

What Do Consumers Want To Know About Health Insurance?

A Qualitative Analysis of the "Ask Nancy" Database of Health Insurance Questions

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Executive Summary

This project used qualitative research methods to analyze a convenience sample of approximately 1,650 emails sent to the “Ask Nancy” email box at *Consumer Reports* between March 2010 and November 2011. The announcements driving traffic to the mailbox invited readers to send their questions about health insurance, although non-subscribers could also send questions.

Based on these queries, we learned that these consumers understand the importance of health insurance and want to do the right thing by getting insurance, but they feel overwhelmed by the choices and are uncertain where to get reliable information to make their decisions. Many were unsure how to even begin choosing a health plan.

Key questions they struggle to answer include:

- Where can I find information about the health insurance options available to me?
- Based on my personal situation, what are the best health insurance options available?
- How does Medicare relate to private insurance and how can I make these work together without overpaying?
- How do I make trade-offs between costs and the amount of coverage?
- What can I do if my claim is denied or is not covered (private insurance and Medicare)?
- What will the new health care reform laws mean for me?

The tone of the consumer questions were often laced with anxiety. It was clear consumers were overwhelmed and often frustrated. Consumer anxiety and frustration stemmed both from trying to navigate through excessive amounts of plan information as well as a lack of information when trying to compare health plans.

For many, affordability considerations constrained their choices and made the task of selecting coverage difficult. For others, they felt they could afford coverage but couldn't navigate their options, and they worried about making a choice that was wrong for their family.

The majority of consumer queries related to trying to shop for private coverage in the individual or non-group market. Of the sizeable remainder, most queries were related to navigating Medicare, the federal coverage program for people 65 and older and for the disabled.

Few writers mentioned other resources they had consulted and many seemed unaware of specific resources. When consumers did mention how they got information about a health plan, Medicare recipients often noted it was from a piece of mail received and some referred to an unspecified online site.

Consumers also had questions about certain claims being denied or not covered with their current private insurance and Medicare coverage.

A small portion wanted to know more about the new health care law, asking whether certain consumer benefits were available yet and whether the new law would help or hurt them.

While this analysis reflects a convenience sample, it corresponds closely to the other data on the concerns facing consumers when they shop for coverage. Selecting health insurance is a complex exercise that leaves many feeling overwhelmed. The findings reinforce the notion that today's insurance shopping resources are not well understood, consumers are not often aware of existing resources, and in some cases existing resources are inadequate in light of consumers' needs.

Introduction

The goal of this project was to identify patterns and trends in a large sample of emails sent to a mailbox which solicits health insurance questions from consumers. This report describes the project and the findings, with particular focus on the types of problems consumers reported when selecting health insurance.

Background on the “Ask Nancy” Mailbox

The “Ask Nancy” mailbox first became available to consumers in March 2010 coinciding with the passing of the Affordable Care Act. Nancy Metcalf, Senior Program Editor with *Consumer Reports*, authored a blog about health care reform for the health insurance portion of the *Consumer Reports* website. To further engage with consumers, *Consumer Reports* created a link to a dedicated email box so that Nancy’s readers could send her their questions about health insurance. Both subscribers and non-subscribers could write to her. The new feature was announced on the blog on March 22, 2011, and specified audiences could write about health reform questions. <http://news.consumerreports.org/health/2010/03/got-questions-about-health-reforms-immediate-changes.html> In addition, some *Consumer Reports* newsletters, also promoted the “Ask Nancy” mailbox.

The overall invitation for mailbox questions is very general: “Ask Nancy: your insurance questions answered,” with a separate link to either “Ask Nancy your questions” or “Tell Nancy your story.” (See, <http://www.consumerreports.org/health/insurance/health-insurance.htm>) Both links open an email portal. Nancy responds to as many questions as she can and forwards questions outside the realm of health insurance (such as specific medical condition and long term insurance questions) to appropriate divisions within *Consumer Reports*. On average, Nancy responds to about 30% of the 120 messages received per month directly and responds to common concerns through the blog.

Study Approach

We analyzed approximately 1,650 emails sent to the “Ask Nancy” email box at Consumer Reports between March 2010 and November 2011. These emails constitute a convenience sample and respondents may not be representative of the overall population and their concerns are not generalizable to the overall population.

We addressed one key research question for this project: what are the overall patterns and trends in the emails sent to the “Ask Nancy” mailbox?

The emails varied in length with most being relatively short consisting of a few sentences. Due to the volume of the emails and the fact they originated from two different email systems, the responses were imported into two excel databases for analysis, with each database consisting of about 825 emails.

Email content was analyzed using an open content analysis approach which included the following steps:

- We conducted a one-hour interview with Nancy Metcalf, the Program Editor who maintains the mailbox, to ascertain timeline for the mailbox, how people became aware of the mailbox, how these “writers” might differ from the general population, and her general perception about the type of questions submitted.
- Prior to the database analysis, we removed personal identifying information (PII) to ensure respondent confidentiality and assigned each individual respondent an anonymous code. In addition, we identified duplicate, incomplete, or irrelevant e-mails. Data removed were sorted into separate worksheets within the databases (“delete” and “duplicate”). With the duplicate, incomplete and irrelevant emails removed, the total number of responses to be further coded was 1,442.
- We used a manual open coding process following the steps of open coding as outlined by Strauss and Corbin.¹ Open coding allows us to generate a set of codes without a preconceived set of categories or research objectives. In particular, we divided email content into segments that reflect commonalities and/or related categories of information. Two coders worked together in the process of coding – sharing code sets and observations in order to ensure inter-rater reliability.

