




Healthy Priorities Know why. Know when. Know how much.

## News you can use



### Check Your Medical Bills: Know What You're Paying For

Ten billion dollars. That's the estimated amount spent each year on incorrect medical charges.<sup>1</sup> What can you do to make sure you don't overpay? You can become a better health care consumer. Begin by preparing—when possible—for any medical care you need by researching the cost of services and checking what your health plan covers and excludes. Another important step is keeping your own record of your care at the time you receive it. That can be a big help when your bills arrive. Checking your bills carefully is a key part of being a better health care consumer. It's a good way to be sure all your charges are correct and that you don't pay any more than you need to.

**Track Your Care**  
Whether it's for a routine physical or surgery at a hospital, tracking your care will help you understand your medical bills when they arrive. Here are some tips for tracking the medical care you receive:

- At each visit to your doctor, make notes of the individual services you receive—flu shot, EKG, etc. Be sure to include the dates you received them and who performed them—doctor, nurse or other medical care provider.
- Before you leave the doctor's office, look at any paperwork you have been given about the visit. If you don't understand the codes representing the services performed, ask what each code means and write the explanation down.
- Before you go to the lab for blood work, make sure you know which blood tests you should receive and keep a record of them. When you go to the lab, double-check that you are having the right tests.
- If your doctor has suggested diagnostic tests, keep a record of which tests have been ordered. Make a note of which tests are done and when, and if they are done separately or together.
- If you receive care from an urgent care facility or a walk-in clinic, keep any paperwork you are given. Make your own notes, too, about the care you receive.

**Check Your Bills**  
Checking your bills is easier when you've kept good records. Your records will let you compare the care you are billed for with the care you received. Don't assume that your bill is correct, even if your insurance carrier has seen it. Only you know if the care listed on your bill reflects your actual care. Everyone makes mistakes, even the billing offices for hospitals, doctors' offices, labs, clinics and outpatient facilities. The problem is that it can be hard for you to spot the errors in bills that are based on billing, most complicated. But even simpler mistakes are some things your hospital or other ms.

- Compare your bill to any notes you have made to ensure the amounts charged are those that your insurance company is responsible for. You can usually find the Explanation of Benefits the insurance company sends you.
- Look carefully for duplication. Sometimes, care can be charged twice by mistake for the same care. If you needed a particular test done twice, because of a hospital or lab error, you should not have to pay for the retesting.

<sup>1</sup> Source: *msi Money*, 2008, [www.moneycentral.msn.com](http://www.moneycentral.msn.com)

News you can use 1

## Newsletter Articles


Newsletter articles address the many ways of becoming a better-informed and wiser health care consumer. Action-oriented and to-the-point, each article offers a wealth of specifics, including lists of things your employees can begin doing right away. Tips and suggestions for saving money without compromising good health form the core of each article. Readers will find recommended sources of further information if they would like to learn more.

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## Did you know?



### Check Your Medical Bills: Fact Sheet

**Fact 1**  
Medical Advocates for America, an organization that specializes in training advocates for consumers and companies to identify and resolve medical bill errors, finds errors in eight of every ten medical bills they see. So if you think there is an error on your bill, chances are you might be right.  
Source: *New York Times*, 2007, [www.nytimes.com](http://www.nytimes.com)

**Fact 2**  
In 2006, the last year for which the U.S. Department of Health and Human Services has figures, health care spending in the United States reached a new high of \$2.1 trillion. Of this amount, hospital charges accounted for \$648.2 billion, or about 31% of the total.  
Source: *Centers for Medicare and Medicaid Services*, U.S. Dept of Health and Human Services, 2008, [www.cms.hhs.gov](http://www.cms.hhs.gov)

**Fact 3**  
There are more than 900,000 physicians in the United States and nearly 1 billion doctor-patient visits each year.  
Source: *Medical News Today*, 2006, [www.medicalnewstoday.com](http://www.medicalnewstoday.com)

**Fact 4**  
There are 4,061 short-term acute-care hospitals in the United States with a total of nearly 760,000 beds. These hospitals reported 187,525,206 "patient days" in the most recent year for which they reported data. The number of patient days represents the number of patients the hospital had, multiplied by the number of days each patient spent in the hospital. With numbers this big, it's easy to see how billing mistakes can be made.  
Source: *American Hospital Directory*, 2008, [www.ahd.com](http://www.ahd.com)

**Fact 5**  
The average length of a hospital stay in the United States is about five days. On any given day, there are about 539,000 hospital patients nationwide, not counting newborns.  
Source: *U.S. Census Bureau*, 2007, [www.census.gov](http://www.census.gov)

Did you know 1

## Fact Sheets

Each module's fact sheet contains five substantial, paragraph-length factual items that expand on the information presented in the newsletter article. Written in a personal and friendly style, the facts are geared toward what your employees can actually do and usually contain a suggested action.

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## Quizzes

These simple quizzes provide information that supplements and reinforces the basic newsletter article in a fun way. Each quiz includes fill-ins, multiple choice and true-or-false questions. Full answers with explanations are included, allowing useful information to be introduced in an engaging manner.

