Jared Dashevsky (00:02)
It's so convoluted and I think in any other industry, you know exactly what you're getting and why you're getting it. Health care, you understand what you're getting, but not why the costs are the way that they are.

Priya Bathija (00:17)
Okay, so you got your bill. You opened your mailbox and there it was, just staring up at you. It's just a piece of paper. At least that's what you tell yourself. So why do you feel like bad news is just one envelope rip away? And then once you do rip it open, the questions ramp up. Why is that number so big? Is another bill coming or is this all of it?

Why is everything charged separately? What if I can't pay it right away? Are these bills negotiable? Shouldn't my insurance cover this? And then the big one, why is getting healthcare in this country so expensive?

Hi, I'm Priya Bhatija and this is the Women's Health Playbook. Together, we're gonna make healthcare just a little bit easier because right now, navigating the US healthcare system, especially as a woman, is like playing a game. Except you don't know the rules. The instructions are written in a language you don't speak and the stakes are your life. We're spending this season breaking down the essentials of a doctor's appointment. When we're all informed, we can achieve

better healthcare. Today's play, The Bill. You can confidently make it through this play for getting good care from your doctor, but often it's the bill at the end that trips us up. So we're going to break it all down.

Our coach for today is Dr. Jared Dashevsky.

Jared Dashevsky (01:53)
I'm originally from Charlie, New Jersey, right outside Philly. So I'm the Jersey boy.

Priya Bathija (01:57)
In addition to his MD, Jared has a master's in healthcare systems engineering.

Jared Dashevsky (02:02)
which kind of put me on this trajectory of being both a physician and like an innovator, policy geek, you name it. I started Healthcare Huddle, which is this healthcare media company.

Priya Bathija (02:15)
Healthcare Huddle is a weekly newsletter that breaks down key healthcare trends for physicians, med students, and other healthcare professionals. And Jared says he brings a physician's perspective to his media work.

Jared Dashevsky (02:28)

So I really try to emphasize how certain policy measures, digital health, AI, insurance, how that all impacts patients and physicians. So I kind of write from their front lines.

Priya Bathija (02:39)
Jared is also currently a third year internal medicine resident at Mount Sinai Hospital in New York City. When he's finished, he's also staying on to do a three year fellowship in pulmonary and critical care medicine.

Jared Dashevsky (02:52)
Will my training ever end? I don't know. My wife asked the same question. But when in doubt, just keep doing more schooling. That's what I've learned.

Priya Bathija (03:02)
Jared is here to answer all our unanswered questions about doctor's bills. What do you have to pay for? What will be covered? What isn't and how to know the difference? But also, who to talk to when you have a concern and what to do if you just don't know how you're going to pay the balance.

Hi, Jared. Thank you so much for joining the Women's Health Playbook for this really important episode on the bills and the money that are associated with a doctor's appointment. Yeah, we left the tough one for you. I think it's also one of the most important because it's something that no one really teaches us or gives us a playbook for. So I'm just thrilled that you are willing to break it down for us today.

Jared Dashevsky (03:35)
Thank you for having me.

sure thing. And I will note that even physicians don't understand a lot of this stuff because we are not taught about it in medical school. You only learn about it once you're out of residency and you're like, what do I bill for patients asking questions about their bill? And you're like, I have no idea what's going on. Luckily I have someone with an idea.

Priya Bathija (04:07)
Yeah, no, I mean, it's really unfortunate, and we'll talk about this later in the episode, but if a patient has questions about the actual cost of their care, they can't really rely on their doctor in most cases to provide that information because it is such a convoluted process to get to those numbers.

Jared Dashevsky (04:25)
It's so convoluted and I think medicine in particular or healthcare is the only industry where the person providing the service actually has no idea how they're charging the patient for that service. In any other industry, you know exactly what you're getting and why you're getting it. Healthcare, you understand what you're getting but not why the costs are the way that they are.

Priya Bathija (04:47)
Yeah, it's mind numbing sometimes to think about it. for sure. way. assuming our listeners have commercial insurance or private insurance that they are either paying for themselves or getting through their employer, what types of things are they on the hook for paying for? Can you tell us what they are and kind of walk us through how they look?