¹Strauss, A. L. & Corbin, J. (1998). *Basics of Qualitative Research*. Thousand Oaks, CA: Sage Publication.

To identify themes and patterns, we used the inductive methodology suggested by Glaser and Strauss (1967).² As we analyzed patterns and trends, we collapsed codes to identify the dominant themes of the set. In addition, we collected illustrative quotes to include in the final report.

High level themes included private health plan choice, Medicare, coverage questions, and health reform legislation.

Introduction to Findings

After analyzing the 1,442 unique consumer questions, there were several factors noted that may have influenced the type of overall queries received: (1) the *Consumer Reports* connection (2) the presentation and promotion of the “Ask Nancy” mailbox (3) characteristics of the writers and (4) characteristics of shoppers.

1. Accounting for the *Consumer Reports* Connection

Because the “Ask Nancy” mailbox was presented on the *Consumer Reports* website and advertised mainly to *Consumer Reports* customers, we must consider that these consumers may be different than the general population. *Consumer Reports* is known for providing consumers or shoppers accurate and reliable information that takes multiple factors into account. That said, we can speculate that *Consumer Reports* customers are 1) shoppers; 2) actively looking for information; and 3) concerned with making an educated and informed choice. In all likelihood, *Consumer Reports* customers understand that selecting a product or service that is right for each individual requires weighing multiple factors and then making trade-offs that reflect their personal preferences. They also understand that “Best” is not always defined as being “cheapest” or “most expensive.”

2. Presentation and Promotion of the “Ask Nancy” Database

The type of consumer drawn to the “Ask Nancy” mailbox may also have been influenced by how queries were solicited. Most of the queries related to *shopping* for health insurance rather than *using* current health insurance. This may indicate that shopping questions far outnumber usage

² Glaser, B. & A. Strauss. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Hawthorne, New York: Aldine Publishing Company.

questions in the general population, but it could also be related to the fact that *Consumer Reports* audience is often being used by consumers about to make a major purchase.

3. Writer Characteristics

Based on the content of their emails, consumers writing to “Ask Nancy” tended to either be somewhat educated about the topic of health insurance or were seeking information to become educated and make tradeoffs. Our analysis showed that these writers:

- understood the importance of having health insurance.
- had personal situations that affected their access to health insurance.
- had a basic idea of what they could or could not afford.
- needed help making comparisons and, ultimately, informed decisions.

These consumers are overwhelmed by the complexity and the amount of information available and, at the same time, concerned by the lack of comparable information. They are anxious about making the wrong decision and end up without sufficient coverage or with a plan they cannot afford, and they are looking for reassurance from an expert.

4. Shopper Characteristics

In general, consumers are not regular “shoppers” of health insurance. Many of the questions came from consumers who had recently entered or re-entered the “shopping” stage for health insurance and were seeking information to help make the best decision. They became shoppers because their personal situations change – their finances, their health, their age, or an increased number of options. Their overall question could be summed up as “what is the best choice given my personal situation?”

Overall Findings

The largest category of questions had to do with selecting a private health insurance plan. The second largest category of questions dealt with selecting a Medicare plan. We separated the queries along these lines both because consumers themselves made this distinction and because we wanted to see if the types of queries differed between non-Medicare and Medicare plans.

We found that queries across the two categories have some differences but also some overlap in terms of comparability, affordability, and specific situations.

The tone of the consumer questions were often laced with anxiety. Consumer anxiety and frustration stemmed both from trying to navigate through excessive amounts of plan information as well as a lack of information when trying to compare health plans.

To shop effectively, consumers need the ability to make trade-offs such as amount of coverage versus premiums, deductibles, prescription costs, co-pays. **But in order to make these trade-offs, consumers must be able to find and understand different plan terms and costs, as well as consider their personal circumstances, such as their expected usage.** Many writers expressed frustration because they lacked the information to make necessary trade-offs, or were unhappy with the options available to them.

In general, consumers rarely mentioned resources they had consulted prior to contacting Nancy. If consumers did mention how they got information about health plans, Medicare recipients often noted it was from a piece of mail received while most others (if they mentioned anything at all) referenced an unspecified website. Nancy's responses often included directing consumers to existing informational resources such as healthcare.gov, medicare.gov, medicareinteractive.org, pcip.gov, health insurance related information from consumerreports.org (often the Best Buy Drugs portion of the site) and websites of various state high-risk plans to help answer consumer questions.

Selecting Private Health Plans

The overarching and dominant theme of the email content focused on selecting a private health plan. Over 500 or about one-third of the questions were about finding a plan, generally in the non-group market. Many consumers noted how expensive health insurance was and were looking for low cost options that would still protect them and their family. Most seemed to understand the importance of having health care insurance, but with the cost and the overwhelming choice of options, they were often unsure where to even begin. Within the category of selecting a health plan, consumers had many, many questions.

Comparative Information on Health Plans

A significant portion of consumers wanted to know whether resources exist to compare the many choices available to them. Many were interested in finding ratings of plans, cost comparisons, or other resources as a starting point to find “best” plan for them.

What is the best online site to compare or check rankings on health insurance plans for individuals?

I live in Nashville, TN and apparently there are only 3 companies that offer guaranteed coverage. I have no idea which one is “known” for being “better.”

I have recently retired and am in need of new health care coverage. What is a safe way to find affordable health care?

