

# Care Quandary: What's 'Preventive'?

When Deductibles Are High, Patients, Insurers Struggle To Define Coverage Limits

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Deciding what counts as preventive health care—and who pays for it—isn't so easy for some patients with high health-insurance deductibles.

As deductibles on certain health plans have stretched to \$1,000 or more, many insurers offering these plans are making an exception: They will pay for preventive care, regardless of whether you have satisfied your deductible. The idea is to keep patients from forgoing physicals, mammograms and other services that are meant to keep them healthy.

In the past few years, insurers have been adding preventive-care benefits to many types of plans, according to insurance trade-group America's Health Insurance Plans. The issue has become particularly important for high-deductible plans that can be used along with health savings accounts, which are tax-advantaged accounts to save and pay for medical and other expenses. Aetna Inc. in July released a list of "preventive" prescription drugs that, for many of its HSA plans, can be covered before patients have satisfied their deductibles.

But different insurers sometimes have different views on what constitutes preventive care. What's more, doctors don't always label services as preventive when submitting charges to insurers. And when there are gray areas, often patients are the ones who end up with the bill despite their insurance coverage.

"There is no industrywide definition here, so each insurer has the ability really to define preventive services for themselves," says Andrew Baskin, a senior medical director at Aetna, based in Hartford, Conn.

When Barbara Wilcox of Denver went for what she thought were routine, preventive doctor visits in March, she expected all of the charges to be paid in full even though she hadn't met the \$2,200 deductible on her HSA plan through UnitedHealthcare.

To her surprise, she ended up receiving more than \$300 in bills for the care. Some of the charges were for a Pap smear and a lipid profile, blood tests often used to check a patient's risk for coronary-artery disease. Another was for a blood-pressure test.

Ms. Wilcox, 62 years old, says she knows that part of the idea of high-de-

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Here are some of the types of preventive care that the federal government has said can be covered under health-savings-account plans before the deductible is met:

- Child and adult immunizations.
- Tobacco cessation programs.
- Obesity weight-loss programs.
- Routine prenatal and well-child care.
- Periodic health evaluations, including tests and diagnostic procedures ordered in connection with routine examinations, such as annual physicals.
- Screening services, such as Pap smears and screening for prostate cancer.

Source: Treasury Department

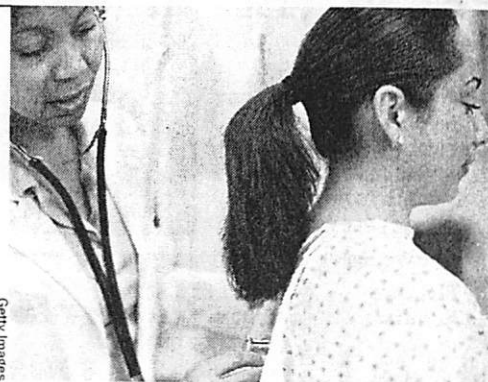
ductible plans is to encourage patients to be more careful shoppers for medical care. But right now she misses her old plan, which had simple co-payments for doctor visits. "How can I make logical decisions when I don't even know what the rules of the game are," says Ms. Wilcox, who adds that after a series of phone calls to her insurance company and doctor's office, she has made some headway toward getting at least the pap smear paid for.

The main issue seems to have been the communication between her doctors and UnitedHealthcare. When Ms. Wilcox's doctors submitted the bills for her services, they didn't indicate that the services were preventive, according to what UnitedHealthcare customer-service representatives told her.

"If they designate it appropriately, then we treat it appropriately," says Mark Lindsay, a spokesman for Minnetonka, Minn.-based UnitedHealth Group Inc.'s UnitedHealthcare. Administrators for Ms. Wilcox's doctors, meanwhile, told her the bills were submitted correctly, she says.

Rick White, chief executive of MedaPhase Inc., a consulting firm based in San Antonio that helps physician practices with billing issues, says insurers historically have been far more willing to pay doctors to treat specific problems, and often haven't covered preventive care. As a result, making clear that treatments are preventive is "literally the opposite of what most doctors' offices are accustomed to doing," he says.

There are some government guidelines for HSA plans, creating the limit that they pay for only certain items before patients have satisfied their de-



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ductibles. These items include periodic health evaluations, routine prenatal and well-child care, immunizations, screenings such as pap smears, and prescription drugs that are used to prevent diseases or keep them from recurring, according to the Treasury Department.

Insurers offering HSA plans aren't required to cover preventive care upfront. Those that do may not always choose the same items to pay for, especially when it comes to services that are less widespread than physicals and mammograms. For instance, Lumenos Inc., an Alexandria, Va., health plan recently acquired by WellPoint Inc., says it typically considers osteoporosis screenings preventive for certain women with HSAs. Kaiser Permanente, a health-maintenance organization based in Oakland, Calif., says it isn't calling osteoporosis screenings preventive for its HSA plans.

A big issue is prescription-drug coverage. The Treasury Department's prescription-drug guidelines have created an especially "wide swath of gray," says Jay Savan, a consultant at employee-benefits consulting firm Towers Perrin. Most insurers haven't developed a list of medicines they consider preventive. Examples of some of the medicines included on Aetna's list were for blood pressure, diabetes and osteoporosis. Arthritis drugs were among those left off the list.

Though it may be hard for patients to get into these sorts of details, it helps to gather as much information as possible about what your own insurer considers preventive. Many insurers post descriptions of preventive care on their Web sites and provide outlines on their summaries of their plans' benefits.