

# HEALTH CARE CONSUMER

Fall

Newsletter of the Champaign County Health Care Consumers

1989

*Board Plans For Future*

## CCHCC's Campaign For Self-Sufficiency

**self-suf\*fi\*cient** *adj.* having the necessary resources to get along without help; independent (Webster's New World Dictionary)

Since 1977, CCHCC has grown from a handful of citizens without any staff and a budget of less than \$600, to a broad based membership organization with approximately 5,000 members, an annual budget approaching \$200,000, and a staff of 10 people. CCHCC's success over the past twelve years reflects both an organizational commitment to develop the resources necessary to effectively

fight for consumer rights, and a financial commitment from our members to help realize this goal.

Recognizing that our ability to continue to fulfill this dream requires even greater resources, CCHCC's Board of Directors has developed and approved a major initiative over the next five years. This Campaign for Self Sufficiency is designed to double our annual budget and strengthen our commitment to being a self-supporting organization.

The Campaign is an outgrowth of more than a year of planning by CCHCC's Board of Directors, and promises to be the single largest

organizational undertaking in CCHCC's twelve year history.

Planning for the Campaign was initiated by CCHCC's Executive/Finance Committee in the summer of 1988, following our annual Board/Staff Retreat. At the retreat, there was a clear consensus that CCHCC: a) needed more staff to work on a growing number of health care issues; b) could no longer rely on our annual budget process to adequately plan for our financial self sufficiency; and c) should develop a more systematic way of building financial support from our members and the community at large.

*Continued on page 7*



*Low-income consumers stand in line for dental appointments as CCHCC members speak at a news conference about the problems the poor face in finding dental care (story on page 3).*

### CCHCC Report Released

## Data Contradicts HMO Claims

"Our local HMOs have been conducting a deceptive public relations campaign, aimed at justifying huge and largely unnecessary rate increases," charged CCHCC Executive Director Mike Doyle. "According to data on file with the State of Illinois, there is no support for their contention that overutilization by consumers is responsible for recent rate increases. It's time for consumers to fight these tactics and demand a rollback in their premiums and co-payments."

Doyle made his comments during a news conference at which CCHCC released the initial findings from a series of investigative reports on HMOs. The series, titled "HMOs: Medical Reform or Marketing Ploy,"

will examine different aspects of HMO's plans and policies. The initial report focused on HMO claims that consumers are overutilizing the system and are thereby responsible for increasing costs. However, the

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**If anything, utilization by HMO patients is down. Only the cost of that care has gone up...**

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report, which analyzed utilization rates as reported to the Illinois Department of Insurance by HMOs last year, found just the opposite to be true.

"The disquieting fact is that the public statements made by local HMO

*Continued on page 6*



# CCHCC Fundraiser Updates

As part of CCHCC's Campaign for Self Sufficiency, each CCHCC program has adopted its own fundraising event. Here is an update on some recent events, as well as some upcoming fundraisers:

**Hotline Sponsors Raffle for Illini Tickets.** Our Consumer Health Hotline may be offering the hottest prize. The Grand Prize in the Hotline Raffle is two season tickets to Illini basketball. Second prize is two Michigan vs. Illinois football tickets plus two Illini sports jackets. Third prize is two Indiana vs. Illinois basketball tickets. Tickets are currently on sale for \$1 each, or 6 for \$5. To get your tickets, call Alan Henderson or Mary Kelly at the CCHCC office (352-6533). The drawing will be held on November 4, 1989, and you don't have to be present to win.

**Halloween Bingo Bash.** CCHCC's Low-Income Task Force will conduct our 5th Annual Halloween Bingo Bash on Monday, October 30. It will be held at the Moose Lodge at 124 W. White Street in Champaign. Doors open at 5:00 PM. Games will begin at 7:00 PM. No reservation is needed. There will be at least two \$500 jackpots, and all others will carry \$100 prizes, so come on out and enjoy the fun. Nearly 300 people attended our Celebration Bingo on July 3, helping raise over \$1600 for CCHCC's Low-Income Task Force. Volunteers are also welcome; call Mary at 352-6533.

**Garage Sale Alert.** Garage sale enthusiasts -- you are not going to want to miss this! The Women's Health Task Force will hold an 'End of Summer' Garage Sale on Saturday, September 30, 1989 from 8:00 AM to 2:00 PM at the YWCA, 1001 S. Wright Street, Champaign. The sale will be staffed by members of the Task Force and University of Illinois student volunteers from various service organizations, volunteer groups, and sororities. Proceeds from the sale will be used to assist the Task Force to continue its current initiatives on birth options, accessible and affordable health services to women, and reproductive services and rights.

