THE GUARDIAN ADVOCATE

Newsletter Topic: Outrageous Hospital Billing By Robert T. Fertig

There are 4.4 million people on Medicaid and Children's Health Insurance Program (CHIP) in Florida, and 75 million, or 20% of the total population. Most people don't check their hospital charges, if it's paid by Medicare or Medicaid. The typical attitude is: "*Why should I care, if it's paid by the insurance company?*" That's why our national healthcare system is out-of-control. Also, numerous Medicaid recipients are *not* underprivileged; they are able body persons.

Most hospitals and physicians are professionals, who deeply care for their patients. Some Medicaid recipients in Florida (total of about 3.3 million), are indigent, and also lack mental capacity to make healthcare decisions. They need an *independent* healthcare surrogate who will advocate for their Best Interest.

This Guardian became the Healthcare Proxy for Joe, who totally lacked cognitive ability, due to Traumatic Head Injury. As healthcare proxy, I checked his hospital charges, since he was sent to the ER for an emergency, some months earlier.

A look at his billings for Part B (Medical Insurance) was illuminating. Below is just a small sample of these more outrageous hospital charges include:

Morton Plant Hospital, Clearwater, Florida (Charges rounded up)

Services Provided	**Amount Charged**	**Medicaid Paid**
08/17 Ten days in hospital	$9,205.	$9,205
09/17 Pneumococcal vaccine	$958	$235
09/17 Admin. Of Pneumococcal vaccine	$92	$32
09/17 Enteral formula	$577	$48
09/17 Enteral feeding supply kit	$6,200	$109
10/17 Enteral feeding supply kit	$6,200	$109
10/17 Enteral formula	$2,273	$189

10/17 Transport X-ray mach. to SNF	$300	$95
10/17 Set-up X-ray mach. & 2 views	$135	$42
08/17 Ambulance including mileage	$658	$355
08/17 ER visit	$930	$140
08/17 Insertion of catheter	$840	$100
08/17 Initial inpatient care	$468	$155
08/17 Critical care delivery	$626	$180

The above charges *excludes* doctor and specialist fees. The hospital is only about two miles from the Skilled Nursing Facility, yet they charged Medicaid $658 for the ride. Can anyone explain why a Pneumococcal vaccine (including sticking it in your arm) at the hospital, costs $1,050? Why does it cost $300 to transport a portable X-ray machine? Medicaid reduced these fees; they are still too high.

Patients or their caretakers, are required to sign a statement acknowledging responsibility for paying any differences due, whether or not they have Medicare or private insurance. This hospital has a "policy" of *not* providing patient medical and billing records until at least three days after the patient is released. Therefore, how can one know what the charges are in advance of the services?).

The Solution is Competition. If hospitals (and other facilities) are *required* to publish their fees in advance, then one can shop for a facility and services that meets their budget. However, during an emergency there is no assurance that the ambulance will take you to your preferred hospital, especially if you lack capacity. Nevertheless, genuine competition might force for-profit hospitals and other healthcare facilities to try to match their competition, or go out of business. While "quality of care" is a significant factor that's difficult to measure; it's not insurmountable. Quality metrics are published by leading medical journals.

Exploitation of Elderly: Countless "Joes" in America lack mental capacity to make such critical decisions. If no one speaks for them, such outrageous fees will be charged over and over again. Prior to my being appointed proxy, by the SNF facility social services manager, Joe was essentially treated as if he was a "comatose patient." The facility gave him the basics; i.e. food, water, required

medications, and washed him. The Primary Care Physician (PCP) typically visited him, for only a few minutes quarterly, unless he had an urgent problem. They gave him no other care, such as physical and mental therapy. They put him in wheelchair in front of TV, and that essentially became his daily routine.

Joe was the “perfect silent patient” for this hospital: He had no relatives, no voice, and no advocate, before this proxy was appointed. They could do whatever they legally wanted to do with him. In fact, the hospital doctor co-signed a “forged DNR,” in case he had a cardio-pulmonary episode. They gave him all the tests and meds, including some that were probably *not necessary*, and ran-up the costs. They effectively had a “blank check.” They spared no experts and expense to keep him alive, and afterward sent him back to a life of nothingness; no physical, emotional or mental stimulation. This advocate finally moved Joe to a much better SNF, where he will hopefully be treated as a human being, once more.

Proposed Future Medicare/Medicaid Plans.

Medicare-X: This legislation would allow individuals in communities lacking insurer competition to buy into a new public plan built on Medicare's provider network and reimbursement rates. Medicare would be empowered to negotiate prescription drug prices. Medicare-X would be available as an option through HealthCare.gov and state health insurance markets. Eventually, Medicare-X would be offered everywhere for individuals and small businesses.

Medicare Part E: Yale University has proposed a new public health insurance plan based on Medicare, for people who don't have access to job-based coverage meeting certain standards. It would be financed partly with taxes on companies that don't provide insurance. Consumers would pay income-based premiums. Hospitals and doctors would be reimbursed based on Medicare rates. The crucial part of this is that you have guaranteed health insurance, just like you have guaranteed Medicare and Social Security.

This author believes that if we don’t fix the current widespread abuses of Medicare (and Medicaid), government run “socialistic” proposals will eventually lead us to constrained healthcare, long waitlists (e.g., UK and Canada), or bankrupt America. Thousands of doctors are quitting the current government-controlled system. Competition across state borders, and tort reform for many bogus malpractice cases, is probably the only reasonable healthcare solution.