Pricing/Quality Transparency
Regulatory Considerations (based on Texas)

- Standardized Language for Billing by:
  - physicians
  - hospitals
  - ambulatory surgical centers
  - birthing centers
  - other? (imaging & eye centers, PTs)

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Regulatory Considerations (con’t)

- Information to be provided to patient:
  - Estimate of cost of service (within 10 days of request)
  - Whether late payments will incur interest
  - Public posting of insurance policy data:
    - Patient satisfaction
    - Quality of care
    - Coverage areas
    - Copayments and deductibles
    - Network information (doc & hospital names)
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Regulatory Considerations (con’t)

- Information to be provided to patient (con’t)
  - Whether facility-based specialists (like anaesthesiologists/radiologists) are in or out of the patient’s network
  - Whether facility-based specialists balance bill (alternately – the contact information).

- Discounts to be developed and made public for uninsured/indigent patients

- Refunds for overpayment to be made in 30 days

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Federal Government advice:

“Underpinning personalized health care is the confluence of two powerful tools: information technology and knowledge management. These forces will provide individualized health care know-how at an unprecedented level. The full potential of these forces cannot be realized unless electronic systems, clinical databases, and knowledge repositories employ interoperable standards and definitions.”

From: DHHS, Personalized Health Care: Opportunities, Pathways, Resources, Sept. 2007
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Steps to Transparency -- from U.S. DHHS

- The federal government, individual private employers and health plans commit to sharing information on price and quality in health care. Together, the government and major employers provide health care coverage for some 70 percent of Americans.
- The federal government and individual private employers commit to quality and price standards developed with the medical community. This will help guarantee a fair and accurate view of the quality of care delivered by individual providers, as well as providing consistent measures for quality.

- The federal government and individual private employers commit to standards for health information technology (IT). Health IT will be important for gathering and using the best information for consumers. These standards are also crucial to the goal of achieving electronic health records for all Americans.
- The federal government and individual private employers commit to offering plans that reward consumers who exercise choice based on high quality of care and competitive price for health care services.
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Websites for pricing/quality:
- Federal government website, hospitalcompare, for comparing hospital quality measures:
  http://www.hospitalcompare.hhs.gov/hospitalcompare/Hospital.Home2.asp?version=alternate&browser=IE%7C6%7CWinXP&language=English&defaultstatus=0&pagelist=Home
- Ucomparehealthcare – provides both pricing and quality measures. The following shows selected infection rates due to medical care. Bozeman Deaconess above average. Benefis slightly above average:

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Impacts related to SJR 15 access and delivery
- Consumer gains knowledge for self-referral (optimally patient choice rather than provider choice)
- Competition (safety net remains issue)
- Cost of health care (more knowledge – beneficial or not?)
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Options for legislation:

- Low tech directives to providers – no monitoring (except complaints)
- High tech – more costly but visible for public & regulators

SJR 15 Next Steps?

January meeting:
- Health care access & delivery
  - Community health centers
  - Hospice
- SJR 15 survey of health care providers / AG report?
- Transparency legislation (Jan or March?)

March meeting:
- Discussion of state’s role in competition
- Economic credentialing
- Transparency legislation (Jan or March?)