with special health needs. Most likely, the coverage information for each service or supply that your child may need is discussed in the certificate. The coverage limits and requirements are the same for all people in the plan regardless of whether or not they have a disability or special health needs.

Who should I call if I have a complaint about my HMO?

Your HMO is required to give you the phone number for the HMO customer representative to call if you have any complaints. You may also contact:

Minnesota Department of Health

(651) 282-5601 voice

(800) 657-3916 toll-free

Minnesota Department of Commerce

(651) 296-2488 voice

(800) 657-3602 toll-free