If you have items to donate, please call (217) 352-6533 to let us know and arrange pick up or delivery. The only items we are NOT accepting are adult clothing. We have a variety of items already for sale, including children's toys and clothing, a dishwasher, sofa bed, books, antiques, juices, toasters, dishes and other assorted kitchenware, and assorted furniture to name just a few. Free beverages for the shoppers and free balloons for the children will be available. We anticipate a fun time and we promise you bargains galore! Hope to see all of you at the 'End of Summer' Garage Sale on Saturday, September 30.

**Seniors' Bake Sale Nets \$440.** Although the Urbana Sweet Corn Festival and the Taste of Champaign were held on the last Saturday in August, those weren't the only places in town where you could satisfy your taste buds that day. Just up the street from the Sweet Corn Festival, CCHCC's Senior Citizen Task Force held its first annual bake sale at Lincoln Square. And based on the response of shoppers, it may have been the best deal in town.

With literally hundreds of cookies, dozens of cakes, pies, and breads, and a dash of homemade candies, the Task Force had plans to sell extra items at local IGA stores on Sunday. However, those plans became

obsolete by 2:30 Saturday afternoon when literally every item was sold, and over \$440 was raised.

The success of the event reflected the hard work that the Task Force put into the bake sale. Over fifty senior citizens baked goods for the sale, and dozens more helped make phone calls, made arrangements for the



*CCHCC member Evelyn Mirsky helps staff the August 25 Bake Sale at Lincoln Square Mall.*

location, picked up and delivered goods, priced and marked items for sale, and staffed the booth on Saturday. A special thanks to everyone who made the sale such a success, especially CCHCC Board Member Mabel Coombs, Task Force Chairperson Clara Clark, Clara Greenblau, Lucille Thompson, Rev. Mary Mullen, Evelyn Musky, Verna Roth, and Edna Booker.

## Phone-A-Thon Set For Sept. 25 Through Oct. 5

For eight evenings in late September and early October, CCHCC volunteers will be staffing a phone bank at the offices of the American Heart Association. Each night during CCHCC's first annual Phone-A-Thon, we will be calling CCHCC members and supporters, asking them to renew their memberships and pledge a specific amount to CCHCC for the coming year.

With a goal of raising \$9,000, we hope to have all eight lines staffed by volunteers from 5 to 9 each evening. As an incentive, CCHCC will provide dinner free of charge to callers and

other workers. Several restaurants have already agreed to donate dinners for each of the eight nights, and several others will be providing gift certificates as incentive prizes to some of our best volunteers.

In addition to callers, we need volunteers to help stuff envelopes, track and tally pledges, as well as other tasks. If you'd like to help, please call the office and ask for Elizabeth Hamlin (352-6533). If you are unable to volunteer, but receive a call from one of our volunteers, please help out and be as generous as you can afford.



## Local Campaign Targets Improved Access to Dental Care

"This is not a laughing matter when I or my children can not get the care we need. It's not right when the dentist will choose to pull my teeth instead of fixing them when he learns I'm on Medicaid," exclaimed Amber Adams during a press conference about the lack of access to dental care in Champaign County. The press conference marked the kick-off of a local campaign by CCHCC to increase access to dental care for the poor. Low Income Task Force members Amber Adams, Debbie Doyle, and Mamie Smith spoke to reporters, CCHCC members, and a crowd of about 30 people waiting in line to schedule appointments, about their experiences and those of others in the community who are unable to find dentists who will accept Medicaid.

Few options are available if you

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**"We believe our dentists still have a responsibility to respond to the needs of the community..."**

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are poor or without insurance. Frances Nelson is one of the few places left that provide services to low income people. The demand for dental care is so great in this community that a recent analysis by Illinois Bell found that over 1000 calls were unable to get through the busy lines on the one day a month that Frances Nelson accepts new patients. Access has deteriorated to the point that people are forced to go without the dental care they need, and unfortunately, cavities do not wait until there is money in the bank.

Often low income consumers will attempt repeatedly for months to get an appointment. In addition to trying to get through busy lines at Frances Nelson or at the C-U Public Health District (CUPHD), some wait in long lines before the facilities open, or sign up on four month to two year waiting lists of private dentists in hopes of having a better chance to be seen. This situation, which has deteriorated

in recent years, can not be allowed to continue.

One of the reasons cited by local dentists when questioned why so few of them serve low income consumers, is that their Medicaid claims are inadequately managed by Delta Dental, the firm hired by the Illinois Department of Public Aid (IDPA) to oversee the majority of Medicaid dental claims. Eighteen months ago, CCHCC released a report which revealed the gross mismanagement of millions of dollars of taxpayers' money by Delta Dental. This resulted in an investigation of Delta Dental and IDPA by the Illinois Auditor General. The report is finally due to be released next month. According to a source at the Auditor General's office, the investigation has taken over five months longer than anticipated because of the lack of cooperation by Delta Dental during the audit.

While the State's investigation is being conducted, local dentists have failed to take any steps aimed at alleviating the crisis. "We believe our dentists still have a responsibility to respond to the needs of the community," argued Task Force member Debbie Doyle. The task force is determined to see changes take place.

