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CALIFORNIA

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It will be published in the Calendar section, space permitting.

California Hospital Workers Face More Violence

Healthcare is Particularly Prone to Incidents

By Heidi de Marco

When **Mary Prehoden** gets dressed for work every morning, her eyes lock on the bite-shaped scar on her chest.

It's a harsh reminder of one of the worst days of her life. Prehoden, a nurse supervisor at **Scripps Mercy Hospital San Diego**, was brutally attacked last year by a schizophrenic patient who was off his medication. He lunged at her, threw her to the ground, repeatedly punched and kicked her, and bit her so hard that his teeth broke the skin and left her bleeding.

The incident lasted about 90 seconds, but the damage lingers.

"Even if I didn't have a scar, the scar is in your head," said Prehoden, 58. "That stays with you for the rest of your life."

Violence against healthcare workers is common — and some say on the rise.

According to the **Occupational Safety and Health Administration**, workplace violence is four times more common in healthcare settings than in private industry on average, yet it still goes underreported. Patients account for about 80% of the serious violent incidents reported, but stressed-out family and friends also are culprits. Co-workers and students caused 6% of the incidents.

In a 2018 poll of about 3,500 emergency room doctors conducted for the **American College of Emergency Physicians**, nearly 70% said violence in the emergency department has increased in the past five years.

About 40% of the doctors believed the majority of assaults were committed by psychiatric patients, and half said the majority were committed by people seeking drugs or those under the influence of drugs or alcohol.

In California, a state law requires hospitals to adopt workplace violence prevention plans and report the number and types of attacks to the state. The state then compiles the data into annual reports.

In the first full report, 365 hospitals tallied 9,436 violent incidents during the 12-month period that ended Sept. 30, 2018, ranging from scratchings to stabbings. Workers were punched or slapped in one-third of the assaults and were bitten in 7% of cases.

"I don't know that you ever expect to have to defend yourself at your workplace," Prehoden said. "It's not anything you're prepared for."

Scripps Mercy Hospital officials have made a number of changes to help protect employees from what they refer to as an epidemic of violence. They've launched a "rapid response" team made up of staff members who try to defuse potentially violent situations. And the hospital has introduced a behavioral screening tool to help identify patients prone to violence. When patients get flagged, they must wear a green wristband, and a green peace sign is placed on their door.

Ryan Sommer, who is the head of security at Scripps Memorial Hospital **Encinitas**, leads violence de-escalation training for Scripps staff at different locations throughout San Diego County.

On one recent morning, about 20 employees at the Encinitas facility learned how to deter an agitated and combative patient. One tip Sommer shared: Behavior influences behavior, so listen with empathy and establish a personal rapport with the patient. And, he told them, don't lose your cool; the goal is to get agitated patients to calm down.

Sommer also taught self-defense tactics should the situation escalate. In groups of two, employees practiced how to disengage from a hold and block strikes from an attacker.

"How many of you have been attacked on the job?" Sommer asked. Nearly all the participants raised their hands.

"This happens daily. They get punched, scratched, spit on, yelled at," he said later.
residents in the Inland Empire.

Sommer said the number of violent incidents at the Scripps hospitals is rising and the injuries are becoming more severe.

Since earlier this year, security guards at all Scripps hospitals have been armed with stun guns, said Janice Collins, a spokesperson for Scripps Health. They wear stab-proof vests and are stationed strategically around the facilities. The stun guns are used when security guards believe they are needed to protect life, Collins said. Prehoden's situation would have met that criteria, she said.

Hospitals across California are taking similar measures with the hope of reducing violent confrontations, said **Gail Blanchard-Saiger**, the **California Hospital Association's** vice president of labor and employment.

Some sites use panic buttons, metal detectors, security dogs, increased police presence and security cameras, in addition to de-escalation training.

The efforts vary by location and risk, Blanchard-Saiger said.

Additional support from local law enforcement would make a difference, she said. "Unfortunately, I've heard plenty of stories where they don't even come to the hospital," she said. "They're short-staffed, underfunded. They're prioritizing."

(continued on page 2)

In Brief

DMHC Fines Access Dental $75,000

The **Department of Managed Health Care** has fined a Sacramento-based dental plan $75,000 for outsourcing coverage decisions to a company in India, in violation of state law.

