

HEALTH CARE CONSUMER

Summer

Newsletter of the Champaign County Health Care Consumers

1992

Coalition Marches on Christie

*Medicaid patients under attack
What do we do? Stand Up! Fight Back!*

These and other chants echoed through the streets of Champaign on Saturday, May 9, as nearly 200 people representing over a dozen churches and organizations marched from Douglas Park to Christie Clinic to demand an end to discriminatory practices at the clinic.

The march was initiated by a coalition of community and religious organizations, including the Ministerial Alliance of C-U, Concerned Citizens for a Better Neighborhood, National Organization for Women, YMCA Students, YWCA Women Working for Progress, Minister's Wives Alliance, Burch Village Resident Council, NAACP, and the Health Care Consumers.

"After nearly two and a half years of public outcry and formal complaints, we felt it was necessary to take the issue to the streets and let Christie know that pressure will not let up until discrimination ends," explained CCHCC board member Esther Patt. "The march was really a change in our strategy that sought to bring the focus back to Christie. The message was simple: this issue would not just go away, but would instead continue to escalate until it is resolved."

For the past two years, the Health Care Consumers have been trying to get the Champaign Human Relation Commission to end discriminatory practices at Christie which violate the city's Human Rights Ordinance. When



Members representing over a dozen churches and community groups demanded an end to discrimination at Christie Clinic.

Pressure Leads to Changes at Clinic

Often when people organize to correct injustices, it is hard to determine how effective we really are. Answering the question "Did it make any difference?" is made difficult by those in power, who try to minimize the impact of organizations working for social change. Often problems are denied, groups are discredited, or tactics are questioned in attempts to deflect attention from the real issues. Rather than be misled, we must take a

closer look at what existed before and after organizing began. The bottom line is whether real improvements are made in people's lives.

The two year campaign to end discrimination against public aid recipients at Christie Clinic is a good example. Although Christie officials have maintained throughout the process that they've done nothing wrong and will operate their clinic as

Continued on page 2

Continued on page 5

March

from page 1

it was clear the Commission was unwilling to tackle this issue, it was decided that the community needed to step forward and challenge Christie directly. As part of that strategy, the Health Care Consumers released a report one week before the march documenting some of the issues the Commission refused to address. The report had four major findings:

"...this issue would not just go away..."

FINDING #1: Christie Clinic continues to discriminate in the provision of services to public aid recipients.

During the first four months of 1992, a phone survey of seven departments at Christie Clinic found that all 25 callers who identified themselves as private patients were given appointments without delay. But of the 25 callers who identified themselves as public aid patients, more than half were either denied care or forced to wait several weeks for an appointment.



CCHCC Chairperson Imani Bazzell challenges Christie administrators to sign a proposed non-discrimination policy.

FINDING #2: Christie Clinic's own records indicate that the Clinic has received more money per public aid patient visit than it has per private pay patient visit.

According to documents filed by Christie Clinic with the Illinois Health Facilities Planning Board, Medicaid patients accounted for 4.9% of all patient visits in 1988, but generated 6.1% of the clinic's gross revenues that year. Again in 1989, public aid patients accounted for just 5.7% of the patient visits at Christie Clinic, but generated 7.3% of the clinic's gross revenues. This trend repeated itself in 1990, when public aid patients accounted for 6.2% of patient visits, but provided 7.2% of the clinic's gross revenue.

Although Christie officials now claim they included the amount of "charges" and not "gross revenue" as indicated in their application, it is still unclear why Christie regularly charges 20 to 25% more for each public aid visit than it does for private paying patients.

FINDING #3: While allowing its physicians to discriminate against public aid patients, Christie Clinic does require doctors that serve HMO patients to sign a contract that prohibits discrimination based on 'source of payment'.

Although Christie officials have argued that it is inappropriate for the City to prohibit discrimination against public aid patients, clinic officials don't mention that they impose such a requirement on physicians who serve their HMO enrollees.

