

How to avoid getting a surprise bill for your COVID test, with Sarah Kliff of the NYT

An Arm and a Leg: Season 4-ever, episode 9 (bonus)

Published 11/23/2020

Note: Most of this transcript is machine-generated, so it's not letter-perfect—and we may have made a few tiny changes since we “locked” it for production. We're doing our best! Thanks for understanding.

Also, I've left off the list of new donors at the conclusion. Not everybody wants their name on the Internet. - dw

Sarah Kliff: this story idea actually came up when someone who is very temporarily uninsured was asking me. Hey, where should I get tested? And I was saying, okay, well, here's how I think about it. And here's where I would go. And then I realized like, Oh, maybe, maybe I should share this advice with not just my uninsured friend.

(Theme music)

Dan (voice over) That's New York Times reporter Sarah Kliff talking about her recent story "[How to avoid a surprise bill for your coronavirus test](#)"

I read it, and tweeted about it, and realized like, Oh, maybe I should share this advice with not just whoever happens to see my random tweet.

And so... welcome to a BONUS episode of An Arm and a Leg-- a podcast about the cost of health care. My name is Dan Weissmann. I'm a reporter, and I like a challenge. So my job here is to take one of the most enraging, terrifying, depressing issues in American life-- but, you know, just ONE of them-- and bring you a show that's entertaining, empowering, and useful.

And I think we've got you here. I asked Sarah to help walk us all through what she's been learning. Because: SHE SHOULD KNOW.

Dan: so Sarah Kliff, thank you so much for joining me. you are covering healthcare and the coronavirus pandemic at the New York times, and you're, what you're doing that as like a sequel to a project you did, when you were at Vox where you asked people to send you emergency room bills, to get a sense of like, what goes on, why are they so wildly high in so many cases? And what actually happens? You got more than a thousand bills there.

We talked about that a couple of years ago, and now you are at the times as people like to send you their coronavirus testing bills, and you've gotten hundreds of them.

Sarah Kliff: Yeah. Yeah. We're just over 500 as of today.

Dan: what does it feel like to have read about 500 of these stories so far?

Sarah Kliff: He knew it makes you more nervous and a little more cautious about coronavirus testing.

And I don't want people to think, "Holy crap, you know, I should just not get tested for coronavirus. Cause it's going to cost me a ton of money." You absolutely should. And the odds are greater than not that you will not get a surprise bill and it will cost zero dollars. Like 98% are not going to come with a surprise bill 2% we think. But some do: When it's 2% and a million tests are being done a day, that's still a lot of people getting bills they didn't expect.

Dan: And you've now come to the point where you've looked at enough of these. You're able to say, Hey, here's the big trends, what I'm seeing when people have problems. And here's some things you can probably do.

And to say at the top, there are reasons that the overwhelming majority of people do not get bills for COVID testing, right? There are federal laws. Do you want to talk a little bit about the protections that most of us that, that we should all kind of expect will be operating in our favor before we get into...

Sarah Kliff: Yeah. So what, what, what should expect is that if you are someone with health insurance, you should not pay anything out of pocket for your coronavirus test. You should not face a copay, deductibles, cost sharing. It should be 100% covered. And that is because Congress passed new laws earlier this year, stating as much—telling insurance companies, they need to pay for this fully and not charge the type of cost sharing they would charge for some other type of test.

so those are pretty strong protections. They also—and we'll probably get into this—They include other services that are required to get the coronavirus tests and they don't include a list of what those services are. So it can get a little bit gray. But generally that is thought to include the doctor visit you need to make, to get the coronavirus tests. So those protections apply to both the coronavirus tests and services necessary to get the test. but if your insured is about 90% of Americans, are you really should not face any costs for your

Dan: right. So let's, let's just run through where we will have run into trouble. And the first is, The first thing that no, it's like, well, where you go can make a difference. There's certain kinds of places where, where, from what you've seen, people tend to run into more trouble. Right. if, if you're, if you're going to run into trouble, it might be at say a free-standing emergency room or in a hospital.

Sarah Kliff: Yes.

Dan: us a little bit about that?

Sarah Kliff: Yeah, this actually, this brought me back to some of the emergency room reporting that I've done earlier, so one of the things I have noticed is when I do see people getting pills, they typically were tested at an emergency room or a hospital.

Also urgent care is another one. And what seems to be happening is that there is a facility fee. And we've talked about this

Dan: case someone hasn't listened to every single episode of this podcast, you very helpfully defined it. Facility fees, like a cover charge and they can be very expensive.

Sarah Kliff: They can. And the thing is, some people are really surprised cause you know, like if we want to stick with our cover charge analogy, a lot of these people aren't actually going into the emergency room. They're

getting tested in a drive, they're getting tested in a tent and they thought, well, I didn't enter the facility, but, there is still a facility.

