

A Failure to Communicate: Why I No Longer Trust My Health Plan

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February 11, 2004: My correspondence with my health plan

To whom it may concern:

I have Type II diabetes. Today, when I tried to have my test strip prescription filled at [local pharmacy], the pharmacist told me that [my Health Plan] would not authorize payment before February 14.

This means I have to go several days without testing my blood sugar. That's not good. Apparently, someone at [my Health Plan] believes that a box of 100 One-Touch Ultra Test strips should be good for 100 tests over 100 days. That's not the way it works.

There are four vials of 25 test strips. Each time I open a new vial I have to run a control test—that reduces the usable strips from 100 to 96. Plus, I'm supposed to do a control test to calibrate the glucose monitor at least once a week; that means using 8 strips a week, not 7.

As you can see from the enclosed information sheet from OneTouch Ultra, I should do a test—which means using a test strip--if: 1) I suspect the meter or test strips are not working properly, 2) when my blood glucose results are not consistent with how I feel or when I think my results are not accurate, or 3) if I drop the meter. Add to this 4) if the blood drop isn't big enough to register and I have to do another test. Doing this means that 100 test strips may actually give only 80 – 85 days of testing at one test per day.

I'm working hard to control my diabetes. I don't appreciate [my Health Plan's] unwillingness to pay for test strips I need *when I need them*. Is this any way to treat a diabetic patient?

February 16, 2004: Correspondence from my health plan— including grammatical errors

Dear Mr. Hochhauser:

Recently you sent us a letter dated February 11, 2004 regarding the test strip prescriptions that you tried to fill at [local pharmacy] on February 11, 2004. You stated that the pharmacy denied the prescription for refill to (sic) soon and you were not able to fill the prescription until February 14, 2004. I would like to confirm that your letter was received and address the concerns that you have raised.

Prescriptions are dispensed as written by the physician. As explained in your contract Section K. *Prescription Drugs and Pharmacy Services*, prescriptions (sic) drugs, such as diabetic supplies, one prescription unit is equal to the greater of: a. up to a 31-consecutive-day supply (unless limited by the drug manufacture's (sic) packaging or the plan's appropriate use guidelines); or b. 100 units. If the prescription is written for 100 units, then it will be filled as dispensed (sic). Your physician would need to change the prescription day supply if you need more than 100 units

If you have additional questions or concerns, please contact [Health Plan] Customer Service at the appropriate telephone numbers listed in the letterhead.

February 16, 2004: Complaint filed with the Managed Care Section, Minnesota Department of Health

Since this response addressed none of the issues I raised with them, I filed a complaint with the Managed Care Section of the Minnesota Health Department.

“I have type II diabetes. When I tried to have my test strip prescription filled at [local pharmacy] on February 11, the pharmacist told me that [my Health Plan] would not authorize payment before February 14—even though I had no test strips left. Of course, I probably could have bought my own test strips—thus saving [my Health Plan] the cost of the prescription, but I didn’t want to start paying for supplies that I thought I was entitled to through my health care contract.

As you can see from the enclosed materials, [my Health Plan] did authorize payment for my diabetic lancets on February 10, but not my test strips. This seems to be in violation of Minnesota State Law [62A.45]. I’d like to know why [my Health Plan] refused to pay for my diabetic test strips when I needed them, leaving me now way to test my blood sugar levels.

[My Health Plan’s] February 16, 2004 response (enclosed) addressed none of the issues I raised in my letter and email to them.

I’d like some assurance that this won’t happen again.

If they’re denying test strip payment for other diabetics, I hope you do something to change their policy. I see on your web site that [my Health Plan] had a problem with the Health Department because they weren’t paying for insulin pump batteries in 2002. Maybe this is more of the same.

My pharmacist told me that he deals with this test strip issue several times a week, although I don’t know if he was referring to [my Health Plan] reimbursement in all cases. And one diabetic friend told me that he’s had to deal with this problem from his insurance company. Maybe there’s more to this issue than just my experience with [my Health Plan].”