As part of that effort, low income consumers have begun to wage a campaign for change. The task force will be speaking out at the C-U Public Health Board Meeting on September 12 to encourage the Health District to play a more active role in solving this crisis.

A meeting is also being finalized with the Illini Dental Society in order to bring the concerns of the community directly to the dentists. "Although they may have a legitimate complaint about Delta Dental, they also have the ability to begin solving this problem in our community. We intend to see that they do," emphasized Task Force member Nancy Yeagle.

Please call the task force at 352-6533 if you are interested in attending either of these meetings and to let your voice be heard about this urgent issue.

## CCHCC Briefs

### Conference Date Set.

Mark your calendar now. CCHCC's 1990 Conference is set for April 7 at Jumer's Castle Lodge. The theme of this year's conference will be **The Great Debate - National Health Care**. "Universal health care will be the issue of the 1990s," commented Judy Checker, Chairperson of the Education/Media Committee. "We felt that as a follow-up to last year's theme (Picking Up the Pieces - Health Care in the '90s), that universal health care should be the focus as we start the new decade."

The Education/Media Committee is soliciting names of individuals that you would like to see as our 1990 keynote speaker. If you have suggestions/ideas, please pass them on.

### Vehicle Needed.

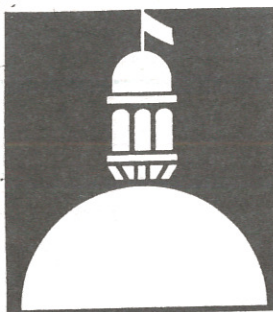
CCHCC's door-to-door canvass needs a car! We knock on doors in all the communities in Champaign County, so a car is vital to our canvass' operation. If you have a used car to donate as a tax deduction, or just one you'd like to sell cheaply, please contact Elizabeth (352-6533).

### Staff Changes.

Over the summer, CCHCC welcomed five new staff members -- Amber Adams, Alan Henderson, Mary Kelly, Lovi Grady, and Ruth Carter. Amber joins the staff as an organizer working with our Senior Citizen Task Force, Alan replaces Marlene Moshage as the Coordinator of the Consumer Health Hotline, and Mary is the new Low-Income organizer. Lovi and Ruth came to CCHCC through the Senior Employment Program, and will be helping with office work.

On the other hand, we bid farewell to four employees who've moved on to new projects, including oConstance Fitzgerald, John Lee Johnson, and Lou Petterchak. The fourth employee, Marlene Moshage, left the staff only to join CCHCC's Board of Directors. We sincerely applaud the work of our outgoing staff, and welcome the new staffers.





# Legislative Update '89

## ...from Springfield

As the crisis around affordability and accessibility in health care continues to deepen, the 86th Illinois General Assembly and Governor Thompson continue to avoid dealing with health care issues in a serious manner. While there were numerous innovative legislative initiatives directed at cost containment, patient rights, pre- & postnatal care, expanding primary care availability, and providing health coverage for the 1.5 million uninsured Illinoisans -- the movers and shakers in Springfield were more concerned with raising our taxes. With nearly \$1 billion in new taxes and a \$600 million surplus, not even a trickle was allocated to combat the growing inadequacies in meeting the health care needs of Illinoisans.

From a strategic point of view, many of the major health care reforms this year did progress further through the legislative apparatus than ever before, in spite of stiff opposition from the powerful Illinois Medical Society and the insurance industry. Although the Governor still has the opportunity to sign a number of bills, the following is a brief rundown on

key legislative initiatives supported by health consumers.

**HB 302 - Hospital Discharge Notice:** Would require hospitals to provide 24 hour notice before discharging a Medicare patient, and provide information on how to appeal the discharge. Passed both Houses, but no action by Governor yet. Initiated by the State Council of Senior Citizens in response to a study by CCHCC that found many seniors being pushed out of the hospital without adequate notice.

**HB 402 & SB 294 - Doctor Overcharge Campaign:** Would stop doctors from overcharging senior citizens and the disabled millions of dollars above government and private insurance rates. The past two years Illinois doctors have overcharged Medicare patients over a quarter of a billion dollars. Passed out of committee in both the House and Senate, but defeated 39-15 in the Senate and not called for a vote in the House. This was the Illinois Medical Society's top bill to defeat. Initiated by the State Council of Senior Citizens.

**HB 745 - Medicaid Expansion for Pregnant Women & Children:** Would expand eligibility for pregnant

women to 130% of poverty and to infants less than two years old. It also urged Public Aid to implement presumptive eligibility for pregnant women statewide, allowing them to receive early prenatal care. Passed in the House, but failed in the Senate. Initiated by the Illinois Maternal and Child Health Coalition.

