

Statement of Al Bode

To the
U.S. House Committee on Energy and Commerce
Subcommittee on Oversight and Investigations

“Long-Term Care Insurance: Are Consumers Protected
for the Long Term?”

July 24, 2008

My name is Al Bode and I am a retired Spanish teacher from Charles City, Iowa. I am a son of someone who has resided in an assisted-living facility and is currently in a nursing home. I would like to thank Chairman Stupak, Ranking Member Shimkus, and the committee for this opportunity to speak to you regarding my Mom's experiences.

My parents, Floyd and Marjorie Bode, retired from farming in the mid-80's. Floyd felt that he and Mom should not burden their five children in terms of future care and purchased Assisted Living/Nursing Home insurance through Conseco. He faithfully paid the ever-rising premiums, but died in September, 2005, without ever using the insurance. However, Mom, through her guardian and daughter, Jan Christensen, continued to make the payments and live in her own home.

Mom fell, hit her head (left side), and had a subsequent black eye on August 13, 2006. She was hospitalized until August 17, 2006, at Kossuth County Hospital, Algona, Iowa.

Jan brought Mom to her home in Algona from the hospital in the afternoon of August 17, 2006. She could not walk without a walker and needed assistance at that. She barely ate any supper and during her supper, she was not able to remember where Marjorie's son, Russell, who farms the family farm lived, did not remember the spouses names of her children. She was not able to tell me the month of the year or the day. This was definitely not normal as she has always been alert and oriented.

On August 18, 2006, Jan, a career nurse of more than 40 years, took her back to Jan's home in Iowa City with the intentions of having her seen at UIHC (University of Iowa Hospitals and Clinics).

On August 19, 2006, Jan took her to the emergency room at UIHC. She had a head CT, blood work, and other x-rays done and was admitted to a neurology unit where she stayed and was further evaluated by the neurology physicians and was discharged August 24, 2006. Her diagnosis was closed head injury, subdural hematoma, epidural hematoma, and dementia. The vascular surgeons also discovered that her distal common carotid artery on the left side was completely blocked and the other side was 65-69% blocked. It is the left side that feeds the brain where she has her short term memory.

Since she is a nurse, Jan wanted to take Mom to Jan's home, but the physicians said Mom needed 24 hour supervision and she was not able to do that. Jan contacted Brian at Conseco in Wisconsin to find out about how to go about filing for Assisted Living/Nursing Home insurance since we were going to have to put Mom in skilled care for rehabilitation and then decide if she could go back to her own home as she wished. He went over 3 areas that Mom would have to qualify for Assisted Living and said that she would have to have dementia, be unable to do 2 or more ADLs (activities of daily living) **OR** that being there would be medically necessary. He would send Jan a copy of the forms that she would have to send in to Conseco.

Mom was admitted to Windmill Manor in Iowa City on August 24 and stayed there until September 19, 2006.

Between September 19 and October 9, 2006, Jan then brought Mom to her house in Iowa City after assuring the doctor and staff at Windmill Manor that she would have 24/7 supervision. She noted Mom could not remember to take her regular morning medications, and then trying to take medications again after afternoon naps. She had no memory of which medications to take, whereas prior to her fall in August, she knew what they were, what they were for and when to take them.

Her unsteady gait occasioned a walker for support, exacerbated by a scissor step the doctors felt could have been related to the stroke. Mom had to be helped into the tub for bathing and often wore a cervical collar which Jan put on her to help prevent further numbness in her fingers. Mom could not do it herself because she could not figure it out, nor could she lift her right arm high enough. This was due to severe cervical stenosis, as her spinal cord is right against the vertebrae and surgery at her age would be risky.

