

HEALTHCARE “SECRETS”

(Information your doctor never told you and your insurance company doesn't want you to know)

FORWARD

The physicians at Copperfield Family Medicine have written this handout especially for you, the concerned patient who wants to get the best healthcare possible. It should come as no shock to anyone anymore that battle-lines have been drawn between two distinct groups in American medicine. The first group is made up of what we will call “the healthcare team”: the doctors, nurses, support staff, and the *patients*. The second group consists of those who are in opposition to the first group: health insurance companies and now, more recently, the federal government, aka “obamacare”.

In order for patients to receive the absolute best medical attention whenever they need it (and with as little hassle as possible), it is crucial for them to know some facts that may not be very clear to someone outside the medical field. That's the reason this publication was composed.

PATIENTS

This means you! You are probably the most important member of the healthcare team. Think about it: if you don't ask for help, no one knows to provide it. A physician can only treat the patients that he/she knows are ill. As a patient, *you need to be active and well informed*. When you are talking to the doctor, don't hesitate to ask questions. Additionally:

- Understand what medications you are going to be taking, how much, why, and for how long.
- Know the names and dosages of all medications that you are already taking. These should be written down clearly, updated often, and carried with you at all times (for any doctor you may see, as well as in case of emergency).
- Make sure that you get proper follow-up care. Return appointments are very important to make sure that you are responding appropriately to treatment.
- Get health-related information from a *reliable* source. This means NOT television, radio, or other forms of mass media; more harm than good usually comes from the thirty-second stories that routinely play everyday in our homes. Many people hear something that makes them abruptly stop taking a much-needed medication without asking the doctor who put them on it and then get into problems. Television shows rarely ever have enough time to tell the WHOLE story on any issue. Your doctor is the only one who can apply “new” information to your particular situation.

(continued)

- When it comes to lab tests, x-rays, etc., never assume that “no news is good news.” You should always get the results of a test that you had; it’s important to hear or read the words “normal” or “negative”. If a reasonable period of time passes after you have a test and you don’t receive a phone call or letter, you need to call the doctor’s office that arranged the test and inquire. Before the test, arrive at the lab or testing facility with the proper paperwork (lab slip, order form, etc.) and know if you are supposed to be “fasting” (having an empty stomach for x number of hours).

AT THE DOCTOR’S OFFICE

In order to make the visit go as smoothly as possible, several factors come into play. Upon arrival, provide the front office with your most recent health insurance card and, usually, driver’s license. Most people also have a preset co-payment that must be settled at that time. If you don’t have health insurance or if you have not yet met your deductible, payment may be asked for up front; this greatly speeds things up for checkout when you are done. An up-to-date medication list may also be supplied at this time.

“Why do I have to wait so long when I have an appointment?” is a question that rarely gets answered properly. Here is the real answer, but it’s not an easy one: It’s because so many people *don’t show up* for their appointments. Because there is a percentage of thoughtless people who don’t come in when scheduled or don’t even call to cancel their appointments until the last minute, doctors’ offices must “over-book” their schedules in order to avoid down time. On occasion, more patients will actually keep their appointments than was expected, and then a wait may develop. The solution to this problem is for patients to *always* keep their appointments or *call to cancel at least twenty-four hours prior* to their appointment time so that someone else can be put into that time-slot. This way over-booking would not be necessary.

Don’t expect that a long “laundry list” of problems will be completely addressed at a single visit. No physician’s schedule allows for this. Instead, choose the one or two most important issues for you that day and make return appointments for others. It will be easier to do this if you try to see a doctor as problems arise, rather than letting a list build.

INSURANCE COMPANIES (including the federal government plans)

Despite what slick and clever marketing may tell you, these guys are NOT working FOR you. They are in it for the money--that’s all. *Both* you and your doctor fight *against* them to get you the care that you need and pay them for. Bottom-line profit is their highest priority; make no mistake about that. A good caring reputation, which gets them more members like you, serves to get them more profit, so they try to look generous. But wait until you need some expensive test, then they may not be so generous. All insurance companies are very good at collecting money and very good at keeping it. The government loves spending money, but be clear about this, NOT ON YOU; it wants to collect lots of taxes and pay for minimal care.

