

CUT CONSUMER COSTS

FIGHTING FOR HIGH QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS



THE ISSUES

Americans need and want greater upfront transparency about what health plans do and do not cover and the costs they will incur. As an advocate for consumers, CQC is highlighting some of those areas at the emergency department, in the hospital and at the pharmacy counter that the health care industry can and should address to provide increased clarity and cost savings to health care consumers.



EMERGENCY DEPARTMENT POLICIES



58%

of Americans find it frustrating when insurance does not cover emergency room or urgent care visits

WHAT IS HAPPENING

Some insurers are instituting policies that would force policy-holders to pay for an emergency room visit if they later deem it a non-emergency. These policies, which essentially require patients to diagnose themselves in order to ensure their condition is serious enough to be deemed an emergency by their health insurer, are harming customers while reducing costs for the insurers implementing them.

WHAT YOU CAN DO

- Note which insurance companies are implementing this policy and in which states. We know these denials have occurred in GA, IN, KY, MO, NH, OH, and Anthem Blue Cross Blue Shield is the insurer following through on these policies the most.
- If you encounter a problem with an emergency department denial, contact your state's insurance commissioner.



meanwhile, insurers report hundreds of millions of dollars in earnings each quarter



HOSPITAL PRICING AND SURPRISE BILLS



Hospital care is the single largest component of national health care spending



77%

of American consumers believe hospitals, health insurers and pharmaceutical companies should be more transparent about the cost and access to health care

WHAT IS HAPPENING

More than half of Americans have received a surprise medical bill in the past year for a cost we thought was covered by our health insurance. Too many consumers are finding out that prices for hospital services vary widely making it more difficult than ever to figure out what you might have to pay.

Many surprise hospital bills result from "balance billing" for treatment at in-network facilities by out-of-network providers. Others result from a lack of customer understanding of complex health benefits and opaque pricing and still others are a result of billing errors.

WHAT YOU CAN DO

- Four in five medical bills contain at least minor mistakes, so make sure you review bills and insurance Explanation of Benefits closely.
- Watch out for out-of-network providers serving at in-network facilities. Hospitals are not obliged to tell consumers what insurance an ER doctor accepts.
- Do your best to understand pricing and what you are responsible for in advance of having procedures performed. Unless it is an emergency, do as much research into pricing ahead of time.



PHARMACY COUNTER ISSUES

Rx
80%

of American consumers believe pharmacists should be able to inform customers at the point of sale if there's a way to save money on a prescription

WHAT IS HAPPENING

One thousand percent-plus price-hikes on generic drugs, price breaks resulting from negotiated rebates paid by drug manufacturers to pharmacy benefit managers (PBMs) that rarely make their way to patients, and PBM "gag clauses" prohibiting pharmacists from alerting customers when they can get their prescription cheaper by not using insurance, are all contributors to increased drug prices.

PBMs and health plans are also now adopting new policies called "accumulator adjustment programs" where insurers no longer allow drug copay coupons to count towards patients' deductibles, raising their out-of-pocket costs.

WHAT YOU CAN DO

- National legislation prohibiting pharmacy gag clause rules has recently gone into effect but don't forget to ask if there's a cheaper option when you're filling your prescriptions and file a complaint with your state insurance commissioner if you encounter an issue.
- If you currently use a coupon to help pay for prescriptions, and have a choice of insurance plans, you should contact your insurer or the human resources department at your employer to find out if you will face any restrictions that might make your medication harder to afford.
- Speak up about how harmful accumulator adjustment programs can be by contacting their insurance commissioner or another appropriate entity.



73%

of large, multistate employers had a copay accumulator program in place in 2018 or are considering them for 2019 or 2020