1994 Minnesota Law Covering Diabetes:

Section 1. [62A.45] [COVERAGE FOR EQUIPMENT AND SUPPLIES FOR DIABETES.]

“A health plan must provide coverage for all physician prescribed medically appropriate and necessary equipment and supplies used in the management and treatment of diabetes. Coverage must include persons with gestational, type I or type II diabetes. Coverage required under this section is subject to the same deductible or coinsurance provisions applicable to the plan's hospital, medical expense, medical equipment, or prescription drug benefits. A health carrier may not reduce or eliminate coverage due to this requirement.”

Because my October 2003 test strip prescription renewal stated that the prescription was for twice a day testing, this authorization problem should not have occurred. When this problem arose, I called my Diabetes Nurse (who has been writing my test equipment prescriptions on behalf of my physician), who said that she would call the pharmacy and authorize 100 test strips per month, which should eliminate future problems with getting my test strip prescription filled when I need it. I can only hope.

Rationing diabetes test strips?

I realize that even if they knew they had made a mistake, I'm sure their lawyers wouldn't have allowed them to admit that in a letter. Did Customer Service read my letter? Did they understand it?

Do they have a (hidden) strategy for rationing diabetic test strips that has nothing to do with test strip usage as described by the glucose monitor's manufacturer? Can my health plan decide how many test strips I should be using, without ever explaining that to me either in my benefits materials or in the diabetes mailings I've received from them? Do I have to guess how long 100 strips should last? As described in Section K of my benefits contract, my prescription *was* for 100 “units”—but they refused to fill it for four days. I still don't know why. Why didn't

my health plan call me about this? Their computer talked to the pharmacy computer, but no one from the health plan talked to me.

Coincidentally, I've been consulting on a communications project with another health insurer, which decided that they had to revise most of the letters they routinely send their members. Members who didn't understand their letters called Customer Service, and the health insurer wanted both to reduce the number of calls (and complaints?)—and the number of staff needed to respond to those calls. Many of the letters I reviewed had the same problems with spelling and grammar that I found in my health plan's letter. I am astonished that two major health insurance plans have serious problems writing letters that are grammatically correct and in plain English. To all of the other managed care problems, add "failure to communicate."

Losing trust

But I've lost trust in my health plan. Their letter did not address the potentially serious consequences of my not being able to test my blood sugar for several days. Would they have paid if I went to Urgent Care or an Emergency Room to have it tested? What would the consequences have been if my blood sugar was too high or too low, and I wound up being hospitalized? Would they bear any financial or ethical responsibility for that outcome?

Most of all I find their willingness to put me in a situation where I could not test my blood sugar to be contradictory to their own publications on diabetes management. How can I manage my diabetes without knowing my blood sugar, even if only for a few days? What does this experience say about their commitment to disease management? Was this authorization strategy developed by anyone with knowledge of blood glucose testing procedures? Do they really want me to manage my diabetes? I think not.

This deferred authorization, and their irrelevant response to my health concerns, has made me very angry, especially when I found that in 2002 they had gotten into trouble with the Health Department because they weren't paying for insulin pump batteries--as they were required to do by state law. Did they not know about the state law? Or did they just not care, hoping to save money without being caught violating Minnesota law?

On the one hand, managed care/HMO report cards usually report at least average member satisfaction with their health plan's "Customer Service." On the other, when a November 2003 Gallup Poll reported on the percentage of respondents who rated ethical standards (very high or high) of various occupations, HMO managers rated next to last (11% rated their ethics as very high or high), just above car salesmen (7% rated their ethics as very high or high) and just below insurance salesmen (12% rated their ethics as very high or high). Now I know why.

About the Author

Mark Hochhauser is a readability and communications consultant in Golden Valley. He's published over 40 articles on the readability of summary plan descriptions, patient health information, informed consent forms, online health information, HMO/managed care report cards, HIPAA privacy notices, clinical trial language, and direct-to-consumer drug ads. His e-mail address is MarkH38514@aol.com.

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