I'm just wondering if you have a good resource for finding health insurance for a couple + 1 child (2 years old) who both work for themselves? We've used brokers before, but none of them seem to represent ALL the options, and I'm a comparison shopper looking for the best deal, especially in this economy. Also, when you buy your own insurance as opposed to just having your employer telling you what it is, there are so many options and add-ons and all the companies seem to figure things differently, it's liking apples and oranges...which is the best plan for us?

Hi, who has the most affordable health insurance plan when you have to buy your own? Is there a web site to compare prices and what you get?

Specific Concerns and Options Regarding Private Health Insurance

Many consumers were also concerned and anxious about specific situations affecting their access to health insurance. A pre-existing condition for themselves or a family member was the largest specific situation category. Other specific situations included trying to shop for the best insurance if unemployed, working for a company that does not offer health insurance, being self-employed, being a student, being a young adult, or having a low income. These consumers still wanted to know what their health insurance options were and were looking for guidance about their best and most affordable options.

Pre-existing Conditions

Many consumers indicated they or a family member had been denied insurance or could not afford insurance due to pre-existing conditions and asked for advice.

I have a preexisting condition and it has been hell to OBTAIN ANY AFFORDABLE insurance! At one point I had care first MHIP but had to desist because it became too expensive for me. I don't know what I qualify for with the new health plan to be effective on 2013 or if I qualify for anything at all? I am 63. I have been uninsured for the past 3 years.

I have Systemic lupus (which is in remission) and anxiety. I've been denied for healthcare coverage as a self-employed educational/behavioral consultant. I'm currently working (for much less pay) just so I could have access to health insurance. I'm willing and able to pay for health insurance, but what can I do?

I'm a 63 year old retired male who is on COBRA³ which will run out in about six weeks. Both my wife and I have preexisting conditions. My current group carrier BCBS of Delaware will not cover us as individual policy holders. Same with other local big name companies I have contacted. We have no other medical coverage from previous employers. The HIPAA⁴ situation is a complete mystery to me.

Health Insurance while Unemployed

Consumers also wrote to ask for **suggestions** on obtaining **affordable** health insurance while they were unemployed.

I am about to become unemployed, am 62 and married, wife retired. We will need health insurance, as good and inexpensive as possible. We are NY state residents. Any helpful hints on where to go?

I am a 61 yr old female who will soon be divorced. This will end my insurance with my soon to be ex-spouse and I desperately need to know what options I have. I am not employed nor will I have the possibility for insurance from that source. He is 64 and currently still employed.

Individual Insurance, Self-Employed, or Employer Not Offering Insurance

Consumers in other situations, such as shopping for individual insurance, being self-employed, or not having an employer who offers insurance were also very concerned with obtaining and finding affordable health insurance options.

³ COBRA stands for Consolidated Omnibus Budget Reconciliation Act. This is the federal law that provides many workers with the right to temporarily continue their employers' health coverage after they leave their job.

⁴ HIPAA stands for the Health Insurance Portability and Accountability Act of 1996. This federal law (among other things) guarantees that certain individuals will have access to, and can renew, individual health insurance policies.

After losing my job a while back and completing the Cobra period, we started with our own insurance. We had such wonderful health insurance through my company and now, being self-insured, we are struggling to our new health insurance. My husband is self-employed and he is the only employee; thus we do not have a group to join to lower our monthly premiums. We currently have Blue Cross Blue Shield here in CT and are paying \$860 per month for our family with a \$5000 deductible [sic]...this is killing us.

Where can I find the best economical insurance plans for the self-employed?

I live in Massachusetts and my wife is a stay at home mom caring for our two children. At the end of the year I will be leaving my current job to go off on my own as an independent consultant. From that comes the questions around health insurance. If I leave my company voluntarily can I take advantage of COBRA benefits? And is it a good idea, cost wise, versus getting my own insurance. Also, once the COBRA benefit expired, any advice on selecting insurance for my family? Does choosing a less expensive plan with a high deductible make sense? I was planning on that and having the deductible amount ready in savings should we need it. What are the pros and cons to the cheap versus expensive plans for the self employed?

My wife, XXXX (date of birth XX-XX-1949) is diabetic and use insulin injections. Right now, she is covered through my work place insurance. She does not work. How to get independent health insurance for her, when I leave work?

My wife's employer doesn't provide her employees with health insurance. I am retired. My wife is 58 years old. Any suggestions on how she might obtain reasonable health insurance here in Virginia?

Students and Young Adults

In general, parents, guardians, or concerned adults contacted Nancy on behalf of young adults or students. Few inquiries came directly from young adults or students.

I have a son named Paul working at Target part time. He will turn 26 years old which means I will not be able to carry him on my medical or dental insurance anymore. Can you please recommend a medical insurance out here in southern California that's affordable?

I am inquiring about individual health insurance with pharmacy benefits for a young woman of 24 who is a full time student. She does not have access to insurance any other way, including through her parents. I would like to help her find something that would help to pay for the numerous medications she takes, as well as cover her for any other medical situation that may arise. We live in the Gaithersburg, MD area.

I know a full-time student whose parents have Masshealth. Next year when she turns 19, she will be ineligible to continue receiving health care coverage under their policy. Seven months on her school's coverage costs \$1,200. Are there any other, more affordable options available to her or would this be the best choice?

My adult son who is 40 and has been out of work, is currently on COBRA but planning on going back to college full time to get a degree and, hopefully, a job. What are his best options (i.e. coverage + best price) for individual insurance until he finishes school and is out working again? Are there plans for "older" full time students through the colleges?

Affordability

Being in a specific situation, such as having a pre-existing condition, being unemployed, or having low income, affected a wide portion of consumers. These situations made consumers extremely concerned with affordability for themselves and their family members. Consumers often mentioned they could not afford their current payment. Consumers were looking for help to make trade-offs to get the necessary coverage at a price they could afford.