On October 4, Jan took Mom back to her home in Algona, Iowa, for two days and visited Huskamp Haven to see if they would accept her. She was able to walk using the walker but could not use the microwave, TV remote control or answering machine, all of which she had done prior to August. She could also do her own cooking and drive before her fall. She was under 24-hour supervision on this visit and was evaluated in Jan's presence by Peggy Sewick, a nurse at Huskamp Haven and Marjorie Bartz, the housing coordinator at Huskamp Haven in Jan's presence and that of a friend of Jan's. The intention was that she would qualify for assisted living and not have to be put in a nursing home. It was at this time that Mom was inordinately assisted through a pivotal mini-mental test by the well-intentioned nurse who was trying to make Mom feel better. Mom was obviously frustrated, according to Jan, with the testing and kept her eyes closed trying to recall. The mini-mental test was a key factor in ensuing conflicts with Consec. Jan returned to Iowa City with Mom on October 6 and was then notified that Mom had been accepted by Huskamp Haven.

From October 9 to October 12, 2006, Jan and a friend took Mom back to her home in Algona and spent time convincing her she would be okay in the assisted-living facility. During that 4 days, she couldn't remember where she put things, what the day was, when to take her medications if at all, how to make coffee, where the salt and pepper were in her cupboards, where she had cereal, which key was her house key, and the list went on and on. While she was hoping to drive again, the obviousness of her slow reflexes, dependence on her walker, and inability to turn her head easily all contributed to convincing her she could not drive again. At this point, Jan, under power of attorney, had to take over paying her bills and writing her checks. Before her fall in August, she paid her bills with her checkbook. She had not balanced her checkbook and could not remember what was paid or what was due, and was relieved to have Jan take over this responsibility.

From October 12 to November 14-17, Mom was not able to dial the phone on her own, but could tell Jan she was going to meals and someone was doing her washing. She could remember when people died in the past and events from her younger days, and repeated these over and over. But she could not remember talking to someone the week before and would say, she "*hadn't heard from you in a long time*" to Jan, although Jan had talked to her the day before.

Jan returned to Huskamp Haven on November 14 to attend the requested 30-day review with the nurse and housing coordinator. They repeated the mini-mental test in her presence and the nurse said to the housing coordinator that she had “done a little worse”. She could not recognize which mailbox was hers although it bore the same number as her room, and often left letters and bills there. When she did retrieve mail, she would leave it on her table, even when it included overdue bills.

By December 4 and 5, there were further changes in Mom. Numerous instances of mental confusion were obvious as Jan took her to and from Mason City for a checkup with the dermatologist. On the way back to Algona, Jan asked her where they should turn off the highway to go to our brother’s farm, where she and Dad had farmed for 36 years. She didn’t know. She didn’t know where her bank was located in Algona. Jan continued to ask questions for which Mom should have known the answers and in writing her observations up to this point, summed it up this way:

“Mom could not live safely in her own home and with her left carotid completely blocked and her right carotid 60-69% blocked, it is no wonder her memory is failing and she can’t make judgments or follow directions. Her fingers are numb periodically when she does not wear her cervical collar (difficult to put on properly and she need assistance). She is now using her walker at nighttime as in the daytime, she uses walls and is close to furniture to catch herself if she starts to stumble which is several times daily.”

On December 6, Jan was told by Conseco that they had denied the Huskamp Haven claim for Mother for medical necessary reasons or not able to do her own activities of daily living. They told her that they are still working on cognitive impairment reason. She has to qualify for one of those 3 things in order for them to pay. This is a concern as the nurse who did her mini-mental helped her the first time so she got a good score. Jan told the nurse about that after she did it. The second time Jan was present also and she did not do as well, but only a little worse. Regarding the mini-mental test: Mom has a granddaughter, Doctor Ivy Anderson, who is a trained neurologist who informed Jan:

*“It seems like all is resting on the results of grandma's cognitive testing. I have been in touch with the 2 social workers in our neurology department who deal with cognitively impaired individuals and insurance companies on a daily basis. They both said that if grandma is denied coverage, we would have a lot of ammo to appeal the decision. **Furthermore, as a trained neurologist I can tell you that the test they did called the mini-mental status screening exam, is only to be used as a screening test for dementia in general. It was made to be a tool for physicians both to screen and track clinical decline or improvement. It is not meant to be a tool to measure whether or not someone is able to take care of themselves in a home environment. Grandma had extensive neuropsychiatry testing when she was at the University of Iowa, this is very detailed and uses better assessment tools to measure cognitive testing. (including IQ testing etc) This is a far superior marker of function than the simple test used by the insurance company. This is very frustrating.***

Unfortunately, we live in a world where educated physicians/nurses do not make the decisions for patients.”