Jared Dashevsky (05:09)
So, I'll use my own personal example. I'm a resident, I'm at a hospital and my insurance benefits are more or less similar to what everyone else has. So, you have a premium, which you can think of it like a Netflix subscription. You're paying a certain amount every single month to just have health insurance. I think there's a nuance because access can still be difficult even though you have private insurance. So, you pay this bill every single month and the employer is helping.

pay that bill, you just really don't know how much they're helping you pay. Then you have a deductible, which is probably, you know, using everyone's vernacular now, but this is the payment you need to hit out of pocket before insurance says, all right, you've had enough, we'll take care of it. There are different types of plans that center around deductibles. You sometimes can have ~ low premium, high deductible plans.

I'm not on one of them, but oftentimes you just have like regular premium average deductible. The high deductible plans with the low premiums, right? Like every month you're paying substantially less. But if you do need to use healthcare, there's a lot of money coming out of your pocket until you hit that deductible. So it's usually reserved for like younger, healthier people who don't really utilize ~ healthcare services. Unfortunately, if you have chronic disease, for example, I've colitis.

and my medication is an infusion medication. When I get my explanation of benefits, which I will get to, but it says like $20,000, right? I can't, unless you're paying me 20K for this podcast, I can't afford that. But those are like some interesting tidbits about deductibles. And then you have a copay, which is a small amount of money you pay out of pocket for certain healthcare services, whether it be like lab draws, medications, doctor's visits.

Notably, for preventative visits under the Affordable Care Act, you do not have to pay anything. So that's copay. And then you have ~ your coinsurance, which basically after you meet your deductible, you pay a percentage of your total health care costs. So if you hit your $2,000 deductible and you see your cardiologists and they do an echocardiogram, they do an EKG, they bill for their services and it costs like $200 total and your coinsurance is 10%, you're on the hook for 20 bucks.

Priya Bathija (07:39)
Yeah. Well, thanks for breaking those down. Can you break down the difference between in network and out of network?

Jared Dashevsky (07:45)
Sure. All right. In network, out of network. Hospitals go into these behind the door negotiations with insurance companies and they go back and forth over which physicians should receive reimbursement from the insurance company. Insurance companies like the best physicians, right? The ones who practice high value care, they keep costs low and then...

people who don't fit the insurance criteria, they may say those people are out of network. And the insurance and the hospitals or the physicians, they agree to a certain reimbursement rate for different types of procedures or services. But it's all behind closed doors. Now they're trying to make things more transparent, but it's really messy. So in-network means your insurance has some sort of negotiation with the physician or the hospital group and

you can use them and there's different tiers about what you'll pay out of pocket. Again, sometimes you have a top tier physician who's in network and you don't pay anything because that insurance company knows this physician's good. They keep costs low, they don't cost us a lot of money. For lower, people lower tier, maybe there's a little bit more cost to the insurance company. And then out of network, it's just everyone else. And if you see an out of network physician, you have to pay out of pocket. Before there was this thing called surprise billing where

you can go for a colonoscopy and your GI doctor is in network, but the anesthesiologist is out of network. And so a month later you get the explanation of benefits and you see that the anesthesiologist services was like a thousand bucks and you're like, I don't have a thousand bucks. What the heck? I thought this was all covered.

Priya Bathija (09:29)
Yeah, no, and there's been a lot of efforts from a legal and policy perspective to sort of reduce surprise billings. I don't think it's a fixed issue. think people still getting surprise bills.

Hey, it's Priya. I just wanted to pop in here and encourage you to send this episode to a friend. The information we're sharing here is so valuable, and it's how we help each other get the best care possible as women in America. So hit the share button on whatever app you're listening on. Send it to your daughter, sister, aunt, mother, a coworker, or honestly, send it to every girl dad you know, because the more we all know, the better healthcare will be for everyone. Okay.

Back to the play. So you also mentioned the explanation of benefits. Can you tell us a little bit more about what that is, what purpose it serves, and typically like when it shows up?

