WTE column of February 12, 2015. Editor's headline: "Shopping for health care." CST on Feb 14: "Who's behind billing statements?"

Cheyenne Regional Medical Center (CRMC) is situated in downtown Cheyenne, on a sprawling, ever-expanding campus. Who owns CRMC? The question came to mind when I received a bare-bones billing statement from "High Plains Surgical Center" with a Dallas, Texas, address.

Its first line showed "Medicare Billing: $44,106.00." Beneath it was the amount Medicare actually paid to the provider. The bottom line showed my co-payment, to wit: $574.72.

Reading closely I discovered that the "service date" was the day a local surgeon had performed an outpatient rotator-cuff repair on my shoulder at CRMC. It took him less than an hour. Before and after, I spent a pre-op hour and another post-op hour in one within a row of tiny cubicles flimsily cordoned off with curtains.

I am currently in physical therapy at the small clinic I took to be an independent entity but which, I since learned, has become an arm—one of the tentacles—of the CRMC octopus. Is the octopus itself a mere tentacle of a yet more menacing creature?

At the small clinic I asked to speak with its billing clerk. She logged into my account but found nothing from the Dallas entity. So I called the phone number provided on the Dallas statement, which conveniently bears a 307 area code. That billing clerk mailed me an equally enigmatic "charge detail."

The description showed three procedures on the date in question, each billed at $14,702.00, which brought the total to the aforementioned $44,106.00. It appears, the provider billed for the surgeon's three incisions—I have three scars on my shoulder to prove them—and whatever actions attended. He may have used three different scalpels, but does this justify the multiple billing? Shouldn't the provider have billed for the use of the facilities? The billing for the surgeon's fees, I was told, would come from another department.

I first contacted the surgeon, who came highly recommended for his skill and professionalism, to determine whether I could afford the procedure. As a Medicare patient, I pay an annual deductible, plus 20 percent of any charges incurred; hence, I worried about out-of-pocket

expenses.

The surgeon sought to put me at ease. “Look,” he said, “a hip replacements costs six thousand. Obviously, a rotator-cuff repair would be a fraction of that.”

Thus, although lacking accurate financial information, I went ahead with the surgery. Now I find, the estimated co-payments are costs I can ill afford.

After receiving the Dallas breakdown, I took the sheet to the billing clerk of the small clinic that’s a CRMC extension and inquired about the surgeon’s fee. Again I received no satisfactory answer but after repeated insistence was given a sheet with the notation “not a bill: itemization of our services,” with “Total professional charges” projected at $9,454.16.

I can only conclude that the surgeon’s estimate of “a fraction of the cost of hip replacement” dates from the time he functioned independently. Now that everyone in his office, including the surgeon, is an employee of CRMC, no one has clue as to what moneys CMRC collects for his or her services. And why should anyone care? Would a train engineer inquire how much the railroad company pockets for the mile-long chain of coal cars he delivers? Even if he inquired, would his query change the company’s bottom line?

Some years ago a family member, who was lucky to have insurance coverage through her job, went to CMRC for outpatient knee surgery. The surgeon performed two procedures, and the hospital billed as if she had undergone two separate knee operations. Though her insurance, like Medicare, uses a code system that pays considerably less than what the provider bills, her co-payment, like mine, was out of hand. She fought the charges but can’t remember the outcome.

We may complain about out-of-pocket expenses, but what of the legion of workers stuck with several part-time jobs, none of which offers insurance coverage? The legion includes college lecturers with doctorates who commute between two-year colleges, as I once did in California. My car comprised “the office,” where all available space was taken up with boxes of student papers. Who covers the “office” upkeep? Who covers the costs when the lecturer falls ill? Even a relatively minor outpatient procedure can bring bankruptcy to stressed-to-the-max fulltime “part-timers” who lack the clout to negotiate “code” payments.

I recently read a book that touts the for-profit system of healthcare. A market-based system, its author said, is a competitive system, for it enables clients to shop around for the services they wish to obtain. The theory sounds good, but the realities that ensue produce unexpected limitations. Competitive shopping, who are we kidding? For-profit entities absorb competitors to morph into monopolies. More on this next time.