

BURDA ON HEALTHCARE

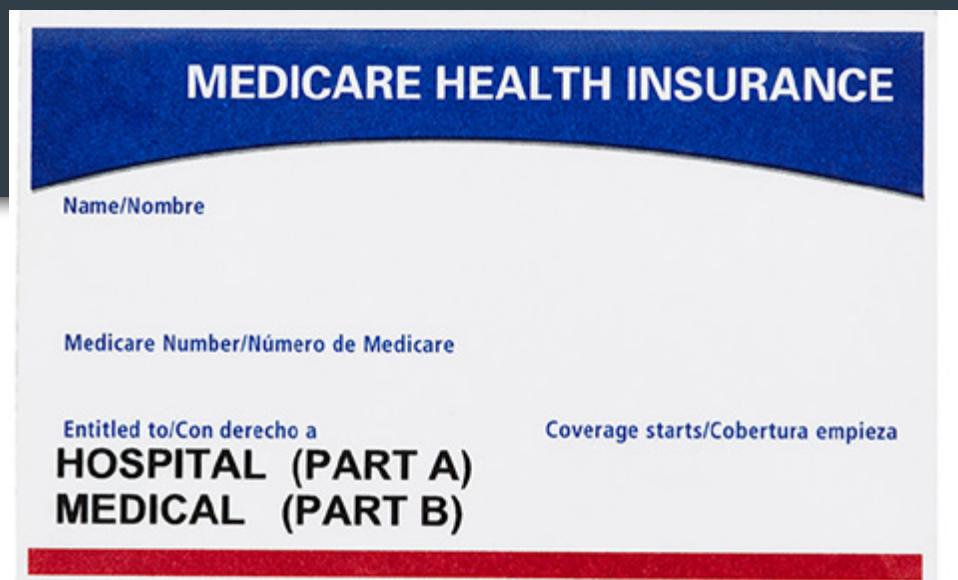
Having a Good Laugh Over Medicare Advantage Letters

By David Burda
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Multiple media outlets, led by the [investigative reporting](#) of Bob Herman and Casey Ross at Stat, along with a [report](#) from the U.S. Senate subcommittee on investigations, say Medicare Advantage plans are using AI technology and rigged algorithms to deny benefits to members and claims from providers.

If that's true, and I'm confident it is, that's some pretty sophisticated stuff. Smart robots instantly sifting through millions of health plan benefits packages, individual member benefits, patient medical records and claim forms from providers to make coverage and payment determinations.

Unfortunately, health insurers don't apply the same level of tech-driven, AI-powered sophistication to do the most basic



things like knowing where you live, sending you insurance cards or maintaining accurate provider directories. This dichotomy speaks volumes about the priorities of health insurers. Money first, customer service if and when we get around to it.

THREE LETTERS FOUR DECADES LATER

What prompted this screed was a visit to my mom's house in late January. My 86-year-old mom still lives by herself in the house that I grew up in. I haven't lived there since 1983. I haven't gotten any mail there in 42 years. That is, until mid-January. That's when I became eligible to enroll in Medicare. I turn

65 on April 16, and you can sign up for Medicare up to three months before your birthday.

The first thing my mom said to me when I walked in was, "You have mail." I looked at the three letters. The first was

from Humana, telling me how I can get a Humana Medicare Advantage plan with premiums as low as \$0 a month. The second was from Aetna, telling me its plans in Illinois let me see any doctor I choose. The third was from BlueCross and BlueShield of Illinois, telling me my initial enrollment period for Medicare has begun.

Why, as a potential consumer, would I trust any of them with my health benefits if they haven't updated their prospect list for more than four decades? What kind of customer relationship management (CRM) system do they have?

Or maybe their CRMs are so sophisticated, it knew before I did that I was visiting my mom and sent the letters a week ahead of time to my childhood address, knowing my mom wouldn't throw them out and give them to me? Maybe. But I'll go with the former explanation — 42-year-old data and not investing in simple technologies that would maintain up-to-date information on prospects.



GRAVEL ROAD FROM COBRA TO ACA

This level of incompetence by commercial health insurers has defined my journey from employer-based health insurance to Medicare. My insurance through my wife's employer-sponsored family plan was set to expire in February when her COBRA-extended benefits ran out. She retired 18 months earlier.

