

Aging Population and Insurance Policy

Naiya Patel*

Department of Health Management and Policy, University of Louisville, USA

***Corresponding Author:** Naiya Patel, Department of Health Management and Policy, University of Louisville, USA.

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“Hello, this is James from XYZ insurance; how may I help you today”? Says an energetic, expressive customer representative from XYZ insurance provider, on the customer service line he accepted to answer. “Hi there, this is Loui Ann and XYZ insurance is my current healthcare provider”. Says 61 years old woman, Loui Ann, with a croak. She is currently covered partly by private and partly by state-funded healthcare insurance. Loui Ann is divorced, recently lost her daughter in a tragic accident, she has type 2 diabetes, and takes care of her two grandkids from the demised daughter in a family of Three. She has chronic knee pain due to which she has limited ability to get around, and highly depend on public transportation over a private car, which she cannot afford due to limited family income and educational skills.

“And I am calling to check if my routine vision examination is covered under XYZ insurance? It is hard for me to understand and read a 100-page benefit brochure, provided while I enrolled for this insurance coverage. I have limited knowledge to operate internet services on smartphones and would appreciate it if you can help me understand and provide information about my benefits I am looking for”. James “Sure enough! And thank you for calling today. I would be happy to help you. Can I have the last four of your social and policy id please?”. Loui Ann “Sure its 7891 and Policy id number...”. She takes a while to browse through her insurance card and says, “oh, here it is! I apologize for taking a while, you ready? James” Yes, I am. “Loui Ann”, it’s 123-456-561. James, “please hold for a moment while I check your benefits”. Loui Ann “Sure”.

After listening to a brief default, soothing piano hold music for about 5 minutes, “Hello, Ms. Ann, are you there?” “Hi James, yes, I’m”. “Thanks for holding, so I see under section number 21 of your insurance policy, it states that routine visual examination is not covered by our company unless there is an eye injury. A further subsection of section 21 states that the prescription eyeglasses are not covered until in case of eye injury”. “So, does it mean to my understanding that I’m not covered to get my eye examination for preventive care of my eyes due to diabetes? My doctor advised getting my eye routine examination done every six months from current, to make sure my eyes are healthy”. Says Loui Ann with slight weight in her voice tone. “I’m sorry, Ms. Ann, as I said section 21 of your policy states that” James repeats the same sentence he stated previously, which majorly sounds like a scripted phone call, more like an audio recorded message we usually receive from spam callers in different languages.

“Alright, before we hang up, can you check if my blood work is covered, because my vitamin levels fluctuate and want to make sure if I’m low on them to take precautionary steps accordingly. My doctor suggests being on top of preventive care as much as I can because it will help me reduce my healthcare bill, given my health condition. Moreover, I am positive enough I have enrolled for a good healthcare plan”. James with an imperative tone” Would you mind holding for a moment so that I can check that too”? “Sure, take your time, “says Loui Ann with a voice tone full of hopes. There is a brief default hold music for about 2 minutes, and James gets back on the call” So Ms. Ann, sections 19 with subsection c in your policy states that your insurance policy does not cover routine blood work examination unless the

doctor prescribes it". Loui Ann speaks in great astonishment, "I think I pay a significant part of premiums in my insurance, so how can it be possible that my insurance doesn't cover it? At the time of enrollment, I wasn't provided all these subsections and exclusion information verbally and in understandable language. Why can't you make it simple for citizens like me who barely can understand such a section subsection trick of yours? I am utterly disappointed with your services, because how else am I going to cover my preventive healthcare cost after paying premiums and sustaining my family? I cannot pay a single penny at this point". James interrupts "I understand Ms. Ann, but as I said section, "interrupts Loui Ann and again reiterates the same monotonous scripted sentence of sections exclusion. "Is there anything else I can help you with?" "No, I guess that's it," says Loui Ann in great disappointment. "Well then Thank you for utilizing our services and you have a great rest of the evening. Once again, I'm James from XYZ insurance company". And Loui Ann hangs up.