My son is unemployed and has no health coverage. He is 28 and healthy. Can you recommend coverage that is effective but moderate cost? (I will be paying his bill for now.)

...Is this a reasonable approach, and is there anything besides the obvious I need to be watching out for? I don't want to lose my house, so I know I need some protection in case I develop a condition that requires surgery or hospitalization, but I certainly don't spend anywhere near the amount I was paying in premiums through COBRA (\$689.97 per month).

I am afraid from this coming year I will have to buy insurance as our net incomes will exceed the max level. Can you suggest any affordable plan for me??? I live in the Los Angeles, CA. I will miss my insurance as it is very high in CA to pay.

I am reaching out to you because even with BSCS, I pay over \$350 for prescriptions and various other health related problems - plus when I lost my employment last year, it has been extremely difficult. Is there an easier way to find health insurance that is affordable with good coverage? It seems every time that I try to investigate this via internet, I end up with so many sales calls pitching their product line and I understand they are selling insurance, however, I would like to understand which would be the best method of finding private health insurance for my family.

I'm going to be a Pastor - PT in a rural church and am trying to locate a policy for less than \$5,000/yr., 1,000/yr. or less out of pocket/deductible and covers preexisting

conditions. I'll be moving south of Mankato MN, I'm 55 and will make from the church 1700/month. which has to cover taxes and a mortgage on a house in Rochester, MN. I do receive about \$600 in a pension a month. Do you have any ideas?

My husband and I are 61 and 62 respectively and have no health insurance. Our income is low (about \$25,000 annually), so we truly cannot afford the premiums that we've seen. What are our options?

Private Plans with Specific Coverage

More experienced consumers looked for plans that have specific coverage they knew they would use. They were interested in more than basic coverage for doctor visits and were aware of the extensive and sometimes expensive costs for specific treatments, conditions, medical supplies, and prescription drugs. Another common type of coverage consumers were looking for was dental and vision coverage.

Specific Medical Conditions or Covered Treatment

Thank you for taking my question. My granddaughter has juvenile diabetes and is on an insulin pump. For the last 3 years she has had no insurance to cover the costs of her supplies and meds. Now her mother works for me and I would like to put them on my small health insurance group. What should I know about this and what would be good questions to ask an insurance company?

My daughter-in-law has BCBS on an individual policy. She has had the policy for at least 5 years. Her deductible is \$2500 & each year the monthly premium goes up & is over \$250 now. She is 29 & healthy and only goes to the Dr. for annual check-up or cold. At some point she will need maternity coverage (we think). Where should she begin to look for other coverage & any suggestions on the maternity coverage?

I recently moved from MN to VA and am weighing whether to go with an HMO like Kaiser or a PPO like Coventry One (Southern). I have a history that includes 14 surgeries from 2002-2010 due to injuries received from a drunk driver (mostly GI/bladder stuff, but also an artificial shoulder & rib cage work). But I appear to be fairly healthy now. I am single, self-employed and age 56. I can afford a decent deductible like 5-8k or so. I'd like to keep my monthly payment below 350. I don't mind a small co-pay, but I do need annual endoscopies.

30 yr old single. Looking for insurance that pays for inpatient rehab facilities. NY resident.

Prescription Drug Coverage

What is the "cheapest" plan available to a 31 year old female in good health who needs to buy an insurance plan with prescriptions. Is there a site to go to compare and get actual quotes without paying for it?

It seems that none of the plans offer discounts on Armour Thyroid, which I take because the synthetics don't work. Metanx, a vitamin supplement, has stopped production, and is not available at all, but it wasn't covered by anything. Other things I take are supplements or available in generic. Should I then sign up for the Humana/WalMart plan instead of the Coventry Advantra Rx which costs twice as much? Are there other factors I have not considered?

I live in Fort Collins, Colorado so don't have access to Kaiser HMO (5 star); so what's the second best for a guy who takes three generic drugs? Oh, and OTC omeprazole.

I need an insurance policy that would cover copays of specialty drugs. I need xolair for asthma, the insurance copay pays all but 20%. I've had to rely on chronic disease funds to cover the copays of \$270 per dose, and I get this every two weeks. Also, I need coverage during the gap.

Dental and Vision Coverage

My husband just retired from the Albuquerque court system. We have the military Tricare for our medical insurance but it doesn't cover dental or vision. What do you think is the best and least expensive way to go for those coverages? We are 59 so not with Medicare yet.

Can you recommend the best rates for dental and vision? My wife (63) and I (64) will lose our benefits at the end of this January and we need to get some insurance.

My ex-brother-in-law (59 yrs) doesn't have health or dental insurance but is in need of expensive dental work. He has a low paying job that doesn't offer benefits. My nephew will have to help his dad pay but would like to get him insurance coverage. How does he go about finding a plan?

Our dental insurance through COBRA has now ended. Do you have any thoughts on the best dental insurance...coverage.....price.....waiting periods.

Medicare and Medigap Insurance

The next largest theme after Plan Choice had to do with understanding and navigating the complexities of Medicare and Medigap insurance. About a third of the comments were coded as Medicare, or Medigap. With so many questions about Medicare, this indicated that many of the consumers were close to age 65 or older—perhaps not surprising given the average age of *Consumer Reports* subscribers is 59.⁵

Research indicates that many Americans are confused about the difference between Medicare, Medicaid and Medigap.⁶ Queries submitted to the Ask Nancy mailbox confirmed that consumers were often unsure of the difference between Medicare and Medigap.

