

Special Needs Planning and Medicaid Law Newsletter



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A FREE LEGAL UPDATE FOR ELDERS AND SAME SEX PARTNERS WHO SEEK ASSET PROTECTION ♦ SEPTEMBER, 2016 EDITION

HOW TO MAKE LONG TERM CARE INSURANCE COMPANIES PAY YOUR CLAIMS AND WHAT TO DO IF IT WON'T

First and most importantly, read policy terms very carefully. Make sure you understand what the policy covers.

But consumer advocates and lawyers say many seniors—and their families—spend months, and sometimes years, struggling to persuade insurers to pay the bills.

To help avoid denials, it's essential to understand what your policy covers. Understand the traps that can block a claim from being paid.

Determine when the policy becomes effective

Policies typically include a deductible, known as an elimination period, of 20, 60 or 90 days. But insurers differ on how they count those days.

Some policies use "calendar days"—paying for services 60 days after you file a claim or after the doctor or company certifies that you have a covered disability.

But other plans focus on "service days," counting only the days that you pay for a home health aide, for example, during the waiting period.

If the caregiver visits three days a week, the insurer only counts those visits toward the 60-day waiting period—and benefits won't kick in for 20 weeks.

In the meantime, the family has to pick up the tab. Some policies will waive the elimination period for home health care, says Attorney Mark A. Roseman who specializes in fighting long term insurance carriers who deny claims.

Regardless of the particulars of the elimination period, Roseman, says it's essential to file a claim at the first possible moment.

The insurance company will need to review clinical records; and perhaps even send a nurse or social worker to visit your parent before it approves the claim. "All this takes time," Roseman says.

Pass the disability test

Claimants typically must prove that they are "cognitively impaired" or need help performing two or three "activities of daily living," such as bathing or eating.

"A licensed health care provider should confirm in writing" all of the details of the patient's disabilities, says Attorney Mark A. Roseman, who represents claimants in insurance cases.

He also recommends that a physician "in essence write a prescription" for home health care seven days a week or nursing-home care for life. When you call the insurer to file a claim, make it clear that you have documentation from a physician.

The physician's report should state the specific type of care covered by the policy. For example, Roseman says, "If a policy requires that the person needs help getting in and out of the shower, the doctor should state that in his written prescription.

"The insurer will verify the need for care, either by phone or in person. If carrier sends nurse to your home, you or another advocate " must be present to explain the problem to the nurse" says Roseman, an insurance lawyer in South Florida..

"The patient should never be left alone." And the insurer should be told in writing to call the patient's you, another advocate. Not to ever call the patient for any information", Roseman says.

Someone with Alzheimer's could have moments of lucidity, for example. Older patients often don't want to admit how helpless they are.

Check the caregiver requirements

Before you hire a caregiver, study the policy's fine print on the type of aide the company will cover.

Many policies will only pay for licensed caregivers who work for an agency, even though many patients simply require the help of a personal care aide—someone to prepare meals and help with bathing.

You don't want to discover too late that the aide you hired doesn't qualify. These requirements also cover aides during the elimination period—even though you are paying for the care yourself.

Florida does require home health care aides and certified nurses' assistants to be certified by the State, but not licensed. In Florida, Roseman says, there is no license requirement for home health aides. He says that when the home health providers call the insurers to remind them of the law, "the companies usually back down, but sometimes they don't."

Keep a log of all communications with the insurer. Follow up all phone calls with a letter, fax or e-mail. If the insurer drags its feet or denies a claim, consider hiring a lawyer who specializes in filing "bad faith" claims against insurance companies.

Attorney Mark A. Roseman offers free, no charge seminars at your facility to teach your clients and employees how to properly complete insurance claims for long term care.

***IF INSURER DENIES
YOUR CLAIM, WE
CHARGE NO FEE TO
SEEK REVERSAL.
INSURER PAYS ALL
FEES AND COSTS!***