Access Dental Plan had entered into an agreement with the DMHC in 2006 that allowed it to outsource various tasks to the Indian firm, **Data Telesis**, including management of some accounts payable tasks, some clerical work, and some outreach to its enrollees. Access Dental agreed that all utilization review would be undertaken by personnel in California, and licensed dentists when it came specifically to making clinical decisions or supervising personnel who made those decisions.

However, a routine survey by the DMHC undertaken last year found that nearly 40% of the denial of claims files it had reviewed by Access Dental had been performed by a dental "para-professional" whose only licensure was in India, and that nearly half of the files lacked the name and contact information of the personnel who made the decision. A follow-up survey that occurred last February concluded that "India-based personnel were routinely performing utilization management approvals of dental services." The DMHC issued a cease-and-desist order against Access Dental last August.

Access Dental agreed to the fine, as well as a corrective action plan that took clinical decision-making away from Data Telesis and kept within California with the supervision of dentists.

California Hospital Workers Face More Violence...*continued*

Prehoden has attended the de-escalation training and is now on the rapid response team at Scripps Mercy Hospital.

It took her three weeks to return to work after she was beaten in August 2018. A nurse for almost 40 years, she admits being a little on edge now, and feels as if her attacker robbed her of her confidence. He served six months in jail for the attack.

"This cannot be the new face of nursing," Prehoden said. "We can't afford to lose our staff because somebody decides not to take his medication."

This story was produced by Kaiser Health News, which publishes California Healthline, an editorially independent service of the California Health Care Foundation.

Dentists Take Advantage Of Low-Income Patients

They Often Pile on Credit Card Debt, Decline to Bill Medi-Cal

By Manuela Tobias

When **Kenda Williams**, 51, went to **West Coast Dental** in Torrance to treat the shooting pain in her molar. She spent the day in a drug-induced haze.

Williams later found out she had signed up for two credit cards that day to cover her dentist's $9,055 bill. Unemployed and on Medi-Cal, the Los Angeles resident had no idea why her bill was so high, or why she had been approved for so much credit.

"I thought I was just getting a root canal," Williams said. "They were giving me a bridge. I already had a denture that was brand new. They're claiming I asked for a bridge and I did not. They knew I could not afford it because I was unemployed. All I went in for was a root canal."

She does not recall signing up for the cards, and she said the signatures on the consent forms do not match her own.

The dental office did not send in an authorization form to her insurance provider, a Medi-Cal managed care plan, documents show. The insurance company later reimbursed her for $1,070 worth of services, but she still owes about $6,000.

"I have a couple clients that I clean their houses twice a month and that's been helping me make these payments," Williams said. "It's really sad. My husband, he's older, he can't find work. And it's just been really hard and we're gonna have to sell our house. Family and friends help us when we need it. But it's been hard."

Across California, patients like Williams are wading into years of debt because of high-interest credit cards used to finance dental treatment. They have succumbed to requests by dentists to put their high-priced services on a controversial segment of the health care industry: companies that offer loans for "out-of-pocket" medical care.

An investigation by *The Fresno Bee* for The California Divide, a statewide media project examining economic inequality, has found that some dentists appear to be inflating bills and pressuring patients to put their services on a credit card.

These credit contracts, which can be easily arranged in the dentist's office, often have deferred interest provisions, which means that if the patient does not pay in full within a certain time period, interest on the initial loan is charged, with rates ranging from 13% to 29%.

The *Bee* also found that some dentists charged for care in full before services were performed, leaving patients like Williams paying their bill without ever having their treatment completed.

Legal aid organizations report that low-income Californians are particularly at risk of falling into debt traps with medical credit cards because of ongoing struggles with the state insurance system. Medi-Cal doesn't cover major dental care unless it is medically necessary, and a limited number of Medi-Cal and Medicare providers render the full range of covered services.

"We definitely see dentists refusing to run the (Medi-Cal authorization) request a lot," said **Eric Schattl**, supervising attorney at the Neighborhood Legal Services of Los Angeles County. "So then they're guiding people toward the card early on in the process, even if they know they are Medi-Cal recipients. Even if the paperwork may say, 'this is a covered benefit.' "

West Coast Dental in Torrance declined to comment about Williams' case.

