

Student Health Insurance Plan (SHIP) **All about Authorizations**

Why do I need authorization to seek care outside of Tang?

All referrals for health care services outside of the Tang Center, except for emergency care, must be authorized in advance. These referrals are reviewed by the Medical Director. This ensures that services covered by SHIP are medically necessary, which helps keep the cost of the plan affordable for all students
NOTE: Services that are not authorized in advance will not be covered by SHIP, and the student will be responsible for all charges.

How is an authorization initiated?

Students with SHIP must start their care at the Tang Center. If you need a service that is not provided at University Health Services (UHS), your clinician will initiate a Request for SHIP Authorization for Services for you to see a provider outside of UHS.

When will my request for authorization be reviewed?

Most requests are reviewed within two to five business days. However, urgent requests for services are given priority to avoid delays in care, and certain services can be authorized immediately.

How will I know if my request for authorization is approved?

A SHIP representative will call you to let you know the status of your authorization. In addition, a copy of the authorization will be postal mailed to your address on file at the Tang Center. If a specific provider is noted on the request for authorization, approved authorizations will be faxed to the provider's office.

What do I do once my care is authorized?

You can contact your provider to make an appointment for services. Remember to take your white Blue Cross ID card and the SHIP Authorization form with you to your appointment.

How do I find a Blue Cross Prudent Buyer Provider?

You will pay less for your health care if services are rendered by a provider who is a member of the Blue Cross Prudent Buyer Provider network. A SHIP representative can help you locate providers in the Blue Cross network. However, we recommend that you verify whether the provider is in the network when you call to make an appointment, as the provider's status may have changed.

How are bills for authorized services paid?

Providers in the Blue Cross network will send claims to SHIP. After SHIP has paid for services according to the plan's benefits, the provider will bill you for the portion that is the patient's responsibility. This may include the deductible (\$200 per plan year) and co-insurance amounts (usually 10-20% of the charges). Non-network providers are not required to send claims to SHIP, and may require payment at the time services are given. In this case, you will have to submit the bill to the Student Health Insurance Office to obtain reimbursement by SHIP.

What if I have a problem with my bill?

Please contact the Student Health Insurance Office at (510) 642-5700 if you have any questions or concerns about how your health care bills have been paid by SHIP.