Medicare, our nation’s health coverage program for people 65 and older or disabled, is confusing. The four different parts to the coverage are referred to as Parts A, B, C, and D. Part A provides Hospital Insurance to help pay for inpatient hospital care and other services. Part B provides Medical Insurance to help pay for other medical services and supplies not covered by Part A. Part C is Medicare Advantage which allows consumers to receive health care services through a provider organization but you must have Parts A and B to enroll in it. Part D covers prescription drugs, but you have to opt in and enroll in an approved plan. (See Table 1.)

Table 1. Ways to Get Coverage Under Medicare

Type of Medical Expense To be Covered	Traditional Medicare	Traditional Medicare w/ Drug Coverage	Traditional Medicare w/ Drug Coverage and Supplemental Coverage for OOP Expenses	Private Alternative to Traditional Medicare
Hospital Expenses	Part A	Part A	Part A	Part C, also known as Medicare Advantage
Physician Charges	Part B	Part B	Part B	
Drugs	<i>(no drug coverage)</i>	Part D	Part D	<i>(The plan may or may not include drug coverage)</i>
Remaining Out-of-pocket expenses after other coverages			Medigap	<i>(The plan may or may not have lower OOP than traditional Medicare)</i>

⁵ NCS/NHCS: FALL 2010 ADULT FULL YEAR Copyright Experian Simmons 2011

⁶ <http://www.kff.org/kaiserpolls/upload/8190-F.pdf>

In general, consumers over the age of 65 and getting Social Security, and those who have received disability benefits for two years automatically qualify for Medicare Parts A and B. Parts C and D are treated differently for enrollment.

Medigap is also referred to as Medicare Supplement Insurance. Medigap supplements traditional Medicare benefits for Medicare beneficiaries because Medicare does not cover all healthcare costs.

Consumers of Medicare and Medigap insurance were largely concerned with getting the best and most appropriate coverage and an affordable plan by being able to compare and make trade-offs. Consumer questions centered on the overall process of obtaining coverage, the types of coverage they needed, and how to ensure the overlapping coverage programs worked together.

Understanding Medicare-related Choices

Consumers found it difficult to distinguish among Medicare Parts A, B, C, and D. They were also unsure how Medigap insurance fit into the different parts. With so many Medicare options in terms of both plan types and providers, consumers found it difficult and frustrating to make an informed health care choice. Initially, they looked to understand the different options available to them.

I will need to sign up for Medicare next yr. and I'm confused about the choices. I can't seem to resolve the difference/preference between Medicare Advantage, Medicare + Medigap Insurance and Medicare Part D. Can you please explain? And, which is preferred for best overall coverage?

Is there more than one type of coverage under Medicare?

What sub-group [of Medicare Plans]; a., b. or c? What are their pros & cons? Then - within whatever sub-group - do I choose the lowest-estimated-cost plan? If so, what of the various web listed cost factors do I use (lowest annual cost) ? Etc. I would appreciate your help regards these various 'next steps' I need to or should take next.

I'm a healthy, active 67-year-old female. Is it a mistake not to have a supplemental plan to Medicare Part B? I don't have one yet but - afraid I needed the safety net - or maybe it's just all the marketing - I enrolled in the high-deductible plan F for 2012. What do you recommend?

Understanding the Process of Obtaining Medicare Coverage

Sometimes in tandem with trying to understand the different options available to them, and sometimes separately, consumers wanted to learn and understand the process of obtaining coverage.

I'll turn 65 in about three months, and I know I'm supposed to begin the Medicare learning/application process. I'm told it's a daunting process. Can you simplify the steps please and/or point me to a good reference? (I am a member of the Carefirst Blue Cross/Blue Shield Federal Employee Plan, FYI.)

I'm a 68 year old male that has good PPO insurance. However, I'll soon be retiring and know nothing about Medicare. Where do I start to learn about it, how long it takes to get coverage, what supplemental insurance will be needed, etc.?

I'm getting close to receiving Medicare. I have health Insurance through my wife's company which she pays for. What is the process? Do I need just part A or do I get both A and B? Do I not take either and just keep the Insurance I have with my wife's company? What would give me the best coverage. The insurance I have now is good. I am retired.

Understanding What Kind of Medicare Coverage or Policy is Necessary

Consumers were interested in what Medicare coverage they should have or needed to have. They were often unclear about how Medicare worked with private insurance and how best to combine the different options available through Medicare. Choice became a more complicated decision when consumers had coverage through a current private insurance plan but became eligible for Medicare. They knew they needed adequate coverage and would pay a reasonable amount, but they were looking for information about what was necessary and sensible.

I will be turning 65 in May. I currently am provided with insurance thru my company that I retired from. When I turn 65 the cost of that insurance triples. I intend to enroll in Medicare, what else do I need? Do I need a supplemental policy?

I am 71 years old, I am continuing to work and I am covered by my employer's health insurance plan for which I pay a substantial monthly fee for coverage for myself and my wife. I am on Medicare Part A, but not Part B. Should I just stay on my current policy, replace it with full Medicare coverage, or do both?

My husband has been covered under my company health plan. He is 65 and already has Medicare A as mandated. I retired as of July 1. He will go onto his office health plan as of January 1 - fully paid for. I will remain on my retiree plan until I turn 65 this coming June. Here's the complication. My company will pay toward my husband's enrollment in Medicare B and a supplemental plan. He doesn't need either since he will be enrolled in his active plan at work. His plan at work is very comprehensive. The problem is that I really hate to lose out on this benefit from my company. Is there any real advantage to

him being enrolled in both an active health plan and Medicare B? Can he go off Plan B if he is still working in 5 years and we no longer have the benefit from my company?

