Episode 7: No Surprises Act...Just Say No To Out Of Network Bills

Note: This is a machine transcription. Please excuse any punctuation or other weirdness:)

Intro:

Mike C. thought he was dying. A heart attack had pinned him to the floor of his bedroom. His neighbor took him to Saint David's Medical Center where he was successfully treated.

Weeks later, he received a bill from the hospital for the total amount due of $108,951dollars and, this was the amount after his insurance covered their part. Saint Davids Medical Center was out of network with his insurance, and the health insurance company only paid $55,840 dollars of that bill leaving him owing the remaining amount.

Should he pay this full amount or does Mike have rights?

Get Savvy...Demystifying Healthcare – 30 second commercial

Are you tired of the high cost of healthcare? Are you overwhelmed trying to navigate a complicated healthcare system?

Welcome to Get Savvy...Demystifying Healthcare weekly podcast where we take complicated healthcare topics and make them simple.

Imagine if you could stop feeling paralyzed with fear and frustration and instead be empowered to make smart healthcare decisions for you and your family.

Get Savvy with your host, Sandy Kibling, a healthcare professional changing how healthcare knowledge is shared.

Podcast

Hello and welcome to Episode 7, the No Surprises Act...Just say no to out of network bills.

Today we are going to discuss how the federal mandate that went into effect on January 1st, 2022 that protects you from out of network billing and ensures that you have access to the necessary information to understand the true cost of healthcare services you may need.

This law has been in effect coming up on a year as of this recording, but I am finding there is still so much confusion from both the consumer and provider side as well as individual states are still struggling with how to administer and follow up on consumer rights.

Therefore, I think it is important to discuss and understand the law and resources.

In this podcast we are going to discuss:

1. What is a Surprise bill?
2. We're going to talk about what is the No Surprises Act?
3. Discuss your rights should you get an out of network bill.

Let's dig in.

So what is a surprise Bill? Well, you may receive care inadvertently from out of network hospitals, doctors, or care from a provider you did not choose.

According to the Kaiser Family Foundation, this happens in about 1 in five emergency room visits.

So how does this happen? Let's say that you have an upcoming shoulder surgery. You have confirmed that surgeon and facility are all in network, but the anesthesiologist you don't meet usually until the day of surgery. When you meet them 30 minutes or so before your surgery, the last thing on your mind is to ask if the provider is in network with your health insurance plan.

Your focus is your care and process for anesthesia for your procedure. 3 to 4 weeks later, you get a $3000 bill for the anesthesiologist services, and your provider's office and insurance company tell you that there's nothing they can do and you are stuck with the bill. Now here's something to keep in mind, **R**adiologist, **A**nesthesiologist and **P**athologist or the acronym **RAP**.

These providers typically round, so you don't always know who will be on call the day of your surgery or if you end up in the as the wrap provider may not have been confirmed to be in network with your insurance.

In this scenario we mentioned about the total shoulder surgery. This is why the patient was not able to verify if the anesthesiologist was in network and therefore received the $3000 bill.

Surprise Bill Examples

- You were in a car accident and an ambulance takes you to an out of network hospital, or you were taken to the hospital by flight for life and this isn't covered by your insurance.

- You are having a planned surgery and the radiologist on call who is reading your MRI is not a network with your plan.

- Billing inaccuracies, inaccuracies and errors are another source of surprise billing. Perhaps the biller did not verify your plan correctly. Did you know that medical bills contain as much as a 30 to 45 % error rate? I live by the phrase trust, but verify that they got it right before you pay for that medical bill.

- Lack of knowledge of the practice about the no surprise act. In my role, I work with physician and my other role I work with physician groups as a consultant. I acknowledge the administrative burden these groups have dealing with the day-to-day operations and sometimes they may not be current on the latest regulations, regulations.

Here's an example. I recently had a dental procedure done and a specimen was sent for review by a pathologist. Now remember, **RAP** - **R**adiologists, **A**nesthesiologists, and **P**athologists are usually on call and you do not have the option to confirm with these specialists prior to your procedure.

This happened to me. I received notification that the dentist/pathologist was out of network and I received a bill for $320 for one procedure. Now the procedure I know cost per the Medicare fee schedule $79.38. So this provider was taking advantage of my out of network status and inflating the bill big time.

To top it off, the only options to pay were by check or money order and it was very hard to get a hold of the office. There were outdated addresses, no direct phone line. In fact, my only option was to call the biller, who was incredibly rude talking over me and she had no clue about the No Surprises Act. Now, while it is true that dentistry is not covered under the No Surprises Act, the pathology read falls under medical and therefore should be considered.

So what should I do in this situation? Well, it is important to note that the federal law mandates the No Surprises Act at the federal level. The law focuses on in network facilities, but not always at the clinic level.

However, it is your state that administers the details of the law and the process is for reimbursement, and in some cases this may include the outpatient clinic. I am working with various state regulatory agencies to confirm my rights for this situation, and so my point is if this happens at the clinic level, understanding your rights is essential.

So now that we know about different types of surprise billing, let's talk about how the No Surprises Act protects you.

How The No Surprises Act Protects You

Again, effective January 1st, 2022 the No Surprises Act protects you from surprise billing if you have a group health plan or group or individual health insurance coverage, and it bans surprise bills for emergency services from an out of network provider facility and without prior authorization.

It also bans out of network cost sharing, like out of network coinsurance or copayments for all emergency and some nonemergency services. It also bans out of network charges and balance bills for supplemental care like radiology or anesthesiology by out of network providers that work at an in network facility.

We'll break down these a little bit further in just a bit.

Now, if you don't have health insurance, you do have protections as well.