### **HB 1819 - State Health Plan**

**Option:** Would allow local and county units of government the option of offering their employees coverage under Illinois' Quality Care Plan. Quality Care, currently only available to state employees, is a comprehensive plan that is beginning to compete with many HMOs, and is less costly (32.8% cheaper than Carle Care). Supported by AFSCME, it passed both chambers and is

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... the movers and shakers in Springfield were more concerned with raising our taxes.

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awaiting action by the Governor.

**SB 400 - Employer Mandated Health Insurance:** Would provide health insurance to roughly 600,000 working uninsured who work at businesses with more than five employees, and who work at least 17.5 hours a week. Consumer groups opposed it because it didn't go far enough, and the Chamber of Commerce opposed it because it went too far. Never called for a vote.

## ...from Capitol Hill

**Basic Health Benefits Act (Kennedy/Waxman Bill):** This bill is conceptually similar to the recently proposed state initiative; however, it is much more comprehensive. A hardship fund to assist small businesses, coverage for the non-working uninsured, and better part-time provisions have been added. Passed the Senate Labor Committee on July 12th with a 9 - 7 (straight party) vote. The full Senate still must vote. Please call Senator Simon's and Dixon's office today. Vote Yes.

**Medicare Catastrophic Action:** Congress will act in September to

change the Medicare Catastrophic law. Right now, many believe that repeal is the likely outcome. However, one or two measures are gaining support. 1) Would repeal the Medicare supplemental premium entirely and would replace those monies with general revenues by extending the existing 33% bracket in the federal income tax code to all upper income individuals. Presently, individuals making \$45,000 or more have a cap on how much they have to pay into Medicare and Social Security. 2) With these funding changes, the addition of some long term benefits would be possible.

**Federal Mandated Medicare Assignment:** Unfortunately, reforms to put a cap on what doctors can overcharge Medicare recipients (seniors & disabled) are not progressing in a positive way. Two main proposals are being discussed which would barely lower the Overcharge Cap from 25% to either 15% or 20%; only one would require that all Medicare paper work be done by the health provider. Contact Terry Bruce and urge him to: 1) STOP all overcharges where patients have no choice regarding the selection of the service; 2) Curtail paperwork for Medicare recipients; and 3) phase out all overcharges over three years.



# Rural/Urban Health Proposals Face Veto

Health care in the rural areas and inner cities of Illinois is facing a monumental crisis. Hospital closures, mergers, discrimination against the poor, inadequate health insurance, and the lack of doctors willing to locate in these areas have all added to the crisis. In response, the Campaign for Better Health Care (CBHC) designed a unique package of bills aimed at bolstering the declining health care services in medically underserved areas in Illinois. Although the majority of this package eventually passed both the House and Senate with the support of a coalition of rural and city (Chicago) legislatures, the legislation took a variety of twists and turns in the process. As of September 1st, Governor Thompson has yet to act on the substantive parts. However, it didn't take long for Thompson to veto the \$8 million appropriation to fund the following bills:

**HB 168 (once SB 1301) - Division of Primary Health Care:** Would bolster all existing Community Health Centers and provide technical assistance and grants to communities located in Medically Underserved Areas to begin solving their health care dilemma. Passed in the Senate, but failed in the House.

**HB 850 - Appropriation:** HB 850 contained a line item that appropriated \$8 million to the Medically Underserved Counties Fund for the Division of Primary Health Care. Passed both Houses, but Governor Thompson specifically vetoed this line item.

**SB 698 - Primary Care:** Requires IDPH to establish a program to expand access to comprehensive primary care in medically underserved areas. Support may include grants and technical assistance to Community Health Centers. Passed both Houses, no action by Governor yet.

**SB 1302 - State Health Services Corp:** Requires IDPH to establish a program of grants and scholarships to encourage allied health professionals to serve in shortage

areas and to establish a physician recruitment center in conjunction with the Board of Higher Education for the Family Practice Residency Act. Passed both chambers, waiting for Governor's signature. Main funding source (HB 850) was vetoed.

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**...it didn't take long for Thompson to veto the \$8 million appropriation to fund [these] bills...**

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**SB 1304 - Nurses Pilot Program:** Provides IDPH shall implement a pilot program for FY 1991 to give one-time stipends to nurses who locate in medically underserved areas. Passed both chambers, waiting for Governor's signature. Main funding source (HB 850) was vetoed.

**SB 1305 - Income Tax Check-off:** Establishes an income tax check-off whereby taxpayer can designate \$10 of their refund to be given to the Community Health Center Care Fund. Passed both Houses, waiting for Governor's signature.

**SB 1306 - Rural Health Care Services Improvement Act:** Authorizes formation of regional ambulance systems and empowers IDPH to award operating grants to such systems. Passed both Houses, waiting for Governor's signature. Main funding source (HB 850) was vetoed.

**VETO OVERRIDE:** Legislative proposals vetoed by the Governor can be overturned with a 3/5ths vote (House 71 votes & Senate 36 votes). The veto override session is only seven days, and begins on October 4. Please call your State Representative and State Senator and encourage them to support the override of the above bills.

