

Fw: Tulsa ER & Hospital

Adam Andrzejewski <Adam@openthebooks.com>

Sun 1/31/2021 4:45 PM

To: Adam Andrzejewski <Adam@openthebooks.com>

 1 attachments (42 KB)

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From: Melissa Anthony

Sent: Saturday, January 30, 2021 11:24 AM

To: Adam Andrzejewski <Adam@openthebooks.com>

Subject: Tulsa ER & Hospital

Hi Adam,

As a fan of logical analysis and math, I enjoy your work.

Now to this –

The founders of Tulsa ER & Hospital and Oklahoma ER & Hospital are actual working ER physicians. In the attached, there is an explanation of the structure of ownership of the micro hospitals. In fact, Dr. Christian Rice, who generally serves as the managing partner, would be happy to spend some time on the phone with you as well, but he has been in the middle of a 24 hour shift when this came in. As of this morning, he is at 30 hours with zero sleep; running to his daughter's birthday party across Texas; and very politely requested the opportunity to connect Monday. If that is feasible on your side, please provide a few timeslots. If this is not feasible due to your deadline, and you have additional questions, please email me and I will do my best to either answer or try to track down a partner.

Context on the Ground:

"Price gouging" has been sucked into a giant political narrative that negates the complexity and specificity of emergency medicine federal law and the context of a raging pandemic for frontline providers. People outside of the frontlines hone in on the suspicion of profiting off of disaster; the inefficiency of low acuity patients milking payers to enrich ERs who are guaranteed a certain level of compensation per test that is inflated.... It's a good narrative, except it is not based in the more complex nuance of reality. Let's contrast that with an actual ER doctor's perspective trying to save lives as his professional oath: A good doctor at an urgent care gets a call from a patient that says she has chest pain and respiratory issues. That good doctor immediately suspects Covid because the community is surging with Covid. He sends her to get two outpatient tests, directs her not to go to an ER. She gets word the tests are negative, but is still in an unbelievable struggle to breathe, so she goes to one of Dr. Rice's ERs, while he's on duty last night. Yes, they are going to rerun the tests AND exam her. Good thing she came in because she was having a heart attack, negative for COVID, and had a blood clot. Dr. Rice retells it with an edge because he's an exhausted ER doctor. What's worse is that somehow the public has decided that COVID-19 tests are largely accurate; that if you have a heart condition and stand in line for a community test and it's negative, hey you're good to go. By contrast, Dr. Rice has read the data on the tests, knows what Emergency Use Authorization actually means (unvetted fully by the FDA with questionable metrics), knows the chronic health conditions of his communities with high rates of adult smoking and diabetes, and considers our testing protocols a virtual nightmare because of all the false negatives and assumptions that any condition is likely COVID – giving people a few inches from death's door peace of mind they are Covid free, when they might actually be having a heart

attack. Dr. Rice retold to this to me this morning at 7a. He doesn't want to side track this story – but he believes the narratives and assumptions around testing altogether are adding to the carnage – deaths from non-Covid and Covid.

Your questions:

For example, did the organization change policy on telling patients the prices before delivering the services?

Because there is a significant difference in emergency medical treatment versus other forms of medical care per federal law, Tulsa ER & Hospital and Oklahoma ER & Hospital always required a signature on a consent form related to the cost of Emergency Room services prior to treatment. However, early this fall the organization did reissue a new release form that more specifically referenced estimated costs on COVID tests. In general, the company from the summer of 2020 through the new year, posted signs with specific pricing information related to COVID tests; had attendants recite scripts informing patients of costs; continued to instate more and more specific, mandatory release forms related to COVID-19 testing pricing; aggressively directed asymptomatic patients to get tested via its outpatient lab where testing did not require an emergency exam as it does in the ER environment. They have responded comprehensively and promptly as information and conditions changed.

Please note, that Tulsa ER & Hospital and Oklahoma ER & Hospital offers the highest quality, most in-demand molecular rapid COVID-19 testing, and the region has limited options for testing. In the earlier days of the pandemic, and even now, demand for testing outstripped these communities' capacity to keep up.

Are you still offering COVID-19 tests and is the price still over \$2,000? Are insurance companies paying your rate or is the rate in dispute?

Yes, we continue to offer Covid-19 tests. The average reimbursement for any procedure, test, or exam by an insurance company for our out-of-network emergency care is 20%. There are anomalous payments of 5% to 100%, but the average is 20%.

- Tulsa ER & Hospital and Oklahoma ER & Hospital, along with all emergency rooms in America, are required by the U.S. Emergency Medical Treatment and Active Labor Act (EMTALA) to provide a medical screening exam (MSE) on patients to determine if an emergency medical condition exists. If a condition is determined to exist, we are also required to treat and stabilize the patient. The MSE, treatment, and stabilization are provided regardless of a patient's financial ability to pay. When a patient has insurance, Tulsa ER & Hospital and Oklahoma ER & Hospital are legally required to bill the visit as an emergency room visit, and insurance companies are required to pay, at a minimum, the in-network rate.
 - Tulsa ER & Hospital and Oklahoma ER & Hospital are not COVID-19 testing-specific sites or urgent cares, nor do we market our services as such.
 - As an emergency room, we are legally required to bill patient visits as an emergency room visit, and insurance companies are required to pay, at a minimum, the in-network rate, per the Patient Protection and Affordable Care Act.
 - In terms of pricing, according to FairHealth, the most widely available database of claim data for commercial insurance, our average charge for the COVID-19 test was below the median price in the region throughout the pandemic. We work hard to ensure best practices and align as quickly as possible to the shifting testing landscape to avoid overcharging patients.

