

Katie went to a Freestanding Emergency Department down the street from her home. Someone should have told her that the facility was out-of-network for her health plan, but no one did.

Now, Katie has an \$11,000 bill and is getting threatened by collection agencies. This is Katie's story, and unfortunately it's a common one.

"We felt like UC Health was charging us whatever they wanted without any justification."

Katie F.
Thornton, CO



"On September 25, 2017, at 6:00 am, I had a very sudden and unexpected fainting spell at home in my kitchen and ended up with two large gashes on my chin and scalp. I remembered that there was a UC Health freestanding emergency room about 5 minutes away from our home. I had been a UC Health patient for approximately 15 years, having utilized their facilities and physicians both for primary care and cardiology. Knowing my medical history was in UC Health records, I thought it would be convenient and less time consuming to be seen at a facility in the same system. All of my prior care had been in-network. At the facility I was treated with stitches, staples, EKGs, a CT scan and lab work. A few hours later I was discharged with instructions to follow up with my primary care doctor. Through my visit, I had multiple interactions with office and admin staff; from the moment I walked in the door and presented my insurance card to the time I was discharged and paid my \$150 ER co-pay. At no point did anyone mention that this particular UC Health facility was out of network for Cigna. Six weeks later we received a bill from UC Health showing that the total cost of the ER visit was \$10,995.77 and we were responsible for \$4,585.41. A charge of \$6,790.71 was labeled as "Emergency Services". We felt like UC Health was charging us whatever they wanted without any justification. Upon calling Cigna, we were told that the freestanding ER I had gone to was out of network, despite the fact that all of the other UC Health providers we had seen in the past, and continue to see, are in-network. We recently received our "final bill." UC Health has threatened to send us to collections. Now, we have to pay their inflated and incorrect charges, or risk having my credit score ruined."

Between 2014 and 2016 the number of FSEDs in Colorado tripled. Most are located in strip malls in affluent neighborhoods.



Areas with 3 or more FSEDs have an average median income of \$96,000 in our state.

Vote YES on SB18-146 and ensure consumers like Katie avoid exorbitant medical bills!

The pediatrician's office was closed when Jennifer's son had a sore throat on a Sunday last year. She used her insurance information to find an in-network facility close by to go to instead. The FSED down the street was in network, but Jennifer was still charged over \$800 for a five minute visit with the doctor on call.

This is Jennifer's story, and unfortunately it's a common one.

"Patients should have the right to know up-front what they will be expected to pay out of pocket for visits to these facilities."

Jennifer R.

Arvada, CO



7 of the top 10 reasons for FSED visits were for non-life threatening events**.

Common Cold
Urinary Tract Infection
Open Wound on Finger(s)
Sore Throat
Bronchitis
Ear Infection
Sprain/strain of Ankle
Fever
Unspecified Viral Infection
Abdominal Pain

On January 10, 2016, my son Gavin complained of a sore throat and difficulty swallowing. I wanted to take him in to the doctor to get a strep test as soon as possible. Since it was a Sunday, our regular pediatrician's office was closed. I logged into my Aetna account to see what in-network urgent care facilities were close by. It turned out that the new Centura Health ER facility right down the street from me was in my network, and I took Gavin there. There, a doctor diagnosed Gavin with a viral infection commonly known as hand, foot and mouth disease. He wrote a prescription for a throat spray to help with the pain, told Gavin to get some rest and drink plenty of water, and we were on our way. Our interaction with the doctor lasted five minutes. A month later I received a bill from Centura. I was billed an Urgent Care Center fee, of which my responsibility was a \$40 co-pay. However, the doctor also billed me \$841.15, of which I was responsible for \$588.81. Not understanding this charge, I called Aetna. They told me that while the facility was in network, the doctor was not. They pointed me to the company that handles the billing for the doctor. I was told there was nothing they could do for me, as the bill had already been sent to collections. Although my situation eventually resulted in my favor, it took 8 months to come to a close. I still read several complaints about this Centura facility on Nextdoor.com. Most have the same common theme as my experience. I strongly believe that if freestanding emergency rooms want to be considered in an insurer's network, all doctors and specialists who work at those facilities should be in-network too. If that's just not feasible, then patients should have the right to know up-front what they will be expected to pay out of pocket for visits to these facilities.

**<http://www.civhc.org/wp-content/uploads/2017/07/Spot-Analysis-FSED-July-2016.pdf>

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