Conseco further told Jan that they did not get the claim until Nov. 6 and they have a 45 business day turn-around. That could be as long as January 10 before she would know. Realize at this time, Mom’s funds are dwindling and the children are beginning to contribute money to make sure Mom can remain in Huskamp.

On December 19, Jan got a letter from Conseco saying that Mom did not qualify for home health as she was capable of doing her ADLs (Activities of Daily Living) and that they were denying the claim for October. Note: Mom was not in home health; she was in assisted living! The letter made no sense at all!

Jan waited and on January 10, again contacted Conseco.

“I spent 45 minutes on the phone waiting for the insurance company to come on and then another 15 minutes with "Robert", I believe. I very calmly asked him where we were on mother's claim as it had been 45 days today and that was what I had been told was the amount of time they had. He looked up the policy and said that on December 12, the Dr. said Mother did not have dementia. (Mind you I have received nothing in writing about this and it is nearly a month. I said that was not true, asked him the name of the Dr., and all he would offer was that it came from the claims dept. He said we could appeal it. He gave me the address as well as the fax number. I also asked if we won the appeal if we would get paid from Oct. and he said he did not know. I also asked if Mother was going to be billed for the \$442 insurance this month even though she had been there the 90 days. (After 90 days she no longer has to pay the insurance) He said oh yes..most certainly. I was just sick and went back to work. (Nurses here say that it is typical for them to deny and by no means cancel her insurance or she will get nothing for sure.) Thank goodness I have an understanding head nurse who told be to try to get it settled.

So, after I completed my shift today, I looked up Mother's record on-line. Dr. Dyken (Staff Dr. in Neurology) as well as Dr. Hoballah (Staff Dr. in Vascular) included in their discharge summary that mother did have dementia with recent falls. I did read a note from Dr. Margo Schilling (geriatric Dr.) that stated "her episode of hyponutremia, her high grade vascular occlusion disease, and her recent mood disorder all complicate assessment and I am reluctant to currently label this woman as having dementia" Dr. Schilling worked with Mother at Windmill Manor. Her mini-mental was 25/30. However, they mention that this was with prompting.

Dr. Hjelle (Algona) filled out the physician's claim form and checked that it was "medically necessary" for her to be in Assisted Living and he also checked that she was "cognitively impaired". I was told by the insurance company that it was not medically necessary for her to be there. The Assisted Living Rider that I found

in Mother's policy includes the following "Conditions on Eligibility For Benefits":

"You must satisfy one of the following requirements: (1) you must be unable to perform, without the hands-on assistance of another person, two or more Activities of Daily Living (ADL's); or (2) you must require continuous supervision or assistance due to Cognitive impairment. In order to qualify, your Physician must perform such tests as are in accordance with accepted standards of medical practice, and based on such tests, certify to the existence of your Cognitive Impairment or inability to perform two or more Activities of Daily Living.

Benefits are not payable for any period of time during which you are not confined in an Assisted Living Facility as a result of Cognitive impairment or the inability to perform two or more Activities of Daily Living. Benefits are not payable for any period of time during which your status at an Assisted Living Facility is considered that of an independent resident."

"Activities of Daily Living (ADL's) are: bathing (washing oneself in either a tub or shower, or by sponge bath; including the task of getting into and out of a tub or shower); dressing (putting on and taking off all necessary and appropriate items of clothing and/or any necessary braces or artificial limbs), toileting; transferring (moving in and out of a bed, chair or wheelchair); mobility (walking or wheeling on a level surface from one room to another); eating (the ability to get nourishment into the body once it has been prepared and made available to you); and continence (the ability to voluntarily maintain control of bowel and bladder function or the ability to maintain a reasonable level of personal hygiene).

