

Mike Trost -- health care statement

In March of this year, I was constantly coughing, short of breath and having trouble walking short distances. I had been fit as a younger man, without any history of heart disease, so I had no reason to think this was anything other than a bad cold or the result of my job at a wood shop.

In the last week of March, I felt worse. I called my primary care physician and made an appointment for the following week. I tried to live my life as usual, which meant going to work on Saturdays. But the work I was supposed to do was delayed by others, so my wife and I took the dog for a walk instead -- only I couldn't get any further than five feet from the car. It was time for the emergency room.

We drove out of our way to use Bon Secours charity hospital in Port Jervis, New York, because we knew it accepted my wife's insurance. She's a New York State employee, and Bon Secours, which is about 30 minutes away, takes the Empire Insurance Plan. This was confirmed for us when we got there; the in-take administrator assured us we were covered. We could have gone to the closer Urgent Care Center in Milford, PA -- about a twelve minute drive -- but we felt with reasonable certainty that they did not take the insurance, as they are affiliated with a New Jersey hospital system.

What happened next was seriously shocking. From the emergency room I was admitted to the hospital for heart failure. An echocardiogram the next day showed that my mitral valve had stopped working. I was told that I needed to be immediately ambulated to another hospital for open heart surgery, this one in Suffern, New York. The first thing I asked when I was told was "Do they take my insurance too?" I was assured that they did.

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I arrived at Good Samaritan on a Sunday night. My wife made all the appropriate phone calls to the insurance company informing them of the emergency situation and we received admission clearance. I was seen by a number of specialists from Sunday night to Wednesday morning, which is when the surgeon, Dr. Ng, scheduled the operation. During those 2 to 3 days, no one discussed insurance with me or my wife. We had assumed that because the hospital was in the system that our surgeon, and all the other doctors who provided services, were in the insurance network, too.

Boy, we couldn't have been more wrong, and we only realized it when the bills started coming in.

First, we were billed \$1659 by a company called Hospital Attending Physicians. They represent doctors who are not hospital employees. And the first doctor who saw me in Port Jervis after I was admitted to the cardiac floor was apparently not a hospital employee. Ironically, however, he is called a hospitalist. A hospitalist is a doctor who does not have his own practice, but works only for the hospital. We were not told that Dr. Tatarski did not accept the same insurance as the hospital he works for. The services of a second doctor, Dr. Ouseph, was also included in this amount. Apparently he saw me at Good Samaritan, but neither my wife nor I know who he is or when he saw me.

The insurance paid none of this bill; we paid \$1500 dollars of it, since that was all we could afford at the time.

Following the bill for \$1659, we got a bill for \$769. This, too, came from Hospital Attending Physicians. This time I was charged for the five minutes of services provided by a urologist who

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inserted a catheter. In this case, however, the Empire Plan subsidized a portion of it and our total payment was \$154.

Next, most disturbingly, was the bill from the heart surgeon. This included a \$520 fee for the pre-op consultation, and \$32,325.00 for the surgery itself. Our insurance company reimbursed at rates that I can only describe as mystifying. For the \$520 pre-op consultation, they pay \$416.00. That's 80 percent. But for the open heart surgery they pay \$3600. That's about 11 percent.

At this point, my wife and I decided that we had had enough. We paid the other bills because we missed the fine print, and the Empire Plan was subsidizing a little bit. But this was the straw that broke the camel's back. We appealed the Katz claims and the Ng claims, but the appeals were denied by the insurance company. The stress of these bills was debilitating. We'd only recently gotten back on our feet financially. My wife landed a job with decent family insurance just last year, after years of unemployment in the wake of the 2009 recession. We had gone through 401K money, our daughter had been on CHIPS, and now we were looking at being back in the hole again. My wife called the bank and began talking about second mortgages.

What happened next can only be described as "miraculous." With the help of our Pennsylvania state rep Rosemary Brown and our Senator Bob Casey, we were put in touch with the New York State Department of Finance. It turns out that New York State had just passed a law that made surprise billing like this illegal. And it also happens it went into effect on the day of my surgery, April 1st. In the end, we filled out an assignment of benefits form, available on the website of the NYS Dept. of Finance, and sent it off to each party -- the Empire Plan and to Dr. Ng's office.

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We were no longer in the middle of a tug of war between the insurance industry and medical providers.

What is most interesting is the amount that the insurance company wound up paying Dr. Ng's office. The last EOB, received in mid-August, shows that the insurance company paid him \$4,500 total on a billed amount of \$32,325. The doctor's office took an 86 percent discount from an insurance company (Initially, they had expected me and my wife, a wood finisher and a teacher, to pay that 86 percent). It raises the question what are health care services really worth, and how do we establish fair billing practices for all involved.