So you think you’re covered?

Right now, for many of us the only effective health care will be what we can do to keep well.

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Over many years the health insurance industry has labored to perfect methods that obstruct sensible use of medical services. As their abilities improve we should expect worsening care, higher prices and a poorly served, frustrated population—including you.

Here is one very small but instructive example of how insurance obstruction works—through the preauthorization “process.”

My quest was to get a higher dose of a rather cheap generic antidepressant for a woman who had been on the medication for years. Her diagnostic list was long, including sleep apnea, lupus, hypoadrenalism and diabetes. In this case I was trying to persuade representatives from one of the many Blue Cross Blue Shield insurers, though my experiences with other insurers have been similar. The pharmacy sent me a fax declaring I would need to get preauthorization through the health insurance company. The form included the listings of the patient’s insurance card number and group. Here’s how it went:

I call a 1-888 number. A stalwart voice answers—the number has been changed. I must call a 1-900 number, and I will be charged $199 a minute. Is Blue Cross really going to charge me two bucks a minute because I am trying to get my patient a bit more of a generic drug?

I examine the form again with my office manager. In very small print, there is another number we can call—a 1-800 number.

I call through this one really does reach Blue Cross Blue Shield. After a wait, I’m switched through to voice mail, which gives me several options for billing and checking charges. None of them have the specific option for which I’m calling, so I hit the final option, “other.” I’m rerouted to the same message. I carefully listen to the options, hoping there is something that will give me a chance to get through to a person. I’m disconnected (That happens all the time.)

I call again. This time there is another option available for “doctors and doctor representatives.” I pound the number, which gives me several options for bill paying and checking charges. None of them have the specific option for which I’m calling, so I hit the final option, “other.”

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I’m switched to another line. More ads and more opportunities to later discuss my pre-authorization experience with another representative.

The next person I talk to sounds extremely bored and requests the same information again. She wants to know if I am the “doctor’s representative” and her name is Emily. “You must be Emily.”

Fortunately, I can run out of my office again and find my office manager, who knows this other number. I’m switched to another line. More ads and more opportunities to later discuss my pre-authorization experience with another representative.

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