"Cognitive impairment" means a deficiency in the ability to think, perceive, reason and/or remember that results in the inability to take care of oneself without the ongoing supervision assistance of another person.

Cognitive impairment is evaluated and measured through clinical evidence and standardized tests. Cognitive impairment is indicated by measurable deficits in memory, orientation or reasoning, such as those caused by Alzheimer's Disease or similar forms of senility or irreversible dementia."

Ann...I will do my best to get copies of the chart off to you as well as the copy of the insurance policy. On Dec. 5, I talked to "Steve" and he told me that there was a note that the Dr. said she was NOT cognitively impaired. I told him that was a lie as I had seen a copy of what the Dr. had sent. On Dec. 6, Dr. Hjelle's nurse tried to call them and was on hold forever (I think they do that on purpose) and then they told her that there was no claim on that patient. She must have put in the wrong insurance number or else they are fibbing. I called them again on Dec. 7 and "Pamela" told me that she had not called and that she had a list of every time I called. She then told me that there was a note that "Steve" sent over to claims from my last call that I had said the Dr. did say she was cognitively impaired. I was told that they have 45 days from the claim to make a decision and that would be Jan. 10. So, I called. "

The activity to this point in summary:

October 11, 2006, Mom moved to Huskamp Haven, the assisted living facility. A claim was submitted on that day signed by her primary care physician saying that she is cognitively impaired.

October 16: Conseco sent a form letter to Floyd Bode (dead a year plus by then) at the family home (nobody lives there as Mom is in assisted living) acknowledging receipt of the claim.

October 20: Conseco sent another form letter to Floyd at home acknowledging claim.

October 25: Conseco sent letter to Floyd at home acknowledging change of address to "Floyd Bode", care of Jan with her correct address in Iowa City.

October 30: Conseco sent a letter to Floyd at home saying that they didn't get the documents to process the claim for Windmill Manor, the nursing home in Iowa City where Mom was a patient for a few weeks.

November 2: Conseco sent a form letter to Floyd at home acknowledging receipt of the claim.

November 4: Conseco sent a form letter to Floyd at home saying that they didn't get the documents to process the claim for Huskamp Haven. Jan's handwritten notes on the letter says "Talked to Jamie on 11/ (hole punched through my copy so Jan will have to fill in the date of the conversation). Jan also wrote on the letter "Nov. 3-and her mother's claim number.) She also wrote "resubmit Nov. bills on Nov. 25. Don't pre-bill. Correct policy. Apparently Good Samaritan, the nursing home part of the facility, submitted the billing under Floyd's policy number. The problem is that all of the letters were going to the home and being forwarded to Mom who put them aside unopened and Jan didn't know that any information was being requested.

November 6: Conseco sent yet another letter acknowledging receipt of the claim to Mom at the family home. See below for the discussion of the verbal denial of the claim. At that time Conseco claimed not to have received the claim until this date in spite of the foregoing correspondence from them. This was the basis of the contention that they had 45 business days to make a decision.

November 14: Conseco sent a letter to Floyd at home saying that they were anxious to service the claim but needed itemized bills. These had already been sent by Good Samaritan and Jan didn't know that they were contending that they didn't have them because she didn't get the letter.

November 16: Conseco sent yet another letter to Floyd at home saying that they had requested additional information.

November 17: Conseco sent the identical letter as on the 16th but this time they finally sent it to Floyd at Jan's address. Note that this is 23 days AFTER they acknowledged receipt of the change of address.

November 17: Conseco also sent a letter acknowledging receipt of the claim to Floyd at Jan's address.

On December 1 and 5 Jan called Conseco about the claim.

On December 6 Jan again called Conseco for a status on the claim. She was told that the claim had been denied because the assisted living was not medically necessary in that she could perform the activities of daily living (feeding herself, transferring from her bed to a wheelchair without assistance, dressing herself, etc.). They were still considering the claim based on cognitive impairment and claimed that since the claim had allegedly not been submitted until November 6 they had until January 10 to make a decision. Of course, they were making up the deadlines as they went along.