## CCHCC Seeks to Increase Number of Large Donors

A major component of CCHCC's Campaign for Self Sufficiency is aimed at expanding the number of CCHCC supporters who contribute more than the average \$25 donation. As part of that effort, members of CCHCC's Executive/Finance Committee will be setting up meetings with past supporters, asking for gifts of from \$100 up to \$1000.

"We've had incredible success over the years in building a strong membership base," explained CCHCC Executive/Finance Committee Member Susan McGrath. "However, we've never really worked at identifying those members and supporters who have the ability to contribute larger amounts."

Over the years, several individuals have made large donations to CCHCC; however, those were usually unsolicited. In the past two years several hundred members have contributed \$36 as part of CCHCC's Adopt-A-Senior program. These

contributions helped underwrite memberships for senior citizens in the Medicare 100 and Medicare Plus programs.

"Suddenly, through the Adopt-A-Senior program, we realized that many of our members were willing to make a more significant contribution if asked," explained McGrath. "When people understand how their contribution is used, and how important their support is, most of them are very willing to consider a larger donation."

Initially the Executive/Finance Committee hopes to identify 30 to 50 supporters who will pledge a total of \$7,000 in the coming year. The meetings with supporters are not only a great opportunity for talking about some of CCHCC's recent accomplishments and new initiatives, but also provide our board and staff members with feedback from those individuals who make our work possible.



# HMOs from page 1

officials are in direct conflict with the data they have reported to the state over the last five years. If anything, utilization by HMO patients is down. Only the cost of that care has gone up," explained Doyle.

The investigation was initiated following a CCHCC public forum last June that focused on local HMO rate increases. At that forum, representatives of CarleCare HMO repeated industry claims that dramatic premium increases and new co-payments for physician visits were in response to overutilization by consumers.

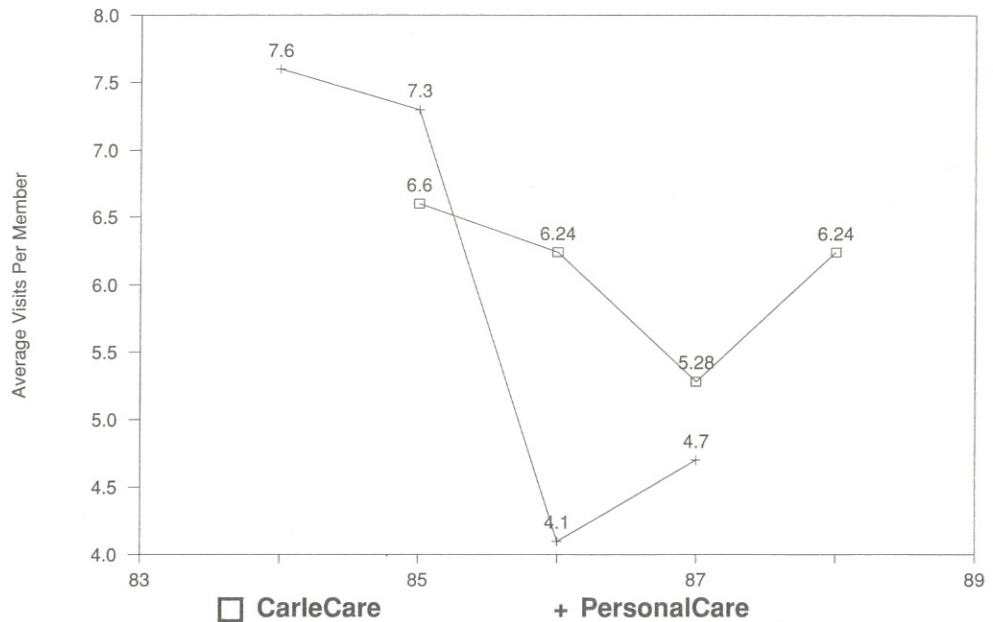
Charging that HMO patients use the doctor's office like a revolving door, CarleCare Executive Director Gerry Tresslar told consumers at the June 26 forum that the \$10 co-payment for each physician visit was designed to change consumer habits. "We don't want the money as much as we want to eliminate the unnecessary visits to the physician," explained Tresslar.

Across town, PersonalCare HMO, the second largest HMO in our area, put forth similar arguments in their newsletter. Blaming consumers for overutilization, PersonalCare asked consumers to "assume some of the responsibility of how and when office visits are used." According to the newsletter, the goal of the co-payments is to "reduce the number of unnecessary visits to the doctor. . . People often do see the doctor for minor illnesses that don't need treatment. Most colds and flus run their course regardless of medical care. The number of visits made for illnesses like these is expected to drop."

Yet, according to the data released in CCHCC reports, there have been no increases in utilization by HMO patients. The report examines five different variables in determining utilization rates at local HMOs over the past five years: a) membership months; b) ambulatory/office visits; c) inpatient hospital care; d) number of patients over 65; and e) premiums/revenues.

