

When do patients receive surprise medical bills?

CARE DELIVERED BY OUT-OF-NETWORK PROVIDER



Mary needs a hip replacement.



Mary goes to a hospital considered in-network by her health insurance plan.



Mary is unaware that the anesthesiologist delivering care during her surgery does not participate with her health insurance plan.



SURPRISE MEDICAL BILL

The out-of-network anesthesiologist bills Mary for services delivered during her surgery, because the healthcare plan does not pay the physician's full fee.

EMERGENCY SITUATION IN WHICH PATIENT WAS UNABLE TO INFLUENCE DECISIONS



Jack is seriously injured in an accident.



Jack seeks care in the emergency department of an in-network hospital.



Jack's in-network physician prescribes a necessary drug, which is not in his health plan's formulary.



SURPRISE MEDICAL BILL

Jack's health plan denies coverage of the medication used during his treatment, so he receives a bill for the full cost of the drug.

UNEXPECTED BILL THAT'S PART OF A HIGH-DEDUCTIBLE HEALTH PLAN



Ben and Sophia are expecting a baby. Their health insurance has a \$5,000 deductible.



Sophia delivers her baby at an in-network hospital.



All physicians and healthcare providers caring for Sophia and her newborn participate with her health insurance plan.



SURPRISE MEDICAL BILL

Since Ben and Sophia have not met the out-of-pocket maximum for their health plan's cost-sharing responsibilities, they receive a bill for an amount up to \$5,000 to cover the cost of her labor, delivery and postpartum care.

5 Key Points to Addressing "Surprise" Medical Bills

The last thing patients and their families should worry about when it comes to their healthcare are out-of-pocket expenses due to unanticipated medical bills. There are five key points that public policies addressing surprise billing should do:

1	2	3	4	5
PROTECT THE PATIENT	ENSURE ACCESS TO CARE	PRESERVE PRIVATE NEGOTIATION	EDUCATE PATIENTS	ACCESS TO INFORMATION
Patients should have certainty about their health insurance coverage, including out-of-pocket obligations.	Patients must have access to and coverage of emergency care.	Public policy must ensure that providers maintain the ability to negotiate appropriate payment rates with health plans.	Providers, insurers and employers must work together to help patients understand the scope of their healthcare coverage and benefits.	Patients should have easy access to understandable provider network information, so they can make informed healthcare decisions for themselves and their families.

For more information about surprise billing in Michigan, contact the MHA's Laura Appel or Adam Carlson at (517) 703-8601.



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