On December 7 Conseco sent a "second request" to Floyd at Jan's address. It was a typically vague document which just says that they have requested information but does not specify what or when.

On December 1 and 5 Jan talked with Steve and Pamela at Conseco about the claim. Pamela said that there was a note that Jan had said that Mom's Dr. Hjelle had said that Mom was cognitively impaired. Pamela and Steve said that she was not impaired and not eligible for coverage.

On December 6 Jamie, Dr. Hjelle's nurse, called Conseco. She was on hold forever and when she finally got through she was told that there was no claim on file for Mom.

On December 7 Jan called "Pamela" at Conseco who told her that Jamie had not called as she had a list of all calls made on the claim. There was a note from "Steve" that Jan had said that the doctors said that Mom was cognitively impaired.

On December 12 Jan called Conseco and spoke with Steve to ask what else was needed to show that Mom is cognitively impaired. Steve said that "the doctor" said that she was NOT cognitively impaired. Jan told him that was a lie as she had seen the form submitted on October 11 on which Dr. Hjelle checked that she WAS impaired. The University of Iowa records that they had also said that she is impaired. Jan told Steve to also check with Dr. Dyken at the University Hospital. Steve was supposed to get back to her in a couple of days to tell her which doctor said that she was okay, but never did.

On December 19 Conseco sent a letter to Floyd at Jan's address saying that "if home health is being provided mainly to assist you with your activities of daily living you must be unable to perform at least two such activities." Mom never applied for coverage for home health care as that is out of the question for her. Jan actually received the letter on December 24.

On January 10 Jan called Conseco. She was on hold for 45 minutes and then talked to "Robert" who told her that on December 12 the doctor said that Mom did not have dementia. Jan said that was not true and asked for the name of the doctor who said that. All Robert said was that the information came from the claims department. That constituted the denial of the claim based on cognitive impairment. Robert told Jan that she could ask for a decision in writing and also appeal.

On January 12 Conseco sent a form letter to Mom at Jan's address acknowledging receipt of her claim.

At this time, Jan decided to enlist the aid of a cousin, Ann Elston, who is an attorney-at-law in California in order to resolve the problem. Her log follows:

1/17/07

Tried to contact Conseco at only telephone number I could find, which was on form letters from company. On hold for 20 minutes and gave up.

1/18/07

Called Conseco several times, put on hold for up to 20 minutes. Finally got a person who said that the only information she had was what she was reading off of the screen. Refused to tell me the name of the claims examiner handling the claim or the name of the head of the claims department. Said everything had to go to legal since I am an attorney. Asked her for the telephone numbers of claims and legal. Refused but offered fax number and a post office box. Finally told me that the contact person in legal is Elizabeth Sample.

1/19/07

Wrote a lengthy letter to Iowa Department of Insurance with cc to Sample. Letter to Conseco sent via express mail as the mailing address is a P.O. Box and FedEx can't deliver to P.O. Box.

Telephone call to Brian Carroll, agent's representative, to ask for his help in getting names of people handling claim and telephone numbers. He was helpful and promised to check with Conseco and get back to me.

1/22/07

Sent a letter to Conseco (attention Sample as that is the only name I have) demanding written denial, appeal of claim and waiver of insurance premiums pursuant to terms of policy.

Telephone call from Carroll regarding his communications with Conseco.

1/23/07

Several telephone calls to Conseco, including one where I was on hold for 29 minutes before a customer service person picked up. He was not rude but was not at all helpful, couldn't tell me who was handling the claim, number for claims department or telephone number for legal. He finally put me through to Liz Sample. I left a message for her and for her assistant. Liz called me back quite promptly and left a message as I was in a meeting. I returned the call and left a VM.

1/24/07

I called Liz Sample, got directly through to her and explained the nature of the call. Even though correspondence had been address directly to her as I was told to do, it seemed that she had not seen or read it. She said that whenever an attorney is involved the claim is routed through legal and legal assigns it to the appropriate person. She didn't know who was handling the matter but promised to find out and call back. She called back quickly with the information that it was being handled by a business analyst named Denise Wilson and she gave me the direct telephone number. I immediately called Denise and left a message. The last name on the VM greeting was not Wilson but assume that the first name was Denise I had been given the correct telephone number. Left a message for Denise to call back immediately as this is a desperate situation for claimant. That call was made at about 11:45 Ca. time.

