Patients and Physicians Rally to End the Surprise Insurance Gap

Atlanta – January 24, 2017 – In a Capitol Rotunda rally, a coalition of physicians and patient advocates today endorsed a platform of key guidelines they say should be included in legislation intended to end balance billing in the emergency department.

The Medical Association of Georgia (MAG), the Georgia College of Emergency Physicians (GCEP), and the Epilepsy Foundation of Georgia are joining forces in a campaign to support legislative efforts that protect patients from unexpected gaps in insurance coverage that can lead to surprise medical bills in emergency care -- care insurance companies refuse to cover. More organizations are expected to join the campaign in the coming days.

The campaign includes a video designed to highlight the problem, statewide advertising, a robust social media movement, and an advocacy blitz by the organizations to urge their members to contact their representatives to voice support for the following guidelines to end the surprise insurance gap:

- The patient should be held financially harmless for unexpected Out-Of-Network (OON) care.
- Any patient deductibles and cost-sharing for unexpected OON care should be applied to in-network rates.
- An appropriate and fair standard should be created for out-of-network services that establishes a charge-based reimbursement schedule (meaning 80th percentile) connected to an independently recognized and verified database.
- Physicians would no longer submit balance bills to patients for services rendered.
- Greater transparency should be required of insurers. Specifically,
  - network provider directories should be easily accessible for both patients and physicians, updated immediately and completely accurate, and
  - patients should have access to information on the average charge, reimbursement rate, and expected out-of-pocket costs for any health care service or procedure in all geozips.
- Insurance carriers should be prevented from providing false, misleading and/or confusing information in regards to coverage.

“Insurers are narrowing their physician networks to shift costs onto the backs of patients and physicians,” said Steve M. Walsh, MD, President, Medical Association of Georgia. “In the event of an emergency, health insurance companies shifting costs is more insidious. Knowing that hospitals are required by federal law to provide emergency care for all patients, regardless of their ability to pay, insurers are forcing physicians out-of-network – even at hospitals within their networks. The result is a surprise insurance gap that is creating financial hardship for too many patients and eroding the doctor-patient relationship.”

The Epilepsy Foundation of Georgia said the organization is supporting the guidelines because they hold patients harmless for medical costs insurers should cover. Each organization indicated ending the surprise insurance gap was a top priority for this legislative session.

“What good is insurance coverage if it abandons you in an emergency?” asked Aly Clift, Executive Director, Epilepsy Foundation of Georgia. “Insurance companies need to hold up their end of the bargain and be there when patients need care most.”
The coalition said the insurance company lobby has pushed for a ban on balance billing, but their proposals would do nothing to solve the problem. In fact, a ban on balance billing with no transparency, no improvement on patient protections, and no mechanism for fair reimbursement for physicians would put up barriers for patients to access emergency care, especially in rural Georgia. It would end up leaving physicians with reimbursements far below the cost of providing life-saving services.

“Our patients need surprise insurance gap protections and physicians need to be adequately paid for their services,” said Matt Keadey, MD, President-Elect, Georgia College of Emergency Physicians. “The guidelines we think need to be in any legislation addressing surprise billing do just that by removing patients from any physician-insurer payment disputes and requiring a floor for out-of-network reimbursements at in-network facilities. These guidelines are a step in the right direction to fix a problem that has impacted too many Georgians.”

The groups represented here believe that an appropriate and fair reimbursement standard for out-of-network services should be determined using a database of medical service prices (or charges) in a geographic area that is maintained by an independent non-profit organization not affiliated or financially supported by an insurance carrier.

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