Medical and Vision Plan Frequently Asked Questions (FAQs)

General Information/Customer Service:

Q. Who do I contact if I have a question regarding a medical or vision claim?
A. The City uses the services of HealthSmart Benefit Solutions ("HealthSmart"), a Third-Party Administrator ("TPA") to process all medical and vision claims. If you have a specific question regarding a medical or vision claim or explanation of benefits, please contact HealthSmart by calling the toll-free number on your ID card or 1-800-624-8605 during the hours of 7:00 a.m. to 7:00 p.m. (EST) Monday through Friday.

Q. How do I make a change to my contact information such as my name, phone number or mailing address?
A. Changes can be emailed to contactinfoupdate@cityofcharleston.org. **Do not contact HealthSmart for changes**. Name changes must be accompanied by legal documentation (marriage certificate, divorce decree, court order, etc.)

Q. When does my coverage begin?
A. Coverage begins the first (1st) day of the month following your hire date.

Q. Where can I verify the eligibility effective date of my coverage?
A. You can verify your effective date by contacting HealthSmart at 1-800-624-8605, or by calling the toll-free number on your ID card. You can also verify eligibility on HealthSmart.com.

Q. How can I add or remove eligibility for a dependent?
A. To add or remove a dependent from coverage, please contact the Office of Human Resources at contactinfoupdate@cityofcharleston.org. A request to add a dependent must be accompanied by legal documentation (marriage certificate, birth certificate, court order, etc.) Changes can only be made outside the open enrollment period within 30 days of a life event (marriage, divorce, loss of other coverage, etc.)

ID Cards:

Q. After I enroll in the Plan, how long will it take before I receive my ID card?
A. ID cards are issued by Healthsmart. You should receive your card within two (2) weeks after the date HealthSmart receives your enrollment information.

Q. What should I do if I need to go to the doctor before I receive my ID card?
A. If you have recently enrolled and need to seek medical care before your ID card arrives, ask the provider to call HealthSmart Customer Service Department at 1-800-624-8605. You may print a temporary ID card from HealthSmart.com.

Q. How can I get a replacement ID card?
A. ID cards are issued by Healthsmart. To obtain a replacement ID card, please contact HealthSmart at 1-800-624-8605. **Do not contact the Office of Human Resources for replacement ID cards.**

Q. What should I do if the name on my ID card is incorrect?
A. If the information on your ID card is incorrect, please notify the Office of Human Resources at contactinfoupdate@cityofcharleston.org.

Q. Will my covered spouse and/or dependent receive an ID card in his or her name?
A. No, ID cards are issued in the employee's name.

Claims and Explanation of Benefits (EOB)

Q. Where can I get a summary of my benefits?
A. Summary of Benefits are available on the City of Charleston intranet site.

Q. How do I file a claim?
A. In-Network Provider: If your medical visit is from an in-network provider, generally, this provider will submit the claim on your behalf. When an in-network provider submits your claim, you do not need a claim form. Please check your ID card for mailing instructions which may be required for in-network claims. If there are no specific mailing instructions listed on your ID card, mail the claim to HealthSmart at the P.O. Box address indicated on your ID card. Be sure to include the Participant ID Number and Employer Group Number. Both of these numbers are located on your ID card.

Out-Of-Network Provider: If you visited an out-of-network provider, generally, this provider will submit the claim on your behalf. The claim should be submitted to HealthSmart at the P.O. Box address indicated on your ID card. Be sure to include the Participant ID Number and the Employer Group Number. Both of the numbers are located on your ID card. If the out-of-network provider requires you to pay for services up front, submit your claim showing your payment, and you will be reimbursed for eligible expenses.

Q. How can I verify the status of my claim?
A. To verify the status of your claim, please contact HealthSmart at 1-800-624-8605, or by calling the toll-free number on your ID card. You can also access the information on their website at HealthSmart.com.

Q. Is there a way for my doctor to apply to participate in my plan, if he/she is not in my network?
A. Yes, please ask your doctor to contact the network indicated on your ID card.

Q. How do I know if a provider is a participating provider with our network?
A. To find out if a provider participates in your network, you can contact the network directly by calling the telephone number indicated on your ID card or visit the HealthSmart website.