My husband and I are covered under my United Health Care plan through my employer. I pay a small premium and the balance my employer pays. My husband has just turned 66 and signed up for Medicare. I assume that for any medical bills my husband has will first be covered by UHC then Medicare if there is a need. I keep getting mail saying I have to choose a Medicare plan. I am thinking this is for someone who is not covered under another plan and have not selected anything other than what we already have.

I am 71 and not working, but my younger wife is working and carried me as a dependent on her employer's policy. As of now, I have not signed up for Medicare. What should determine if I go with Medicare instead of my current private insurance coverage?

Medicare Resources and Tools

Like any consumer attempting to make trade-offs to find the best plan, consumers with or eligible for Medicare programs were looking, at a basic level, for resources or tools to help them choose from the overwhelming number of plans and limit the options. Few seemed aware of the government websites dedicated exclusively to navigating the complexities of Medicare and Medigap.

I'm approaching retirement, and a loss of my company medical insurance. Does Consumer Reports have any good information on the difference between Medicare Supplemental and Medicare Advantage type plans? How about any ratings of the plans (i.e. which is best for what type of situation)?

I'm about to be eligible for Medicare -- next week -- and have nothing but confusion about which Medi-Gap insurance I should choose. From the brochures and websites all the plans seem to be about the same. What is the best way to analyze the plans to see what will be the best plan?

Sorting through pages of plans—Advantage, medigap, supplemental, etc— is there a guideline for people to sort through these?

Does Consumer Reports compare Medicare Plans? How do Kaiser, Scan, and Anthem Blue Cross compare regarding customer satisfaction in Southern California?

My question concerns ONLY Medigap plan "F" from: Genworth Life Ins; Humana Ins; Mutual of Omaha Ins; USAA Ins. I'm interested in seeing a comparison of the four companies for the same plan, including answers to the following: When was the last time that the rates were raised?; When was the last time before that when the rates were

raised?; Is the cost of the plan, (premium amount), age related and if not on what is it based? I've tried finding any/all comparison chart, but have been unable to do so.

Using the Medicare.gov web site, my 'personalized search' identified 47 Plans available to me, and in three 'sub-groups'; a. 33 Drug Plans with original Medicare, b. 11 Medicare Health Plans with drug coverage, and c. 3 Health Plans without drug coverage. However, I'm without a clue what to do next.

[O]ur medical insurance is via a Medicare Advantage Plan. We are going to change our Primary Care Physician. Our home town is Reno NV with two major Medicare Advantage Plans of interest. My search skills have been unsuccessful in locating an MD rating chart. I'm not sure what to do but have decided to bite the bullet and pay the \$676 for 2012. However, I want to make a more informed decision for 2013. Now my question for you: Would you please advise me on a method of making a meaningful comparison of insurance and drug costs so that I'm better equipped to make a decision in the fall of 2012?

Medicare Plans with Specific Coverage

Consumers also asked very specific questions about whether certain treatments and services would be covered. They were concerned about coverage for specific conditions, personal medical situations, and prescription drug coverage.

Specific Conditions and Situations

Does Medicare cover blood tests for Celiac disease? I also have Plan G Medigap Insurance from Mutual of Omaha. I have gluten intolerance and it was suggested that I get tested for celiac. Thanks for the info.

I was under the impression that Medicare payed 100% for colonoscopy, but I have received bills after Medicare made payments to the provider. Is this covered by Medicare and/or insurance?

How do I get a mammogram? I am on Medicare and cannot afford any additional insurance. No part B or D. I can't afford the co pays that have been required. Where do I go and what can I do to get a mammogram?

Prescription Drug Costs

Since January, 2009, Medicare (Parts A & B) has been my secondary insurer. My wife's workplace HMO Insurer has been providing my primary coverage, as well as the majority cost of my prescribed medications, Crestor 20 mg & Lisinopril 40 mg. My wife will be retiring at year's end, at which time I will be losing my coverage under her policy. My

primary concerns are 1. future drug cost coverage, and 2. possible need for Medicare Supplemental coverage.

My wife has gone on to Medicare as of September 2011. We are not able to get coverage for her prescription to MEPHYTON or the generic name PHYTONADIONE. None of the Medicare Part D plans cover this prescription, which is a vitamin K1, used in the clotting of blood. My wife has a bleeding disorder, and desperately needs this medication, but it's over \$500.00 per month in cash. She previously was covered under Blue Cross Blue Shield, with a \$27.00 per month Co-pay. What can we do? We don't qualify for the "Poverty" level exclusion to get help. Thank you very much!

Medicare Affordability

Consumers that had reached retirement, were low-income, or were disabled were faced with the daunting task of making cost effective insurance decisions. Consumers were willing to pay for insurance but didn't want to overpay. They wanted affordable options and the best insurance for their range of situations including not having prior medical conditions. Consumers were concerned about current rates, but also about rate increases.

December 7 is almost here! Help. We use very little medicine and/or have very little doctor visits (2-3/yr, including maybe a checkup). What is the best insurance to have, cost wise? Seems we just meet our co-pays and the year ends.

What is the best and least expensive option for Medicare supplemental insurance for someone who has no prior major medical conditions? I now have Blue Shield (\$180 month), but wondered about Blue Cross, AARP, etc.