We canceled our COBRA plan two months early in December and enrolled in an ACA plan that matched our employer-based plan in January. I'll stay on that ACA plan until April 1, when Medicare kicks in. She and my youngest son will stay on that ACA plan until Sept. 1, when she's eligible for Medicare. After that, my youngest will get his own ACA plan or health coverage through his new employer. (Fingers crossed as a parent! You know what I mean.)

What appeared to us to be a simple path forward has been anything but because of clunky and bumpy customer services from insurance companies. Some examples:

- The third-party administrator that runs the COBRA plan has continued to send us monthly bills, saying our premium is overdue and threatening to end the coverage that we no longer have.



- The ACA plan approved me and my wife for coverage but rejected my 22-year-old son, saying he needs to apply for Medicaid first because he's not a dependent. He is a dependent.
- After we demonstrated that my son was a dependent, the ACA plan approved coverage for all three of us. Unfortunately, that shift — initially denied and then approved — somehow created two plans for us. One without our son, and one with our son.
- After a series of emails and phone calls, we got the second plan and eliminated the first bogus plan. That's when we started getting premium notices for the first bogus plan. That's along with notices from the state of Illinois that said my son's application for Medicaid was under review.
- After a series of emails and phone calls, we got the premium notices for the first bogus plan to stop. Not sure what's happening with my son's bogus Medicaid enrollment application.
- Meanwhile, we dutifully paid the first and second monthly premiums for the right ACA family plan. The plan cashed those checks immediately but didn't send our insurance cards.
- After a series of emails and phone calls, the right ACA family plan sent us our insurance cards but with the wrong provider. Nothing personal Loyola, but we always have gone with Northwestern. In fact, we've never had Loyola as our in-network provider. Ever. Always Northwestern. How the ACA plan assigned us to Loyola is a total mystery. Although my mom has always had Loyola.
- After a series of emails and phone calls, we finally got new insurance cards for the right ACA plan and with the right provider network.

AN EASY ROAD TO MEDICARE APPROVAL

As for Medicare, I submitted my application for Medicare Part A and Part B electronically Jan. 19 with the Social Security Administration (SSA).

“You should receive a letter in the mail within 30 days with a decision or to request additional information,” the SSA said in an automated Jan. 21 email to me.

I checked my SSA account on Jan. 29, and low and behold, the SSA approved my Medicare application on Jan. 21. It said I should be getting my official notice in 10 to 15 days, which I did, and I now proudly have my Medicare card.

What’s clear to me from this experience is this: Organizations, corporations, government agencies, etc., invest their

technology dollars in systems that reflect their core values. Commercial health insurers that operate Medicare Advantage plans or ACA plans invest their technology dollars in systems that take your money and don’t pay it back, not in systems that make simple navigation easy for members. Medicare is just the opposite. It invests its technology dollars in systems that make navigation easy for beneficiaries.

It will be traditional Medicare for me. But please, commercial health insurance companies, keep sending Medicare Advantage solicitations to my mom’s house. We always could use a good laugh over coffee and homemade peanut butter cookies.

Thanks for reading.

AUTHOR



David Burda began covering healthcare in 1983 and hasn’t stopped since. Dave writes this monthly column “Burda on Healthcare,” contributes weekly blog posts, manages our weekly newsletter 4sight Friday, and hosts our weekly Roundup podcast. Dave believes that healthcare is a business like any other business, and customers — patients — are king. If you do what’s right for patients, good business results will follow.

Dave’s personal experiences with the healthcare system both as a patient and family caregiver have shaped his point of view. It’s also been shaped by covering the industry for 40 years as a reporter and editor. He worked at Modern Healthcare for 25 years, the last 11 as editor.

Prior to Modern Healthcare, he did stints at the American Medical Record Association (now AHIMA) and the American Hospital Association. After Modern Healthcare, he wrote a monthly column for Twin Cities Business explaining healthcare trends to a business audience, and he developed and executed content marketing plans for leading healthcare corporations as the editorial director for healthcare strategies at MSP Communications.

When he’s not reading and writing about healthcare, Dave spends his time riding the trails of DuPage County, IL, on his bike, tending his vegetable garden and daydreaming about being a lobster fisherman in Maine. He lives in Wheaton, IL, with his lovely wife of 40 years and his three children, none of whom want to be journalists or lobster fishermen.

Visit 4sight.com/insights to read more from David Burda.