



# WHATEVER IT TAKES

We're problem-solving, frustration-fighting people on a mission to make your healthcare simpler.



## If there's a better way for you to experience your healthcare, we'll find it.

When you don't know where to begin, start with your MyQHealth Care Coordinators.

### **Q: Who are MyQHealth Care Coordinators?**

**A:** Think of us as your personal team of nurses, benefits experts and claims specialists who will do whatever it takes to support your unique healthcare needs. We are your one resource to contact whenever you need help with your medical, wellness or pharmacy benefits.

### **Q: What can Care Coordinators help with?**

**A:** Your Care Coordinators can help with anything related to your healthcare and health benefits. Whether you have a question about your claims or bills, need help knowing what's covered under your plan, want to prepare for an upcoming doctor visit, or just need a new ID card, we are here for you. No question is too big or too small.

[LIQuantum.com](http://LIQuantum.com)

**877-220-2279**  
(Monday-Friday, 7:30 a.m.-9 p.m. CT)

To download the app, text 'QUANTUM' to 38470 | **MyQHealth - Care Coordinators**



**Q: Do I need to inform my doctors about MyQHealth Care Coordinators?**

**A:** Next time you visit a doctor or other healthcare provider, be sure to show them your ID card and ask that they review it carefully. It has all the information the office needs to have your claims processed and contact your Care Coordinators. If applicable, you may also wish to point out that your provider network may be different from your claims payer. This will help ensure your claims are sent to the right place.

**Q: What is a primary doctor?**

**A:** A primary doctor can be a family doctor, a general practitioner, a doctor of internal medicine or a pediatrician (for children). A primary doctor is sometimes called a family doctor or a primary care physician (PCP). During pregnancy, your OB/GYN may serve as your primary doctor for the purpose of giving referrals.

**Q: Am I required to designate a primary doctor for myself and each family member?**

**A:** While not required, we strongly encourage you to designate a primary doctor. Think of your primary doctor as the physician whose job it is to get to know you and your health over time. When you begin all healthcare events with your primary doctor, you're building a relationship that will help them be ready for you when you need care. Whether it's treating you when you get sick, providing a referral to a specialist, or administering a preventive screening, such as an annual physical, your primary doctor will make sure you get the best care throughout your life. Your Care Coordinators can help you through the designation process.

**Q: What if I don't currently have a primary doctor?**

**A:** Your Care Coordinators can help you find an in-network primary doctor based on location, practice type, hospital affiliations, languages spoken and gender. We'll also make sure they are accepting new patients.



**Q: What is the difference between in-network and out-of-network providers?**

- A:** Providers who are in your network have agreed to three important standards that benefit you:
1. They have agreed to specific fee reimbursements for various services and procedures.
  2. They will accept your health plan's reimbursement as total payment and will not balance bill their patients.
  3. They will bill your plan directly and will typically not require patient payment up front (other than a copay or coinsurance, if applicable).

You receive the best level of benefits when you visit in-network providers. When you visit providers who are not in your network, the services you receive will be billed at an out-of-network benefit level and you will generally be responsible for a larger percentage of the total fee.

If an out-of-network provider charges more than what is considered "reasonable and customary" (which is the amount paid by your plan), they may bill you for the difference. Any extra amount you pay will not count against your deductible or coinsurance limits, and out-of-network physicians may require payment in advance for all of your care.

**Q: How do I get reimbursed for medical services I have paid for out of pocket?**

- A:** You can call your Care Coordinators for assistance or go to [LIIQuantum.com](http://LIIQuantum.com) and complete the appropriate claim form located in the Plan Documents and Forms section. Be sure to attach all required information and submit it to the address listed.

**Q: What if I require care while I'm on vacation or traveling?**

- A:** In the event of an emergency, go to the nearest medical provider. At your first available opportunity, call your Care Coordinators. They will ensure that all referrals and pre-certifications are in place and that you get the best care at the best cost. If it's not an emergency but you still have questions about your care or want to visit a doctor, contact your Care Coordinators for help finding in-network providers.

[LIIQuantum.com](http://LIIQuantum.com)

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**Q: What is a pre-certification?**

**A:** Before you receive certain medical services or procedures, your health plan requires a doctor to confirm that these requested services are considered medically necessary under your plan. This verification process is called “pre-certification.” Services that require pre-certification are listed on your ID card.

**Q: How does the pre-certification process benefit me?**

**A:** Obtaining pre-certification ensures insurance coverage for your medical service(s). Since it can be difficult for you and your doctor to keep track of what’s covered under your health plan, your Care Coordinators are here to help. The pre-certification process helps you learn before you get billed whether or not a service will be covered. It also ensures your Care Coordinators are more informed as they help coordinate your care. For example, if your procedure is scheduled at an out-of-network facility, your Care Coordinators will let you know so you have a chance to reschedule it with an in-network provider and avoid a higher cost.

**Q: How does the pre-certification process work?**

**A:** Pre-certification for medical services typically begins with someone from your provider’s office submitting your medical records and request for approval to your insurance company. Your insurer will then send a letter with their determination of coverage to both you and your provider.

Your Care Coordinators can assist with this process by requesting the approval on your provider’s behalf. If, for any reason, coverage for your medical service is denied, your Care Coordinator can speak with your provider and insurer (sometimes together) to find out why your coverage was denied and discuss the medical necessity of the service in order to reverse the determination and secure the pre-certification. In this instance, your Care Coordinator is your advocate, fighting for you to get the care you need.

# MyQHealth Care Coordinator F.A.Q.



**Q: What if I am already seeing a specialist or already have a procedure scheduled that has not been pre-certified?**

**A:** If you are already scheduled to have a procedure or service without pre-certification on your behalf, call your Care Coordinators. They will help you obtain any necessary pre-certifications so you can get the most out of your benefits.

**Q: What services require pre-certification?**

**A:** We also help confirm pre-certification for services to make sure you're always covered.

- Inpatient and skilled nursing facility admissions
- Outpatient surgeries
- MRI/MRA and PET scans
- Oncology care and services (chemotherapy and radiation therapy)
- Genetic testing
- Home healthcare
- Hospice care
- DME - all rentals and any purchase over \$1,500
- Organ, tissue and bone marrow transplants
- Dialysis
- Partial hospitalization and intensive outpatient for mental health/substance abuse

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