I currently have retiree insurance benefits with United Health Care from my former employer. I also have Rheumatoid Arthritis, and just retired on a medical disability. This year I will have my sixty-fifth birthday and have to sign up for Medicare. I know I can keep my retiree healthcare benefits, but I wonder if I should. A friend retired last year and her insurance premium was \$186.00 per month for the same coverage I have today. This year (I just retired) her premiums jumped to what I am paying, \$404.00 per month. There is no cap on the premiums that retirees might have to pay, but this is the first time it has ever gone up that much. I sure don't want to find myself priced out of coverage with this HMO plan and not able to get alternate Medicare part B and gap insurance, but someone told me that could happen since I have a pre-existing condition. What is my best option?

Coverage Denials

Another significant category was questions about coverage they already had, both within private insurance and Medicare. Many consumers wrote to tell their personal stories of having health

insurance and paying significantly for it only to have their coverage denied, or insurance companies refusing to pay. Consumers wondered what they could do and asked if the insurance denial was “allowed.”

I'm a disabled person on SSI, in Orange County Calif where they put you on Cal-Optima (their form of Med-Cal) which for the past 3 years I've been denied the surgery needed, gone through 2 state hearing which the Judge in the first hearing ruled on my side but CO ignored it, 2nd hearing the Judge overturned everything saying CO provided service (which is a complete Lie) They will not let me see the Surgeon to fix my problem, and say I've already seen 2 specialist (1 Dr said it's allergies, the other said I needed the Surgery ASAP but was not quantified to do it. They have taken me out of every program they had except for the Worst one where they don't have 1 Dr in network I can go too. I can't even get Pain Management for my Back, they don't have anyone for that either. So my ? is yes I'm in a Gov insurance program, but NOT aloud [sic] to any care for the problems I have that could be fixed or alleviated because they have no one, and refuse to let me go out of network, in essence I only get the runaround with no resolution for the past 3 years. Tried to get out of Cal Optima so I would have straight Med-Cal but they won't let me out.

I'm currently employed and covered by BlueCross BlueShield of Illinois. My wife is high risk for breast cancer due to family history. She gets an annual mammogram and ultrasound, which BlueCross pays for. In December of 2009, one of them, done at a Signet Diagnostice, showed an abnormality. The radiologist's report said “MRI recommended” in two places. Her doctor agreed with that and wrote a prescription for the MRI. She returned to Signet, signed in with the lady who checks to see that you have insurance coverage, and got the MRI. BlueCross refused to pay. I appealed the denial. It was again denied and their appeal department doctor, who you are not allowed to speak with or contact directly, again denied the claim, writing that the “gold standard” in this case was to have a needle biopsy. My wife was able to get a copy of the checklist that the lady at the desk at Signet sign-in desk used. Next to “pre-authorization” she wrote “N” for no. BlueCross says we don't need a pre-authorization, but if my wife had called for a “pre-determination” she would have been told not to get the MRI and get a needle biopsy instead. Of course, neither of us has ever heard of a pre-determination. I appealed again, and was recently turned down again. My wife was discussing this with an acquaintance and found that Signet had done the same thing with her, recommending an MRI, which she got only to find her insurance carrier wouldn't pay the claim. Luckily for her, her carrier went to bat for her and got Signet to drop the charges. Hearing that, I just called BlueCross and spoke to one of their “advocates.” She said they didn't have a “flow” for her to follow for a situation like this. She said she could direct me to their fraud department. While I think that the Signet people should be well aware of what BlueCross will and will not pay for, including the radiologists who apparently keep recommending

MRIs when needle biopsies are the gold standard to BlueCross, I'm not completely sure that it's fraud. Instead, I dictated to the advocate what I wanted her to forward to their Member Complaint Department. She said I'll be contacted by mail from that department. If you have any suggestions I would sure appreciate them. By the way, the needle biopsy is around \$2000 The MRI? Also about \$2000.

May I ask your opinion on a situation I am going through. My insurance company has refused to pay for all of my pre-op and post-op physical therapy. I had a cervical spine surgery and the insurance company said that the physical therapy was not medically necessary. According to the research I have done, physical therapy is almost always prescribed for both neck and back surgeries. I am very confused and frustrated about this situation. Would you be so kind as to offer me your opinion on this matter?

Do we have any recourse or are we stuck with this situation? Ten years ago my husband had a "single seizure incident" as described by his neurologist of record. Since it was a single episode and he didn't want to needlessly be on meds for something that just happened once (and was not a "condition"), he purposely went six months with no medication, did not drive, did not have another episode, was given a written clean bill of health by his physician and was cleared by the DMV to drive again. We were insured by Blue Cross/Blue Shield California at the time. Two years later in 2004 we moved to Arizona. We are again insured by Blue Cross/Blue Shield, this time, of Arizona. They did not deny my husband coverage, but put a rider on the policy that says they will deny coverage for any future problem they deem to be seizure related. They claimed a pre-existing "condition." I sent their underwriters all the information, doctors notes, observations, etc. from the episode they covered which definitely defined what had happened as a single event, not a chronic condition. They denied to reverse their ruling. I petitioned again a year or two later. They again denied to reverse their ruling. Other than that incident, his medical needs have been taken care of by his GP with us picking up a \$35 per visit co-pay. For a \$5,000 deductible we pay BSBC/AZ \$401 per month. And since my husband's birthday is in June, it will be going up again in a couple of months. Beyond what I've already done is there anything I can do to force the reversal of their denial of coverage? With that kind of rider on the policy we're essentially left with no coverage if any type of neurological problem arises. That would be so easy for them to twist to their advantage and deny our claim. And since he hasn't been denied coverage -- he still has a policy and we're still paying them -- he isn't eligible to take advantage of the program offering coverage to those denied insurance on the basis of a pre-existing condition. Feel caught in a classic Catch-22. Please advise. Would appreciate any thoughts or advice on where to take it from here.