I called Denise at Conseco again at 2:10. VM only. Left VM to call ASAP.

1/25/07

I called Denise Wilson (this is her correct last name-recently married) at 7:00. She answered the telephone and said that she was going to call me today. She has assigned the claim to Mary Turk (317-817-2008) to research. Denise said that it generally takes 20 business days for a decision. I stressed to her that this is a critical situation with Marge literally out of money and spending nearly half of her monthly social security check on the premium, as well as the toll it is taking on Jan's health. Denise said that she would talk with Mary and tell her to contact me if she needed any additional information. She was pleasant but had no information about the claim. While she said that she had my letter it didn't sound like she had read it.

1/26/07

Called Mary Turk at 6:25 am (9:25 Indiana time). VM only. Left a message that claimant out of money and critical that she call me. Again left telephone number, email address, claim number, etc.

1/29/07

I received what appears to be essentially a form letter from Mary Turk acknowledging receipt of my letter of 1/19 which she says was received on 1/24. She may have seen it on that day but it was delivered to Liz Sample at Conseco legal, per directions from the customer service person, on 1/22 via express mail. We couldn't send it via FedEx as I was not able to get an address other than a P.O. Box. (I probably could have sent it to the physical address on the website but I have no idea where the legal department is located in relation to the headquarters building so that might have slowed the process even further.)

1/31/07

Telephoned Mark Turk at 11:15. VM so left another message to please call or email me ASAP. I told her that I need to talk with her about information that should be considered in making a determination, and again urged her to provide her email and to communicate with me via email if she can't reach me by phone. She has not returned a single telephone call and I have never managed to reach her via telephone even though I have tried calling at different times of the day.

2/5/07

Telephoned Mary Turk at 9:20. VM only so left yet another message asking her to call and telling her that it is urgent that I talk with her. Letter to Turk regarding problems with communication and urgency of situation.

2/6/07

Received FedEx confirmation that my letter of 2/5 was delivered at 9:57 am eastern time. Signed for by J. Hall. Telephoned Mary Turk at 11:37 California time. VM and left yet another message begging her to call me. I told her that I knew that Marge's doctor sent a letter last Thursday detailing the reasons why she can't live alone.

2/7/07

Received a fax from Mary Tuck-Miller saying that they have a new policy not to respond to telephone calls. Repeated that it would be 20-30 business days before they have a response. Called Iowa Dept. of Insurance. Letter to Tuck-Miller in response to fax. Email to family to update them on the status. Telephone call to Iowa attorney to make an appointment to meet on Friday.

2/8/07

Received the same form letter from Mary Tuck-Miller saying that I could call her at her direct line, and that there would be a response in 20 to 30 business days.

2/14/07

Letter to Tuck-Miller regarding demand for substantive response to claim. Letter to company regarding response to letter regarding waiver of premium, etc. Telephone call to Liz Sample. She answered phone and explained that she has nothing to do with long term care. She only forwards correspondence and doesn't know who is in charge of the long term care company/department. She said that she also would have forwarded the letter about premium waiver to that company and doesn't know who is handling that issue. She promised to make some calls and try to get back to me to let me know who I should be talking with but there is a snow storm there today and she wasn't sure whether anyone would be around.

2/20/07

Received a fax from Mary Tuck-Miller stating that the claim is being reviewed by the medical director and that a response to the claim will be forthcoming soon. The letter refers to medical records recently received. I'm not sure what records that would be as I sent some, but that was on January 19 and I am unaware of Marge having signed an authorization for the release of medical records.

