

Surprise Medical Bills and How to Avoid Them

June 25th at University of Washington-Bothell Campus from 9:00am – 12:00pm

As published on www.swiftpath.com

Don't be a victim of surprise billing* after your joint replacement – come learn about the issue at this FREE event:

Take the FEAR Out of Joint Replacement - A Free Community Education Fair

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Discovery Hall, #061

One in three American adults with private health insurance receives a “surprise medical bill” every two years. Has this happened to you? The SwiftPath Program is working to educate patients about how to know what they're in for *before* their surgery so they can plan how best to meet those expenses.

Surprise medical billing continues to escalate, and this issue will directly impact payers, doctors, and patients. Surprise billing occurs in two common situations: out-of-network charges and large deductibles.

The **high deductible problem** occurs when painful joints unexpectedly lead to surgery, and we find out we have to come up with \$2,000.00-\$10,000.00 all at once—or the surgery will get cancelled. Many of us choose high deductible plans in an effort to save on monthly insurance fees. In doing so, we are banking on being healthy; we don't expect to need surgery, and believe the high deductibles will be outweighed by the savings over time. Then the unexpected happens. Our joints fail, surgery is planned, preparations are made. A letter from our insurance provider arrives the week before surgery informing us we're responsible for an unexpected charge. We're left scrambling to come up with the money, or deciding whether we can afford to have the surgery after all.

The **out-of-network problem** occurs when we verify that our surgeon is on the list of covered, “within network”, physicians and then assume that all of our medical bills will be covered after a joint replacement. The problem is that other care providers are involved in the surgical process and may not be in our preferred provider network. This is most likely in a hospital inpatient situation where anesthesiologists, hospitalists, specialists and other providers will frequently not be in your network. The cost for out-of-network providers is charged at a higher rate than we were expecting.

The difference between out-of-network provider charges and what insurers pay providers for out-of-network services is passed on to the patient. It can add up and be overwhelming. It's especially problematic in cases where patients didn't realize an out-of-network clinician was involved in their treatment—where they had little or no choice about what doctors or providers are used.

What can we do about it? Many states have or are trying to enact laws to address the surprise billing issue. But until things change, it's up to patients to protect themselves. If we

want to choose our doctors, receive state-of-the-art joint replacement surgery, and avoid unnecessary surprise bills, we need to take charge of our care, understand the issues, and make decisions that help avoid the surprises.

Kerri L. Russell is a certified orthopedic surgery coder at ProOrtho in Kirkland. She will be leading a discussion on medical billing and will describe the work being done at ProOrtho to help educate patients about how to determine the true cost of their surgery prior to having their joint replacement so they won't be caught by surprise.

Providing the perfect surgery and addressing issues like surprise medical billing are some of the ways SwiftPath is changing the paradigm for how joint replacements are done.

*Much of the following is summarized from Maria Castellucci's article in Modern Healthcare, "Out-of-network ER pay and charges fuel ire from docs and patients alike" (May 21, 2016).