Like Medicaid, HMOs usually reimburse physicians at a fixed rate that is often less than a doctor's regular fee. Further, neither Medicaid or HMOs allow for 'balance billing,' which means the patient is not liable for paying the difference between the reimbursement rates and the doctor's normal fees. Clearly, they do have the ability to prohibit discrimination if they so choose.

FINDING #4: Christie Clinic is the only major medical facility in our community that isn't already prohibited from discriminating against public aid patients under federal law.

Under the federal Hill-Burton Act, Carle and Covenant Hospitals are



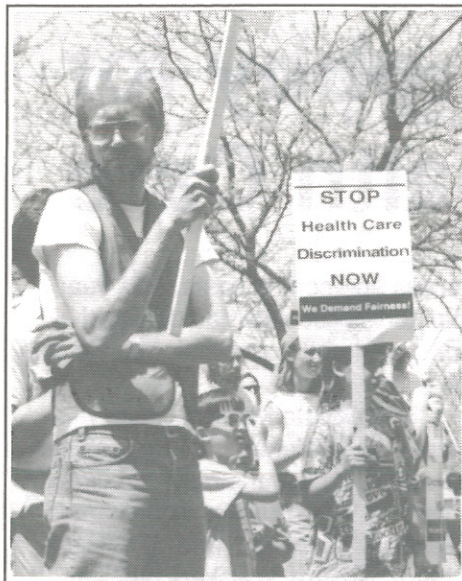
CCHCC members Mamie Smith and Jim Duffett join other demonstrators to protest Christie's discriminatory policies.

prohibited from discriminating against public aid patients in their service area. Further, under a 1987 agreement with the U.S. Office for Civil Rights, Carle Clinic is also prohibited from denying services to public aid patients in Carle's service area. In addition, both of the smaller health care clinics in our community, the Frances Nelson Health Center and Planned Parenthood, are also prohibited from discriminating against public aid patients.

If the City of Champaign refuses to enforce its Human Rights Ordinance, Christie Clinic will be the **ONLY** local medical facility that is allowed to discriminate against public aid patients. Such a decision gives Christie Clinic an unfair competitive edge and places all other health care providers in our community at a disadvantage.

Four days before the march, Christie officials attempted to derail it in a meeting with the Ministerial Alliance. At the meeting, Christie officials sought to discredit the Health Care Consumers and asked the ministers to withdraw their support from the march. The Alliance firmly refused, and instead encouraged Christie officials to take a positive step by accepting the coalition's invitation to meet with a delegation when the march arrived at the clinic. Reversing their previous position that they would not meet with the Health Care Consumers, Christie officials accepted this offer.

When the marchers arrived at the clinic, they were addressed by Rev. Ronald Baker, Chair, Ministerial Alliance Health Care Committee; Imani Bazzell, Chair, CCHCC Board of



Directors; and Robert Thompson, CEO, Christie Clinic. In his remarks, Mr. Thompson apologized for past mistreatment of patients but refused to sign a pledge that Christie would adopt a non-discrimination policy.

After the speeches, a delegation from the coalition met for about half an hour with Christie officials. When the delegation emerged, they announced that there was a unanimous agreement to continue to meet over the next few weeks with the goal of presenting a proposal to Christie's Board of Directors later this summer. Since then, three additional meetings have been held between coalition representatives and Christie officials.

"We are encouraged by the fact that we are sitting down together," explained Rev. Ronald Baker. "So far the meetings have been constructive and useful. The key will be whether or not we agree on some positive steps that will tear down the barriers that prohibit people from getting care when they are in need."



CCHCC Briefs

Annual Canvass Underway

For the ninth consecutive year, the Health Care Consumers' door canvass is underway. This year's community outreach and education campaign, which is so vital to the growth and development of Health Care Consumers, began May 26. According to Canvass Director Julie Thomas, this summer's canvass is off to a spectacular start. "We're receiving tremendous support from people at the door. Consumers are increasingly concerned about health care issues, and they recognize the important role we've played over the past 15 years."

Be sure to show your support by renewing your membership when our canvassers knock at your door.

Board Election Results

Election ballots for five at-large seats on the Health Care Consumers' Board of Directors were tabulated on April 24, and announced at our annual Awards Dinner. For those unable to attend the dinner, here are the results for the five seats, as well as two vacancies created by resignations.

