

Public Informational Hearing on Proposed Rate Increases for Individual Health Plans
Written Testimony
Veronica Fike, Greene County
July 27, 2016

Hello, I am Veronica Fike and I live in Greene County, PA. I want to thank the state for holding a public hearing on healthcare and raising the rates through the affordable healthcare act. I am married and expecting my first child. At the end of last year and I was re enrolling in the ACA to my surprise I found out the rates had went up for my family but the coverage had went down. This was really troublesome considering I just found out I was pregnant. Looking at all the plans to figure out what I could afford, I realized that I was going to have to pay about \$10,000 out pocket for my cost of delivering a baby and more if there are complications. This is unacceptable and a barrier for some young adults being able to start their families.

The other issue that arose is that the ACA forces me to go to Medicaid because I am pregnant and my current provider through the ACA dropped me because of that reason. So being pregnant with lots of doctor appoints and finding out I did not have healthcare, I had to take time off of work to sit in the local welfare office to force the department of human services to process my application quickly. Assuming that I would qualify for Medicaid because I was pregnant to only find out I do not qualify for Medicaid. I then had to spend hours on the phone with a ACA representative to get enrolled in healthcare. The first representative I talked to kept wanting to send me back to Medicaid but I knew that would not work so we had to have a manager figure out to get me enrolled in healthcare again. Because of all of this bureaucracy that need to be fixed, I went a month without healthcare while pregnant and now have to pay for an appointment and had to push back a test until I had coverage.

The ACA has a hole for people who are making decent salary but work for small organizations or businesses that are paying major out pocket cost for pregnancy because they don't qualify for Medicaid. People should have their reproductive health dictated by the size of their income or healthcare coverage they can afford. Government needs to hear from the folks whose lives are going to be changed by increased rates in healthcare. I was fortunate enough that my employer was able to provide healthcare at our small workplace but I know that many others are not as fortunate and it is crucial that the department of health considers my story and all the others today before making decisions on healthcare. We ultimately need truly affordable healthcare for all not he ACA.

Veronica Fike

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Written Testimony

Ennis Carter, Philadelphia

July 27, 2016

Thank you for this opportunity to share my story about direct challenges with the rising cost of health insurance. As an artist, business owner and mother, I work hard every day to provide for my family and the people I employ. I have seen my own expenses increase dramatically and I worry for *everyone* who is faced with the skyrocketing cost of health care – a basic human right that should be readily available for every person regardless of age, ability or economic status.

I have heard many, many stories of difficulties from other artists and friends and have my own experience as an example to draw on. I am fortunate to have good health and the resources that I have. I can't imagine how difficult this issue must be for people in more challenging positions.

After the economic downturn in 2009, I downsized my business to stay open – making me ineligible for a lower cost group policy. The cost of health insurance for me and my family then gradually grew and has now more than *doubled* for a very basic policy that is high cost each month, with a high deductible and very little coverage should a serious emergency or illness occur in our family. I worry about a major medical bill that would wipe us out, even with the funds from our meager Health Savings Account (allowable because we pay the lowest possible premium, which carries a very high deductible). We are already paying close to 20% of our income toward insurance and deductibles. That leaves us very little each month to save for catastrophic medical needs. It's a frightening and helpless position to be in.

Aside from my personal experience with health care and insurance costs, I have had to make concessions at my business as well. I believe in providing full health benefits for full time employees because I believe it is a human right that should be provided – even in my small way as a small business owner. Due to the extremely high cost of health insurance, I can no longer afford to do that. Instead, I now only have part-time employees who receive higher than a living wage. This gives me the ability to pay people in line with the high cost of living (which includes health care among many other increasing costs). But my business struggles as a result. I am cautious about bringing people back on full time in large part due to the rising premiums.

Being healthy is a human right. Yes, these are challenging economic times, but that's exactly *why* insurance premiums should not be on the rise. As a business owner, I understand very well the tough choices that must be made to keep a business healthy and thriving. But I also understand that business has a responsibility to provide for customers at prices that they can afford. It's up to the business to be creative and fair and serve the mission of their work. Health insurance is for keeping people healthy, not for making people struggle more just to survive.

Please take action to control skyrocketing insurance premiums for me, my family and my employees – but also for every person in the state of PA. We need a healthy and thriving state!

