Adam Cumberland County Price/Coverage Transparency

I'm a healthy 37-year old who works in finance. I recently went to my doctor for my annual physical and ended up with a bill that showed my plan didn't cover a test that it did cover last year. It's frustrating thinking you're going in for a free test covered under the ACA's preventative care coverage but ending up with a bill. The bill is less than \$100 but I am frustrated based on principle. I have filed an appeal with my insurer, Anthem.

When I recently went in for my annual physical, I was trying to do right thing. I saw my doctor for 20 minutes and, as was the case last year, the doctor ordered a test to check my bilirubin levels, which were high last year. This test was covered last year under preventative care. This year, Anthem won't cover the test and I've ended up with a bill for \$68.

I feel as though I'm fairly educated on what is covered and not covered under my health insurance plan. However, when I called Anthem about this recent bill, they told me that it was denied because the provider coded the claim incorrectly. When I went back to the doctor's office and told them this, the doctor's office told me that I needed to be my own advocate and to call Anthem back. The irony is that I don't really have any current underlying health issues. I'm just trying to do the right thing and make sure everything with my health is good. It's really frustrating to be caught up in this health care system.

I can afford to pay this bill, but there are so many more people on the other side who can't deal with an unexpected medical bill like this. The whole point of the ACA was to prioritize preventative care. As a consumer, it's very difficult to price shop with health care, as one almost never knows whether a service will be covered. There is a lot of talk about transparency but the reality is that there is very little transparency around health care costs.

So far, I've spent three hours on the phone with Anthem, three hours on the phone with my doctor's office, and one hour on the phone with the CAHC HelpLine trying to figure out how to resolve this bill. It's so tiresome for consumers to have to make the decision of whether to fight a bill or appeal it. At the same time, the lab techs and the doctors know that certain tests won't be covered, so why are they offering and ordering these tests?