But advocates say the terms of medical credit cards are too complicated for most people to understand. They are particularly confusing in high-pressure situations, like the moments of excruciating pain leading up to important dental procedures.

"It's a dentist pitching this product. Your relationship with the dentist is a very intimate relationship. You have to trust the dentist — they're in your mouth," Schattl said.

Millions of accounts

Nationwide, more than 6 million accounts are active with **CareCredit**, a product of **Synchrony Bank**. It is the most popular medical credit card on the market, according to the **U.S. Government Accountability Office**. The card can be used to finance anything from veterinary services to LASIK eye surgery. It is offered at 109,000 dental offices nationwide.

There's no way to know how many cardholders have encountered problems like Williams endured. Consumers often don't know where to file grievances, and the California Dental Board is not required to disclose any information on complaints.

Of the thousands of consumers who filed complaints against Synchrony Bank nationwide in the last five years, 177 consumers, including 43 Californians, mentioned the word dentist or dental. There could be hundreds more, however, as most people opted not to publish their complaint narratives.

(continued on page 3)

In Brief

Kaiser Names Gregory Adams Permanent CEO, Chairman

Oakland-based **Kaiser Permanente** has named **Gregory A. Adams** the organization's permanent chief executive officer and chairman of the board of directors, almost exactly a month after the unexpected death of his predecessor, **Bernard J. Tyson**. Adams has been serving as interim CEO since Tyson died.

The 64-year-old Adams, who originally worked as a journeyman nurse manager, has had a 20-year career with Kaiser. Since 2016 he has served as Kaiser's executive vice president and group president, with direct responsibility for health plan and hospital operations in all eight Kaiser Permanente regions.

"Mr. Adams is an accomplished leader with deep experience across Kaiser Permanente's health plan and hospital operations," said **Edward Pei**, a Kaiser director who chairs the boards' executive committee and the governance, accountability, and nominating committee of the organization's board. "The boards' decision to name Mr. Adams to the position demonstrates Kaiser Permanente's strong internal succession planning process. For more than a decade, Mr. Adams worked on a wide variety of major initiatives and areas of focus, and has led Kaiser Permanente's work on growing membership, affordability for our members, and transforming and expanding access to care."

Adams has suggested that no major changes will occur at the organization, which has about 12 million members in California, Washington, Oregon, Hawaii, Georgia and the Washington, D.C. area, and about $82 billion in annual revenue.

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Dentists Take Advantage Of Low-Income Patients*...continued*

The Health Consumer Alliance, a statewide coalition of legal service offices, says it has reviewed and helped consumers on 28 dental credit card cases so far this year, and 55 cases in 2018. Central California Legal Services, based in Fresno, estimates they reviewed 24 cases since 2013.

"It does not sound like a large number, but the cases are egregious, and we get a tiny fraction of people having an issue," said **Joy Dockter**, an attorney and health advocate at Central California Legal Services.

Medical credit cards are not all that different from other credit cards on the market. But customers don't need to go to a bank to take them out; health care providers can fill out a client's application and have it approved in seconds.

"The reason that they are popular is that they're marketed in a way that oversimplifies in an almost misleading way what the person is obligated to. It will say zero percent financing," said **Gina Calabrese**, a professor of legal clinical education at **St. John's University**. "Most financing agreements are written in a way the average person can't really comprehend."

Beginning next July, a new state law will prohibit healthcare providers from signing up patients for deferred interest credit products in their offices. The credit industry and dentists had worked to water down the bill; the original version would have prohibited providers from offering or promoting such products.

Lisa Lansperry, a spokeswoman for CareCredit, said an internal survey showed 94% of their customers were satisfied in 2018. She added that if a consumer has a complaint, the company takes it seriously.

Although CareCredit processes thousands of deferred interest transactions a month in California, it receives on average one complaint a month from Californians through CFPB, Lansperry said. She added that only one of every five customers using deferred interest products pay interest on their loans.