Q. How are claims handled for employees with more than one health insurance plan?
A. When a patient is covered under more than one group health plan, one plan will be designated as the primary plan and the other plan will be secondary. We refer to this as Coordination of Benefits (COB). If our plan is the secondary payer, we must have a copy of the primary payer's Explanation of Benefits (EOB). If a copy of the primary payer's EOB is not attached, the claim will be considered pending until we receive the primary carrier's EOB.

Q. What should I do if I receive a bill from a provider for services rendered?
A. If you receive a bill from a provider, review the bill to make sure it is not an "information only" statement. Most providers will send you a statement showing the total amount due and inform you they billed your plan. If it is a bill, ask the provider if they've submitted this bill to your plan for payment. If they've submitted your bill, allow 30 days to receive our Explanation of Benefits (EOB). The EOB will indicate the patient responsibility, which is the amount you will owe the provider. If you have not received an EOB within 30 days, you should resubmit your claim to the address on your ID card.

Q. What should I do if my network provider is billing me for the discount amount?
A. Please refer to your Explanation of Benefits (EOB) to make sure you've paid your patient responsibility amount (the amount will be indicated on the EOB) to the provider. If the provider is billing you for the network discount amount, return the bill to the provider with a copy of our EOB indicating the discount amount applied. If the provider continues to bill you for this amount, contact the HealthSmart Customer Service Department by calling 1-800-624-8605, or the toll-free number on your ID card.

Q. What should I do if I receive a bill for services I did not receive?
A. Many times when you receive laboratory or x-ray services in your doctor's office or at the hospital, the lab work is sent to a pathologist for processing and the x-ray is sent to a radiologist for interpretation. Even though, you may not have seen the pathologist or radiologist, they performed a service on your behalf. If you feel you received a bill in error, contact your provider and ask for clarification. If you still feel you received a bill in error, contact the HealthSmart Customer Service Department by calling 1-800-624-8605, or the toll-free number on your ID card. We will be glad to request office notes to support their charges on your behalf, and, if necessary, request a refund from the provider.

Q. What can I do if I wish to appeal an adverse benefit determination?
A. The right to appeal is indicated on the back of your Explanation of Benefits (EOB) and is also included in your Summary Plan Description (SPD). To start the appeal process, the Participant, or a duly authorized representative acting on behalf of the Participant, submits a verbal or written request asking for a change in the initial determination decision regarding a claim payment, plan interpretation, benefit determination, or eligibility. Unless your SPD indicates otherwise, mail your appeal to:

Plan Administrator
c/o HealthSmart
P.O. Box 366
Charleston, WV 25322

The Participant, or provider/representative acting on behalf of the Participant, has 180 days after receipt of a coverage decision to file an appeal, unless otherwise required by law. If the claim can be adjusted, you will receive an EOB. However, if the original decision is upheld, you will receive a written response explaining the benefit determination.

Q. How can I reach the HealthSmart Customer Service Department?
A. You can contact HealthSmart by calling the toll-free number on your ID card or 1-800-624-8605 during our regular business hours Monday through Friday from 7:00 a.m. to 7:00 p.m. (EST).

Pre-Certification and Pre-Authorization

Q. What does it mean to pre-certify an admission?
A. Pre-certification involves determining the appropriateness of an admission and the length of stay of an inpatient admission based on established medical criteria. Some plans may also require pre-certification of certain outpatient procedures and services. Failure to obtain pre-certification may result in a financial penalty. Please refer to your Summary Plan Description (SPD) for specific requirements of your plan or call the HealthSmart Customer Service Department at 1-800-624-8605, or the toll free number on your ID card.

Q. What is a preauthorization?
A. A preauthorization is a written request prior to a procedure or service being performed to verify benefits and medical appropriateness. If you are unsure if a procedure or service requires preauthorization, please refer to your Summary Plan Description (SPD), or call the HealthSmart Customer Service Department at 1-800-624-8605, or the toll free number on your ID card.

Please note: Summary of benefits and/or eligibility is not a guarantee of payment. Benefit determinations will be based on eligibility and plan limits at the time services are rendered. Benefits information only applies to procedures and diagnoses that are covered by the plan. We encourage you to review the SPD to determine if the charges in question are covered expenses. Pre-authorization requests for a specific diagnosis or procedure must be submitted in writing.