Keep Patients #OutoftheMiddle

How "baseball-style" independent dispute resolution (IDR) can eliminate "surprise bills" for out-of-network (OON) emergency care.

1. Patient Receives OON ER Care
   ER physicians are required by law to treat all patients regardless of insurance network status.

2. Physician Submits Claim For Payment
   ER physician submits claim to patient's insurer. The patient is only responsible for any costs as if in-network, and is now out of the middle.

3. Insurer Underpays Physician
   Insurers generally don't pay the full claim for OON care, and sometimes offer only a low-ball amount.

4. Physician Takes Insurance Company to IDR
   If both sides can't agree on a fair payment, either party can take the dispute to IDR which is done via online submission.

5. Independent Review
   An impartial reviewer evaluates both the physician's claim and the insurer's payment.

6. Impartial Reviewer Decision
   The reviewer makes a final decision and picks only one.

7. Loser Pays
   The loser has to make the other side whole and pay for the mediation fee (typically $200-300).

In NY in 2018, only 849 out of about 7.5 million ER cases went to IDR, since fair claims and payments are encouraged from the start.