Affordable Care Act

A small portion of consumers also wondered what was currently happening and what will happen with the new health reform legislation, the Affordable Care Act (ACA) The Affordable Care Act is a federal statute signed into law in March 2010 as a part of President Obama's healthcare reform agenda. The law includes numerous provisions that take effect over several years. March 2010 is the same time frame that the Ask Nancy mailbox was created and Nancy was blogging about health care reform. Interestingly, while consumers did have questions about the Affordable Care Act, there were not a large number of questions received about the ACA.

Since consumers who wrote in generally did not understand current health insurance information, they had no cognitive map for understanding how it could change. Consumers were also looking for impartial information. Consumers wanted to know what they could expect in 2014 and if the changes would have a positive impact on health care.

My son works for a law firm as an hourly employee. The firm does not offer health coverage to their hourly employees. He pays more than \$1200 monthly on his own for HMO coverage in NY. Will the new health insurance bill encourage lower premiums for individual coverage?

I am wondering if the Federal insurance plan will be any cheaper/better than current health ins. company costs? It seems no one will give a straight answer to this question. Thanks.

I have two questions regarding health insurance coverage: Is a provision in the Affordable Health Care Act ... that disallows insurance coverage for preexisting conditions in effect now? If not, do preexisting conditions disallow changing supplemental policies? When is enrollment open for supplemental insurance? Only in the last two months of the year or throughout the year? I look forward to your answers because I think that I've been misled by a supplement-insurance agent?

There is so much biased information in the media regarding the positives/negatives of Obamacare. Is there an "unbiased" summary of Obamacare that you are aware of that consumers can read and which can be read without being tainted by opinions from the right and the left?

Nancy, what are my options? My husband is self employed, I am a stay at home mom, Our oldest son is 20, works with his dad and is a part time student. Our two youngest sons are 10 and seven. I am diabetic. Does President Obama's health care reform plan offer any options for me and my family? I am referring to Primary Care Physician, medical drug plans, hospital stay coverage, etc. We are in our late forties and early fifties.

Conclusion

Clearly, consumers were looking for information and education related to health insurance. Being able to find this information, having it presented in ways consumers could use and understand, and positioning consumers to make trade-offs were all extremely important. Most understood the importance of health insurance and wanted to do the right thing by getting insurance. At the same time, they felt overwhelmed by the choices and were uncertain where to get reliable information to make informed decisions.

Consumers were overwhelmed by the process and frightened that they would end up in a health plan that didn't provide enough coverage or was too expensive. They knew there were important trade-offs between costs and the amount of coverage, but didn't know *how to evaluate their options*. They wanted to compare plans so they could make the "best" choice for themselves and their families. In addition, consumers were often at different levels when they needed to make a health insurance decision. Less experienced consumers first looked for the basics, such as "what insurance options are available" while more experienced consumers looked for sensible ways to compare their plan options, reflecting personal information like their health situations and budget.

Based on the analysis, consumers were looking for information that would let them use their knowledge of their personal situations, make comparisons across the plan choices available to them, make trade-offs, and ultimately make a good decision. The questions they struggle to answer include:

- What health insurance options are available?
- Based on my personal situation, what are the best health insurance options available?
- Where can I compare my options?
- How does Medicare relate to private insurance and how can I make these work together without overpaying?
- How do I make trade-offs between costs and the amount of coverage?

Based on these basic consumer questions, there are several recommendations:

1. Consumers need to be directed to existing tools and good information. Since *Consumer Reports* is known as a reputable source, *Consumer Reports* might consider publicizing reputable sources of information on their website, in the "Ask Nancy" section of the website, and within the "Ask Nancy" blog. Any Consumers Union provided resources should also note that health insurance is often guided by state and provide state specific information for things like buying coverage when you have a pre-existing condition. Nancy indicated she specifically referred consumers to sites like healthcare.gov,

medicare.gov, medicareinteractive.org, pcip.gov, health insurance related information from consumerreports.org (often the Best Buy Drugs portion of the site) and websites of various state high-risk plans to help answer consumer questions. These sites could be promoted on the *Consumer Reports* website as reputable sources.

2. Consumers need additional tools that will help them easily compare health plans using the criteria that are important to them. Unfortunately, these consumer queries don't answer the important questions of who should be responsible for developing tools and who should pay to develop the tools. It is clear that the source must be expert and impartial. Further complicating the comparison is the fact that health insurance is largely state-based, both in terms of the plans available, consumer rights, and existing tools for comparing plans. These consumer queries indicate that the comparison information needs to include:
 - Basic information about health plans and coverage for those new to health insurance, including information about how health insurance is largely state-based for both insurance options and consumer rights
 - Basic navigational information for different categories of users-still employed, unemployed, with pre-existing conditions, etc
 - Resources for determining insurance options based on personal preferences
 - Apples-to-apples comparisons for health plan options that are impartial and include ratings on quality of care and cost or any additional factors to help consumers determine what is the "best" plan for them
 - Explanations of the available options within Medicare, and a guide to determining what is best based on one's personal situation
 - Carrying the appropriate amount of coverage within Medicare
 - How to make trade-offs based on what is important, personal situations, cost, and coverage
 - Resources for denial of claims and recourse
 - Maintain (and make it easy to find) *Consumer Reports'* neutral "pros and cons" discussion of health care reform and legislation and what it will mean for consumers.