

People surprised by costs of out-of-network care, more patient education needed

October 26 2012, by Sharyn Alden



Forty percent of people who received health care outside of their insurance network did so out of necessity, finds a new study in *Health Services Research*. About half of those patients did not know how much they would have to pay for their out-of-network care. Out-of-network care can occur during an emergency medical situation or when the network status of a physician or hospital is unknown or if an in-network doctor is unavailable.

"It's important that treatment always be the priority over cost in [emergency situations](#), but there is room for more transparency and reform to address the unexpected out-of-network cost burden that a lot of [patients](#) end up facing," said the study's lead author Kelly Kyanko, M.D. of New York University School of Medicine.

Some people choose to see an out-of-network specialist, but they usually understand in advance that they will pay more for such services. But many patients who do not voluntarily choose to be treated out-of-network are surprised when they get a big medical bill showing they were charged more, report the researchers.

Researchers analyzed data from an online survey of 7,812 people between the ages of 18 and 64 with [private health insurance](#) plans. About eight percent reported they had used an out-of-network doctor as an inpatient or outpatient during the past 12 months.

Kyanko pointed out, "It can often be difficult to obtain an estimate of how much you will be charged by a doctor because they don't publicize prices, and patients may not know what the doctor will recommend. If patients plan to go out-of-network, they should call both the doctor to obtain an estimate of costs as well as the insurer to see how much they will reimburse."

Many patients are not physically able to inquire about in or out of network charges at the time care is needed, the researchers noted. But, Kyanko, said this fact should be addressed by [health insurance companies](#), physicians, hospitals and legislators.

Myrl Weinberg, president of the National [Health](#) Council in Washington, D.C., said the study would have been more enlightening if it had included data about the health status of respondents. "Networks are becoming increasingly smaller and forcing people out-of-network for the care they need. Technically, this can be 'voluntary' but it can dramatically affect care provided to people with chronic diseases and disabilities. As the study points out, the number one reason for voluntarily choosing an out-of-network outpatient physician is continuity of care and the most prevalent choice was a specialist."

Even during an emergency, Weinberg said, "Every possible means should be taken to inform the patient or family caregiver of the resulting costs prior to delivery of care."

More information: Kelly A. Kyanko; Leslie A. Curry; Susan H. Busch, 2012, Out-of-Network Physicians - How Prevalent are Involuntary Use and Cost Transparency?, *Health Services Research*.

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