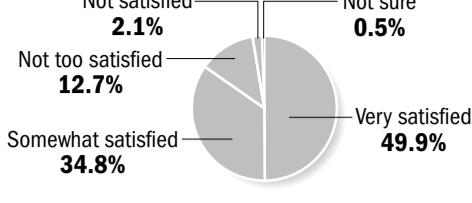


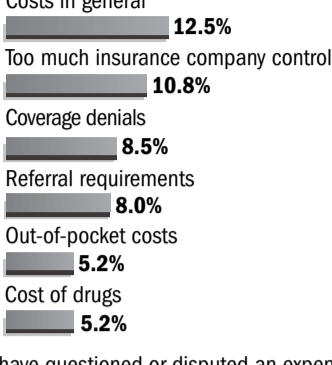
# Enquirer poll

## Top complaints about health care

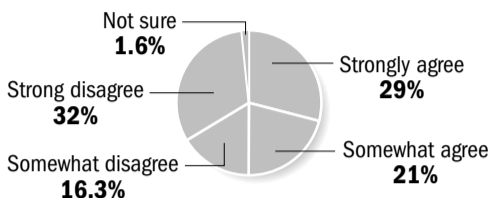
An *Enquirer* survey in January found that most people were satisfied with the amount of paperwork involved with their health insurance:



But after rising costs, red-tape difficulties such as coverage denials and requiring referrals for health services rankle people the most. Top pet peeves:



And half of people have questioned or disputed an expense charged to them by a health-care provider:



Source: Mason-Dixon Polling & Research Inc., telephone poll Jan. 6-12 of 624 adults in Hamilton, Butler, Warren and Clermont counties in Ohio; and Boone, Campbell and Kenton counties in Kentucky. Margin of error: plus or minus 4 percentage points. Totals may not add to 100 due to rounding.

## How billing works

What causes billing and red-tape disputes? Multiple bills from hospitals, doctors and insurers are a major reason, experts say. Also: Hospitals that don't communicate quickly or frequently enough with patients, and patients who become confused by technical jargon on bills and fail to ask the right questions. Understanding the bill-payment process can help you deal with difficulties. Here's how hospitals generally go about collecting accounts due from patients:

### STEP ONE

The hospital generates a bill for services rendered and mails or sends it electronically to the insurer – usually within five days of service or discharge. Doctors and other health providers bill the patient separately, generally following a similar process.

### STEP TWO

The hospital waits for the insurer to provide an “explanation of benefits” detailing what the insurer will pay and what the patient owes.

Some insurers respond within three days. Most take one to three weeks. Some take even longer.

“One of the biggest complaints we hear from patients is that hospitals are slow to send out bills. This is why,” says Todd Cole, director of patient accounting at the TriHealth hospital group, which includes Good Samaritan and Bethesda North hospitals.

### STEP THREE

The hospital bills the patient. Depending on his or her insurance, the patient might owe a flat \$50 fee for an emergency department visit. Others may owe 20 percent to 50 percent of bills that can cost thousands. Uninsured people owe the whole bill.

Hospitals typically bill separately for certain services that insurers almost never cover – such as television and telephone services. For telephone bills, the charges often are placed on a person's home telephone bill.

### STEP FOUR

If the patient doesn't pay right away, the hospital will send as many as three more monthly statements and make calls to the home. The statements usually contain phone numbers for people to call for financial assistance. Some also show the income levels that people need to meet to qualify. Many hospitals will allow people to pay in installments, interest-free, over a year – sometimes even longer. (The process varies for doctors and other services.) If reached by telephone, hospital staffers will offer help determining if a person is qualified for Medicaid, for hospital charity programs or for coverage through the Hamilton County indigent care tax levy – which supports care only at University Hospital and Cincinnati Children's Hospital Medical Center.

The fact that the indigent care levy benefits only two hospitals has long been a source of frustration for other hospitals in Hamilton County. In fact, TriHealth has launched a lawsuit – still unresolved – that challenges the way the levy funds are distributed.

### STEP FIVE

If the patient still doesn't pay, a hospital might hire a “pre-collection agency” that sends out one more bill and makes one last call to patients. These agencies threaten people that their accounts will be handed to a collection agency if they don't make payment arrangements. TriHealth hospitals are among those using pre-collection agencies.

### STEP SIX

The bill gets sent to a collection agency. Of all bills sent out, about 2 percent get this far. At this stage, the collection agency keeps a portion of whatever bills are paid, and people who wait this long to pay can face damaging reports to national credit bureaus. Hospitals say they do not report people to credit bureaus if they try to pay a bill before this stage.

### STEP SEVEN

Many bills sent to collection agencies never get paid. People just can't be found, don't have any money or refuse to pay. But for about 10 percent of the cases that go to collection agencies, the hospital will pursue legal action because officials believe the person has the means to pay the bill. Judgments typically result in a person's wages being withheld to pay the bill.

Decisions on when to file suit vary by hospital and by the individual case. The Health Alliance of Greater Cincinnati, for example, will sue if a person is working full-time and makes more than \$10 an hour or has some other valuable asset other than a personal residence.

Source: Healthcare Financial Management Association

## Medical bills and bankruptcy

Whether people have partial coverage or no coverage, many families are devastated by unexpected health care costs. One of the most detailed studies of the effect of medical bills on personal bankruptcies was published in 2000 by a Harvard University law professor. The report studied bankruptcies filed in 1999 for eight federal judicial districts, including Ohio. Among the findings:

**Total personal bankruptcies filed: 1.1 million**

**Bankruptcies directly caused by injury or illness: 326,441 (30%)**

**Large medical bills a contributing factor: 267,575 (24%)**

Source: Harvard University

## Speak out on health issues

The *Enquirer* wants to hear your ideas and experiences with the health-care system. Please send comments to:

**Tim Bonfield, health issues reporter,  
The Cincinnati Enquirer, 312 Elm St., Cincinnati, OH 45202.  
You may fax (513) 768-8369 or email tbonfield@enquirer.com.**