

TO: The Colorado House of Representatives Judiciary Committee

FROM: Vicki Rottman, 700 Washington St., #301, Denver, CO 80203

DATE: April 29, 2010

SUBJECT: Testimony in Favor of SB76

Luckily, mine is not a horror story. I am not dead or dying because of denial of health care. Still, I would like to share my story because I feel it is indicative of the climate in the health insurance industry today.

I have Kaiser insurance, and for the most part, I've been satisfied with my level of care. In fact, fourteen years ago I was diagnosed with breast cancer and underwent a mastectomy, all paid for because I was in an HMO plan. But times have changed and I can no longer afford an HMO plan. I now have a deductible co-insurance plan. Every year I go for an annual mammogram. Luckily the cancer has not returned.

Three years ago, the X-ray was evidently inconclusive. They asked me to come back for a second one. The first one was free; the second was not. They explained that the first was considered preventive; the second, diagnostic. I didn't question that and paid the bill. The second mammogram revealed no evidence of cancer.

Two years ago, I was billed for my regular annual screening mammogram, which I thought was supposed to be free. The first person I spoke to claimed it was because my mammogram was "unilateral," as if that were some exotic diagnosis. After several phone calls and eventually a personal visit to their office, I was able to get the charge removed. It wasn't easy: the customer service department didn't know anything about charges or billing; those who prepare the "this is not a bill" statements had nothing to do with the billing department; the billing department was not in communication with the healthcare providers, and the providers knew nothing about how their services were billed or paid for.

Last year, the same thing happened. They said that my once-a-year X-ray was diagnostic, not preventive. After several phone calls, I managed once again to get the charge removed.

I do not know whether anyone was paid a salary or bonus for denying or delaying my claim. I do not know how many other cancer survivors (those who most need a free annual screening) received bills for their mammograms. I don't know how many of them paid, either for not knowing any better or for not having the time or energy to question it.

I do know it was frustrating and time-consuming to deal with it. I know it was costly for Kaiser to spend so much effort on billing, paperwork, and follow-up. I can only assume that mine wasn't a lone case. Denial of claims is a 20 billion dollar annual industry (*Wall Street Journal*, 2/14/07). I know how enticing it may be, with a simple click of the mouse, to enter "denied" instead of "accepted" on a billing statement. And I know that this kind of behavior must not be encouraged or rewarded.