Six of the openings will be filled by individuals serving their first terms on the Health Care Consumers' Board of Directors. The six new Board members are Jerry DeWitt, Lilia Peters, Scott Peters, David Rein, Carol Thompson, and Janice Wilson. Marlene Moshage was re-elected.

In addition to welcoming our new board members, we want to thank outgoing board members Lena Choe, Hollis Glaser, Jeann Rice, and Deann Trucano for their hard work and outstanding contributions.

Officers Elected

At our May board meeting, officers were elected for the coming year. Imani Bazzell was re-elected as Chairperson, while Jan Wehmer was elected Vice Chairperson, Jean Weir was elected Treasurer and Bill Cresswell was elected Secretary. Congratulations and thanks to all.

Consumers Lobby for Universal Health Care

"Illinois, United -- We'll Never Be Defeated" was the chant of nearly 600 Illinoisans attending Health Care Action Day on May 13.

Members of the Champaign County Health Care Consumers joined with hundreds of other consumers from around the state to demand support from their state legislators for the Illinois Universal Health Care Act. The event provided a perfect opportunity for consumers to voice their support for universal health care, and show their opposition to the special interests.

Before meeting with legislators, supporters picketed the Illinois State Medical Society, which has historically opposed reforms that would increase

access and control costs. This year the Medical Society has declared universal health care their number one bill to defeat.

Illinois State Medical Society employees watched from their offices as participants of the rally met directly outside of their building and chanted "Health Care for All!" and "STOP the Greed!" Several speakers highlighted the current health care crisis, and the need for a universal health care plan.

"We are talking to you!" exclaimed Jackie Reed of the Westside Health Authority, as she pointed to the State Medical Society observers. "You have a responsibility to stop hiding behind those doors, and become part of the solution, not the problem!"

Dave Rathke, a staff member of the Illinois Education Association, also spoke at the event, saying that "a single payer health care system will save school districts ten of thousands of dollars, money much better spent educating our children than lining the pockets of the special interests."

Following the rally, consumers met with their elected officials individually to seek their support for HB 2774/SB 1495. The contingent from Champaign had a rather frustrating time with Senator Stanley Weaver, who for the second year in a row claimed he was "uninformed," and Representative Tim Johnson, who refused to support the plan.

Frustrated by the response of both legislators, CCHCC member Marian Cieslak responded by saying, "It is the responsibility of our elected officials to represent the demands of the constituency that they represent. It is important for them to remember that we put them in there, and we can also take them out."

Health Care Plan Passes House, Senate Committees

"Conventional wisdom of the special interests and the Springfield insiders was that the Illinois Universal Health Care Plan would die in committee," said Jim Duffett, Executive Director of the Campaign for Better Health Care. "But to their surprise, both the House Health and Senate Public Health Committees passed the legislation."

During highly emotional and exhausting committee sessions, HB2774 passed with 11 voting YES, 8 NO, and 2 ABSENT; while SB1495 passed with 7 YES, 6 NO, 1 ABSENT. These historic votes drew nationwide attention to the bills' progress in Illinois.

"Since the committee vote, the debate has intensified to a level that many didn't expect. Tens of thousands of postcards and letters and hundreds of phone calls have been pouring in to the Capitol to support the Illinois Universal Health Care Act," explained Duffett.

Both bills would create a comprehensive, single payer health care system for the state of Illinois, similar to the one in Canada. The bills would assure that Illinois residents



Danny Otto of the Campaign for Better Health Care urged legislators to pass the Universal Health Care Act during committee hearings.

would have all their health care needs met from cradle to grave. Money collected for the plan would be administered by a single payer, widely considered the most efficient and cost effective way to expand access to the health care system.

As the debate over this bill intensified, many legislators began

looking for a compromise, such as the one passed in Vermont, which recently enacted a law that requires the state to cover all of its residents by January 1, 1995. However, the method for doing this is left up to a commission.

