Planning Emergency Care Options Beforehand
In the event of an emergency, quick action can save lives. That is why it is imperative that consumers know all of their emergency care options before an emergency, so they make the right decision and receive the best possible care. This includes considering the location, level of service, and expected costs of medical care.

As more and more health care options become available for patients, it is important to know their distinctions. For most health care needs, patients may choose from their primary care physician, urgent care facilities, freestanding emergency centers (FECs), and traditional hospital ERs.

The Benefits of FECs
The FEC industry in Texas was created to increase access to emergency medical care – providing a convenient alternative to overcrowded hospital-based ERs. FECs are open 24/7, with emergency trained physicians on-staff at all times. Unlike urgent care providers and primary care physicians, Texas Association of Freestanding Emergency Centers (TAFEC) facilities are equipped to handle nearly all medical emergencies, similar to a hospital-based ER.

FECs offer quality emergency care with shorter wait times, which is one of the benefits of choosing FEC facilities over traditional ERs. Patients can be seen right away, thereby limiting the overall time patients spend at the facility and reducing the risks associated with delays in care.

It’s Important to Remember...
FEC facilities are emergency rooms, and as such, bill accordingly.
FECs have high-tech medical equipment and on-site, Class F pharmacies for treating all medical emergencies. Like traditional hospitals, FECs must cover the costs associated with the high quality medical services they provide.

Less wait time means more quality time spent with emergency-trained physicians.
Patients may be seen right away, thereby reducing the amount of time spent at an FEC facility. However, just because a patient’s visit was short in duration does not mean the quality of care received was substandard. FECs provide concierge level care in a short amount of time, so patients can get back to their daily lives.

How to Distinguish Between Urgent Care and FEC Facilities
Look for the signage: FECs are legally permitted to advertise for treating medical emergencies. Words like “emergency” and “ER” will be on the signage for every FEC facility.

Review billing disclosures: TAFEC members provide full disclosure that patients are at an emergency room, and as such, will be billed accordingly. This includes covering the costs associated with state-of-the-art medical equipment and ER-trained physicians around the clock. Just as with a hospital ER, all costs are not always immediately available.
Texas Health Care Statutes
The Texas Department of Insurance requires that insurance companies pay emergency facilities “at the insured’s in-network benefit level” for all services. Additionally, the Patient Protection and Affordable Care Act added numerous patient protections that require health plans covering emergency services to provide such coverage without need for prior authorization, regardless of the participating status of the provider, at the in-network level. Furthermore, health plans are required to pay for emergency visits for medical situations in which a person believes his or her health is threatened. The final diagnosis should not influence whether the insurer pays for the emergency room visit, and insurers cannot apply the claim towards the out-of-network benefits.

Boosting Medical Literacy
Much of the confusion around medical billing stems from the technical terminology being used by medical care providers and insurance companies. In an effort to educate consumers, TAFEC defines some of the more common terms below:

Coinsurance: the specified percentage of the claim amount that is allowed but not paid by the carrier.

Copay: the amount required to be paid to a provider by or on behalf of a patient in connection with services rendered.

Covered services: services that are specified under the terms of the patient’s benefit coverage.

Deductible: the specified amount paid annually by the patient before they can receive insurance benefits.

In-network: covered services provided to patients by a provider who is contracted with a particular health plan.

Out-of-network: covered services provided to patients by a provider who is not contracted in a particular payer’s network.

Preauthorization: approval must be obtained from the insurance company prior to receiving a medical service or procedure.

Health Care Plans & Reimbursement
Despite the aforementioned legislation, some insurance companies fail to make appropriate payments for emergency services and/or honor claims. Although overall cost of the visit is comparable to a traditional hospital ER, the claim is processed differently for FECs. The practice of issuing lower reimbursement rates for FECs is unlawful and must be addressed to provide consistency for emergency care providers.

TAFEC’s Response to Medical Overbilling
If patients believe they have been overcharged for medical services, TAFEC recommends the following:

• Patients can contact the facility that rendered treatment before making any payments. Billing errors do occur, as is the case with most medical care providers, and they can easily be corrected.

• Patients can contact their insurance providers before making any payments. It is imperative that insurance companies abide by the law and reimburse claims to the degree specified in patient health plans.

• TAFEC members are sensitive to the out-of-pocket costs passed on to the patient. When necessary, emergency facilities will enlist support from the patient (enrollee) in challenging the insurance company’s decision and help appeal for payment – which is often successful.

• If patients are expected to pay additional charges to the facility, TAFEC members are open to negotiating with patients regarding payment amounts and terms. The goal is to find a positive, reasonable outcome.