- We encourage our patients to utilize outpatient services, with a referring physician order, for their diagnostic needs when possible to help minimize their charges, including COVID-19 tests. We offer these services 24/7 without scheduling.
- However, when a patient requests COVID-19 through the emergency room, Tulsa ER & Hospital notifies each person before service that COVID testing performed through the emergency room will include charges for physician services, COVID lab test, and general evaluation and management fees for services provided through the emergency room.
- We post this statement and the actual charges throughout our facility to help avoid confusion. We require a release form to be signed by the patient. Evaluating and managing a patient through the emergency room for COVID-related complaints is a vastly different process than merely providing a COVID-19 laboratory service. (They always did this. Yes, they instated even more explicitly clear notices/releases as the pandemic evolved and they understood the coding/payer dynamics.)
- COVID-19 remains dangerous. On-site, ER testing capabilities have allowed us to diagnose patients with the disease or rule it out as a factor. As we all know, COVID-19 is life-threatening to people with certain pre-existing conditions, and patients have varying degrees of severity of symptoms. There are many tragic stories of COVID-19 resulting in life-threatening and deadly outcomes. We strongly urge those who are diagnosed with COVID-19, or suspect they have COVID-19, and start to experience worsening symptoms, such as prolonged fever and difficulty breathing, to seek immediate care—and emergency care if they are deteriorating.
- It's more cost-effective for patients or payers when the patient exhibits mild symptoms to get a doctor's referral and go through our lab versus the ER – but, as a doctor, this is also about people's lives. If symptoms are worsening or severe with COVID-19 or suspected COVID-19, then patients should utilize the ER. Lives are saved in ERs every single day across the U.S. Our team has saved many many lives during this pandemic through quality diagnosis and treatment.
- Please also note all COVID 19 tests in use right now are Emergency Use Authorized, and not FDA Authorized. These tests are known to deliver highly inconsistent results. The most accurate diagnosis is one where a doctor can evaluate the patient in context of tests. A positive test in a patient with pre-existing conditions, or a suspected false negative, is a serious situation in a patient with pre-existing conditions. Worsening symptoms is a serious situation.
- Healthcare billing is complex, and errors do occur. Rapidly emerging situations like COVID-19 are particularly difficult as new diagnostic tests, treatments, billing codes, and standards for patient care change frequently as physicians, scientists, and regulators learn how best to care and respond to patients and the community at large. Even nearly a year into the pandemic, much remains fluid. This is going to lead to mistakes, challenges in billing, and anomalous reimbursements.
- Tyvan Billing, a subsidiary of Nutex Health Management, performs internal auditing and adjustments to ensure we catch anomalous charges. All COVID-19 billing or pricing issues are continuously reviewed and resolved.

Are insurance companies paying your rate or is your rate in dispute?

- Emergency room care is expensive. There is a gap between what is billed to the insurance company and the final adjusted price determined by the insurance policy across all of healthcare. The average, as described above, is about 20% -
- Emergency Rooms, not affiliated with a hospital system, are typically out-of-network emergency providers.

- Tulsa ER & Hospital and Oklahoma ER & Hospital do not balance bill – meaning we will not bill the patient for charges above the adjusted rates set by insurance policies.
- Currently, in Oklahoma, the largest payers, provides payment directly to patients for care in our independent, physician-owned ERs and micro-hospitals. We would prefer a dynamic where we negotiate directly with insurance providers, to take the burden off the patient.

Please note, in many communities across the U.S. there are major health systems that were strained with long wait times and compressed resources PRIOR to Covid-19. With Covid physician-owned emergency medicine providers have really been critical to filling an urgent gap. Do note that whether it's a hospital or system owned ER or a physician-owned ER the federal laws, conflicts in efficiency versus acuity, and costs of care are similar.

Best, Melissa
Melissa Anthony Sinn
CEO + Founder
anthonyBarnum Public Relations



From: Adam Andrzejewski <Adam@openthebooks.com>
Sent: Friday, January 29, 2021 12:37 PM
To:
Cc: Adam Andrzejewski <Adam@openthebooks.com>
Subject: IMPORTANT FORBES -- REQUEST FOR COMMENT

To Whom It May Concern:

My name is Adam Andrzejewski and I'm a senior policy contributor at Forbes. Publishing on Sunday, January 31st is a piece following up on Carolyn Coburn's \$2700 COVID-19 test and others in the area that received similar bills for the test. From your perspective, is there an update to this story?

For example, did the organization change policy on telling patients the prices before delivering the services? Are you still offering COVID-19 tests and is the price still over \$2,000? Are insurance companies paying your rate or is the rate in dispute?

https://tulsaworld.com/news/local/a-2-700-bill-for-a-covid-19-test-turns-up-the-heat-on-a/article_f24507bc-2dd0-11eb-8364-43514582063a.html

This is a request for comment, feedback, or context. **Deadline: Saturday, January 30th at 5pm ET.**

Your response is very important to our readers at Forbes.

Please call me directly at 312.320.1867 if you have any questions.

Adam

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