Loui Ann is in no position to pay out of pocket for her routine preventative examinations. Several aspects of the healthcare policy were surfaced in this narrative from insurance policies denying claims to providing the least possible healthcare services while utilizing substantial insurance premiums from their enrollees and finally least supportive, the extended waiting period to get on a call with customer services representative. Given Loui Ann's condition, the working aging population, especially though perceived as a burden to society, can prove to be an opportunity. Loui Ann in the current scenario doesn't earn well, has her grandkids to look after, whom she supports financially and has health conditions herself for which she was enrolled for XYZ healthcare insurance provider. It is essential to utilize preventive care services, which plays a crucial role in reducing the total healthcare cost burden from emergency hospital admissions to extended or repeated hospitalizations. In Loui Ann's case, type 2 diabetes has several side effects on vital organs of the body like eye, kidneys, heart, foot etc. The reason her doctors suggested preventive care is to avoid the large portion of healthcare costs at the tertiary treatment stage of eye health.

Moreover, she is socially isolated and has no one to guide her regarding insurance coverage. Such an aging group of the population who are socially isolated and have financial responsibility are more prone to work post-retirement to fulfill their family needs. Loui Ann is more susceptible not to use preventive care if the insurance policies fail to cover and eventually contribute to raising the statistics of healthcare cost burden with no other choice but to reach the tertiary or secondary stage of treatment or repeated hospitalizations.

Insurance coverage policies are worded with complexity and terminologies where Healthcare coverage, which seems covered apparently at the time of enrollment. In the case of Loui Ann, she isn't educated enough, and understanding an insurance healthcare coverage policy is the least of her troubles given so many responsibilities in her life. Denying routine blood work coverage could postpone the detection of conditions that could have been prevented and cured at the initial stages. Healthcare service utilization in the United States is quite complicated as there is no standard set of rules about whom to approach and when. In such cases, people like Loui Ann, who are least aware of whom to contact or who to enroll for, end up calling customer service the majority of times. When being called, they have to go through a tedious process of entering numbers and a more extended wait period to be able to get in touch with a customer representative with the hope that their questions and concerns will be empathetically answered. In the current scenario, James seemed to be working for a company that cared about the quantity of calls answered over the quality of calls answered. So, explaining and providing appropriate options to Loui Ann was the least of his concerns. Forget about telemedicine or telehealth features that have come up recently for better health outcomes, when people like Loui Ann are least comfortable using hi-tech smart devices to utilize such services.

The healthcare cost burden of the United States among the aging population is expected to rise around \$6 trillion by 2027 and has been at raising constantly. The major part that might be blamed is the lack of guided and smooth transitioning for such an aging population seeking healthcare services. Preventive care for such a population group with chronic diseases or disorders is most of the concern if the overall healthcare cost needs to be reduced by 2027. Guided instructions that are easy to understand in the least complicated terms is one of the most critical components every insurance provider should be able to implement. A majority of the population fails to utilize telehealth services more because either they lack the information about the availability of such services or the language is complicated

and less guided services, which might not provide the information on how much the consumer of service will be asked to pay out of pocket. A need to bridge the gap between research and the real world exists in such scenarios if reducing overall healthcare cost burden is our goal nationally. Specialty pharmacists or clinical pharmacists in healthcare facilities serve the role of that point of contact who helps reduce the healthcare cost burden and bridge the gap of research to the real world, making sure if the patient is on top of vaccines needed, checkups, and medication adherence. Nurses, on the other hand, also serve as one of those bridge filler. Understanding the value of such gatekeepers as well as stakeholders can help reduce healthcare cost burden looking at the bigger picture.

Using modern technology as a storytelling platform, explaining how to better access the information resources for particular issues can assist the aging population in improved utilization of information resources and health care services. It can be utilizing TV shows to spread the information or doctor's clinic TV screens, providing information resources while the patients wait in the waiting area. Not just healthcare but dental health also plays a crucial role in chronic disorders. Patients perceive their dentists and doctors as role models and providing information to geriatric populations through them might have a positive impact [1-5].

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