

Pitfalls of Managed Healthcare for Profit

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My story is simple and one I feel bound to tell over and over until somebody listens and recognizes this is wrong, and safeguards are put in place to protect innocent human beings, so this will not ever happen again to any other American family.

I was a 42-year-old mother of four with the youngest being 5 at the time my nightmare began with Cigna's managed healthcare (CIGNA) and their wholly owned clinics in southern California. In 1992 I got very sick. I had at least a dozen visits to Cigna as I could not breathe. Each time I went there they made me feel like I was a hypochondriac. For two years they made me suffer. I had to sit up in bed at night just to be able to breathe, I could not sleep, my hair fell out, my left eyebrow fell out. They had me convinced this is how it gets as you get older. After numerous x-rays and a CAT scan, they told me I was well. The real truth was I had lung cancer, and they were intent on not treating it and letting me die instead. This was evident throughout my medical records that I later obtained. Also documented in my file is the below listed phone call.

One evening around 10 p.m., the Cigna director, a doctor as well, called me at home and assured me there was nothing wrong with me. I was agitated and demanded to see a non-CIGNA doctor outside of CIGNA. This (CIGNA) doctor also did not tell me I was sick either. I saw this doctor who gave me a bronchoscopy, and it was the first time in two years that I could lie down and was able to breathe somewhat without totally choking. CINGA still did not tell me I had lung cancer or a tumor, but rather documented in my file that I was neither a candidate for surgery or follow up because of the location of the tumor and a danger of a phenomothorax in the lung. In other words they wrote me off.

I still did not feel well and demanded my x rays. They told me all my medical records were lost. Later, I got a phone call from a CIGNA employee telling me what they were doing to me was not right, that the (clinic) director was off that day and I needed to come and pick up my medical records, x-rays and CAT scan, but that I must do it that day. That same day I took them to a non-CIGNA doctor at 9 p.m. The doctor examined the x-rays and told me I had lung cancer. He said it was evident in the x-rays and the CAT scan, and I needed surgery immediately to remove this tumor.

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Despite the repeated denials of the tumor's existence from Cigna, while I fought them to get surgery, the tumor and 12 lymph nodes were ultimately removed at St Joseph's Hospital in Burbank. Cigna is great at documenting things to suit themselves. In my file the director wrote that the tumor was removed it was benign, and I would need a follow up X ray only. However, the surgeon who removed the tumor was telling a completely different story, and documented on my discharge record what I needed. These tests, he felt, Cigna would not want to pay for, and his reasoning was to document it on my discharge record so I could know and fight for what I needed.

I went to the newspapers and they ran my story. Cigna as always under media scrutiny agreed they would pay for the treatment. But instead of paying they delayed. It was only under orders from a Government Agency, and the state's enforcement division did they pay.

While I still had the cancer, I was not the only one in my family who was in need of proper medical treatment. Cigna's managed care system had also failed to properly diagnose my 13-year-old daughter who was experiencing serious head pain. After months of visiting Cigna, and them saying there was nothing wrong with her, she took an overdose of pills to rid the pains in her head. After fighting with Cigna for months, they said she needed her sinuses washed out. The truth was she had a diseased bone that was being pushed towards the orbit of her eye, and she would have lost her eye and/or eyesight if not treated in time. She had her surgery at Cedars Sinai one month after mine.

The abuses of the insurance industry are not limited to any one company. They appear to be pervasive and persistent. In August 2008, my one-year-old grandson, Dylan, was denied treatment from United Healthcare. They called the treatment that could completely correct my grandson's cranial malformation "cosmetic." They would not admit that failure to correct the problem could also affect the development of his spine and leave him with lifelong difficulties.

The earlier the problem could be treated, the shorter the treatment. So time was on the insurance company's side. In this case, my family laid out the \$3,000 and my grandson's problem was corrected in a matter of weeks.

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