When it was clear that the Universal Health Care Act wouldn't pass the full house, Rep. Young, the lead sponsor of HB2774, agreed to try the Vermont approach. However, the amendment failed, with 53 YES votes and 57 NO votes in the full house.

Like the Vermont bill, this option would have required health care coverage for all Illinoisans by January 1, 1995. A bipartisan committee would be authorized to develop the plan, including what would be covered and how the bill would be financed.

Rep. Helen Satterthwaite, a lead co-sponsor of HB2774, voted YES to HB2774-Amendment 6. Rep. Tim Johnson voted NO.

For more information on the legislation or how you can get involved, please contact Nancy Greenwalt with the Campaign for Better Health Care (217) 352-6533.

Changes

from page 1

they see fit, Christie has already responded to the growing community pressure to end discriminatory policies.

In an effort to deflect recent criticisms, Christie released an update on their Medicaid acceptance policies. Although the update was highly critical of the Health Care Consumers, their own data demonstrated the positive impact local health care advocates have had in expanding access to care. Three of the departments we received the most complaints about -- obstetrics/gynecology, pediatrics, and internal medicine -- showed marked increases in Medicaid patient visits since the issue became public in 1989.

In 1989, only 4,476 visits (6.3% of the total) in internal medicine were public aid recipients, but by 1991 public aid patients made 5,662 visits (7.4% of the total in that department). Similarly, in pediatrics, public aid patient visits increased by 200%, from 2,174 visits (6.8%) in 1989, to 4,365 visits (11.2%) in 1991. The same trend shows up in ob/gyn, where public aid patient visits increased nearly 350%, from 1,384 visits (5.6%) in 1989, to 4,818 visits (14.8%) in 1991. In fact, in only the first three months of 1992, Christie's ob/gyn department had more public aid patient visits than it did in all of 1988 or 1989 (see Chart 1).

It is not just a coincidence that the number of patients increased. In fact, Christie officials indicated that they eased many of the restrictions that had been placed on public aid recipients. For example, while clinic officials acknowledged that there have been cases of patients being dumped when they became eligible for public aid, they now assure us that this practice will not be tolerated.

Recently, Christie's ob/gyn department went even further by stating that they no longer deny care to new patients who are pregnant, even if they are on public aid. (The department does continue to refuse to treat some new public aid patients if they are not pregnant.) Similarly, the pediatrics department has discontinued its practice of denying vaccinations to children who are on