Jared Dashevsky (10:31)
So, maybe I'll work backwards. When it shows up, it can show up at any time. I've had an explanation of benefits show up three months after a visit, two years after a visit. It's been insane. But generally, this isn't a bill, right? It's like you're not like giving a credit card to someone. This is just ~ a letter from your insurance company basically rehashing the billable visit that you had with a physician, a hospital or a procedure and it will break it down.

by like service and procedure tell you what you'll see is like, this is what the plan paid. This is what your hospital paid. This is what you owe. And then sometimes or most times you could see how close you are to then achieving your deductible, what you've paid out of pocket because most insurance plans or probably all of them have like an out of pocket max, right? Which is beyond the deductible, which is like the max amount you will pay out of pocket. But again, it's not a bill. It's just for like your knowledge and for your awareness because when you do get the bill, if you spot something that's wrong, you can perhaps argue it.

Priya Bathija (11:33)
Yeah, no, and I think it's really helpful because I usually would get that EOB and just throw it away, right? And not pay much attention to it. But I actually had my first colonoscopy last year and I had received some bills from the hospital that did the colonoscopy. But when I saw the EOB, it sort of flagged for me that more bills were coming, right? Like I thought, know, oh, this colonoscopy was only $200. Sweet. No, it wasn't. It was like $1,500, but it was the EOB that sort of alerted me to the fact that I was going to get more bills.

Jared Dashevsky (12:08)
Wow. Yeah. Yes, I guess it's a heart-bringer, unfortunately. A more bill.

Priya Bathija (12:13)
It can bring good or bad news when you read it. But I think it's important for folks to take a look at it. if nothing else, it sort of gives you an appreciation of how much health care is being charged out at and how much your insurance company is paying. And I think that knowing that can help you make different decisions as you select your insurance in the future as well.

Jared Dashevsky (12:36)
Exactly.

Priya Bathija (12:38)
can individuals ensure that they've been billed appropriately for the services they've received? We talked a little bit about how the EOB can help with that, but what else? Is there an AI play here that could help patients?

Jared Dashevsky (12:51)
is there? I think there is. So I do encourage family, friends, etc. to like really read the explanation of benefits and read the bills that you get. And if anything looks out of the ordinary, you can remove your personal health information, but you can like throw it into ChatGPT or Claude and ask them or them, these the AIs to ~ analyze it and find is something actually wrong with this? I mistakenly double billed for something? Why?

was I billed twice for the same lab test, like I only got one result. You should not take it up with the physician, because the physician's going to, A, not have any idea what you're talking about, ~ and B, not really know which direction to point you in. So each hospital has their finance

office where you can discuss and dispute bills. And you may have to be your own advocate and call, call, call, call, email, email, email. And eventually someone will answer you. And you could use these tools, these AI tools to draft for you what you think went wrong.

Priya Bathija (13:57)
Yeah, I think that's great. And I think AI has a lot of potential here to make sure that people understand what they're being billed and understand if there are any errors. And I love your suggestion to use AI to develop emails or texts that you can use to talk with billing offices at either a physician's office or a hospital. And that information is typically included on the bill. So if you're looking for who to contact,

read the really fine print at the bottom of the bill and you'll sort of have that information. We talked a little bit about what you can do if you have a billing error, so I don't think we need to dive into it more. But there's also payment plans and financial assistance if people aren't able to pay the costs associated with their care. What are those? How do you negotiate or navigate that process?

Jared Dashevsky (14:49)
There's third parties that will help you with this, also like the hospital itself can have set of plans for you. You should always ask about like charity care where the hospital will like just either wipe the charge or reduce it substantially. I often tell patients when they're worried about paying for something, for example, in the outpatient setting, patients without insurance will see me and they'll and we do a whole workup because they have chest pain or something and they're worried about the bill.

I point in the direction of the finance office and there's probably some charity care hotline ~ that they can reach out to and they can provide other documents about their income and it may just get wiped. But you need to be proactive about it.

Priya Bathija (15:32)
Yeah. And how does it work in a doctor's office? Much the same way? Because in theory, those bills are a lot lower, but I would assume they have similar sort of structures if help is needed.