The **California Dental Association**, which represents over 27,000 dentists, endorses the cards because many people lack adequate insurance to cover the dental treatment they urgently need, according to spokeswoman Joie Harrison.

CareCredit has 120 partnerships, over 70 of which are paid, with industry groups, including the California Dental Association. CareCredit paid providers a total of $12 million in 2018 to promote its products. Both CareCredit and the California Dental Association declined to disclose whether the dental association was paid for promoting credit cards to patients.

The appeal for dentists is clear. Minus merchant credit card fees, their immediate payment is guaranteed, and gone is the administrative burden of holding a patient to account.

"In a private office we don't want to chase down payments," said Dr. Mark Cave, the dental director of Fresno's Clinica Sierra Vista, who also has a private practice in Visalia. "If we have to hound you for $25 we lose relationships over that with patients. You owe me $300 but you're sending me $25, and I've got bills to pay, too, or we can go to CareCredit."

Cave, like other dentists *The Bee* spoke with, said he makes sure the patient understands the full terms of deferred interest before facilitating the loan.

'I didn't have any teeth left'

A 57-year-old agricultural worker in Selma, who did not want to be named because she feared retaliation by her dentist, had a similarly nightmarish experience.

She went to her Fresno dentist, which she found on a list of providers who accept Medi-Cal, to fix a deteriorating seven-year-old crown on her top teeth last July. The metal peeking through her front tooth was embarrassing, and the hole in a back tooth was uncomfortable.

Her dentist insisted she needed a bridge replaced and urged her to take out $10,000 in credit to pay for it. That bill is equivalent to nearly one year of her work as a seasonal, minimum-wage worker at a fruit-packing shed. She signed up for the loan and the dentist went to work.

As she left the office with an uncomfortably large temporary bridge, she learned she had only one year to pay her debt before 27% back interest on the loan kicked in. She said the dentist did not send in authorization requests to Medi-Cal for her treatment.

Within two weeks, her dental work fell apart. It was painful to eat, talk or show her face. She said she used putty from Wal-Mart to fill in the gaps in her teeth.

"I was left without any teeth," the woman said in Spanish. "From everything they did to me. I covered my mouth because I didn't have any teeth left. I didn't have anything left."

She refused to have the work completed and complained to the credit card company, which canceled her account. But her dentist continues to hound her over payment.

The New York Attorney General and the Consumer Financial Protection Bureau cracked down on CareCredit in 2013 for deceptive enrollment practices. Clients were not receiving clear communication about deferred interest or copies of their card agreements. Poorly trained staff at some providers' offices were confused about the product they offered. CFPB created a $34.1 million reimbursement fund for more than 1.2 million clients.

As a result, CareCredit now prohibits credit over $1,000 from being taken out the day medical work is done. But the *Bee* found multiple dentists do it despite this prohibition. The company relies on patients to self-report violations.

Western Dental, the largest dental chain in California, says on its website that CareCredit offers zero percent financing. There is no mention of the 27% interest rate that kicks in after six to 24 months.

Western Dental spokesman **Bill Halldin** said he appreciated that *The Bee* raised this concern, and would work with CareCredit to update the language. (It has not yet been updated.) He said those terms were laid out on the CareCredit website.

Michael Hoopingarner, a film producer in Los Angeles, was fresh out of college in Chico, California, when he used CareCredit in 2009 to finance a dental treatment.

(continued on page 4)

Volume 11, Issue 42

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Hospital Pricing Seems Crazy, But It Actually Makes Sense

The Problem is, Executives Aren't Great at Explaining The Business Practices

By Jim Lott

Arguably, our U.S. healthcare delivery system is the best (in terms of service quality) of all the nations on our planet. The problem is, most of it shuts down after 6 p.m. on weekdays and for the entire weekend. If you doubt what I say, try making an appointment during these off hours anywhere except for maybe an urgent care center, and most of those close at 10 or 11 p.m. I don't know about you, but my children always seem to get sick or injured during these off times, so, like most parents, I resort to using hospital emergency rooms as a primary care provider for their acute care flair-ups or injuries. Because of my decades-long history of representing hospitals, I am neither a stranger to nor am I shocked by the hospital bills parents get for using ER's for this purpose.