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Written Testimony
Kristin Muller, Monroe County
July 27, 2016

As a non-profit executive who manages benefits for a small staff it has been difficult to see a how a single mother who remarried has more than 35% of her income going to very basic family benefit plan. It is demoralizing for her. Seeing that people are rated by age has had a very negative effect on our older employees. If you are age 50 the cost can be upwards of \$500 per month at age 60 the cost soars to above \$620 per month. This has led employees to choose the bare minimum of coverage and not seek medical attention when needed. These costs don't include the enormous deductibles. Last year we almost lost an employee to an infection that went unchecked. So, we are definitely feeling the pressure of the additional costs personally and at our organization.

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Tammy Murphy, Philadelphia County

July 27, 2016

Just before the Affordable Care Act was initiated, I was dropped from my individual health care while I was receiving care for my second pregnancy. Unbeknownst to me, the replacement coverage failed to cover basic maternity procedures.

As I tried to make the necessary adjustments to get adequate and equivalent coverage promised to me by Independence Blue Cross at the time that I was dropped, I faced a complete lack of transparency; a consistent failure to provide customer service for even basic account information; repeated claim denials, multiple accounts left open without notice of changes of account number when adjustments were requested through the PA Marketplace such as family members added and attempts at keeping price of coverage manageable; payments sent were going to the wrong accounts that were never closed; healthcare providers were not paid despite the payments I sent; I was informed that Independence Blue Cross held an account with my social security number as my identification with all of the payments made but there was no way for me or any employee I spoke with to access those payments and distribute them to whatever accounts were meant to be paid.

I had so many accounts that I eventually lost track of what went where and not one person at Independence Blue Cross helped me because the system blocked me from getting clarity and blocked me from getting help I needed.

I have spent hundreds of dollars in out-of-pocket expenses and my former employer was overcharged in the process of having multiple accounts open simultaneously. The stress on our family is really impossible to explain in words. We have lived in fear without adequate coverage for our family, under constant threat of collection agencies and embarrassment when receiving services from our family healthcare providers. The distress from this stress during my pregnancy is unjust and downright dangerous. Many women would have felt forced to reduce mandatory maternal care in the face of so many hurdles and such embarrassment.

Profit over people is clearly the goal for Independence Blue Cross. This must stop. This will stop. People should not live in fear.

These issues have gone on and on for years at this point. I intermittently still receive notices from healthcare providers and collection agencies but there is no consistency. I have no way of resolving it because I still have no information accessible on my multiple open, ever-changing account numbers and those of my family members, even if I magically came up with the money to repay all of the payments I have already made and then repaid all of the healthcare providers and collection agencies,

I spent over one hundred hours on the phone with the company; my husband and I each spent hours in the walk-in center attempting to resolve the problem, all to no avail. We accrued thousands of dollars in debt with multiple collection agencies involved for coverage that should have been paid by Independence Blue Cross. The healthcare

providers and the collection agencies openly spoke about the impossibility of keeping track of my case and many of them stopped sending information. I am unable to get confirmation of how my case stands with the insurance company, the healthcare providers or the collection agencies because I still have no access to information about my multiple open accounts. Although the PA Department of Insurance (under previous leadership) recognized my situation and were able to name the company and knew that I must have applied through the Marketplace before I even told them, they still eventually sided with Independence Blue Cross when they admitted partial blame for the confusion but refused to look at my documented payments that verified my payments that Independence Blue Cross denied.

I want full medical, financial and other documentation from every account related to my social security number and those of my family members from Independence Blue Cross. I want the all accounts credited with the payments from my previous employer and our personal payments, including those sent to the various incorrect ever-changing account numbers with verifiable documentation. I want the healthcare providers paid and accounts with the collection agencies closed and the related credit issues for my husband and I cleared all with verifiable documentation.

We also deserve an apology for the stress and the unjustifiable amount of time wasted and we deserve to be repaid for our out of pocket expenses and over one hundred hours of time wasted.

Although I want to see my family's issues taken care of, even the PA Department of Insurance folks (under previous leadership) admitted that this company is doing this manipulation as a matter of practice. I think that the entire industry should be required to have an ombudsman system. People need representation on their behalf when they are dealing with a massive company that has no interest in resolving their issues and an endless ability give people the run around instead of resolving issues. Ombudsman are regularly used in government agencies and other industries as a successful model or dispute resolution.

I would like to see the following:

1. We want Independence Blue Cross to provide full medical, financial and other documentation from every account related to the social security numbers of my immediate family.
2. We want all accounts from this time period of various incorrect ever-changing account numbers brought to balance and closed with verifiable documentation.
3. We want the healthcare providers paid and accounts with the collection agencies closed and the related credit issues cleared - all with verifiable documentation.
4. We want an apology to our family for the undue stress, the time wasted and the financial hardship endured.
5. We want to see an immediate end to premium rate hikes.