The applied to their coronavirus test, insurance companies should actually be covering these under these federal rules that pass. So if you are billed for a facility fee, what I would do if I received one of these bills is go to my insurance company. I will say though, one thing to know is those protections do not apply to out of network emergency rooms, facility fees, urgent cares.

So it's complicated. I can see listeners cannot see Dan's eyes bugging out at, this, this kind of whole people are buying too.

Dan: So, so. Wow. So if you are like, look, man, I got to head to wherever is open. Like say it's an emergency room. This is a moment when you got to check and be like, is this emergency room covered by my insurance? Cause if they're not then, okay. My insurance might pay for the test.

, but whatever else, these jokers decided to charge me like a facility fee, which could be, say a bajillion dollars. that could be on me.

Sarah Kliff: Yeah. Yeah. So that's why that's one of these places. I think these rules kind of fall short for consumers and where you could end up with a surprise bill that actually is completely legal under federal law. but you wouldn't have expected.

Dan: and just, I've noticed, you've probably noticed even more than I have. Texas seems to be a place where there's a lot of these free standing emergency rooms that do not accept anybody's insurance for anything. And they love to charge facility fees in like the thousand \$2,000 range, just for stepping on the premises like aye.

Aye, aye. Aye. I mean, I see a certain number of bills and stories from people you see more than I do. , what is it with Texas anyway, that way?

Sarah Kliff: Yeah, Texas. Right? Right. These things have kind of procreated in Texas, Colorado is another state where you see a lot of them as well. A lot of it has to do with actually state health care regulations, , you know, in some States they've more tightly regulated markets. I can't go build an emergency room in Washington, DC, where I live, you know, I need to like prove that people need another emergency room .

In Texas, it would be much easier for me to set up Sarah Cliff's emergency room. I wouldn't have to prove, you know, that Austin needs another emergency room, but it would be much easier for me just to kind of stand one up. So you've seen a proliferation of these, Freestanding ERs in Texas, and they are some of the ones I've seen some of the nuttiest, coronavirus test to billing.

Dan: so number one, rule, number one , check out where you're going and don't end.

And if you can go someplace, it's like a public site, like the, like the place where you live is like, we are doing tests over here. Go there. If you can go to your doctor's office, go there. If it's an emergency room type situation, look at the website, figure out are they in your network? and if you have any choice about it, go someplace it's in your, that your insurance covers.

So that's one, two is. Ask like, when you you're getting the service, you you've written stories about people going and get thinking they're getting a COVID test and the doctor is like, while you're here, I'll just touch this first mess. CDs we'll run. We'll run a panel that they'll turn up every single viral respiratory illness you could have.

And insurance companies are like, this is not really what we're required to cover. and nobody bothered to ask if you wanted them. So this is where you're, you're advising people to say, Hey, just so before you stick me, what, what, what are you going to bill me for?

Sarah Kliff: and this is something again I've seen from those freestanding ERs. and sometimes it's just like zany it's like STD test or like a vitamin D panel or things that like clearly are not related and are just being done.

So you could bill for it. But I think you also see this from some well-meaning providers as well. So like an example I would give is a woman I wrote about in Brooklyn who went to an urgent care and, the provider, you know, build for a test, they build for the visit and they also decided to do a flu test cause she was slightly symptomatic.

And her insurance company covered the visit and the coronavirus test fully, but did not fully cover the flu test. And the flu test kind of falls into this murky area of like what actually counts as a related service to our coronavirus test. And you could see insurance companies since there is no list from the federal government.

They could go either way on that. I mean, I think the provider would have argued like this is related. I was trying to figure out what this, what was wrong with this person. But that's one where it's a bit of a gray area. Like what will or won't count as a related

Dan: ... and as you've written, insurance companies sometimes will interpret those ambiguities to their financial advantage.

Sarah Kliff: Yes. So I think like you have a pretty— I mean, I guess the end of the day, if I am going to get a coronavirus test, I'm going to ask, you know, the provider before like, well, what am I being billed for? Like, what are you testing? And it sounds insane that you have to do that. but, if they can't tell you, like, I feel like that's a little bit of a red flag.

Like maybe see if you could get tested some. Yeah.

Dan: I also just have to say like, if I'm like: if I'm waiting in line, I mean, I don't know what it's like in DC, but in Chicago, local news has shown like helicopter footage of people waiting in their cars in lines that stretch out for what looks like a mile. To go to a drive-through coronavirus test.

And if I've done that, and I'm, and I'm not the front of the line, I don't know what my options are. And I'm not sure the person with the leaning out the drive-through window in their space suit with the Q-tip is the person who's going to know exactly what happens on the billing end of things.

