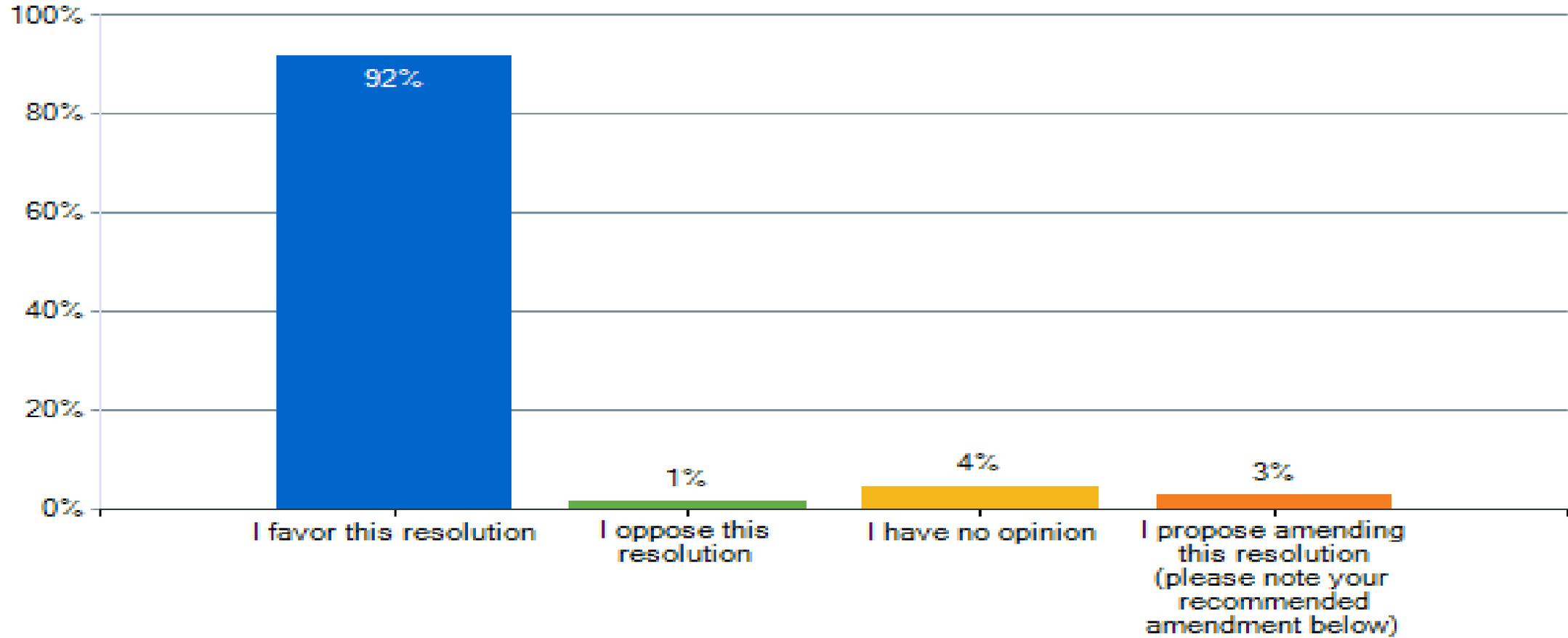
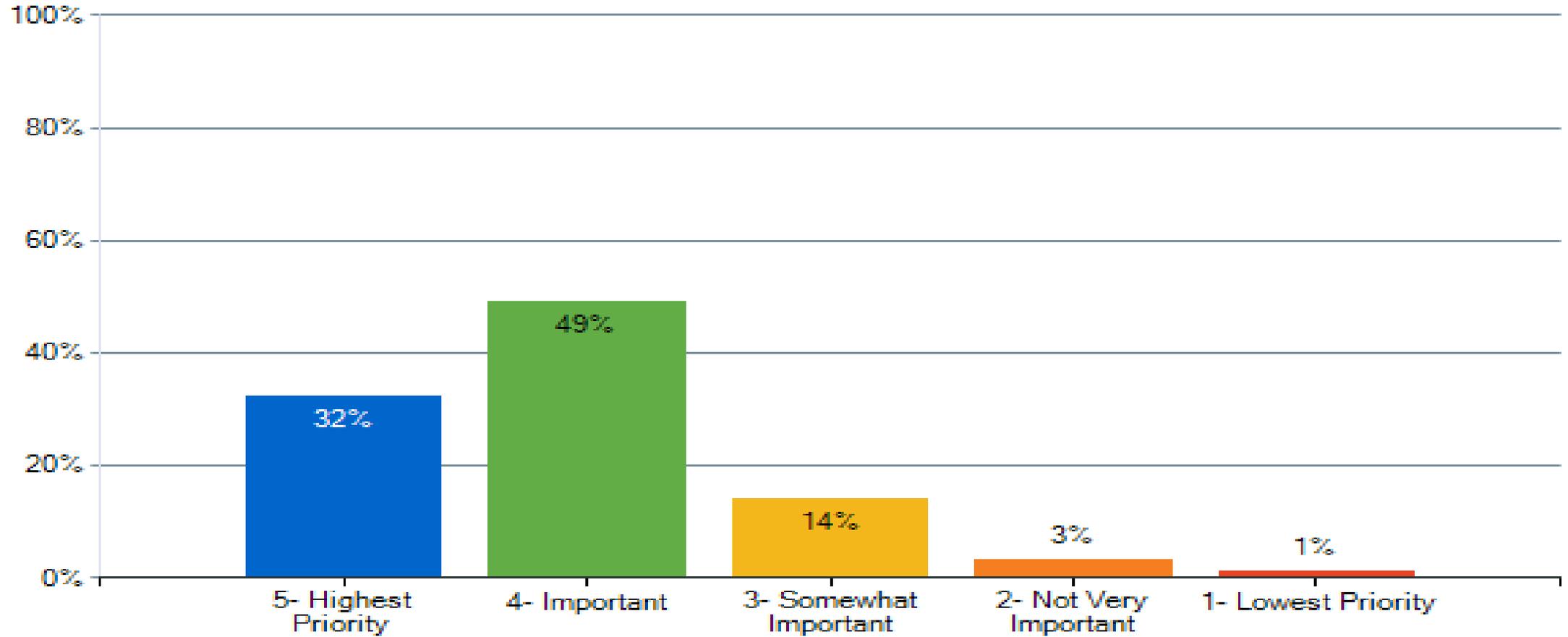