The findings indicate a dramatic

GRAPH 1: AMBULATORY VISITS PER MEMBER



overall increase in memberships from 1984 through 1988. CarleCare more than tripled, from an average of 28,031 members in 1984, to an average of 94,856 members in 1988, while PersonalCare HMO saw nearly a nine-fold increase as their average jumped from just 4,499 members in 1984 to 39,603 in 1988.

Premiums collected by the HMOs surpassed membership increases at both HMOs for the same period. CarleCare HMO premiums quadrupled, from \$18.9 million in 1984 to over \$75.5 million in 1988. PersonalCare's premiums skyrocketed from \$3 million in 1984 to \$28.8 million in 1988.

## **..public statements made by local HMO officials are in direct conflict with the data they have reported to the state...**

However, contrary to what local HMO officials have been publicly claiming, utilization rates do not support the argument that they are serving a "sicker" population. One of the major areas of contention has been visits to the physician's office by consumers. While it is true that the total number of physician visits did increase from 1984 to 1988, when looking at the average number of visits per HMO members, no increases are evident.

For CarleCare, the number of ambulatory or office visits in 1988 was 588,615, compared to only 250,759 in 1985 (no data was available for 1984). However, when looking at the average number of visits per member (see graph 1), the numbers are actually lower in 1988, with 6.24 visits/member compared to 6.6 visits per member in 1985. The one significant variation occurred in 1987 when the average dropped to only 5.28 visits per member. (Despite this drop, no one seems to recall any proposed rate decreases that year!)

The data for PersonalCare HMO is even more remarkable. According to the data provided to the state from 1984 to 1987, ambulatory or office visits increased from 34,449 in 1984 to 155,711 in 1987, yet the average number of visits per member plummeted from 7.6 in 1984 to only 4.7 in 1987 (graph 1). Christie did not report this information for 1988, leaving the space in their annual report blank. When asked why, PersonalCare Executive Director Al Mytty explained that PersonalCare noticed that other HMOs didn't provide the data, so they also chose not to comply. When asked by CCHCC for the data, Mr. Mytty expressed concern about "not having any control over what we put in the CCHCC newsletter," and suggested that it could take several weeks to get that information. Despite his lack of cooperation, the data speaks for itself, with nearly a 40% drop in the



average number of office visits per member between 1984 and 1987.

These dramatic findings also are replicated in the area of hospital utilization. According to CarleCare's reports, the number of inpatient days rose from 14,496 in 1984 to 50,731 in 1988. However, when compared to days per 1000 members, there is remarkable stability in the hospitalization rates, with rates generally ranging from a low of 513 inpatient days per 1000 members in 1987 to a high of 537 inpatient days per 1000 members in 1985 (see graph 2). The one exception to this range was an extremely low utilization rate of just 378 inpatient days per 1000 members in 1986. (Again, no one can recall any rate rollbacks when utilization was so dramatically low.)

On the other hand, PersonalCare HMO has seen a steady decline in the number of inpatient days per 1000 members. The highest level was in 1984, when the rate was 622 days per 1000 members. This decreased almost every year, until it bottomed out at just 482 inpatient days per 1000 members in 1988 (graph 2).

In addition to the number of inpatient days per 1000 members, CCHCC also examined the Average Length Of Stay (ALOS) that an HMO member spends in the hospital. Again, both institutions experienced their lowest ALOS in 1988. CarleCare's rate was 4.59 days in 1988, a drop of 12% from the 1984

rate of 5.21. PersonalCare's member ALOS was 4.33 days in 1988, down 3% from the 1984 rate of 4.5.

Finally, there is the argument put forth by the HMOs that somehow they are getting the sicker, more illness prone population among their members. Again, their own data seems to refute these arguments. CCHCC examined the number of members in each HMO that are 65 years or older. This segment of the population is clearly the sickest, and the largest users of the health care system. The percentage of CarleCare members over 65 years of age held steady throughout the five year period, with a major dip to just 4% in 1985 (no data was available for 1986). Christie, on the other hand, has seen a steady decline in the percent of their members over 65, dropping from 8.3% in 1984 to 6.5% in 1988. Ironically, the percentage of persons over 65 in Champaign County was 7.2 in 1980, and is expected to reach 8.5% of the population by 1990.

"This report clearly shoots major holes in the arguments by the local HMOs that their rates need to increase because of the patient," concluded Doyle. "We will be releasing additional reports in the near future, but it's critical that consumers begin to challenge these recent changes. We are discussing several options, including a petition drive calling for a rate rollback and elimination of the co-payments."

