

Surprise medical billing is a practice that occurs when patients are billed for the balance of the cost of care that wasn't covered by their insurance. Importantly, patients are typically not aware that they received care that wasn't covered by their insurance policy. For example, a patient who underwent a planned surgery at an in-network facility may later discover that the anesthesiologist on their care team was out-of-network and unexpectedly receive a bill for that physician's services. Patients are asked to pay high out-of-network costs that they – by seeking care in their health plan's network – did everything to avoid.

Key Facts About Surprise Medical Bills:

- Typical charges can range from a few hundred dollars to thousands of dollars.
- Surprise bills often come from “invisible providers,” who patients never know were treating them.
- A 2018 Consumer Reports survey found that nearly 1/3 of Americans have received a surprise medical bill—and that most don't know where to turn to correct errors or get help.
- **Pennsylvania law does not adequately protect patients from getting hit with Surprise Medical Bills when they inadvertently receive care from an out-of-network provider.**

Any legislative solution should:



Keep consumers out of the middle and have plans and providers resolve the issue



Ban the practice in all unavoidable, inadvertent situations (emergency and non-emergency)



Provide consumers with clear, current, consumer-friendly, and upfront information about network participation for all providers rendering care.



Explain consumer rights on the medical bill.



Pay providers fairly, maintain high quality networks, and not increase premiums.

Surprise Medical Bills Impact Real Pennsylvanians

Janice Nathan considers herself a loyal UPMC customer. After undergoing a kidney transplant at a UPMC hospital in 2001, Nathan continued seeing UPMC doctors. When UPMC and insurer Highmark started fighting over contracts, Nathan bought insurance through UPMC Health Plan to keep her doctors.

So she was surprised when she learned her UPMC primary care physician had referred her to a cardiologist at UPMC Shadyside who, it turned out, wasn't part of her UPMC health plan's network. The cardiologist billed her \$325 for the visit.

“I feel betrayed, to be honest,” said Nathan, who lives in Pittsburgh. “I know it's a strong word, but their whole advertisement was, ‘If you stay with us, you won't lose your doctors and you won't pay out-of-network.’”

— Tribune-Review, Sept. 29, 2015