Sarah Kliff: Right. No, I think that's a good yeah. Point. , I think the other thing you could do is a lot of these places that do tack on other tests. If you go look at like their Yelp page or if you try and do like a tiny bit of research, You might see some other patients complaining about that kind of behavior. So that could be another way to try and suss out like what's, what's going on with their billing.

Dan: Can we just say that it's like the crummiest thing in the universe that in the middle of a global pandemic for an illness that like really lays people low and, you know, has killed more than-- are we past a quarter million Americans yet? --and is on track to devastate more and more people that like: if you're feeling super sick, right, you're supposed, I'm supposed to go Yelp review the place where I'm getting my... and I'm supposed to like call my insurance and I'm supposed to ask the person in the space suit what's on the billing end. Like what, I mean, what, what am I...?

I mean, it's on the one hand, it's great that like, we're talking— getting a sense of like where the potential potholes are in this road —and on the other hand, I just feel like I'm sending people off to like join the French foreign Legion, and just telling them like, yeah, bring some mosquito netting and some sunscreen and hope for the best.

Sarah Kliff: Yeah,

Dan: So this is in some ways, like to keep in your back pocket. What your rights are supposed to be, which is if you've got insurance, they're supposed to cover the test they're supposed to cover whatever's necessary bef you know, to get the test. And there are certain things that are potentially gray areas.

Sarah Kliff: You know, I had to get tested for coronavirus the summer as did my, my son and, we had to do a telehealth visit before where essentially they would.

Okay. As for the coronavirus test. And I was kind of like, I don't know if that's going to fall in the related bucket or not. I don't know if we'll get billed for it. It turns out it did fall in the related bucket and we were never charged a copayment for that visit. and I asked about it and they just, you know, they didn't know how my insurance was going to interpret it.

So it's so hard to do the research and come up with anything ironclad, you know. Even —I know a lot about medical billing over the last few years, and every time I go to the doctor, it feels like a bit of a gamble on like what's actually going to happen.

Dan: And you might want to— this is perhaps an unfortunate. image given the, given the actual disease, we're talking about —like take a deep breath and be ready to go to battle with them sometime down the road. And you suggest, being ready to enlist your doctor in, in helping in helping to convince them like this was really part of the Process of diagnosing and treating a potential COVID infection.

DAN (voice-over): HEY, so this has mostly been your how-to navigate potholes of what your insurance company may do.

But not everybody HAS insurance-- especially right now, when lots of people have been tossed out of work. There are options for folks without insurance too-- but NOT everything we'd want. That's in just a minute.

This episode of An Arm and a Leg is a co-production with Kaiser Health News. That's a non-profit news service covering health care in America. Kaiser Health news is not affiliated with the big health care outfit Kaiser Permanente. We'll have a little more information about Kaiser Health News at the end of this episode.

OK, so wrapping up, we talk about protections for folks who don't have insurance. And you'd think, when Congress passed protections against getting billed for COVID testing, FOLKS WITHOUT INSURANCE would have been top of mind, the folks who need the most protection. Turned out, not so much.

Dan: So, we've been talking about like, okay, you're insured. This is what you do to make sure your insurance covers you. If you're uninsured, you also have some options,

Sarah Kliff: if you're uninsured, you know, it's actually the protections aren't quite as good, but they still exist. There is federal funding. That is meant to reimburse providers. If they have to provide coronavirus care or testing to someone who's uninsured. So providers, doctors, health clinics should be able to send the cost of the coronavirus tests to the government and not to you individually.

Dan: So, tell your doctor to send the bill to uncle Sam and the thing that caught my eye in your story was. That your provider is not actually obligated to do that. they could be like, nah, I'm good. I'm going to chase you. Is that right?

Sarah Kliff: Yeah, no, that is true. so unfortunately you have fewer rights if you're uninsured. , and I think that's why you see kind of some of these cash pay sites turning up where you can get at least a reliable sense of what it would. Cost. And I've seen some uninsured folks just deciding they're going to pay cash instead of like, take the risk of, you know, how much it could, it could end up costing if they try and go the other route.

The thing I would probably do if I was uninsured: I would try and find a place that is already participating in the fund or is saying, you know, they're pro they're not going to require you to provide any. Billing information or insurance information.

The other thing to know is I believe it's about 17 States have created a mini Medicaid expansion to cover coronavirus testing and treatment for, for people who are uninsured. So that might also be something you qualify for. And again, like your federally qualified health clinic, your safety net healthcare provider, they'll probably know a lot more about that Medicaid.

It's not something you like. Go and sign up for and get a special Medicaid card. It's more on the backend for providers to do their billing. And if you go over to [the Commonwealth Fund](#), you know, they will have a map of which States do participate in that

Dan: if I happen to live in one of those dates and I— I looked at that map and I live in one of those dates. It's Illinois. I'm, I'm good. New York, not on the list, California on the list. 17 States. Okay.