Jared Dashevsky (15:44)
Yeah, from my experience, it's the same type of structure. Fortunately, like at my clinic, we have a social worker. So anytime a patient is expressing difficulty, I'll loop in the social worker because maybe there's like assistant programs that can ~ help the patient with payment. Maybe there's like the patient needs Medicaid and they don't have Medicaid yet and then the social worker can help them get insurance. But like the social worker is who I usually loop in and they point me in the right direction.

Priya Bathija (16:08)
That's great. That's great. So we talked very early in this episode about how doctors don't always know how much things are costing and they can't always be the go-to person for a

patient if they're trying to navigate healthcare costs. Who can be? Is it just their staff, their office staff? Is it the insurance company? Where do they go if they have questions?

Jared Dashevsky (16:29)
I mean, at least in the outpatient setting, is one finance person billing department that's in charge. I would not go to the doctor. ~ The doctor would just point you in the direction of making someone else's problem. So each ~ outpatient clinic should have a billing department. if I go to Mount Sinai and have an issue, I just call the billing department. And I think with both inpatient and outpatient, that's sufficient. And just like a fun fact, I guess, like for physicians working at hospitals or like big physician groups,

They're not the ones actually inputting the bills and the diagnostic codes to get reimbursed. Someone else is reviewing the chart afterwards and finding what to bill. honestly, the physician may have no idea what was actually billed for. It was either an AI doing it or a human who's being paid to do it. And that's usually within the billing department or I think at my institutions, the coding department, the people who are coding. But yeah, the billing department can be on speed dial for any questions.

Priya Bathija (17:27)
Great. Well, you broke down a lot of mundane but very important things that people need to know and understand when they're thinking about the costs they're going to incur. Whether doctors visit, diagnostic testing, or a hospital stay, is there anything we missed that you want to add to this conversation?

Jared Dashevsky (17:49)
I think we hit all the need to know stuff. then if you have questions about deeper billing and then how things are built for, physicians role and all that, AIs role, then we could have more discussions. But this is all the need to know information.

Priya Bathija (18:04)
Great. And what tips or tools would you offer to women who are listening to make understanding and navigating bills an easier process?

Jared Dashevsky (18:17)
Sure.

I would utilize the artificial intelligence tools we have, Claude, ChatGPT, de-identify your information if you want, but they do have a new health platform. But knowledge is now democratized, right? Because these platforms were trained on data about hospital billing and all the articles out there on billing. ~ So don't feel like you're alone.

because these tools can really help break things down for you and I've used them for these purposes. ~ Especially when it comes to drafting an email or a letter to the hospital. So again, don't feel like you're alone. These platforms are really proficient.

Priya Bathija (19:02)
Yeah, and you've said it, I think, already twice on this episode, but I will just flag sort of the privacy issues. Anything you load into any AI agent or platform is not protected by HIPAA. So I think de-identifying that health information so that what you are uploading isn't connected with you personally is a smart or wise course of action at this point.

Jared Dashevsky (19:27)
And I will add, so if your next question listening is how do I de-identify it? If you have a PDF of your bill, you can highlight with black, not physically highlight, but on the PDF, there's a highlight button. You could just highlight all your personal data with black. ~ And if you are uploading like a photo of the bill, you can either make a photocopy of the bill and then on the copy, like redact it or you just redact the actual.

bill, but if you need to use that in the future, that may not be a good idea.

Priya Bathija (20:00)
Jared, thank you so much for joining us and taking on the hard topic of bills and making it understandable and fun for those that are listening with your real world examples. ~ And to those that are listening, that's a wrap on this episode of the Women's Health Playbook.

Thank you for listening to the Women's Health Playbook. We hope this breakdown helps you receive better care as a woman in the United States. If you want to dive deeper into the tactics and resources we discussed today, you can find those in the show notes for this episode. The Women's Health Playbook is brought to you by Nyoo Health. That's my company. We help people and organizations reimagine how they prioritize and deliver care for women. For more information on the work we do, visit newhealth.com.

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