You can get a **G**ood **F**aith **E**stimate (GFE) before you get care, and we'll talk about the timing and what you need to do should you need this good faith estimate.

Now let's talk a little bit more deeper about the different ways you are protected.

- Ban balance billing (the difference between a provider's charge and your insurer's allowed amount). Example: If you are seen in the ER and the hospital charges you $5000 but your insurance only covers $2500, the hospital cannot come back and collect the $2500 they have to accept the out-of-network pricing mandated by your states regulatory requirements.

- End out-of-network emergency room surprise billing. Obviously in an emergency you do not choose the hospital, nor can you choose providers in your network for care, and you should not be held responsible for the out-of-network cost associated.

- End air ambulance surprise bills. If Flight for Life is called and you are transported, you will not be responsible for the cost associated with the transport.

- Requires your consent for planned procedures. Example, you may have a high deductible but really want a particular surgeon to perform your surgery who may be out of network. You can sign a form and get a Good Faith Estimate (GFE) so you know exactly what you will pay. More on this in a bit.

- Requires insurance companies and providers to negotiate the payment rate instead of you trying to resolve and negotiate. Example, should you inadvertently receive a bill, you no longer have to spend hours on the phone with your insurance company or your provider's billing office. This bill requires that they must leave you, the patient, out of the middle and resolve the payment issue between provider and insurance company.

As mentioned earlier in my situation the provider may not have the rules down despite the law being into effect, but you can reach out to your state regulatory agencies to confirm your rights and if needed and hold the provider group accountable.

Remember, it will cover air ambulance, but it doesn't cover ground ambulance services and it does not cover dentistry services.

No Surprises Act: Q&A

To better understand your rights, we will use a Q & A format to provide details to arm you with key knowledge of your rights should you get an out of network bill.

So let's start with the first question.

Q: If I'm uninsured and I'm choosing to self pay, how will I know how much my procedure will cost?
A: Well, the answer is providers and facilities must give you a good faith estimate before an item or service is provided and within certain timeframes. So if you schedule procedure well in advance, at least 10 days, then the good faith estimate must be provided within three days from the date of scheduling. If you schedule procedure closer to the date of a procedure, at least three days in advance, the provider must provide an estimate the day after scheduling. Your good faith estimate will consist of an itemized list with specific details and expected charges for items and services related to your care. Your good faith estimate may be in writing, paper, or electronic.

A note to add is a provider of facility can discuss the information included in the estimate over the phone or in person if you ask

Q: What if you are charged more than your good faith estimate?
A: Once you get your good faith estimate from your provider or facility, keep it in a safe place so you can compare it to the bills you get later. If you get a bill and the charges are at least $400 above the good faith estimate, you may be eligible to start a patient provider dispute.

Q: Do these protections provide in all situations?
A: No. If you have a vision or dental only plan, these new billing protections generally don't apply to service disease plans cover. But if you have a health plan that includes dental or vision benefits, these protections could apply to any dental or vision services covered by your health plan. I know this sounds confusing, so this is why I always recommend checking with your state regulatory agencies. You can do this by simply Googling, no surprise billing law and include your state name. You will find articles from attorneys in your state interpreting the law or state regulatory agency you may be directed to, or your medical society may have information and resources.

Q: Which providers must follow this law
A: Any healthcare provider at an emergency department or at the insured persons and network facility must follow the new law.

Q: Are there groups that are not covered under the No Surprises Act?
A: Yes. Individuals with Medicare, Medicare Advantage, Medicaid, Indian Health Services, VA Healthcare, or Tricare insurance plans are not covered under the No Surprises Act because these federal insurance programs have existing protections in place to minimize large, unforeseen bills.

Q: Are all high medical bills considered surprise bills?
A: No. Cost sharing charges can vary widely across insurance plans, which means that a person could still receive a very high medical bill due to their planned standard in network cost sharing. These kinds of bills are not considered surprise medical bills. An example, if you have a ten thousand dollar deductible and you have an unexpected visit, remember your insurance doesn't kick in until you've met your deductible.

So if your visit is $7395 while a huge bill, this may not be covered under the no surprise billing law. However, in this scenario, I always recommend that you check your state regulatory agency to see if you have rights as these agencies continue to fine tune the process.

Q: Should I waive my rights and sign that document?
A: It is very important to note an exception to the federal surprise billing protections. It allows, if patients give prior written consent, to waive their rights under the No Surprises Act, to be billed more by out of network providers however, are never allowed to ask patients to waive their rights for emergency services. Consent must be given voluntarily and cannot be coerced, although providers can refuse care if consent is denied.

The bottom line is to read the fine print and make sure you are not being asked to waive your No Surprises Act rights and don't feel pressured to sign something you are not comfortable with. Ask to have the form sent to you ahead of time or with some groups you can download from the practice website to review prior to signing.

Finally, carefully read any waivers as back to my example of the out of network pathologist I experienced. This was the stance the biller took with me that I had waived my rights and some document I had signed at the office but I don't recall.

So simply said take the time to review the documents to make sure that providers offices are not putting you in a precarious situation with the fine print.

In the spirit of respecting your time, we cannot cover every component of the No Surprises Act, but I hope what was covered provide you with some base knowledge to handle this situation should you ever find yourself faced with an out of network bill.

There are additional resources about the No Surprises Act and how it protects you and the show notes.

In our next episode we are going to talk about who is really calling the shots when it comes to patient care.

Medical professionals feel angry and frustrated knowing that unqualified insurance company personnel have the power to override their professional judgment and that the long term health of their patients is being compromised so health plans can achieve short term cost savings.

If you don't want to miss this episode, please subscribe and if you like. The podcast and believe others may benefit. I appreciate you sharing.

Thanks for spending time with me today.

Until next time, Get Savvy.