2/26/07

Received a letter from Mary Turk-Miller advising that the Medical Director has reviewed and made a recommendation to Claims Department and we should be getting a decision soon. It appears that the Medical Director does not get involved in claims decisions until after a claim has been denied and the insured has demanded a written explanation and/or demand for appeal. Letter also says that they will review the request for a waiver of premiums pursuant to the 90 days of continuous claim benefits provision of the policy. I wrote a letter on January 22, 2007, demanding that Consecoco refund premiums paid after Floyd's death in September 2005 and waive future premiums pursuant to the Waiver of Premium of Surviving Spouse part of the policy. There is no mention of that issue in the letter.

2/27/07

Wrote a letter to Miller-Turk in response to her 2/26 letter. Demanded a response to the waiver of premium issue I raised. Researched the attorney who got a cc of Miller-Turk's letter. She works for Consecoco so I also sent a cc of my letter along with another copy of the 1/22 letter to Elizabeth Sample in the legal department. Sent an email to the family regarding the status.

3/6/07

There has been no communication from Consecoco. Wrote a letter to Miller-Turk advising her that if I don't have a favorable response by tomorrow, the 30th business day after she says that she got the claim, I will begin drafting the lawsuit and will file by March 16.

3/7/07

Received denial letter by fax, followed by hard copy. Claim was denied because she is not cognitively impaired as Consecoco interprets that term in the policy, nor is she unable to perform at least two activities of daily living.

On March 26, an examination showed by Dr. Jamal Hoballah on staff at University of Iowa Hospitals and Clinics (UIHC) showed she had a Carotid duplex scan as follow-up for carotid artery disease (occlusion and stenosis of carotid artery) diagnosed with her August 19 to August 24, 2006 hospitalization after her fall. The test showed the Right Proximal internal carotid artery has a 60-69% stenosis (blockage) with calcified plaque. The Left Distal common carotid artery showed 100% stenosis (blockage) with calcified plaque.

The Drs. written impression: 89 year old woman with stable, asymptomatic 60-69% right ICA stenosis, dementia. (ICA stands for internal carotid artery)
On April 4, once again Jan had to bring Mom to the University of Iowa for testing. Dr. Dyken, Neurology staff man and Dr. Ramey, Neurology resident examined Mom. Dr. Ramey did a small mini mental as he was examining her and he was convinced that she definitely has cognitive impairment. They had her walk a few steps and both were convinced that Mom could live safely alone in her own home.

Dr. Dyken wanted have a PT, OT, and Neuro-cognitive exam done on her as he felt that if anyone would talk with her socially, they would think she might be able to do okay by herself. However, he said it was clear to him that she couldn't live by herself and needed supervision. He wanted the testing to back this up.

Jan asked when the testing could be done and told them of her plans to take Mom back on the following Monday. They doubted that it could be done that soon. They suggested having neuro-cog call her to set up the appointment. Dr. Dyken said it could be as long as 3 weeks.

Also, Dr. Ramey filled out another physician's claim stating it was medically necessary and because of her cognitive impairment. Dr. Ramey said he would be glad to do anything so she could stay at assisted living as that is where she belongs and is safe.

On April 16, Jan received another form letter from Conseco today regarding expenses submitted by Algona Good Samaritan 12-1 to 1-31 for \$4,640.

Here is what they wrote:

“Dear Ms Bode:

According to the requirements of your policy, if home health care is being provided mainly to assist you with your Activities of Daily Living, you must be unable to perform at least two such activities. Please refer to the definition of "Activities of Daily Living" as listed in your policy.

If you feel there are other facts that we should consider, please write: Conseco Senior Health Insurance Company, Claim Review Department, at the above address.”

In the first place, it was **not home health care**. In the second place, Jan felt it was another stalling tactic and she had continued to send them updated information which made no difference. The last time they also said that mobility and ambulation are not the

same. Yet, on their form for docs and nursing home to fill out, one of the categories is "mobility/ambulation". Clearly it was another stalling tactic.

We felt there was no choice but to ask an attorney to file a lawsuit in order to receive the benefits due our Mom. Timely articles concerning Long-Term Care in the New York Times by Charles DuHigg and the Des Moines Register by Andi Dominick also commanded the attention of our older Americans at this time.