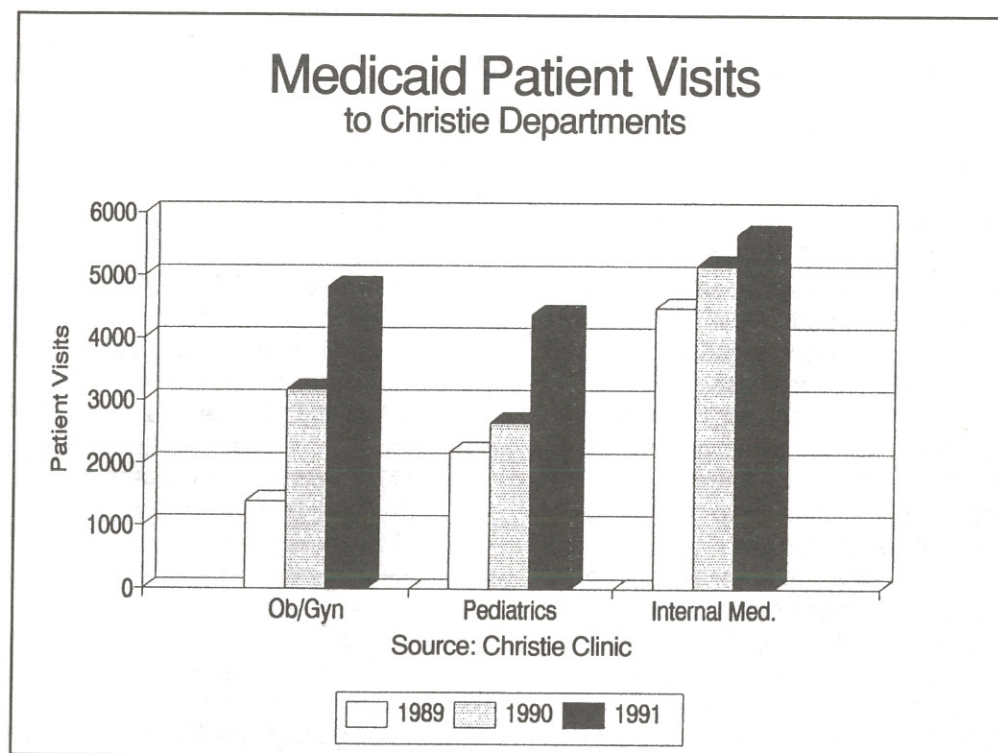


Chart 1: Christie Medicaid Patient Visits to Primary Care Physicians

public aid. In the past, Christie would require the children to get their vaccination shots elsewhere, even though they were patients at the clinic.

"While we are pleased that they seem to be doing better," explained Imani Bazzell, Chair, CCHCC Board of Directors, "there is certainly still room for improvement."

Data obtained from the Illinois Department of Public Aid under the Freedom of Information Act confirms that Christie physicians have increased the number of public aid patients they serve, but shows that they are still far behind other doctors in town. For example, Christie ob/gyn physicians saw an average of 111 public aid patients in 1990, compared to 292 per doctor for all the other ob/gyn physicians in the county. By 1991, Christie ob/gyns had increased the average number of public aid patients they saw by nearly 100%, to 202 public aid patients per doctor. However, this still lagged far behind ob/gyns in the county, whose average increased to 375 public aid patients in 1991 (see Chart 2). Similar results were found among pediatricians.

The bottom line is that we can't let up now. Although there is much to applaud in the changing policies at the clinic, the dramatic changes also send out alarm signals. Will the number of

public aid patients being served suddenly decrease once public scrutiny is focused elsewhere? What criteria is used to determine which public aid patients get care and which don't? What's the impact on local doctors who don't discriminate when Christie does? One local independent pediatrician stopped seeing all public aid patients because he was so overburdened serving patients who couldn't find care elsewhere.

Although we've come a long way in the past two years, we need to continue the pressure in the hope that someday all people will be given health care when they are in need. A crucial element in realizing this goal is the continued involvement of the community. Only with people working together to challenge the injustices of today, will we have the power to change the realities of tomorrow.

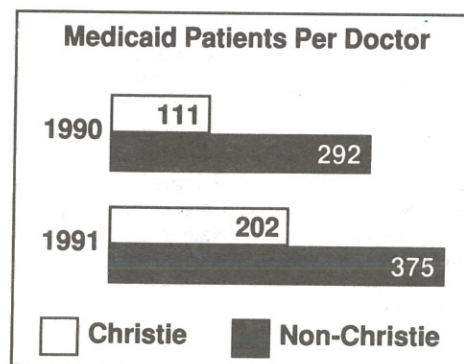


Chart 2: Ob/Gyn Physicians

15th Annual Conference and Awards Dinner

"Senior citizens are one of the most active and vital parts of our society," observed State Rep. Jan Schakowsky, keynote speaker at CCHCC's 15th Annual Conference and Awards Dinner. "Older Americans should be honored for their contributions, and the work we do on their behalf will affect us all."

Earlier that day, over 100 senior citizens and others participated in nine different workshops, covering all aspects of the physical and financial health of senior citizens.

This year's conference had as a theme "Health and Aging: Challenging the Myths -- Changing the Future." Many felt that this conference was different than other recent conferences aimed at senior citizens.

"We wanted to focus more on what seniors can do for themselves, rather than what we can do for seniors," explained CCHCC Senior Task Force Coordinator Kathryn Danyluk. "In working with several other senior citizens groups and organizations in planning this

conference, we used a very positive and active approach regarding the topics we wanted to cover." In all, nearly 25 organizations co-sponsored the conference with CCHCC.