HMO vs. PPO: These terms simply refer to the type of plan that you may sign up with. This topic could be a handout in and of itself. As a rule, any PPO plan is better than any HMO plan regardless of the insurance company. The main reason that this is true is what can be called “the hassle factor.” Who is hassled, you might wonder. The answer is the healthcare team. Patients are required to see a PCP (Primary Care Provider) to obtain a referral prior to seeing any specialist (except in emergencies or for a woman’s annual exam) when enrolled in an HMO; that PCP is officially the only doctor that your insurance allows you to see unless you formally change it with them beforehand. Patients in a PPO plan can see any specialist in their plan without a referral. Along the same line, the selection of specialists from which to choose is usually quite limited with HMOs. Another difference between the two is prescription drug benefits. The list of medications that you are allowed to obtain at the pharmacy may be significantly shorter or have a much higher co-payment at the pharmacy with HMOs compared with PPOs. Of course, you--the patient--have the choice to select either the HMO or PPO version of your health insurance plan. Sometimes the employer makes the decision for you, but you can almost always change plans at some point with little effort. Bear in mind that *you get what you pay for*; PPO monthly premiums are higher than for HMOs, but when you need your health insurance, you want it to be of good quality. One last point on that subject: beware of high deductibles--these may lower monthly premiums, but will you be able to come up with \$500, \$1000, or more on a moment’s notice should you need care? Now thanks to obamacare, deductibles are commonly over \$5,000 per year.

There are a number of restrictions put on physicians by the insurance companies as to what can and cannot be done at each office visit. For instance, they will not pay your doctor to remove a suspicious mole on the same day that you are seen for a sore throat. If you find yourself in such a situation, please be understanding that this is not the decision of the doctor but of the insurance company, which would be overjoyed for you to pay out of pocket instead of come back another day.

Have you ever considered the reason that insurance companies do not pay for someone to stay healthy, such as by assisting him/her to quit smoking? The reason is that the average American changes from one insurance company to another approximately every two years. The companies play the odds that by the time a smoker gets a serious infection or lung cancer or any other complication, he/she will be some other company’s problem. Nice, isn’t it?

Obviously, it is vital to *know what your insurance will pay for*. When you go to the doctor and the front office tells you that you have a deductible or that a “wellness exam” (check-up) is not covered, this should not come as a surprise. If you don’t like the exclusions that a certain plan comes with, change plans at the next opportunity. If you can’t change plans, be sure to let the health insurance coordinator at your place of employment (human resources) know about your displeasure; you’re probably not the only one who is unhappy.

You will usually receive a new/updated insurance card every year. As soon as you do, throw out the old card and put the new one in its place. Always carry the most recent health insurance card that you have with you when you leave home. If there is an accident in which you cannot speak for yourself, you definitely want the paramedics to be able to find a valid insurance card and take you to the “right” (best) hospital.

Lastly in this category, should you ever find yourself in a situation where your insurance company has refused a test or procedure that your doctor strongly believes that you need, it is fully within your legal rights to appeal the decision with an independent review board. Don't accept inferior service from your insurance company--fight it!

CONCLUSION

The preceding information is something that the doctors at Copperfield Family Medicine feel passionately about. They are aware of how difficult it is for the general public to comprehend what must go on “behind the scenes” at a clinic in order to keep things rolling, and they are aware of the lack of assistance that the insurance industry and government provide when it comes to getting questions answered. When everyone has at least a basic understanding of the process of healthcare in America, then maybe we can work together to make sure that all patients are efficiently provided for.

This publication is a community service provided by

COPPERFIELD FAMILY MEDICINE, P.A.

**CARLOTTA A. HILLERT, M.D.
ARTHUR W. (TREY) HILLERT, M.D.
7555 CHERRY PARK DRIVE
HOUSTON, TEXAS 77095
TELEPHONE (281) 345-4747**

www.DrHillert.com

The content of this publication may not be reproduced, broadcast, or otherwise disseminated in any way without the expressed written consent of Copperfield Family Medicine, P.A. and its physicians. Produced September 2002, Most Recently Updated February 2015.