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Redefining Insurance Fraud: On Managed Care

By Robert Levin

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Want to hear MY definitions of "insurance fraud"? I'll tell you anyway.

Insurance fraud is when an HMO sells you a policy at an exorbitant rate and then finds all manner of ways to frustrate your pursuit of benefits.

Insurance fraud is when an HMO impedes access to procedures and specialists by requiring further "review" or "investigation."

Insurance fraud is when an HMO denies coverage for pre-existing conditions.

Insurance fraud is when, to demolish any chance one might have of effectively communicating requests or complaints, an HMO deliberately hires morons to staff its customer service department.

Finally, insurance fraud is when an HMO not only plays these games but also joins with other HMOs to mount lobbying and advertising campaigns against the development of alternative health insurance systems.

A subversive I may be, but I've never been of the militant variety. When the SDS was blowing up banks in the early '70s, I was expressing my displeasure with the establishment by intentionally omitting zip codes—THAT'LL jam their gears!

And, however grudgingly, I've come over time to accept capitalism as a permanent reality. A given.

But this managed care business, which is to say, capitalism of a blatantly predatory stripe, is making me ponder actions way off my normal spectrum.

I'm finding it increasingly difficult, that is, to sit still for a category of capitalism in which people demonstrably unqualified to participate in a free market system—who get much too giddy when they use it—routinely commit what amount to acts of violence against their customers. (Jesus. Messing as

they do with other people's very lives, you have to wonder how these HMO creeps were brought up, what kind of parents they had.)

Of course, much as I'd like to respond with actual violence I could never dispatch each and every HMO administrator to his local ICU all by myself. I'd need help, and on a broad scale. But the prospect of getting such help is dim. The vast majority of us, after all, are reluctant to so much as question, let alone rise against, even the ugliest manifestations of a broader system that promises every American a piece of the serious action—and this despite how false that promise is for all but a relatively few, or how destructive may be the indignities our belief in it obliges us to suffer. Most of us remain willfully stupid in this regard (which in another context is one of the reasons the Enron dirt bags who truncated their employees' futures are still alive).

Indeed, even most of the 45 million Americans who go without insurance because they can't afford the premiums oppose the alternative of not-for-profit system. It apparently hasn't occurred to them that there'd be no significant risk to capitalism in this solution. We've already got "socialized" institutions in this country—police and fire departments, for example—that hardly infringe on our freedom to take advantage of one another. A few more would still leave us with plenty of opportunities to ripoff our fellow man.

(And speaking of a not-for-profit health care system, does anyone seriously think that dealing with a government bureaucracy would somehow be more brutal than dealing with Aetna, Prudential or Oxford?)

So what's left to do when revolt is no more in the offing than government intervention is?

Unfortunately, beyond fantasizing that our growing population of serial killers (folks who've made it clear that accumulating money isn't their first priority) will develop a sense of civic responsibility to go with their skills and proclivity, I haven't come up with much. Certainly nothing that would yield more than the smallest of rewards at the price of considerable personal sacrifice.

I'm speaking of getting sick a lot; using, you know, the hell out of my policy. By constantly contracting illnesses that require frequent doctor visits, extended hospitalization and enormous quantities of pharmaceuticals, I'd have the satisfaction of at least putting a dent in an HMO's profits.

Yeah, I know, but I like the pharmaceuticals part and it WOULD be a step up from omitting zip codes.

Former contributor to The Village Voice and Rolling Stone. Coauthor and coeditor, respectively, of two collections of essays about rock and jazz in the '60s: "Music & Politics" and "Giants of Black Music."

Differences in Health Insurance Plans

By Brad Triggs

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Health insurance plans have changed dramatically over the past ten years, and American's currently have several different options to choose from– including HMO's, PPO's, fee–for–service plans, MSA's and major medical. There are two main categories of health insurance plans that each of these policies is classified as; managed care plans and indemnity care plans. The differences between each of these plans mean the differences in how you will receive health care when you need it.

Managed care health insurance plans, mostly the HMO's, focus primarily on prevention, and people with these types of policies pay less for their coverage. The drawback is that you are limited to specific health care providers. Indemnity plans, also known as fee–for–service plans, will cost you more– but you are completely covered no matter what illness or accident might occur. Indemnity plans place an emphasis on patient choice, allowing you to choose where and when you are treated.

The newest options in health insurance plans include the PPO (preferred provider organization) plans. These are somewhat a hybrid between the managed care and indemnity categories. Due to their flexibility, these plans are becoming the most popular. PPO plans are similar to managed care plans in that they encourage preventative care, such as routine check ups which are covered under the plan, but you are allowed more of a choice over what doctors you can see.

So how do the different plans effect how you receive health care? When you are part of an indemnity plan, you are typically able to choose the doctor you want to see when an unexpected illness occurs. You will have to fill out paperwork to submit claims, and keep track of your receipts and medical bills. If you are covered under the managed care health insurance plans, you have a higher chance of having your routine check ups covered, since they believe strongly in preventative medicine. You typically are required to choose a health care provider from a list of participating providers, but most of the paperwork required to process your claim is the responsibility of the insurer.

*****Brad Triggs provides more information and free insurance quotes at his website:



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