## Self-Sufficiency from page 1

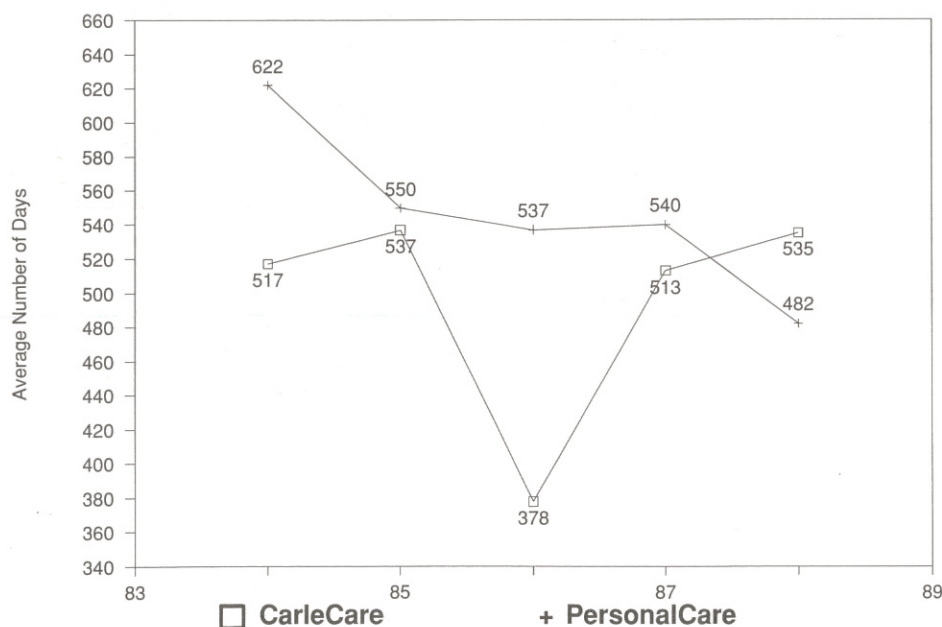
The planning process culminated at CCHCC's 1989 Board/Staff Retreat, when the five year plan was approved. The Campaign focuses on developing a more systematic fundraising plan which: a) incorporates our fundraising into all programmatic initiatives and delegates responsibility for fundraising throughout the organization; b) expands the mechanisms we use in identifying new members and sources of support in the community; c) increases the options available for CCHCC members and supporters to renew their support; and d) provides opportunities for CCHCC members to upgrade their support beyond their annual membership fee.

"There is an incredible amount of work to be done," explained CCHCC Treasurer Ed Ramthun. "But as the process unfolds, there seems to be a certain excitement and enthusiasm about what we can accomplish."

In the simplest terms, CCHCC will be expanding its fundraising activities. New initiatives will be incorporated into our current fundraising plans, including the addition of a major donors drive, a volunteer phone-a-thon, corporate contributions, and direct mail solicitation. Each of our task forces and programs like the Hotline will sponsor their own fundraising events, from raffles to garage sales. Finally, CCHCC will focus efforts at receiving contributions at the workplace through the Donor Option Program of the United Way (see article on page 8).

As with everything we do, the ultimate success of the Campaign for Self Sufficiency will rely heavily on the commitment and generosity of our members, volunteers, and supporters. CCHCC's Board of Directors, which has already donated hundreds of volunteer hours to the development of the Campaign, is committed to building one of the most effective and aggressive local consumer groups anywhere in the country. We welcome and encourage your participation. For more information on how you can help with the Campaign for Self Sufficiency, please call Mark Baron at the office, 352-6533.

GRAPH 2: INPATIENT DAYS / 1000 MEMBERS





Support CCHCC at Your Workplace

# THE CHOICE IS YOURS

Now you can contribute to CCHCC through the United Way's payroll deduction plans. Each year, the United Way conducts its annual contribution drive at workplaces across Champaign County. Many people, including CCHCC members, donate to the United Way through this form of payroll deduction.

However, the United Way has recently developed a way that contributors can have more choice in which organization receives their donation. Because many organizations such as CCHCC don't participate in the United Way, a Donor Option Program has been instituted which allows you to designate your payroll contribution to local health and human service agencies that are not part of United Way.

Recognizing the potential of this new program, the Champaign County Health Care Consumers (CCHCC) have begun a concentrated effort to encourage our members to support CCHCC through the Donor Option Program.

"The Donor Option Program allows you to choose directly where your charitable dollars are going," explained CCHCC staff member David Rein. "You choose which organization receives the funds you are donating. Using the Donor Option program allows you to make the most effective use of your contributions."

The Champaign County Health Care Consumers (CCHCC) has worked tirelessly for the past twelve years to see that all residents of Champaign County receive adequate and affordable health care.

Founded in 1977, CCHCC has a strong record of speaking up for consumer rights, whether to oppose discrimination or fight HMO rate increases. Over the years, CCHCC has left a legacy of program initiatives which provide our community increased access to care. The Medicare 100 and Medicare Plus programs for seniors citizens, charity care programs at local hospitals, availability of midwifery services, and prenatal care programs are all developments within our local health

care system that are a direct result of CCHCC's work.

