

Navigating Price Transparency & Providing Patients With an Out of Pocket Estimate

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EVERYONE AGREES TO HELP REDUCE HEALTH CARE COSTS!...



What Is Price Transparency In Healthcare?

- Providing patients access to healthcare costs:
 - Improves Outcomes
 - Involves patients in their health care experience
 - Educates the patient on price and quality of care available to them
 - Lowers Costs
 - Drives competitive pricing
 - Currently, there is a wide range of prices in healthcare

Why share prices upfront with our patients?

- Opens discussion on available financial assistance for uninsured or underinsured patients
- Educates the patient on their out of pocket expenses and insurance policy
- Gives the patient a choice
- It's already out there...might as well be up front!
 - WI Price Point (<http://www.wipricepoint.org/>)

Price Estimation Process

- Estimation Tool and Software
- Need accurate charges available
- Procedures for scheduled appointments v. “price shopping” patients
- Set guidelines – all procedures v. high dollar procedures
- Train, train, train your team!

Price Estimator Tool

QuickBase + New ★ Favorites 🔍 Search ? Help ! Alerts 👤 Karen Balderson

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Home Users Procedures Patients Payors Documents Charge Only Requests New Table

MHC Patient Estimate Database for SM... } Home Page
Import/Export Print this page Customize this Page

Procedures

- All Procedures by Category
- By Category (Pie Chart)
- List All
- List Changes
- Master Procedures Table
- Procedure Code Search
- Procedure Description Search

Patients

- Estimates Given
- Exact Form Data
- List All
- List Changes
- Print An Estimate

Payors

- List All
- List Changes

Documents

- List All
- List Changes

Charge Only Requests

- Charge Requests Fulfilled
- List All

[Procedure Code Search](#) [Procedure Description Search](#)

Master Procedures Table

Full Report | Grid Edit | Email | More ▾ 101-200 of 869 Procedures

	Proc Code	Description	Category	Price	Patients	Add Patient	Add Charge Only Request
	57520	COLD KNIFE CONIZATION	Hospital Service	\$8,290.12	Patients	<button>Add Patient</button>	<button>Add Charge Only Request</button>
	97010	COLD PACK or HOT PACK WITH OR W/O APPLICATION	PT	\$0.00	Patients	<button>Add Patient</button>	<button>Add Charge Only Request</button>
	45378, 43235, 47563	COLON/EGD UNDER MAC IN AM FOLLOWED BY LAPAROSCOPIC CHOLECYSTECTOMY AND INTRAOPERATIVE CHOLANGIOGRAM/FLUOROSCOPY	Hospital Outpatient	\$27,664.75	Patients	<button>Add Patient</button>	<button>Add Charge Only Request</button>
	45378 Diagnostic	Colonoscopy	SURGICAL DAY CARE	\$2,724.39	Patients	<button>Add Patient</button>	<button>Add Charge Only Request</button>
	45378-Screening	Colonoscopy	SURGICAL DAY CARE	\$3,741.79	Patients	<button>Add Patient</button>	<button>Add Charge Only Request</button>
	45384	Colonoscopy with removal of tumor/s, lesion/s, or polyp/s with snare or by hot biopsy forceps		\$5,025.48	Patients	<button>Add Patient</button>	<button>Add Charge Only Request</button>
	45385	Colonoscopy with removal of tumor/s, lesion/s, or polyp/s with snare or by snare technique	Hospital Service	\$5,532.59	Patients	<button>Add Patient</button>	<button>Add Charge Only Request</button>

Result Pages: < 1 2 3 4 5 6 7 8 9 >

Patient Estimate Example

Patient Estimate Form

The following procedure prices are estimates only and are provided to you with the best of our knowledge. We are unable to guarantee that the actual charges will be equal to or less than the estimate provided. Actual charges may exceed the estimated amounts depending on the individual's needs and medical circumstances. This estimate is based on average cost for similar procedures done in the past and does not project what those procedures will cost at any time in the future.

Estimate ID 139
Patient Name TEST,PATIENT
Date of Service 12-13-2010

Insurance Company United Health Care - outpatient services only
Insurance Deductible \$500.00
Co-Insurance Portion 20%
Out-of-Pocket Max \$2,500.00

Procedure Colonoscopy with removal of tumor/s, lesion/s, or polyp/s with snare or by snare technique **Category** Hospital Service

Primary CPT 45385

Notes Estimate includes facility fee

Estimated Charge	\$5,532.59
Out-of-Pocket Max	\$2,500.00
Deductible/Co-pay	\$500.00
Co-Insurance	20%
Estimated Out-of-Pocket	\$1,440.13

The estimates provided are based on routine care and recovery. Your bill may include specific charges requested by your physician including hospital room charges, nursing care charges, surgical charges, and ancillary charges such as lab tests, radiology, pharmacy, and supplies. In the case of medical complications, additional charges may be necessary.

This estimate does not include any fees for non-Ministry services (such as radiologist or pathologist charges from another entity).

This estimate provided by: brian.stephens@ministryhealth.org

On: 12-13-2010

Patient Signature: _____ **Date:** _____

Questions?