### 5. Which records or copies should I keep, to make it easier to check my medical and hospital bills?

- a) orders from my doctor for lab tests
- b) orders from my doctor for diagnostic tests
- c) statements from my insurance company
- d) my own notes from my exam, test or hospital stay
- e) all of the above

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Quiz

**Check Your Medical Bills: Quiz**

Questions

- All hospitals charge the same amount for the same procedure.  
 True  False
- If I have surgery in a hospital, all my bills for that procedure will be included in a single hospital bill.  
 True  False
- If my insurance is paying most of my bill, it is \_\_\_\_\_ responsibility to make sure my medical and hospital bills are correct.
- Overcharges may make up \_\_\_\_\_% of hospital charges.
- Which records or copies should I keep, to make it easier to check my medical and hospital bills?
  - a) orders from my doctor for lab tests
  - b) orders from my doctor for diagnostic tests
  - c) statements from my insurance company
  - d) my own notes from my exam, test or hospital stay
  - e) all of the above
- EOB stands for:
  - a) Explanation of Brands
  - b) Elimination of Bias
  - c) Explanation of Benefits
  - d) Effect of Bargaining

Quiz 1

## Glossary

The glossary creates a common language and understanding of important terms and concepts.

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Glossary

**Allowable costs**  
The amount of a charge for necessary health care that is eligible to be paid by a health plan.

**Authorization**  
For certain treatments and procedures, some health plans require members or their doctors to contact the plan for approval before the services are provided. This is also called preauthorization.

**BMI or Body Mass Index**  
BMI measures weight in relation to height. If weight is in pounds and height is in inches.  
$$BMI = \frac{703 \times \text{weight}}{\text{height (in inches)}^2}$$
  
For adults, BMI is one measure of how healthy a given weight is for a person's height and for identifying obesity.

BMI	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal
25.0 – 29.9	Overweight
30.0 and Above	Obese

**Brand-name drug**  
The U.S. Food and Drug Administration must approve any drug that is to be offered for use in the United States. After the approval, only the original drug manufacturer is allowed to sell a new drug for some number of years. Generally, the manufacturer will sell the drug under a name that it owns—a brand name—and so the drugs are called brand-name drugs. Each drug also has a general name that is not owned by any one company. When the original manufacturer's exclusive right to sell the drug ends, other manufacturers can sell it under their own brand names or under the more general name as a generic drug.

**Case management**  
Some health plans provide clinical coordination and monitoring by medical professionals for their members who have special or complex medical needs. This helps ensure that their care needs are met.

**Chronic condition**  
A medical condition that lasts for a long period is called chronic. The opposite is "acute," which refers to illnesses that generally come on suddenly and last for a short time.

**Claim**  
A claim is information that a health care provider or a patient submits to a health plan to show that medical services have been provided. Claims are used for processing payments.

**Coinsurance**  
Coinsurance refers to a method of cost sharing under a health plan. Members and the health plan each pay a percentage of eligible medical expenses, sometimes after a predetermined deductible amount has been reached.

**Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA)**  
This federal act requires each group health plan to allow certain employees and their dependents to continue under group coverage for a stated period following a qualifying event that causes the loss of that coverage. Qualifying events include reduced work hours, the death or divorce of a covered employee, and termination of employment that is nondiscriminatory.

**Copayment**  
Copayment refers to a method of cost sharing under a health plan that requires members to pay a fixed amount for a specific service.

**Deductible**  
A deductible is a flat amount that a member must pay before the health plan makes any benefit payments.

**Drug formulary**  
A drug formulary is a health plan provider's list of preferred prescription medications. All drugs on the list are FDA-approved, and the list includes generic and brand-name drugs. Generally, members have the lowest out-of-pocket costs for drugs on the formulary.

Glossary 1

## Getting Started – Things to Consider

### Audience

Employees are typically the primary audience for messaging about health care purchasing and informed decision making. It is worthwhile to also consider including family members in your Healthy Priorities communications strategy. They may also adopt informed health care purchasing behaviors and benefit from the influence of the program's messages.

### Your Communication Strategy

While Healthy Priorities may be used as a stand-alone communications "tool kit," you'll want to consider other employee communications strategies that may already exist within your organization. The mix-and-match components can be used interchangeably and can easily be integrated into existing communications materials or strategy.

### Start Date

Because each organization is unique, your timeline to implement this program is flexible to align with existing strategies. The flexibility of Healthy Priorities allows you to start anytime and use print, Web and e-communications to spread your key messages according to the timeline you choose.

### Delivery Options

After considering your audience, and existing communications programs, you can begin to plan the delivery methods that will best reach your employees and meet your communications objectives. Possible options include:

- E-mail messages
- Letters and home mailings
- Newsletters, flyers
- Paycheck handouts
- Postcards
- Posters
- Websites (Internet or intranet)
- and many more

The Customized Communications Group can help with suggestions about how this program may be rolled out. In addition, we can assist with the distribution and customization of any or all materials in your tool kit. Call **860-632-6106** or visit **[www.aetnaccg.com](http://www.aetnaccg.com)** for information about all of the products and services CCG has to offer.