Recently, my college-attending son came home during a break from his studies with a rash that was spreading rapidly. Fearful that it might get to his lungs and cause problems with his breathing, I took him to the ER where he was fed intravenous steroids and sent home. The bill sent to my health insurance plan was for over $8,000 of which about $2,400 was paid. As outrageous as it seems, I get this. I really do. I understand why the bill was so high and why my health plan paid only a fraction of the charges. The problem is, few consumers understand this; in fact, most are outraged, especially if they have a deductible to meet, or worse, no insurance coverage at all.

Most everyone has a story like mine, and the media is always on the prowl for opportunities to stimulate public outrage and a call to action. They found that recently with a story making the rounds about the $2,659 bill 4-year-old Lucy Branson's parents received for the 10 seconds it took an ER doctor to pluck a doll's tiny shoe from her nostril. The *National Public Radio* headline started with a cute play on words about the incident and the hospital bill. "Nothing To Sneeze At" is how it started, followed by pictures of the very cute toddler holding the tiny pink doll shoes in the palm of her tiny hands. News media outlets seized the moment with this story whose adorable protagonist and storyline could neither have been cast nor scripted any better by a Hollywood studio. The visuals alone gave this tired, old story new life. Would you blame Dignity Health, the parent company of the Nevada hospital where Lucy was seen, for refusing to comment? I don't.

Like it or not, the $39 aspirin costs that much for a reason. The problem is, hospital leaders are not eager to explain the complexities involved in calculating the charges itemized in their charge description masters. They shouldn't be, but they are. I get that too. No hospital leader wants to become "the poster child" for defending hospital pricing.

The fact of the matter is trauma centers and emergency rooms cost a lot to staff, equip and run 24/7/365. The metaphor that best describes this is the cost of maintaining our military for just being there in case we need it. Similarly, when one uses a hospital ER for a minor ailment, be prepared to pay a share of the cost to support it being there –fully loaded and ready to tackle anything that comes in the door--when you need it. Hospital leaders need not be reluctant to just say that.

What is harder to explain to consumers, though, is how hospital charge calculations are influenced by the relationship hospitals have with health insurance plans. For out-of-network coverage, many health plans pay hospitals (in whole or in part) a percent of charges for the care provided. As a consequence, hospital prices are higher than costs for many services.

The bottom line is this: Consumers need access to ERs, and, moreover, communities want them. The hue and cry bellows from every quarter when hospital operators decide to close an ER. So, to steal a quip from President Trump's current acting chief of staff, Mick Mulvaney, "get over it." This is the way it works.

Jim Lott is former executive vice president of the Hospital Association of Southern California and a healthcare scholar. He is a regular contributor to the Payers & Providers editorial page. He may be reached at lott@sbcglobal.net.

Dentists Take Advantage Of Low-Income Patients

...continued from page 3

"At the time, I thought I understood the rules. I think it was advertised as zero percent interest for one year. What they didn't say was that if you crossed the one-year mark, not only will you begin to be charged interest, but you'll be charged back interest."

Hoopingarner was left with a bill of more than $500 he could not pay, he recalls, because he misjudged the payment date and missed the cutoff to pay off his balance.

In complaint after complaint on various rating websites, CareCredit has been criticized by customers for many of the same reasons. Although the *Bee* could not confirm every story, it's clear that the company has struck a nerve with thousands of customers.

Complaints to CFPB about CareCredit range from a woman in Sun City who received a bill for nearly $1,000 in deferred interest on top of her $2,679 loan for shoddy dental work, to a customer in Orange County who was hounded over payments for two years for crowns they never received. An elder person in Los Angeles County reported their balance shot from $1,000 to $1,400 unexpectedly.

(continued on page 5)

Scripps Health Plan Services, Inc. Enrollment and Utilization Table as of 9/30/2019

QUARTERLY STATEMENT AS OF September 30, 2019 - Scripps Health Plan Services, Inc.