The highlight of CCHCC's 15th annual Awards Dinner, held the evening of the conference, was the presentation of the Legislator of the Year Award to State Rep. Jan Schakowsky. As Director of the Illinois State Council of Senior Citizens from 1976 to 1985, Rep. Schakowsky worked to win tax relief for seniors, financial protection for spouses of nursing home residents, and help for seniors to pay for prescription drugs. Elected to the legislature in 1990, she is leading the fight for the Illinois Universal Health Care Act and the protection of the Pharmaceutical Assistance Act.

Other award winners included: Walgreen's Pharmacies, which received the Harry Baker **Community Service Award** for their participation in CCHCC's PharmAid program,

educating seniors about the hazards of prescription drugs.

The Henrietta DeBoer **Volunteer of the Year Award** was presented to Kit Donahue. Kit has given generously of her time and her talent in graphic design to help produce CCHCC's brochures, programs, and flyers.

Jonathan Alt of the Daily Illini received the award for **Excellence in Health Care Reporting** for his series of in-depth reports on Medicaid discrimination at Christie Clinic.

The Dr. Elsie Field **Provider of the Year Award** was presented to the East Central Illinois Area Agency on Aging for the many services it provides to seniors.

The **Lifetime Achievement Award** was presented to Mamie Smith, community activist and longtime CCHCC board member.

The coveted **Golden Bedpan**, for the greatest disservice to health care consumers, went to Robert Thompson, CEO of Christie Clinic, for policies which discriminate against Medicaid recipients.

Each year, our members help underwrite the cost of tickets to our annual Awards Dinner, so that those who would like to attend, but can not afford to, may do so. Thanks to this generosity, nearly 100 low-income and senior citizen members were able to attend this year. We would like to express our appreciation to the following **Dinner Patrons**:

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We would also like to extend our thanks to the following businesses who graciously donated materials to our Conference:

Diana Foods
Rick Orr Florist
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Rogard's Office Products



"Of, By, and For...?!" by Billy Morrow Jackson

Print Sales to Benefit CCHCC

Friends of the Health Care Consumers now have a new and exciting way to show their support for the organization. To commemorate our fifteenth anniversary, nationally acclaimed artist Billy Morrow Jackson has agreed to donate the proceeds from sales of his newest work to the Health Care Consumers.

Titled "Of, By, and For...?!" (pictured above), the artwork explores in striking detail the inadequacies of our current health system, and makes a biting political commentary on the fundamental values which led to these conditions.

The original artwork was unveiled on April 25, at the Health Care Consumers' Annual Conference and

Awards Dinner. At an auction following the unveiling, the first in a limited series of reproductions (signed and numbered by the artist) was sold for \$375. Several more prints from the series sold for nearly as much.

A limited number of additional prints are now available for purchase by friends and members of the Health Care Consumers. These are full size (22" x 30") lithographs, reproduced using a four color separation printing process on high quality paper.

The limited edition prints, signed and numbered by the artist, are available for \$150 each. An additional number of unsigned, unnumbered prints are available for \$35 each.

Please use the order form below. Proceeds from the sales of these prints will go to support the programs of the Health Care Consumers.

"We're thrilled and honored that someone with Billy Morrow Jackson's stature and reputation is making such a substantial contribution to our organization, and the cause of better health care for all," explained CCHCC Executive Director Michael Doyle.

Mr. Jackson is no stranger to political commentary. A contemporary American realist, and one of the leading landscape painters of the midwest, Mr. Jackson's works hang in the National Museum of American Art, the National Gallery of Art, and the Library of Congress.

Best known for his scenes of everyday life and natural settings, Jackson has also used art throughout his career to make significant and deeply felt comments of a social and political nature. In the 1960s, he provoked considerable controversy with a series of eight stinging protest drawings that dealt with the civil rights movement, racial inequality, and injustice.

As he says, "There is a great tradition of art serving as a form of social commentary. Like many people, I am deeply concerned about the political morality of the decisions affecting our health care system.

"This drawing is a political statement, but is also intended to reflect a concern for the millions of people who are suffering. I hope it provokes a strong response -- we can't afford to feel anything less about this issue."

SUPPORT CCHCC -- ORDER TODAY!

