

Insurance Do's and Don't for Medical Claims

(PPTX was sent to the MAJ Insurance Committee by Mrs. Brown-Barnes of Sagicor Life Jamaica Ltd. in 2017 and converted to this format by Dr. Aldyth Buckland, Chair of the MAJ Insurance Committee).

It is for educational/ training purposes for Sagicor Life Jamaica Providers.

What is Insurance?

- An arrangement of risk management that, for a price, offers an insured person an opportunity to share the costs of possible loss (ill-health) through an insurance company.
- Health insurance is intended to pay for medical expenses in the event of sickness or injury.
- The amount that will be paid for various situations in the event of a claim, is predetermined and outlined in the Schedule of Benefits.
- Claims may be reimbursed to the insured or paid directly to the participating service provider as assigned by the insured.

Do's and Don'ts

- Take reasonable steps to ensure that the health card presented belongs to the person using the card. Ask for ID when possible.
- Complete the claim form with all required information (e.g. patient's name, policy number, diagnosis, charges, patient's copayment, patient's signature, etc.).
- Submit claims promptly and within ninety (90) days of providing the service.
- Present resubmissions within 90 days of the date it was processed.
- Referrals are valid for six months.
- When possible, request a pre-authorization for major procedures before proceeding with the service.

- Do not waive copayment. Discounts should be taken from the charge (and the lesser amount submitted to Sagicor).
- Do not swipe for service, before or after the date the service is rendered. Swipe should be done on the actual date of service.
- Do not claim for cosmetic procedures.
- Do not reverse a claim on the system after one (1) day of submission.
- Do not engage in price discrimination (persons with and without insurance should be charged the same). This does not mean that you cannot charge a fee to people with health insurance. Just report this fee separate from the charge for the service.

- PAS receipts/slips must be signed by the patient / guardian.
- Patients under sixteen (16) years old should not sign for services rendered (parent or guardian should sign instead).
- Claims for excision of lumps, bumps, warts etc. must be accompanied by histology reports / requests (these claims are done manually).

- Convenience charges (e.g. express charges, after-hours charges) are not covered.
- Do not swipe for the patient's copayment except where there is coordination of benefits (persons using two health cards).
- Do not swipe for maternity and surgical procedures.
- Oral medications given in the doctor's office are not covered.
- Self-referrals / prescriptions are not allowed.
- Mass Screening is not covered by any of our plans.
- A copy of a patient's report should be kept on the patient's file.
- Prescriptions must be properly completed, signed and stamped by the prescribing doctor.
- A Prescription is required for Test Strips.
- Pharmacists should not dispense more than 30 days supply of drug without authorization from Sagicor.
- There should be no alteration to the patient's name, prescription date or items prescribed.
- Do not write one prescription to dispense items for more than one person (e.g. "for spouse also").
- Prescriptions for Lens are valid for one (1) year.
- Lens not prescribed by an Optometrist/ Ophthalmologist are not covered.
- **The following services are not covered:**
- Contraceptive injections (e.g. Depo Provera) *covered on HMO plans only
- Administration of contraceptives (eg. IUD) *covered on HMO plans only
- Vitamin injections *covered on HMO plans only
- Cialis / Viagra
- Sick Leave Report
- Medical Certificate
- School Medical Certificate
- Police Report
- Infertility-related treatment e.g. HSG)
- Rapid Tests
- Cosmetic Procedures (e.g. Wart removal)
- Charges for services related to the treatment of alcoholism and drug abuse
- Do not swipe for chemotherapy drugs valued over \$100,000.00. Instead seek pre-approval for these.
- When swiping for optical benefits, the correct procedure code must be used.
- Optical diagnoses should correspond with service being rendered, i.e. Lens/ presbyopia
- Ensure that your software is updated so that you can benefit from system upgrades instituted by the Administrator, AIS.
- THANK YOU

- The relationship between Sagicor and you, our Providers, is a partnership from which our clients benefit.
- It is therefore very important to us that this relationship is a success.
- THANK YOU

