



STAKE

After a crash, know what to do—and what not to do—when it comes to insurance

Your CLAIM

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Every day, you join the millions of people who depend on their cars for work, school or play. Sure, you carry an auto insurance card in your glove compartment and a health insurance card in your wallet, but you probably never think about needing either. Then you do. And, as victims of drunk driving crashes know all too well, it can be confusing and frustrating to navigate the world of claim forms, denial letters, appeals and fine print.

Crash victims/survivors Elizabeth Blanton and Ernie Szabo found their way around the insurance labyrinth the hard way. Here's what they learned.

Pain and Suffering

In the spring of 1999, Elizabeth Blanton was struck by an uninsured drunk driver.

Seven days after the crash, she woke up in an intensive care unit in Huntsville, Ala., with massive injuries requiring weeks of care and months of rehabilitation.

"There is so much paperwork that goes with filing claims, and when you are injured your mind is not clear enough to take care of everything. You're just trying to figure out what has happened to you," says Elizabeth, noting that on two separate occasions while she was in the ICU, people representing insurance companies attempted to visit her about a settlement. Because of her inability to deal with such critical decisions, she explains, "My parents were forced to deal with everything."

A Good Guide

As unbelievable as a hospital-bedside visit from an insurance representative may sound, Ernie Szabo knows how Elizabeth felt. His 25-year-old daughter, Ashleigh, was involved in a car crash in May 1999 that left her with multiple injuries, including a traumatic brain injury.

Like Elizabeth and her parents, Ernie was stunned to receive a call from an insurance representative while he was keeping vigil at his daughter's bedside.

"People were calling us in the ICU trying to get us to settle," Ernie says. "Dealing with insurance companies and medical services is difficult. Many people are not used to working with these types of agencies and their bureaucracies. It is overwhelming."

So overwhelming that Ernie established the Brain Injury Recovery Network, a nonprofit organization that provides victims/survivors with information, treatment options and guidance on how to proceed with various insurance claims and benefits.

As Ernie and Elizabeth can attest, information is the key to navigating your way through the insurance maze.

Auto Insurance

Auto insurance is not a luxury. It is a necessity—one that is often required by state law—and with good reason. Basic auto insurance is designed to protect drivers against financial loss if they are involved in a collision. Each state has laws about required auto insurance coverage.

It is common for insurance companies to move to settle quickly. While it is important to report a crash to your insurance company, Ernie cautions, "Don't sign anything; don't settle with anyone, just focus on your loved one's well-being. Get over the initial crisis and then follow up with the insurance company. We (the Brain Injury Recovery Network) often recommend hiring an attorney who specializes in personal injury to handle these claims."

Elizabeth's father did just that. "We hired an attorney to sue the parents of the offender, because they had auto insurance at the time of the crash, and the offender was driving their car," she explains. "After we settled, I had to turn around and give my award to my health insurance company to cover my medical costs."

"If you have private health insurance, you need to know if there is a subrogation clause in that policy," Ernie emphasizes. Subrogation refers to an insurance company's right to recover damages paid to an insured party if a third party caused the loss. In Elizabeth's case, her health insurance carrier reserved the right to retrieve damages awarded to her by the insurance carrier of the offender's parents.

To help protect yourself, Ernie says, “When working with an attorney, you might ask about working [subrogation] into the settlement.”

Private and Public Health Insurance

When a crash occurs and an injured victim/survivor is transported to a hospital, payment for emergency services becomes a concern. Although hospitals cannot turn away a patient in need of emergency medical treatment, private hospitals are not required to provide non-emergency care to people who cannot pay.

The level, quality and types of health insurance coverage vary. “My medical costs were covered 100 percent by my parents’ health insurance,” Elizabeth says. The Blantons’ employer-provided insurance is called private insurance, which refers to coverage that is purchased by an individual or group. Because the policy covers a group, it tends to cost less than an individual policy. And often employers pay a portion if not all premium costs for their employees.

“If someone has private health insurance through an employer, the first step in navigating the insurance maze is gaining an understanding of the coverage, identifying the plan as an HMO or PPO, distinguishing the insurance policy as primary or secondary, and things of that nature,” Ernie says. “It can be beneficial to contact a representative of the employer to clarify specifics about the policy.”

Ernie continues, “Next, it is important to know if referrals from a primary physician are required for specialist care, as is often the case with HMOs. Many people do not realize that there are often lifetime limits to coverage, such as plans that will pay up to \$1 million for medical care in a person’s lifetime. That may seem like a lot of money, but for an injury victim, that amount has to cover acute care as well as rehabilitation, which is often lifelong.”



Injured victims/survivors and their families need to have a clear understanding of the doctor’s treatment plan, as well as those instituted by allied professionals. Rehabilitative therapies such as physical therapy, occupational therapy and speech therapy often are covered by insurance, but are scrutinized. If the injured victim/survivor is not making progress, the insurance carrier may deny further coverage.

“It helps to understand the appeals process for your insurance company. If your employer insures you, speak with a representative of your human resources department to discuss the process. Otherwise, call the insurance company directly to determine why your claim was denied,” Ernie says. “And push for what is needed.”

Benefits and processes are a bit different for individuals covered by public health insurance, such as Medicare or Medicaid. Medicare is the federal health insurance program for eligible retirees and individuals who are disabled or have long-term illnesses. Medicaid is the federal- and state-funded program that provides for healthcare, institutional long-term care and other community services, generally awarded to children and low-income individuals who have disabilities.

“Medicaid can be very beneficial to injured victims/survivors living with disabilities, as it provides a host of services and resources not covered by traditional insurance,” Ernie explains. “Medicaid-funded programs support people who would otherwise live in institutions, and you won’t find the same short-term treatment limitations.”

Other Considerations

To qualify for Medicaid, a person must meet certain financial guidelines. If an injured victim/survivor received a settlement from an insurance claim, they may be forced to ‘spend down’ the amount before they meet eligibility guidelines. “The best thing to do is to call your local Medicaid office to see what you are eligible for and ask about Medicaid Waiver programs, which are Medicaid programs that have less stringent eligibility requirements,” Ernie recommends.

Additionally, if the injured victim/survivor is not going to fully recover all cognitive abilities that would allow him or her to function independently or make decisions, it may be beneficial to pursue guardianship for that person. Ernie says, “Guardianship will ensure that someone will make good financial, medical and life decisions on behalf of the injured victim/survivor.”

Mapping Your Course

- Take care of you and your loved one before dealing with your insurance claims.
- Consider hiring a personal injury attorney before settling.
- Preserve as much physical evidence as possible.
- Read your health insurance policy.
- Work with your employer to understand what your policy does and does not cover.
- Have the proper referrals from your primary physician before seeing a specialist, if your coverage requires it.
- Know what the lifetime limits are for hospitalization and rehabilitative therapies.
- Understand the appeals process.
- Develop a good working relationship with your insurance case manager.
- If your private insurance is limited, investigate your state’s public health insurance benefits.
- Consult with durable medical equipment vendors to ensure medical necessity for prescribed equipment.
- Call your local Medicaid office to see what you’re eligible for and to ask about Medicaid Waiver programs.
- Investigate guardianship for those 18 years or older who will need ongoing supervision of assets and other aspects of life.