To Require Insurance Companies Make the “Coverage Year” and the “Deductible Year” Simultaneous for Their Policies



159 responses

Please indicate your view of this resolution as an ISMS priority.



155 responses

Resolution 6 Comments		
SR No.	Response No.	Response Text
5	5	Extremely helpful for the patients.
13	12	I fully support the intention of this resolution but suggest that post to deductible year and the coverage year be shifted to coincide with a calendar year. Policies should accommodate individuals who initiate coverage offset from January 1 with a prorated deductible for The periods of coverage that corresponds with the covered period. This issue also directly impacts members of the medical society, physicians because we must navigate and collect deductibles from patients
39	36	Sounds reasonable unless an agreement is worked out prior to issuance of the policy
57	71	Doesn't the AMA already have policy on the question ?
59	80	"condemn this practice" in resolved 1 is unnecessarily inflammatory.....while seemingly a good idea to have "years" be the same, I suspect that there are many unintended consequences from this type of mandate and would recommend that the author explore this with the health insurance industry/ISMS staff prior to writing a resolution
85	111	A no brainer.
93	119	This is an excellent "common sense" resolution to close an unscrupulous loop hole for insurance companies and take unfair advantage of consumers.

95	121	<p>The cost of medical care in this country is atrocious. How do we justify this? In previous decades, the working class (and middle class) had a chance to pay their medical costs out of pocket with hard work because the costs then were much lower percentage of overall means. And why is technology so expensive? Why does a CT scan of the brain cost \$3000 in Chicago and counting?!!!! Why does an ER visit for 5 stitches to a superficial forehead wound cost another \$3000 in additional costs? And all this leads to ridiculously high premiums and restrictions as to where you can go for "covered" care. Practically anyone buying "lower" cost insurance on the exchange cannot have access to downtown univerisity based hospitals for care in Chicago. Why do we just go along with the appearance of things and never fix the real core problem with the costs of premiums? Now, it is becoming a system where no one practically, unless you are one of the lucky 1% of highest earners or inheritors (more likely) will have a safety net if they need extensive medical care. And Covid costs will be looming.... and eventually passed on to us premium buyers....So yes, I support the deductible issue. But please work on the core problem, which really is a lowering costs. Do we physicians really want a quality of life where we are chasing our tails trying to keep up with rising costs by demanding just higher fees? Are we actually any happier by giving up so much of our time to cover higher and higher costs and in turn making health care accessible to fewer and fewer people?</p>
102	128	The resolution is logical and would prevent patients from duplication of their deductible payments.
104	130	This is reasonable.
110	168	Good idea to stay clear of this very divisive issue to concentrate on the most important issues
113	138	I favor the idea of this resolution, but are the authors asking to pro-rate the deductible for a partial year or have every policy have its own anniversary date? Stephen Kappel, MD St. Clair County Medical Society
126	150	I love the spirit of this resolution. Needs more references to suggest which insurance companies are engaging in these questionable business practices.
127	151	One of the many unfair tactics strewn throughout our system.

150	187	THIS WILL MAKE IT DIFFICULT FOR BILLERS OF MEDICAL SERVICES SINCE INFORMATION ABOUT ONSET OF COVERAGE WILL NOW BE WARRANTED. IT MAY BE A BEETER IDEA TO PRORATE THE DEDUCTIBLE FOR THE REMAINDER OF THE YEAR, IE 50 % IF PURCHASE OCCURS IN JUNE. THIS I'M AFRAID MAY CARRY COMPLICATIONS IN BILLING, AND ACCOUNTING SERVICES THAT WE MAY NOT BE AWARE OF.
157	192	This is a common sense way to make insurance more fair to and easily understood by the general public. ISMS should be doing everything in its power to improve access and usability of health care/insurance
165	221	Good idea
169	243	""Whereas, the insurance companies employ this non-transparent, underhanded scheme to increase their income at the expense of the consumer, therefore, be it"". This language is not helpful to achieve goals when in this statement. If we are suggesting insurance companies all need the diagnosis of "underhanded," that distracts from success this resolution and merits a whole separate statement. Then, majority of insurance is employer-sponsored and insurer is only a functionary, wonder if the employer needs to be called out for facilitating this policy. If entitlement insurers have this policy requires direct advocacy government agency.