

Assaulted by “Health Care”

Category: Stories

written by Sandra Shea | January 23, 2015

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I’m no stranger to dealing with the medical world and its billing systems. I’m a triple cancer survivor, had knee surgery in 2012 and now have ulcerative colitis. All told, I’ve had eleven surgeries and fourteen colonoscopies. Paperwork is practically my middle name.

But the last twenty-four hours have been ridiculous.

In that time, I’ve had three different encounters with healthcare billing—each absurd in its own way, and each more challenging than the last. Things got to where I almost had to laugh. And if almost \$10,000 of my money hadn’t been at stake, I would have.

Yesterday morning and early afternoon were punctuated by the following events:

(1) I received a call from Enforcers, a collection agency. Their representative, Ms. Clementina Davenport, demanded payment for an emergency-room physician’s bill dated eighteen months prior. I pointed out that I’d paid my share almost a year ago, and that my insurers had paid theirs four months later. “No,” said Ms. Davenport. “We’ve received only partial payment” (my share).

(2) I received a statement from Gotcha Covered, my insurance company, saying that they would pay only \$250 of a \$5750 colonoscopy bill from two months prior. The remainder was my responsibility. Commence cardiac irregularities.

(3) I received a bill from X-Rays & More, a radiology group, saying that I owed \$414 for an MRI done three months prior: “No payment from your insurance company has been forthcoming.”

I dealt first with #3, the MRI bill. I pulled my Gotcha Covered paperwork, called X-Rays & More and was connected to Jane Cratchit in their billing department.

I suspected that X-Rays & More’s bill and Gotcha Covered’s acknowledgment had crossed in the mail. Ms. Cratchit confirmed this: “Yes, we have marked the amount as covered by insurance,” she said politely, “and we’ll wait for Gotcha Covered to provide compensation. Thank you for calling.” Simple, straightforward and pleasant.

I then tackled #2, the colonoscopy bill. Gotcha Covered had paid for my previous colonoscopies, so I called them. The representative, Mr. McTeague, pointed out that this procedure had been performed by a different physician and at a different clinic.

"But it was preauthorized," I said. "How can \$5,500 not be covered?"

"Well," said Mr. McTeague, "that clinic has been redefined as out-of-network, and we pay only \$250 for those. We preauthorized it under those terms. Didn't anybody tell you?"

"Nobody told me," I replied stiffly, "or I wouldn't have had the procedure done there."

"But you did have it done, and that is what we will pay," stated Mr. McTeague. "Click" went the phone.

So I called my doctor's this morning and spoke with his office manager, Ms. Marlowe.

"Oh, you don't owe them that much," she said, laughing. "Did you get a bill from the clinic?"

"No, just the insurance statement."

"Well, we'll have the clinic business office call you." In less than five minutes, they did.

Their Mr. Hendley said that I owed not \$5,500 but less than \$100.

"In fact," he added, "given that your deductible is paid, you might not owe us anything."

He started talking very quickly; I gathered that the clinic is trying to recruit more referring physicians and more patients, and the only way they can do that is to charge in-network rates to those new clients.

It felt like being scammed, but in a good way. After all, if a \$5,500 bill had just shrunk to zero, I wasn't going to object.

Bolstered by this, I called Gotcha Covered to talk about item #1, the Enforcers claim. Together, Ms. Araminty Brown, an agreeable woman with an English accent, and I reviewed our respective records and agreed that we'd received acknowledgement of payment. Why was Enforcers calling?

"Wait," said Ms. Brown after a pause. "Four days after we paid the claim, the ER physicians sent us an erroneous second claim, and we denied it. Maybe they sent *that* claim to Enforcers."

We scheduled a time to call Enforcers later in the afternoon. Before then, though, the Enforcers' Ms. Davenport called and asked snarkily, "Why haven't you called with any information that might support your account?"

"My insurance-company representative and I planned to conference-call you today at four o'clock," I said.

"You said you'd call within twenty-four hours," she snapped. "Now, which credit card do you want to pay with?"

"I never said any such thing, and I won't be using a credit card, because I don't owe any money," I said, trying to keep an even tone. "I had to speak to my insurance company before calling you back. And anyway, it's been only twenty-two hours since you and I talked."

"Call us as soon as possible *today*," she said, and hung up.

So I called Ms. Brown, and together we called Ms. Davenport.

Ms. Brown backed me to the hilt, verified the payment, pointed out the erroneous second claim and sternly but professionally overrode every one of Ms. Davenport's objections.

Ms. Davenport backed down a little. "I see," she said, sounding considerably more civil. "Well, I'll talk to the physician's billing department and let you know the result." She hung up.

"Let me know if you hear from them again," said Ms. Brown. "They have no case." I thanked her fervently. Then I sat for a moment and looked back on the whys and wherefores of my ordeal.

The X-Rays & More physicians could have their bills say something like, "We've billed you the total amount, but don't pay us until your insurance company tells us how much they will cover."

The colonoscopy site (or my physician's office) should have told me in advance, "Gotcha Covered will say that we aren't in network, but don't worry, you'll be billed at in-network rates."

The ER physician should have sent out only *unpaid* bills for collection. I mean, really, how hard is that?

Because none of the aforementioned parties did these things, it fell to me—a patient with a disease made worse by stress—to sort things out. Patients shouldn't have to spend sleepless nights worrying about this kind of thing, as I did, or have to take time off from work to make phone calls, as I also did, and I'm sure that I am not alone.

Is this the best we can do? I thought. *Until a simpler, more rational way of financing health care comes along, it would help if health providers and institutions devoted as much attention to their billing practices as they do to delivering competent care.*

It seems to me that health providers need to own their offices' mistakes and to acknowledge the heavy toll that these take on their patients' peace of mind. After all, isn't helping your patients to lower their stress a part of caregiving?

Postscript:

Ms. Davenport never called back. Six months later, a different collection agency called, demanding payment for the same erroneous bill; Enforcers had sold my "debt" to them. This time it took the combined efforts of my

insurance agency and the physician's billing office to stop the calls and (hopefully) erase the blot on my credit score.

Shortly after these events took place, I suffered another one. A bill arrived for my stay in a local hospital. Total owed: \$49,862—"not covered by insurance."

Feeling an eerie sense of déjà-vu, I called the hospital billing office.

"Oh, somebody keyed it incorrectly," said the woman who answered. "That's the amount that *is* covered by your insurance." Then she laughed.

Somehow, I couldn't.

About the author:

Sandra Shea is an associate professor and first-year curriculum director in the Department of Family and Community Medicine at the Southern Illinois University School of Medicine. "Most of my writing is for work—emails, lectures, tutor guides, cases—but writing prose or poetry for fun, for reflection or for just the sheer fun of storytelling is a completely different mental discipline. My father's side of the family is all Irish, and we learned early not to spoil a story in the telling!"

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