

Physicians and PAs are very concerned about the impact of medical bills on their patients. For decades, we have advocated for increasing access to affordable health insurance coverage. We understand that health insurance is the only way for the majority of Americans to access the healthcare system.

As noted in the sidebar, there is a great deal of confusion for patients about the differences between a surprise bill and the rapidly increasing cost sharing being placed on patients today. As the debate in Congress over how to fix this issue has unfolded, three shared priorities have emerged.

- 1. HOLDING THE PATIENT HARMLESS**
- 2. FAIR COMPENSATION FOR SERVICES RENDERED**
- 3. PROTECTING ACCESS TO CARE**

During the debate it has become evident that the solutions being proposed are all failing to meet the first objective. Patients are harmed by receiving unanticipated bills. None of the current proposals address processes to eliminate unanticipated bills. This led the NCMS Board of Directors to adopt the following policy update on November 9, 2019.

NCMS supports protecting patients from unanticipated bills due to non-network medical services through up-front, equitable financial arrangements.

UNANTICIPATED MEDICAL BILLS

SURPRISE BILLS defined:

Bills for services rendered by medical professionals (physician, PA, NP, PT) or other provider (hospital, lab, etc.) that are not known at the time of service to the patient.

BALANCE BILLS defined:

Any portion of a medical services bill that is above and beyond what is paid by the insurance company.

In most cases, balance bills are prohibited as a part of the physician's or other provider's contract with the insurance companies.

These bills would most often be acknowledged through notification prior to services being rendered.

Confusion occurs because balance bills can also include payments required as a part of the patient's insurance arrangement such as copays, deductibles or co-insurance. These patient responsibilities have been growing rapidly over the past decade.

NCMS Board of Directors adopted November 09, 2019

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Requested Action Steps:

- 1. Discontinue attempts to fix surprise bills on a case-by-case basis through any post-service reconciliation process for insured patients.**
- 2. Require robust network adequacy standards and up-front arbitration of contracts between physicians/providers and insurers before services are rendered to prevent non-network medical bills for insured patients.**
- 3. Maintain the existing shared principles of holding the patient harmless, providing fair compensation for medical services and protecting access to care for patients.**
- 4. Study ways to address similar concerns for the uninsured.**