

Requirements in Selected States for Health Care Facility Pricing/Quality & Insurance Info

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Variations on the theme of transparency:

- Reporting by all licensed health care facilities vs. hospitals only
- Requirement to convey information (presumably to patients individually) vs. report to state
- Required reporting of health insurance charges vs. voluntary effort to show patients estimated out-of-pocket costs
- Reporting of prices and quality on state-sponsored websites vs. reporting on state-hired or state hospital association websites and reliance on national data bases like the Hospital Compare at the U.S. Department of Health and Human Services:
<http://www.hospitalcompare.hhs.gov/Hospital/Home2.asp?version=alternate&brower=IE%7C6%7CWinXP&language=English&defaultstatus=0&pagelist=Home>
- Requirements for notification that itemized bill is available vs. required cost estimates for nonemergency care upon request

State	Health Care Facility Pricing	Health Care Facility Quality	Billing Simplification	Insurance Pricing
Arizona	<p>Responsible compiler: <i>state</i> Data from: <i>hospitals, outpatient surgical centers, emergency departments.</i> What: <i>average charge per patient and average charge per physician plus simplified average charges for most common diagnoses or procedures.</i></p>			
http://www.azdhs.gov/plan/crr/cr/comparison_reports.htm				
California	<p>Responsible compiler: <i>state</i> Data from: <i>hospitals</i> What: <i>prices for top 25 most common procedures plus written estimate on request of expected charges to be billed to uninsured person, based on average length of stay and services for person's diagnosis.</i></p>			
http://wwwsyfphr.oshpd.ca.gov/search.aspx				
Colorado	<p>Responsible compiler: Not apparently compiled Data from: <i>hospitals & other health care facilities</i> What: <i>prior to admission, disclosure of average facility charge for frequently performed inpatient procedures.</i></p>	<p>Department of Public Health & Environment chose Colorado Hospital Association to publish report on quality measures.</p>		<p>Voluntary effort by Catholic Health Initiatives and Centura Health to test software that lets patients estimate out-of-pocket costs</p>

State	Health Care Facility Pricing	Health Care Facility Quality	Billing Simplification	Insurance Pricing
Connecticut	Responsible compiler: Not apparently compiled Data from: <i>hospitals</i> What: <i>Hospital information for inpatient & outpatient services with negotiated rates with 3rd party payers, government payment rates, hospital costs. Not obvious where reported. Connecticut Hospital Assn?</i>			
Florida	Required: notification of patients of their right to get itemized bill. Who: <i>licensed facilities</i> <i>HB 7073 requires coordination of information</i>			Florida state website compares health insurers.
http://www.floridahealthfinder.gov/reports-guides/patient-bill-rights.shtml				
Illinois	Requires: "Consumer Guide to Health Care" to list information on at least 30 outpatient procedures (named by the Dept of Public Health) that show the highest degree of variation in patient charges and quality care. Also to report nosocomial infection rates, case volume, average charges, risk-adjusted mortality rates, and for ASCs any direct admissions of outpatient cases to hospitals for selected procedures, as determined by the DPH. Information must be easy to understand & include explanations to interpret data.		Hospitals, ASCs to adopt uniform system for submitting patient charges for payment from public & private payers.	Department of Insurance to require all 3rd party payors accept uniform billing form. Public Law 094-0027 (Apparently not implemented yet - - No Report Card, No Consumer Guide to Health. http://www.emaxhealth.com/24/19752.html)
Kentucky	Responsible compiler: <i>state</i> , with help from Kentucky Hospital Assn. Data from: <i>hospitals & ASCs.</i> What: explanations in understandable language for comparing health care charges, quality, outcomes of diagnosis & procedures.	(see column at left)		
http://chfs.ky.gov/ohp/healthdata				
Maine	Requires: hospitals to provide cost information for 15 most common nonemergency inpatient and 20 most common outpatient surgical procedures.			
http://www.healthweb.state.me.us/outpatient/reports/2005/2005LABState.asp				

Maryland	Responsible compiler: Hospital Rate Review Commission, provided with monthly reports on hospital charges and costs for inpatient & outpatient services.			
http://mhcc.maryland.gov/consumerinfo/hospitalguide/hospital_guide/cost_report.html				
Massachusetts				Publishes insurer price information as part of MA Connector and other health insurance reforms
http://www.mahealthconnector.org/portal/site/connector				
Minnesota	Requires: Reporting of average & median charges for 50 most common inpatient diagnosis related groups & 25 most common outpatient procedures			
Nebraska	Requires: Hospitals & ASCs to provide written estimate of average charges for health services.			
Nevada	Requires: Hospitals to use uniform list of billed charges for inpatient services/goods. Equity in billing. NRS 439B.400			
Ohio	Requires: Hospitals to put price information on website and post announcement of list availability in each billing office, admission, patient waiting, & reception area.			
Pennsylvania	Requires: Health Care Cost Containment Council to develop computerized collection/dissemination system for health care quality/cost information. Patient data, including total charges, and the top 65% of covered inpatient & outpatient services to be listed.			
http://www.phc4.org/				
South Dakota	Requires: Hospitals to report charges for 25 most common inpatient diagnostic groups to Dept of Health. Dept to post on its website. Also required - fees and charges by a health care provider or facility to be disclosed upon patient request.			

http://hospitalpricing.sd.gov/				
Texas	Requires: Providers to give estimates of expected charges and itemized bills on request of a patient. Also, consumer website required to access physician billing information of average charges for procedures.			Standard billing requirements for physicians, insurers, & hospitals. All must disclose billing policies. SB1731 (2007)
http://www.dshs.state.tx.us/THCIC/Publications/Hospitals/IQIRReport2004/IQIRReport2004.shtm				
Vermont	As part of Catamount health care reforms, requires hospitals to file analysis of cost-shifting reductions if public payments increase or rate of insured people rises. (section 25) Cost-shift task force created.			Commission to develop common claims form for easier readability, use, and lower administrative costs.
West Virginia	Requires: Reporting of inpatient & outpatient services by dept & payor.			Requires reporting of negotiated pay rates with 3rd party payors, government payment rates, & hospital costs.
Wisconsin	Requires: Hospitals & ASCs to report charges for specific procedure codes. Also provides state funding to analyze & report health care claims information related to cost, quality, effectiveness of health care in understandable language.			
http://www.wipricepoint.org/				