

Getting and Keeping Health Insurance

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Several months ago I was asked by the Southern New Jersey Arts Council to come to Atlantic City to speak to their membership about health insurance. I agreed, but immediately felt a strong sense of cognitive dissonance – I imagined myself discussing pre-existing condition rules amidst the din of slot machines. But then it occurred to me – what better place to discuss health insurance than a casino? After all, isn't gambling, rather than human rights or public health, the model on which we've based access to our health care system? Like gambling, isn't choosing a health insurance plan a matter of *luck* – will I get breast cancer or develop a chronic ailment – and *calculation* – can we afford the \$8000 deductible that comes with a low premium or should we bet on a higher premium, no deductible and a network of doctors we don't know anything about?

This, then, is a sort of guide to Internet sites that can make your choice of health insurance and health care less of a gamble and more of an informed decision based on quality and cost, i.e., value. Many of the resources discussed here are available as links from the Access to Health Insurance/Resources for Care website (www.ahirc.org) operated as a public service by The Actors' Fund since 1998, and new and useful resources are being developed every day as workers and employers throughout the country search for ways to keep access to the best health care affordable.

Comparing Insurance Plans

Getting and Keeping Health Insurance

www.healthinsuranceinfo.net

The first thing you need to know about health insurance is what the laws in your state say about your right to purchase it or obtain it through an employer or spouse, and the protections you have once you are covered by it. This is a site maintained by the Georgetown University Health Policy Institute that gives this information for every state in concise 30 page overviews. For example, in California an individual can be denied insurance based on medical condition, but if that person HIPAA-eligible (i.e., meet certain federal guidelines) he or she is guaranteed the right to get health insurance.

State Departments of Insurance

www.naic.org/state_web_map.htm

Most state insurance sites now publish comparisons of or “report cards” for HMO, PPO and other types of plans available in the state. These reports attempt to give an indication of relative quality by measuring such factors as ease or difficulty experienced in receiving care, how quickly care was received, preventative care services (well-child visits, Chlamydia screening, cholesterol management) and in some cases surgery and treatment outcomes at the insurer's network hospitals.

Online Brokers

www.ehealthinsurance.com

www.hsainsider.com

This site offers a quick way to compare many (but not all) of the insurance plans available in your zip code. By typing in your gender and date of birth, you can get a long list of options at a wide range of prices. In most states, the premium cost will increase by age and be determined as well by factors such as the amount of the deductible (ranging from \$0 to as much as \$10,000), the co-pays at doctors offices (from \$10 to \$50), the co-insurance after the deductible (0 to 50 percent), and the out-of-pocket limit (anywhere from \$3000 to \$12,000, this is the amount you must spend before the insurance pays 100 percent of all costs). Significantly, a site like this will allow you to compare the various plan benefits in detail (is there a maternity benefit? Will they pay for both generic and brand name drugs?).

There is a relatively new type of health insurance program called “health savings accounts” that can also be searched on ehealthinsurance and is thoroughly explained at hsainsider. Essentially, HSAs combine a high-deductible insurance plan with a savings account that remains untaxed as long as you use it only for medical services. Whatever amount you don’t use rolls over from year to year. This type of benefit is most useful to someone who is healthy and able to afford the deductible and the savings account deposits.

Eligibility Calculators

www.benefitscheckup.org, www.coverageforall.org, www.disabilitybenefits101.org

BenefitsCheckUp screens for federal, state and some local private and public benefits for older adults (ages 55 and over). On average there are 50 to 70 programs available to individuals per state. In addition to identifying the programs that a person may be eligible to receive, it also provides a detailed description of the programs, local contacts for additional information, and materials to help successfully apply for each program.

The Health Insurance Eligibility Tool at CoverageForAll asks you five questions about your household and then gives a customized profile with all the public and private health plans for which family members in your household may qualify, a quick reference list of phone numbers and websites for all plans, and a special resource section on locating financial benefits and free or low-cost health benefits.

DisabilityBenefits101 uses a sophisticated set of tools to help anyone with a disability understand how going to work, leaving a job, turning 18, etc. will affect health and other benefits.

And many cities such as New York, Chicago and Los Angeles have put calculators on-line to help their citizens determine their eligibility for government-subsidized plans.

Comparing Cost and Quality Indicators

Hospital and Doctor Visits:

According to a recent Harris Poll, consumers can guess the price of a new Honda Accord within \$300, but when asked to estimate the cost of a four-day stay in the hospital, those same consumers were off by \$8,100. Until recently, the cost of care has essentially been hidden from the patient, but new websites run by the government, non-profits, private hospitals, and Internet entrepreneurs are beginning to make it possible to compare services and costs.

Centers for Medicare and Medicaid Services (<http://www.cms.hhs.gov/healthcareconinit>) has posted the costs it pays hospitals for 30 common elective procedures and other hospital admissions. The information is categorized by state and county and includes a range of prices, the national average payment for the procedure, and the number of cases the hospital has handled. For the most common procedure paid for by Medicare, replacement of a hip or knee, payments ranged between \$9,992 and \$12,173. For heart valve surgery, Medicare paid an average of \$38,528.