CCHCC's Consumer Health Hotline assists local residents in resolving problems, questions, and complaints about health care services and fees. CCHCC's educational forums and publications provide consumers with the knowledge to effectively participate in the health care system. CCHCC's Doctor's Directory is a complete guide to health care services in Champaign County, allowing area residents the opportunity to make an informed decision when choosing a health care provider.

You can help ensure that this valuable work continues by selecting CCHCC as your "Donor Option" when you make your charitable contribution at the workplace.

Choosing the Champaign County Health Care Consumers is an easy three step process. All you have to do is:

- 1) Complete both the "Donor Option Form" and the "Pledge Card";
- 2) Check option (D) on the "Donor Option Form" and write in the Champaign County Health Care Consumers under your selected agency;
- 3) Return both the "Donor Option Form" and the "Pledge Card" to the United Way.

To select the Champaign County Health Care Consumers or any other non-United Way agency as your Donor Option, you must pledge a minimum of \$50.

## DONOR OPTION FORM



### UNITED WAY OF CHAMPAIGN COUNTY

(Complete in addition to a campaign pledge card)  
CHOOSE ONE OPTION:

- ☐ A. CITIZEN REVIEW PROCESS OF ALLOCATIONS
- ☐ B. SELECT A UNITED WAY AGENCY  
Agency Name (See reverse side)
- ☐ C. OMIT AN AGENCY  
Agency Name (See reverse side)
- ☒ D. SELECT A NON-UNITED WAY AGENCY\*

CCHCC  
(Agency Name)

44 E. Main  
(Address)

Champaign  
(City)

**I understand this restricted gift will be distributed under the provisions set forth in the Donor Option guidelines and in accordance with my preferences.**

Signature: Jane Doe

Name (please print): Jane Doe

Address: 2000 E. Green, U.

Employer: A, B, C Company

Phone: (w) 555-2222 (h) \_\_\_\_\_

Amount of gift designated: \$ 60  
Method of Payment: ☐ Cash ☐ Bill Direct  
☒ Payroll Deduction

\*Must be a minimum of \$50 per agency  
A fee of 16% will be deducted to cover administrative costs.

**Make all checks payable to  
United Way of Champaign County**

Champaign County  
Health Care Consumers  
44 Main Street/Suite 208  
Champaign, IL 61820

Address Correction Requested

Non-Profit Org.  
U.S. Postage  
PAID  
Permit No 751  
Champaign, Illinois





Dear Member:

CCHCC is embarking on the most ambitious fundraising initiative in its history. Our Campaign for Self-Sufficiency seeks to build on the tremendous support our members have shown the past twelve years. And although planning for the Campaign began over fifteen months ago, events in the past year underscore the value of a strong, effective consumer group.

Last fall when the City of Champaign initiated discussions about merging Burnham and Mercy Hospitals, CCHCC led the fight to protect care for the poor, to retain the Medicare 100 and Medicare Plus programs for local seniors, to assure access to reproductive services, and to increase community representation on the board of the new hospital.

In the spring, when CarleCare and PersonalCare HMOs announced huge rate increases, the local media and state officials accepted at face value the claims by the HMOs that the increases were caused by unusually higher consumer utilization. Fortunately, CCHCC wasn't so easily convinced.

In the first of a series of reports, CCHCC has uncovered data that raises serious doubt about the validity of these claims by HMO officials. Determined to protect consumers from unnecessary rate increases, CCHCC has called for a rate rollback and elimination of co-payments until local HMOs agree to an independent audit of their utilization data. The rollback is just one of several reforms CCHCC will be fighting for in the coming year.

The list goes on. Whether the issue is dental care for the poor, or the recent loss of Champaign County's only nurse-midwife, CCHCC is on the front lines fighting to protect consumers. The growing national health care crisis promises that an ever increasing number of health care issues will continue to emerge. But we won't succeed without your help. Our Campaign for Self-Sufficiency is designed to provide CCHCC with the resources necessary to meet the challenges that lie ahead. So please fill out the coupon below and return it to CCHCC today. Your support does make a difference.

Sincerely,

Michael Doyle  
CCHCC Executive Director

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I would like to join in CCHCC's Campaign for Self-Sufficiency.

☐ Enclosed is my contribution of \_\_\$50 \_\_\$36 \_\_\$15 \_\_Other \$\_\_\_\_\_

☐ I would like to pledge \$\_\_\_ for the coming year. Please bill me on a quarterly basis (minimum \$20 pledge).

☐ I will pledge a donation to CCHCC through the United Way's Donor Option Program.

☐ Please send me more information about CCHCC's: \_\_Large Donors  
\_\_Workplace Fundraising \_\_Corporate Sponsors \_\_Wills & Bequests

☐ I would be willing to volunteer my time. Please contact me.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Make checks payable to: CCHCC

Mail to: CCHCC

44 E. Main, Suite 208  
Champaign, IL 61820