☐ **YES, I want to support CCHCC by ordering prints of "Of, By, and For...?!"**

☐ Please send me # _____ copies of the limited edition reproduction (signed and numbered by the artist) at \$150 each.

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☐ Please mail my artwork to the address below (**Enclose an additional \$5 for mailing tube & postage**).

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Send check to: CCHCC, 44 E. Main, Suite 208, Champaign, IL 61820

Doctors Overcharge Seniors, Disabled

If you are a Medicare beneficiary and have seen a doctor who does not "take assignment" (accepting Medicare's approved amount as payment in full), you may have been overcharged. Furthermore, according to some legal advocates, your doctor may owe you a refund.

The practice in question is called "balance billing" -- charging the patient for that part of the doctor's fee above the amount Medicare approves for particular physician services under Medicare Part B. These "balance" charges are *in addition* to the deductible and co-insurance amounts for which Medicare patients are normally responsible. According to government statistics for 1989, balance billing cost elderly patients \$2.2 billion that year.

...balance billing cost elderly patients \$2.2 billion [in 1989]...

Most states allow doctors who do not take assignment (about half of all doctors) to bill patients beyond Medicare's approved amount, but a recent change in federal law limits *how much* those additional charges may be. The new restrictions mandated by Congress took effect on January 1, 1991. In 1991, doctors could legally bill Medicare patients no more than 40 percent over the approved rate for most office visits, and no more than 25 percent for other services (i.e., surgery). This year the allowable overcharge dropped to 20 percent beyond Medicare's approved rate for all services, and in 1993 it will be 15 percent.

While these rules aim to protect the pocketbooks of Medicare recipients -- many of whom have fixed incomes and resources -- they have not had their intended effect, according to several advocacy groups for the elderly. In January 1992, three such groups -- the Medicare Beneficiaries Defense Fund (in New

York City), the Medicare Advocacy Project, and the National Senior Citizens Law Center (both in Los Angeles) -- sued the U.S. Department of Health and Human Services (HHS) for failing to implement the balance billing law. These advocates accuse HHS of violating the statute by: 1) failing to adequately inform beneficiaries about the limiting charge; 2) providing misleading and incorrect information on the Explanation of Medicare Benefits (EOMB) forms, in other published material, and in response to phone inquiries; and 3) failing to specify on the EOMB forms the amount of the limiting charge for the service involved. The plaintiffs are three elderly patients who were illegally overcharged for surgery by their doctors. When they called their regional Medicare officials for clarification, they were informed -- incorrectly -- that they were responsible for paying the full balance of their doctor's bills, despite the limits set by federal law. The plaintiffs have asked the court to order HHS to inform beneficiaries about the law, to revise the EOMB to correctly explain the law, and to provide accurate information on limiting charges by telephone.

The Health Care Financing Administration (HCFA), which oversees Medicare, has reportedly acknowledged the reasonableness of the lawsuit's demands, and expressed interest in settling the case. In apparent reaction to the suit, HCFA

recently sent bulletins to its regional offices, to be shared with the insurance carriers who process Medicare claims. The bulletins make clear that it is illegal for doctors to charge Medicare patients more than the balance billing rules allow. Many of the carriers and regional HCFA staff appear to have been totally ignorant of these rules, and have regularly misinformed Medicare beneficiaries who contacted them. HHS' Inspector General is reportedly studying the issue, and some Congressional offices are investigating as well. As we go to press, however, the lawsuit is still on course, as no settlement discussions between HCFA and the plaintiffs have yet occurred.

While the language of the law fails to clearly address the question of refunds, the consumer groups are adamant that patients who have already paid illegal overcharges should get their money back. Diane Archer, a lawyer with the Medicare Beneficiaries Defense Fund, reports that many doctors have been cooperative in refunding overcharges upon request. Not all doctors who charge patients beyond the legal limits are intentionally violating the law; many are apparently unaware of or confused by the rules.

If you think you have been overcharged, call CCHCC at 352-6533.

*Much of this article is from **Health Letter**, the monthly newsletter of the Health Research Group.*

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