Concurrent through the process were the issues of waiver of premiums 90 days after Mom entered assisted living care (which Conseco was continuing to collect in addition to refusing payment) and a claim that somehow Dad's policy included an APOC (Alternative Plan of Care) Rider that Jan had to sign in order for Mom to receive benefits. This APOC would require Jan to reapply on an annual basis. It had to be initiated by Jan, written by physician and submitted for prior approval, etc. It was merely another attempt to deflect attention away from Conseco's unwillingness to pay. In the end, the APOC was not signed at all and the benefits were received anyway.

On June 5, 2007, the notice finally came that Conseco would agree to refund all premiums collected after 1/09/07, almost 5 months after doing so. They paid the Oct. 11, 2006-Jan. 31, 2007 bill on June 13, 2007, again, 5 months and more late.

Conseco finally began paying Mom's bills in drips and drabs in the summer of 2007, coincidentally or not, after we filed the lawsuit on Mom's behalf. But this was not without continued frustration. Here is an example in Jan's own words sent Monday, October 15, 2007:

"As we have not received payments for July+ from Conseco and I have received letters that they have received our claims, I made a call to Conseco this afternoon.

I was on hold for 27 minutes and a very pleasant "Edith" responded. I inquired as to where the July, August, September checks were. She took the information and then responded that they had not received any bills from "Algona Good" and wondered where Mother was now. I told her she was in the same place and nothing had changed except Conseco had not sent the payments.

I told her that I have received claim letters that they HAVE received the bills. She then said, that the claim letters were not issued for receipt of bills, but rather for other information that they would have received. I asked if she could tell me what information that would be and she said that one (possibly the one I received Oct. 5 dated October 1) went out after they had received the Neuro-psych evaluation that I sent. I then asked what they had received that would have prompted the other claim letters (8/17 and 9/13) that I received.

She then went into a "song and dance" (for lack of a better word) that was difficult to follow. It amounted to the fact that sometimes "those letters are sent to the wrong people". "For instance, one person called and asked why she got a claim letter and we found it was sent to her instead of someone else that it was meant for". Oh my!!!!

I then insisted that she look and make sure that she had not received the faxes from Good Samaritan. She said that if I could call them and get the date, fax number, etc., they may be able to track it as they have "thousands" of faxes. Oh my, again!!!!

After 39.57 minutes, I thanked her for her help.

I then called Good Samaritan and found that Jill (insurance person who has been very reliable) would not be in until Friday. Good Samaritan was very good and referred me to a Susan who said she would get in touch with Jill this afternoon right away.

She did and Jill walked her through the steps. Jill has it documented that she faxed bills July 2, August 1, September 5, and October 1. I just knew she had and I find it very hard to believe that even if you would miss 1 fax, you could miss all 4!!!!

Susan is going to re-fax all the bills tomorrow morning when Conesco is fresh!"

Sporadic payments followed by unexplained lapses requiring Jan to find out why they were late continued into 2008.

Realize that poor treatment of elderly by insurance companies affects their families as well, if they are lucky enough to still have family around. Jan was diagnosed with Follicular Non-Hodgkins Lymphoma in 2003 and had to be concerned as much with her own battle to go on living as with the care of her Mom. She would be here today to share her travails firsthand, were it not for impending stem cell transplant treatment to prolong her life. When something is awry in the insurance decisions, it does not just affect the policyholder.

The lawsuit was settled this summer which ensures Mom's bills will continue to be paid and paid on time. It took over 20 months to get to this point. My Mom has five college-educated children who have banded together to come to her aid. We have all learned that her situation is sadly all too frequent and not the exception. We are concerned as well for those who continue to be denied benefits without even an explanation from their company, and for those whose mental or physical condition renders their ability to communicate with their company impossible. We are especially concerned for those who lack my Mom's resources and for whom assisted living will never be a reality. We appreciate this opportunity to address concerns on behalf of this nation's most vulnerable population.



Marjorie Bode, May, 2007

Huskamp Haven Assisted Living Center in Algona, Iowa