ENROLLMENT AND UTILIZATION TABLE

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Source of E	Total Enrollees At End of Previous Period	Additions During Period	Terminations During Period	Total Enrollees at End of Period	Grandfathered Enrollees (also included in Column 5)	Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period - Physicians	Total Member Ambulatory Encounters for Period - Non-Physicians	Total Member Ambulatory Encounters for Period	Total Patient Days Incurred	Annualized Hospital Days/1000	Average Length of Stay
1.	Large Grou	14,006	159	147	14,018		42,133			0	499	142	3.10
2.	Medicare Risk				0					0		0	
3.	Medicare Supplement				0					0		0	
4.	Medi-Cal Risk				0					0		0	
5.	Individual				0					0		0	
6.	Point of Service - Individual				0					0		0	
7.	Point of Service - Small Group				0					0		0	
8.	Point of Service - Large Group				0					0		0	
9.	Small Group Commercial				0					0		0	
10.	Healthy Families				0					0		0	
11.	AIM				0					0		0	
12.	Medicare Cost				0					0		0	
13.	ASO				0		N/A	N/A	N/A	0	N/A	N/A	N/A
14.	PPO Individual				0					0		0	
15.	PPO Small Group				0					0		0	
16.	PPO Large Group				0					0		0	
17.	Aggregate Contracted from Other Plans	0	0	0	0		0	0	0	0	0	N/A	N/A
18.	Aggregate Other Source of Enrollment	0	0	0	0		0	0	0	0	0	N/A	N/A
19.	Total Memb	14,006	159	147	14,018	0	42,133	0	0	0	499	N/A	N/A

Source: Quarterly Statement 9/30/2019 Scripps Health Plan Services, Inc. Enrollment and Utilization Table

Dentists Take Advantage Of Low-Income Patients...*continued from page 4*

"Nobody at my dentist's office ever told me when I signed up for CareCredit that the rate would suddenly increase from 0% to 26.99% or that the interest would accrue during a promotional period," they wrote. "Nobody even gave me a copy of the credit card agreement."

In Temecula, a woman was urged to take out credit worth $2,679 for a bridge over three front teeth. The bridge did not fit properly, and food got stuck in the hole left behind the bridge, resulting in multiple infections. The dentist refused to fix her teeth, she reported the issue to CareCredit and was told no interest would be charged. Still, she was nailed with a bill for $966.56 in deferred interest on top of her loan, and she says she is too embarrassed to smile.

Whether it was for credit card fraud, shoddy treatment or unexpected interest, most of the customers who filed complaints with CFPB reported spending significant time on the phone with customer service to no avail. Complainants requested the company cancel their accounts, but no one addressed the issue for months. In some cases, their credit was ruined because they either refused to pay their balance or were instructed to do so by the company.

Legislative reforms

State law passed in 2009 already requires that dentists disclose to patients they are signing up for credit with a third party, and charge only services that have been provided. In 2014, that law was amended to cover all providers, not just dentists. These incidents continue to happen because the *onus* lies on the consumer, according to Jen Flory, a policy advocate at the Western Center on Law and Poverty, which sponsored the original law.

Flory said that with the proliferation of medical credit cards, and the popularity of deferred interest products, the situation has worsened. So, in the 2019 legislative session, the organization sponsored a bill authored by Sen. Holly Mitchell, D-Los Angeles, that would prevent deferred interest credit products from being offered or even taken at health care providers' offices. But lobbyists watered down the bill significantly. The amended bill, signed into law on Oct. 12, prohibits providers from signing people up for credit in-house. They can still promote materials so that patients sign up for credit on their own, and accept deferred interest credit products for payment. The law also states that services must be rendered within 30 days of payment.

"People are embarrassed that they've gotten themselves in this situation," said Gerrie Schipske, an attorney at the Health Consumer Action Center of Community Legal Aid in Southern California, who reviewed four dental credit card cases this year. "They feel like, 'How dumb was I? I did this. I should've known better.' They're being unfairly taken advantage of."

Ted Rossman, industry analyst at CreditCards.com, advises consumers to stay away from deferred interest plans, regardless of where they sign up for them. "I'm really suspicious of this idea you can be charged retroactive interest if you can't make all the payments before the clock runs out," Rossman said. "That can end really badly."

Manuela Tobias is a journalist at The Fresno Bee. *This article is part of The California Divide, a collaboration among newsrooms examining income inequity and economic survival in California. It was originally published in CalMatters.*