



Written by [Michael Tennant](#) on June 17, 2014

One Man's ObamaCare "Nightmare"

ObamaCare, Alan Scholl declared, is "everything I expected socialized medicine to be." His attempts to obtain health insurance for his family under the healthcare law have been a "nightmare" of confusion, frustration, complications, delays, and bureaucracy, the 61-year-old Appleton, Wisconsin, resident explained in an interview with *The New American*.



Scholl's odyssey through the ObamaCare labyrinth began more than five months and, by his estimate, "well over 100 hours" of effort ago — and it is still unresolved.

"I left an organization where I'd had a health plan for many years, and since I was [now] with an organization that was too small and not well enough funded to, or big enough to have a health plan, I was forced to turn to the exchange," Scholl said. He had looked into buying insurance on the open market, he added, but "it's either prohibitively expensive ... or it doesn't meet the qualifications" of the healthcare law. Since the Badger State chose not create its own exchange, that meant navigating the treacherous waters of Healthcare.gov.

"My first three forays into the system were small nightmares on their own," Scholl said. "I was subjected to a very detailed and very intrusive set of requirements in terms of all the information that the system wanted about me and my kids and et cetera. It really wasn't telling me much. There were a few plans displayed on the exchange website, but they all had some sort of qualifiers or exceptions on them or were very vague about benefits and cost, bait-and-switch sorts of things: where you can get this plan, or that plan, but you have to qualify for it, or for a discount, and in order to find out, you have to enroll. It reminded me of a bear trap."

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Already thoroughly confused, Scholl enlisted the help of a local insurance agent. After "several hours" of reviewing plans and discussing the "complicated" process by which an individual's tax subsidy for buying insurance is calculated, Scholl said they finally settled on a suitable plan. Scholl claims he tried "repeatedly" to sign up for the plan through Healthcare.gov, both on his own and with the agent's assistance, but found that no matter what he did, the system refused to include his 13- and 16-year-old daughters on the plan. (Another daughter, who is in college, was included.) After many hours of struggling with the website, the two men concluded that Healthcare.gov had determined that Scholl's minor children qualified for Medicaid and therefore would not permit them to be covered under his exchange plan — a common problem with ObamaCare, as *The New American* [reported](#) in January.

At the urging of the federal exchange, Scholl said, he decided to enroll his daughters directly in Medicaid, known in Wisconsin as BadgerCare. The BadgerCare website, he said, is "even more complicated and difficult" than Healthcare.gov and is also "extremely intrusive and extremely detailed on every member of the family and even members of the family that aren't there, marital relationships, and former marital relationships." It took him "about four hours just to fill in the blanks," he recalled,



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because the system repeatedly forced him to answer the same questions. Finally his application was accepted, and he said he got “a sort of emailed acknowledgement that I had applied,” but nothing telling him whether his daughters had been accepted into the program.

Still not certain that he even had a plan or that all his children were on it, Scholl said he “spent hours online and hours on the phone” trying to get some definite answers. Eventually, he recalled, he did get through to someone at the local BadgerCare office who told him that it looked as if his daughters would qualify for the program and that he should receive an acknowledgement of their acceptance soon. According to Scholl, he got some acknowledgements via e-mail and snail mail, none of them stating that his daughters had been accepted and some of them requesting still more information, which he provided. He ended up calling BadgerCare again, where, he said, the bureaucrat on the other end of the line “informed me that my children did not qualify for BadgerCare.”

Scholl said he called the exchange back and told them that his children didn’t qualify for BadgerCare and that therefore he needed to add them to the plan he’d selected — as, of course, he had desired from the outset. The exchange told him they couldn’t allow that until they received word from BadgerCare — a task made considerably more difficult by the fact that the two entities “won’t call each other,” according to Scholl, forcing him to act as go-between.

After more frustrating calls to BadgerCare, Scholl obtained a copy of the denial of his application and then had to fax and e-mail it “several times to several layers of people” at the exchange before the right person discovered it and told him that he could now add his daughters to his plan, he related. He was still unable to add them to the plan, he said, so he spent “an afternoon and an evening” on the phone with the exchange, being bumped around from bureaucrat to bureaucrat, until eventually someone told him his kids had been added to his plan. “In fact,” said Scholl, “they had started a whole new plan,” which then invalidated both the old plan and the new plan.

After “another 10 days to two weeks of calls” to BadgerCare, Scholl said he thought the problem had been straightened out: The old plan had been canceled, and the new one was in force. Then, he recounted, there was “another round of ‘well, your plan’s not really active, and we have both these two plans out there, and we’re not sure what’s going on.’”

At some point, Scholl was convinced that everything had been settled and was prepared to pay the next month’s premium of \$668 via automatic withdrawal from his bank account. “Suddenly my wife calls me at work and ... says, ‘We have checks bouncing. We have payments that won’t go through.... And the reason is ... the health insurance company through the exchange has used the automatic withdrawal to withdraw \$1460.89 from our account,’” Scholl said. “That’s two-and-a-half times [the expected withdrawal].”

The next step was to call the insurance company, Anthem Blue Cross Blue Shield. Scholl said he spent “an hour and a half to two hours ... trying to get through their menu system to a human being.” Adding insult to injury, he was repeatedly returned to the very first menu option, which asked, “Would you like to pay your bill online?”

Eventually, after pressing enough buttons and being sent through “three or four layers” of people, Scholl found someone who could look into the issue. That individual told him that he was being billed for the full premium, not the premium minus the tax allowance (i.e., the price quoted by Healthcare.gov). The person told Scholl that the company would look into the matter and call him back by the end of the business day on June 3. Ten days later, Scholl said he had “yet to get a call back from



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them” despite making “four more calls” to the company. He even had the insurance agent call Anthem and secure a promise to fax him details of how Scholl was being billed; that hasn’t happened, either. With neither Scholl nor the agent confident that the issue has been resolved, the agent advised Scholl to stop the automatic payments so that he could at least see what he was being billed before paying it.

“So here it is five, six months down the road, I’m not even confident I have coverage,” Scholl declared in exasperation. “I’m not sure I have my whole family on the plan. I don’t have any confidence that they’re not going to charge me some arbitrary amount.... I have no idea how to contact anybody, and I know it’s a nightmare to try to talk to anybody and get anybody to do anything.”

“I expected a nightmare, and I got one,” he said. “Maybe a bigger one than I expected.”





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