Hospital Compare (www.hospitalcompare.hhs.gov) is a tool created by the Department of Health and Human Services that provides you with information on how well the hospitals in your area care for all adult patients with certain medical conditions.

Several states, including Massachusetts (www.mass.gov/healthcareqc) and Florida (www.floridahealthstat.com), post information on both cost and quality for selected medical conditions and procedures in all of the state's health care facilities.

HealthGrades (www.healthgrades.com) allows consumers to research the average costs of 55 hospital procedures at facilities around the country. According to an analysis of the site's information by *The Los Angeles Times*, gastric bypass surgery, for example, would cost a patient without insurance \$35,552 on average in California and 12 other Western states and 59,500 in the South. The average list price to deliver a baby, without complications, is \$6,700 in Western states compared with \$12,400 in the Northeast.

New Hampshire Hospital Association has a site (www.nhpricepoint.com) that provides average charges and lengths of stay for a variety of procedures at hospitals in the state. Dartmouth-Hitchcock Medical Center's Out-of-Pocket Estimator (www.dhmc.org/estimator/OOPE.cfm) allows patients to see the Center's charges and their estimated payment responsibility for a variety of services – including office visits, diagnostic tests, and 75 of its most common surgical procedures.

Subimo's Healthcare Advisor (MyHealthcareAdvsiior.com) includes condition- or disease-specific hospital comparisons based on number of patients treated, complication and post-operative infection rates, public perception, and hospital profiles. Enrollees about to have a procedure can use this information in conjunction with other resources, such as patient safety measures reported by hospitals to the Leapfrog Group (www.leapfroggroup.org).

But there is a cautionary note on the uses of this type of data. Writing in an industry journal, Ann Mond Johnson points out that "... it is not enough to simply

compare raw numbers reported by hospitals. A high mortality rate in a hospital might be a result of sicker patients even though it employs the best equipped staff to provide better care. For accurate comparison of hospital outcomes, it is important that the data be adjusted for both *severity and risk*.”

The ability to compare the costs of primary care is also gradually emerging. In some markets, Aetna has shared with its members its payments for doctor visits and out-patient surgeries.

Some large pharmacies and retail stores, such as CVS, Eckerd, Target, and Walmart have recently opened in-store clinics (www.minuteclinic.com, www.rediclinic.com). Often staffed by nurse-practitioners, they don't require an appointment, and the price – typically \$25 - \$60 and based on the diagnosis – is less than a visit to most doctors' offices. The full cost, including lab work, is prominently displayed at the clinic and on the Web site.

And online medical testing services are available offering, according to an article in the Wall Street Journal “the same diagnostic tests as walk-in labs, hospitals and clinics. Customers visit a Web site, select a specific test, enter a zip code and receive driving directions to a specimen collection laboratory. Users pay with credit cards or a health savings account and don't need their doctor's prescription – unlike walk-in clinics, which typically require a personal physician's approval. A blood test at MyMedLaq.com sells for \$45, compared with \$295 at the local hospital....”

Prescription Drugs:

The Medicare Rights Center (www.medicarerights.org) offers resources for discount drugs, including: State Prescription Drug (Rx) Assistance Programs, National Prescription Drug (Rx) Assistance Programs, Prescription Drug (Rx) Discount Cards, Mail Order/Internet Discount Pharmacies (United States), Mail Order/Internet Discount Pharmacies (Other Countries), and Prescription Drug Price Comparison Websites.

Consumer Reports also has a free website (www.crbestbuydrugs.org) that will help you compare drug options to find what's most efficacious and economical.

AARP's Web site (www.aarp.org/comparedrugs) contains a guide to the safest, least expensive and most reliable drugs for numerous medical conditions.

The site www.rxaminer.com allows patients to discover therapeutic and generic substitutes for brand name drugs as well as over-the-counter alternatives.

www.PharmacChecker.com compares the cost (including shipping fees) of over 1000 drugs from US, Canadian and international pharmacies. Also rates the pharmacies based on reliability.

The recent and much-publicized move by Wal-mart/Sam's (and Target) to sell many of the most prescribed generic drugs for \$4 for a month's supply has brought the same type of cost-cutting to medicine as the container stores brought to house wares and electronics.

And undoubtedly the best bargain in prescription drugs, if you're eligible, is through the Partnership for Prescription Assistance (www.pparx.org), an organization sponsored by pharmaceutical research companies, that connects low-income, uninsured and underinsured patients to more than 475 public and private patient assistance programs, including more than 180 programs offered by pharmaceutical companies. The drugs are delivered at no or low cost to doctor's office or clinic where it is dispensed to the patient.

Clearly there is a tremendous growth in cost and quality information. Yet, according to the California HealthCare Foundation in a report from June 2006, "the cost information available today is limited. Consumers who want to compare providers' prices are not able to do so easily, even though comparison shopping will be especially important to plan members who have high-deductible benefits. Health plans and vendors ... predict there will be more information about physician cost, and quality, which is difficult to get today. They also believe there will be better decision support to help consumers finance the cost of their health care and to budget for likely expenses."

In any event, as cost and quality move to the forefront, it is going to become more and more evident that we are gambling with our own money, and we may collectively decide to take our pile of chips and, instead of continuing to play this game of chance, invest in a sustainable universal health care system modeled on human rights and public health.