So here's what I'm getting from, from this conversation. if I'm. Sick. If I'm not feeling good and I'm worried, I've got COVID. This may not be the time when I, you know, I'm ready to kind of take all these steps and do all this due diligence. It almost seems like. Do it today, do it now, check it out. If I had to go get tested, where would it be financially safe in doing so? and have a list of like one places, one, two, three, and four, in case some places are overrun with other people getting tested that day. , like have that list written down, so you know where to go. so you have one less thing to worry as much about. Is that right?

Sarah Kliff: I think it is. And unfortunately you might need to do, you know, some of your own research to figure out the best ones you one, for example, you know, that story we talked about earlier about this freestanding

emergency room in Texas. There's one in particular in Austin. I wrote about when I talk to patients about why they went there, a lot of them went on the Austin city website and the Austin city website had a list of where to get tested.

And one of the things I said, See, and, you know, I don't know how much we should fault local health officials for this because they're dealing with so much right now, you know, they're trying to control a pandemic, but I have seen in a number of cases in Texas and Connecticut, where local officials are kind of putting up these lists of where you can get tested and they're not actually checking out, you know, well, what does that patient billing experience going to be like on the backend?

So unfortunately it might fall on you to take that list and then do a little bit. Of research, you know, see what you can figure out. See, like you said, it's better to look at Yelp reviews when you're healthy than when you know, you're think you have coronavirus and just need someone to test you right away.

And I think luckily we're in a better place testing capacity wise now than we were in March. So you hopefully have more options near you and at least like a few choices and, you know, hopefully some kind of public testing site that should be your, your safest, that for, for not running into it, a surprise bill.

Dan: Oh, man. How are you doing? We've seen some news in the last couple of weeks. Like there some very promising looking vaccines. It feels like it may not be endless, but it's not resolving anytime immediately. how you doing?

Sarah Kliff: Aye. I feel a little more optimistic with that vaccine news. Of course. My mind always goes to billing like, Oh, like what. Like are like what, you know, are there going to be facility fees with these, vaccines? So you can probably expect me to ask people to send the, their vaccine bills this spring.

Dan: YEP! I'm curious too! All right. Well, you and me, we have some work cut out for us. Thank you so much.

DAN (Voice over) Sarah Kliff of the New York Times! Thank you for listening to this bonus episode of An Arm and a Leg-- my sincere hope for you is that you do NOT NEED this advice. But even more I hope that you have a happy and SAFE Thanksgiving.

Speaking of Thanks-- BIG thanks to everybody who has been coming forward to support this show. Just a reminder: A campaign called NewsMatch means anything you send us in November and December COUNTS FOR DOUBLE. They're matching all individual gifts in November and December. It's amazing.

You can definitely get in on this at armandalegshow.com/support. This new system accepts one-time gifts, not just monthly pledges.

And if you've been supporting the show on Patreon, number one: THANK YOU!

And number two: Please take take two minutes and switch over your support to the new system -- so that NewsMatch can double your pledge. I've got instructions at armandalegshow.com/support .

And if none of this is realistic for you right now-- times are tough for lots of us-- just thank you for listening. I am glad you're here.

OK, that is IT. Stay safe. Honestly, stay home if you can. Things are getting intense.

Till then, take care of yourself.

This episode of an arm and a leg was produced by me, Dan Weisman and edited by Marian Wang. Daisy Rosario is our consulting managing producer. Adam Raymonda is our audio wizard. Our music is from Dave Weiner and blue dot sessions.

This season of an arm and a leg is a co production with Kaiser Health News. That's a nonprofit news service about healthcare in America, an editorially independent program of the Kaiser Family Foundation. Kaiser health news is not affiliated with Kaiser Permanente, the big healthcare outfit. They share an ancestor. This guy, Henry J Kaiser. He had his hands in a lot of different stuff.

Like actual stuff: Poured concrete, made steel, smelted aluminum built ships. When he died more than 50 years ago. He left half his money to the foundation that later created Kaiser health news. You can learn more about him and Kaiser health news at armanda.legshow.com/slash/Kaiser.

Diane Webber is national editor for broadcast and Taunya English is senior editor for broadcast innovation at Kaiser health news. They are editorial liaisons to this show.

Thanks to Public Narrative -- a Chicago-based group that helps journalists and non-profits tell better stories-- for serving as our fiscal sponsor, allowing us to accept tax-exempt donations. You can learn more about Public Narrative at [www dot public narrative dot org](http://www.dotpublicnarrative.org).

Finally, thank you to some of the folks who have pitched in at armandalegshow.com/support.

Thanks this time to: