

Report on Best Practices for Providing Price Information to Patients

Hospital Direct Price Transparency Workgroup

October 2007



Background

Wisconsin hospitals have a long tradition of providing needed health care to their communities, 24 hours a day, seven days a week. That care is provided regardless of ability to pay.

Each day in 2005, Wisconsin hospitals provided uncompensated care to almost 2,600 patients at a cost of more than \$1.5 million. In all, over 965,000 individuals received over \$550 million in uncompensated care.

Hospitals are committed to serving patients whether or not they can pay for part or all of the essential care they receive. Hospitals are committed to treating all patients with compassion, from the bedside to the billing office. At the same time, hospitals have a responsibility to all patients and payers to attempt to obtain payment from those able to pay. The financial viability of hospitals is affected by whether hospitals are successful in obtaining payment from those responsible.

To help provide guidance in balancing the responsibilities outlined above, the Wisconsin Hospital Association developed principles to communicate what Wisconsin patients can expect from their hospitals in recommended *Billing and Collection Guidelines* (see <http://www.wha.org/financeAndData/billingCollection.aspx>.)

Tools to Help Hospitals Communicate Better

When the WHA workgroup finished their work on the *Billing and Collection Guidelines*, they recommended that another workgroup be formed to help hospitals with providing price information to patients. Responding to the growing number of inquiries made by patients regarding how much a procedure will cost is relatively new to many hospitals. In an effort to help Wisconsin hospitals do a better job of providing price transparency to patients, this document was created to share best practices that could be used by Wisconsin hospitals.

Patients Need To Know Because Patients Need To Pay

In an era in which patients are being asked to pay a larger portion of their medical costs, transparency in prices and policies is vital to patients' ability to make informed choices about their health care — choices about whether they will undergo procedures their doctors have recommended, where they will have those procedures done, and how they will cope with the bill when it arrives. These patients include the approximately 280 thousand Wisconsin residents, both unemployed and employed, who lack health insurance — or 5 percent of the state population. (For more information, see the *Wisconsin Family Health Survey*, at <http://dhfs.wisconsin.gov/stats/familyhealthsurvey.htm>.)

They may also be individuals who do have health insurance, but who have a plan that includes high deductibles and/or copayments for services, thereby shifting some of the employer's costs to the consumer. As a result of this cost sharing, many consumers can end up paying many thousands of dollars out of their own pockets to pay for care.

The trend toward patients having either no insurance or having insurance that requires them to shoulder a substantial burden of the cost is increasing, making more Wisconsinites financially responsible for some or all of the hospital care they receive.

Goals of the Workgroup

The group outlined the typical goals that hospitals have in their efforts to provide pricing information to their patients. They include:

- Responding to patient requests timely and accurately
- Simplifying and defining processes
- Providing tools for staff to assist patients in making informed decisions
- Relaying consistent, rational & meaningful estimates
- Minimizing complaints & strengthening consumer relationships
- Establishing points of contact and a document trail

Outcomes of the Workgroup, Best Practices and Recommendations to Meet Goals

The workgroup shared their current practices and issues related to doing a good job providing pricing information to their patients. After reviewing this information, the workgroup concluded that while every hospital is different (size, organizational structure, resources, payer mix, etc.) there were several important components identified in the price transparency process that seemed pretty consistent among all of the workgroup members. They include

- **A written policy (see appendix 1)**

A well written policy is important in price transparency activities as it lays out the importance of the issue and creates consistency and understanding among staff.

- **A template letter to be used when giving pricing information (see appendix 2)**

A well written letter format is important in price transparency activities given via written correspondence as it helps educate the patient on the price quote and what additional costs may not be included in the estimate.

- **A script for staff to use when giving pricing information (see appendix 3)**

A script is important for price transparency activities given verbally as it helps educate the patient on the price quote and what additional costs may not be included in the estimate.

- **A flow chart/narrative of the process for giving price information (see appendix 4)**

Wisconsin hospitals vary in size and complexity and there are many different ways to properly relay price information to patients. Samples of various processes for giving price quote information to patients are useful in developing a system that works for individual facilities.

- **Potential data sources for giving price estimates (see appendix 5)**

Wisconsin hospitals vary in size and complexity and there are many different ways to properly relay price information to patients. Some hospitals have their computer systems set up so staff can do real time price quotes. Other hospitals update a price list for staff to use as seen in Example 1. Still others use or direct patients to the WHA PricePoint website.

- **Educational materials and website information (see appendix 6)**

A very important piece of price transparency is educating the public on the intricacies of hospital pricing and billing and what a price quote actually means.

The following appendices offer materials developed by WHA member hospitals. They are being shared in a collaborative effort to help Wisconsin hospitals as they continue to improve their price transparency activities. WHA would like to thank the workgroup who contributed to this document.

Hospital Direct Price Transparency Workgroup

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APPENDIX 1 SAMPLE POLICIES

A well written policy is important in price transparency activities as it lays out the importance of the issue and creates consistency and understanding among staff.

Example 1:

XXX Hospital POLICY NUMBER xxx-xxx
DATE ISSUED xx/xx/xxxx
PAGE 1 of 2
SUBJECT: Price Estimates Policy

Purpose:

XXX Hospital believes in patient-centered care. As a result, we will, to the extent possible and as allowed by the capabilities of our information technology system, provide a price estimate for patients who ask for one, for procedures and services that are rendered at the XXX Hospital.

Policy:

1. XXX Hospital will, upon request, provide price estimates for patients or their representatives.
2. An inquiry for price information is the responsibility of a patient's representative/ guarantor or the patient who is to receive services at XXX Hospital.
3. To the extent possible, designated employees of XXX Hospital, i.e. the employees in Patient Business Services [xxx-xxxx] and Patient Accounts, will provide a price estimate based on the description of the procedure provided by the patient or patient's representative/guarantor.
4. Price information provided to the patient or a patient's representative will only be an estimate, calculated based on the resources consumed by other patients who received a similar procedure in the past year. XXX Hospital will, to the extent possible, provide an estimate that will, as closely as possible, represent charges for the typical patient served in the past year.
5. The price estimate will only include the charges for hospital resources, not including physician time spent in rendering the services to the patient. A price estimate **will not include** the charges for the physician who performs the procedure and for other professionals such as the Anesthesiologist who assist during the procedure. Requester may contact the clinics for information about professional fees and other charges.
6. The price estimate provided to the patient will not reflect any discounts that may have been negotiated between the patient's insurer and XXX Hospital for services provided in the hospital.
7. It is the responsibility of the patient to contact his or her insurer to estimate what will be the patient's portion of the bill when it becomes available.
8. XXX Hospital does not guarantee that the actual charges received by the patient after services have been rendered will be similar to the price estimate. The actual charges are dependent upon many factors including the patient's health condition/status; the amount of

resources used; and the actual procedure(s) performed, which may vary from the originally scheduled procedure.

9. Employees from the clinics or anywhere else in the Network can call on behalf of a patient for price information. When this is the case, the caller should be ready to provide the patient's name, Social Security Number (if obtainable), Procedure Description, and ICD-9 or CPT Code if known.

10. The responsibility to call for price information resides with the patients and their representatives. All calls for price information should be directed to Patient Business Services or Patient Accounts.

Procedure:

1. Obtain enough information from the patient to ensure that a proper estimate can be given. Such information may include patient's last name, Social Security Number, procedure description and/or ICD-9 procedure code.

2. Provide the caller with a price estimate over the telephone and follow it up with a letter from XXX Hospital explaining the price information along with disclaimer statements.

3. To help determine the effectiveness of this program, there will be some follow up processes to measure how close estimates are to the actual charges received by patients. This will be achieved with the aid of information obtained from the callers at the time of the first call for a price estimate. So, callers will be encouraged to provide the prospective patient's SSN, if patient is other than the caller. This information will be periodically compared with actual patient charges received by these particular patients so that improvements can be made to the process.

Example 2:

Department: Registrations

Number: Registration Policy #335

Date Effective (original): December 1, 2006

Review/Revision Dates:

Department Director Signature: _____

Medical Staff Approval (if applicable): _____

Administrative Approval: _____

TITLE: **Quoting Costs to Patients**

PURPOSE: To ensure patients are quoted accurate and consistent costs by XXX Hospital.

POLICY: All patients that inquire about costs for procedures will contact designated registrations staff to get consistent and accurate quotes.

PROCEDURE: *Telephone Inquiries*

1. All telephone inquiries will be directed to an authorization clerk for assistance. If no one is available, then the registrar will quote the price in the authorization clerk's absence.
2. If the patient asks for the cost of an outpatient diagnostic or laboratory test, the authorization clerk will utilize Addendum B or Addendum C depending on whether it is a diagnostic or laboratory test. If it is a surgical procedure, inpatient stay, or observation stay; the authorization clerk will use the cost lists used in computing patient estimates. All patients will be given a disclaimer as to the limitations of this quote, see addendum A.
3. If the inquiry happens when registrations staff is not here, then the patient will be transferred to voice mail if requested and staff will contact the patient with information.
4. If the patient is already scheduled, a note will be entered into the hospital system on the amount that was quoted to the patient.

Walk-in Inquiries

1. All walk-in inquiries will be directed to an authorization clerk for assistance. If no one is available, then the registrar will need to follow the procedure below.
2. If the patient asks for the cost of an outpatient diagnostic or laboratory test, the authorization clerk will utilize Addendum B or Addendum C depending on whether it is a diagnostic or laboratory test. If it is a surgical procedure, inpatient stay, or observation stay; the authorization clerk will use the cost lists used in computing patient estimates. All patients will be given a disclaimer as to the limitations of this quote, see addendum A
3. If the inquiry happens when registrations staff is not here, then a message will be taken with all relevant information from the patient, including contact information, and the patient will be contacted by registration staff.
4. If the patient is already scheduled, a note will be entered into the hospital system on the amount that was quoted to the patient.

RESPONSIBILITY: Authorization clerks will be responsible to quote cost estimates. If the authorization clerk is unavailable, anyone within the registrations department will be responsible for the quote.

APPENDIX 2 SAMPLE LETTERS

A well written letter format is important in price transparency activities given via written correspondence as it helps educate the patient on the price quote and what additional costs may not be included in the estimate.

Example 1:

October 19, 2007

[Patient Name]

[Address]

[City State Zip]

RE: This written fee estimate was prepared for the following service(s):[Services]

Thank you for choosing XXX Hospital as your partner in healthcare.

XXX Hospital sees a variety of patients with a wide range of healthcare needs. We realize that most medical expenses are the result of unexpected accidents or illnesses and are difficult to budget for. An estimate is based on a number of assumptions, such as the services you will receive and the number of days you will be in the hospital.

Estimates can vary based on individual differences.

Some factors that may make your total charges higher or lower than the average patient include:

- How long it takes you to recover in the hospital
- Whether the surgical procedure is more or less difficult than expected
- What kinds of medication(s) you require
- Whether you may require additional treatment
- Ancillary services you receive, such as, Lab work, EKG's, X-rays, and Pathology.

It is important to understand that you will receive separate bills from the hospital and clinic.

Additionally, you may receive separate bills from non-XXX Hospital physicians who provide care to you in the hospital. These physicians are independent of XXX Hospital and as such, bill independently. The following is a list of other services and providers who may bill you separately:

- Pain Clinic
- Radiation therapy
- Anesthesiology

The fee estimate involves charges as follows: **The fees listed below are only estimates and are in effect until 12/31/07.**

Procedure	Fee	Facility
[Procedure Name 1]	(\$ Range)	[Facility]

Total

Anesthesia fees can be obtained by calling XXX Anesthesiologists at (xxx) xxx-xxxx.

If you have questions regarding this estimate of charges for clinic or hospital services, please call me at xxx-xxx-xxxx.

Best regards,
XXXXX XXXXX

Example 2:

May 15, 2007

Dear Patient,

On 5/14/07 you called XXX Hospital to inquire about the price for Carpal Tunnel at our facility. In 2006 XXX Hospital was recognized as one of the 100 Top Performance Improvement Leaders among all hospitals in the country. This is a testament to our dedication to providing the best care for you. We salute you for being proactive about your healthcare.

Our experience show that the estimated price for the above procedure is:

Carpal Tunnel: \$956.00

This is an estimate. We cannot guarantee the charges due to each individual's unique health care needs. The charges you receive may be below or above the stated range. In addition, this estimate does include charges for the service of the surgeon, the anesthesiologist, and other professionals who assist during your procedure.

We recommend that before arriving at the hospital for your procedure, you contact your insurance provider to ask about authorization, benefits coverage, and what part of the bill you are responsible for.

We look forward to serving your future health care needs with the same quality, compassion, and cost-effectiveness we have served our community with since 1899.

If you have any questions about this estimate please call XXXXX XXXXX at XXX-XXX-XXXX.

Thank you,

XXXXX XXXXX

APPENDIX 3 SAMPLE SCRIPT AND PROCEDURES

A script is important for price transparency activities given verbally as it helps educate the patient on the price quote and what additional costs may not be included in the estimate.

FEE ESTIMATE PROCESS STEPS AND SCRIPT FOR CLINIC AND HOSPITAL SERVICES

Process Steps:

1. Complete the Fee Estimate Form for Clinic and Hospital Services completely and forward to the Fee Analysts.
2. Do not transfer patient telephone calls to the Fee Analysts/technicians.
3. When the patient calls and gives you the procedure information, be sure to ask the patient to be as specific as possible regarding the procedure, location of procedure (clinic or hospital), and site of procedure.
 - a. If request is not from the patient, make sure to document the relationship.
 - b. If the fee estimate that is returned is not for the **exact procedure that was requested**, you will need to contact the patient directly with the estimate, not the requestor, to ensure patient confidentiality.
4. After providing the fee estimate to the patient, document the fee estimate on the patient's on-line notes.
5. If the patient requests a written fee estimate at the time of form completion, ensure the patient's address is documented on the fee estimate form and check the "Is the written estimate requested" "Yes" box. After the verbal fee estimate is given by the PSR, the fee analyst will send a written fee estimate to the patient regarding the procedure(s) they are requesting a fee estimate for within 5 to 7 business days. The fee analyst will document on the on-line notes when the written fee estimate is sent to the patient.
6. When providing the fee estimate, if a written estimate is requested, please e-mail all Fee Analysts with the Patient Name, MRN, Procedure Description and Address to mail written estimate to.

When providing the fee estimate, please relay the following:

- ***"The price estimate for your services is _____ . Please note that this is only an estimate and your procedure could be more or less depending on the circumstances. Also, the price estimate may not include all services such as EKGs, additional surgeons, et cetera.***
- ***The fee estimate does not include anesthesia fees. These fees can be obtained by calling xxx Anesthesiologists at XXX-XXXX.***

KEY POINTS OF INFORMATION:

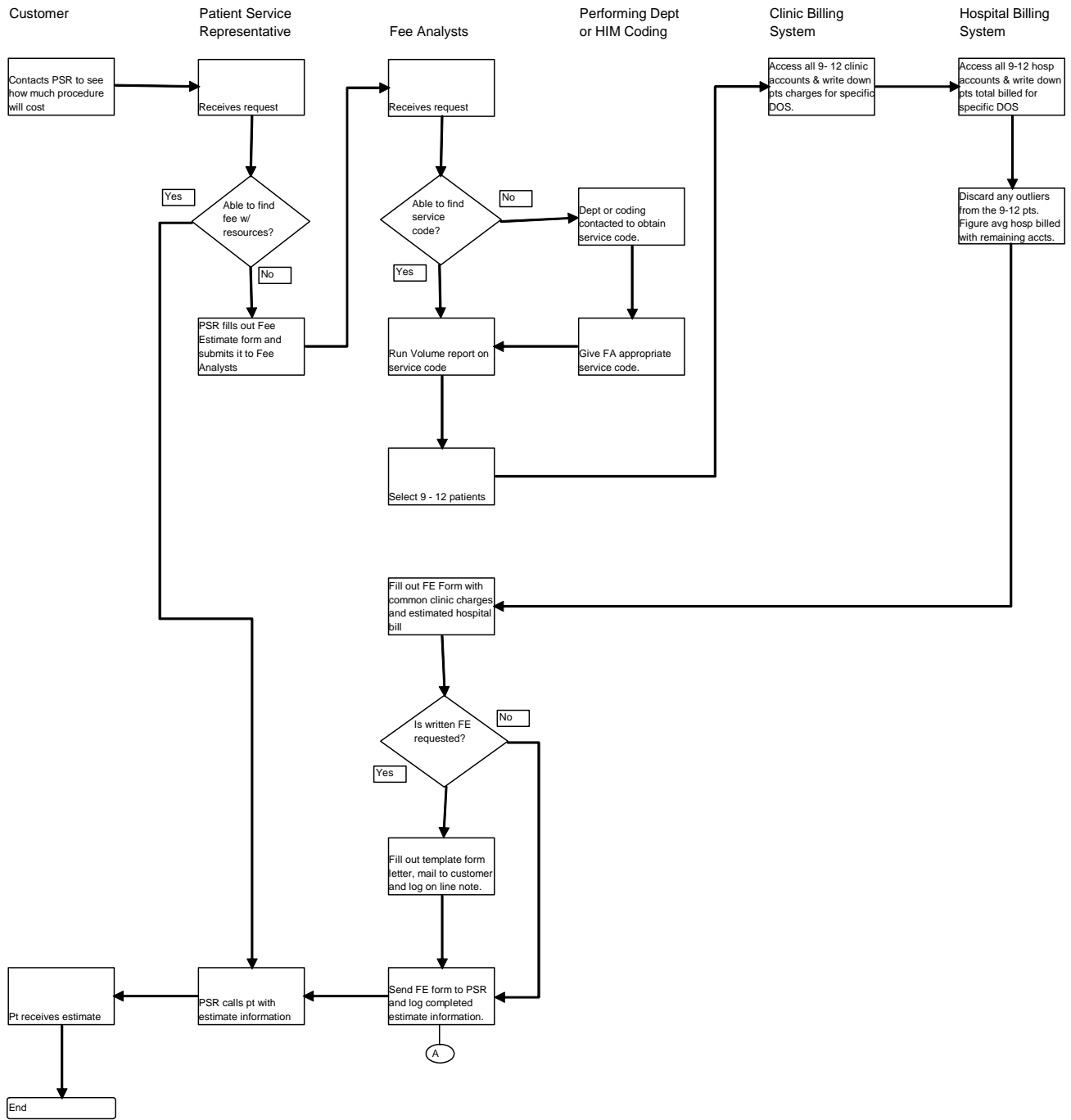
- ✓ Estimates can vary based on individual patient differences. A fee estimate is compiled by determining the average charges previously billed for the same or similar procedure(s).
- ✓ Some factors that may make your total charges higher or lower than the average patient include:
 - ✓ How long it takes you to recover in the hospital
 - ✓ Whether the surgical procedure is more or less difficult than expected

- ✓ What kinds of medication(s) you require
- ✓ Whether you may require additional treatment
- ✓ Ancillary services you receive, such as Lab work, EKG's X-rays, and Pathology
- ✓ There is the possibility that you may need to have an EKG performed both pre and post-op. This will incur extra costs.

APPENDIX 4 EXAMPLE FLOWCHART OR NARRATIVES OF PRICE INFORMATION PROCESS

Wisconsin hospitals vary in size and complexity and there are many different ways to properly relay price information to patients. Below are various processes for giving price quote information to patients

Example 1:



Example 2:

XXX Hospital

Steps to doing a Pt Inquiry

- 1 Get Procedure Name and if possible codes that the MD's office may have given them. If it is an unusual procedure, see if they know what dept will be doing it (xray, or, angio)
- 2 If it is a surgical procedure, get details as to if it is I/P or O/P, any codes you can get. If you can't get codes, or just a physician code you can call the HIM Coders
- 3 Using the Patient database, run a query with the ICD9 or Medical HCPC
Generate a report that lists all cases and averages. I will look them over them to find the outliers
- 4 If you don't get any cases from the current year, I will run the query for the previous years I then modify charges to current pricing
- 5 Sometimes utilize the surgery database for patients with similar procedures
- 6 If it is an xray, ct scan, mri, us, nuc med scan. If it is ct scan, mri or nuc med scan I ask whether it will be enhanced or not if I can't just give them both ways. I included a range for the contrast and nuclide and explain that it will vary. Inform inquirer that their will also be the additional bill from XXX Radiology and offer the phone number
- 2 If looking for procedures that require several charges, I view patient records with the main charge code to get the additional charges. Examples could be pulmonary function tests, wound debridements, psychical therapy treatments, Specialty clinic visits.
- 2 If I've not heard of the test, I see if the inquirer knows what dept would be performing the test. Then call the dept for help,
- 2 Radiation Treatments; I will call leader from Radiation Oncology and she helps out with previous pt with similar plans. Then I use our patient database to look up the pt and adjust according to what the leader thinks the patient would be charged
- 2 For certain questions that are frequently asked such as, colonoscopies, deliveries, sleep studies, bone densities, mammograms, stress test, echocardiograms, holters, king of hearts Diabetes Nutrition, Med Nutrition, I have created a cheat sheet with the most recent pricing.

Example 3:

PRICE ESTIMATE PROCESS

1. Customer/Physicians office calls Customer Service Cashier for Price Estimate
2. Customer Service Cashier asks several questions:
 - A. Patient name
 - B. Patient Social Security number
 - C. CPT code, Procedure code, or description of service
3. Customer Service Cashier reviews Price Estimate software using CPT code, Procedure Code and/or description of service
4. Once the estimate of procedure/surgery is found, Customer Service Cashier enters patient last name in Price Estimate software
 - A. If patient has been to the facility before all demographic information pops up
 - B. If patient has not been to facility before click on "Add new patient in the hospital system"
 - a. This requires the Customer Service Cashier to enter all demographic for patient into the Price Estimate software
5. Once demographic information is entered or received the Customer Service Cashier double clicks on the procedure/surgery
 - A. This applies the price estimate of the procedure/surgery to the field labeled "Quote"
6. Once all procedures/surgery estimates are applied, Customer Service Cashier will click on "Save caller data"
 - A. This saves the price estimate in the Price Estimate Software for future references
7. Once price estimate is saved Customer Service Cashier will click on "Print Quote"
 - A. Price Estimate is printed on facility letter head paper and immediately mailed to the customer
8. At any time management may print all quoted data to see if patient actually had service. This also allows management to compare quoted data to actual charge of procedure/surgery service patient received

Example 4:

Estimate Requested Procedure

- When all non-Medicaid patients are pre-registered the registration staff will ask the patient if they would like an estimate of their charges.
 - Registration staff will print Estimate Requested report to know which patients requested an estimate.
 - Once the Estimate Requested report is printed you will then need to print a Surgery Schedule for the estimate day you are working on.
 - You will reference this when plugging the patient into the excel worksheet.
 - After you have figured out which patients would like to have an estimate you then need to contact all non-government payers to see what the patient's deductible and co-insurance would be for that day of service.
 - Once you have collected all the information you can then open up the Estimate Sheet in Excel
 - You will see 4 tabs on the bottom of the page
 - Surgery (All surgical cases and inpatient Medicare patient)
 - Opt.Surg.MCR (only Medicare outpatient surgeries)
 - Inpt & obv (Inpatient or Observation stay)
 - OB (OB visits)
 - There are 4 additional tabs on the bottom of the page that are hidden. These tabs include the sheets that print for the patient and the staff.
 - After you have completed the excel sheet for the estimate you then print it and place the estimate in an envelope and attach it to the patients chart.
 - When the patient comes in the day of the service the registration staff will hand the patient their estimate.
- * For the patients that are not pre-registered (we have been unable to contact) an estimate sheet with charges only will be created. The patient's estimated responsibility will not be included. The estimate will then be placed in an envelope and attached to the patients chart. When the patient comes in the day of the service the registration staff will hand the patient their estimate.

APPENDIX 5 EXAMPLES OF PRICE DATA USED BY HOSPITALS

Wisconsin hospitals vary in size and complexity and there are many different ways to properly relay price information to patients. Some hospitals have their computer systems set up so staff can do real time price quotes. Other hospitals update a price list for staff to use as seen in Example 1. Still others use or direct patients to the WHA PricePoint website.

Example 1: A regularly updated price sheet to be used by staff

Outpatient Diagnostic or Laboratory Test:

The (test) costs \$(estimate). This charge is for the test only. If there are additional tests performed or other supplies used, there will be additional charges. Also, there may be (will be for any DI test) an additional charge for a physician to interpret the results.

Surgery:

The (procedure) costs between \$(low estimate) and \$(high estimate). Actual charges depend on many factors concerning your care, such as length of your stay and any complicating health issues. This estimated cost does not include any physician charges.

Inpatient/Observation Patients:

There are many factors that affect overnight stays at a hospital. Actual charges depend on many factors concerning your care, such as length of your stay, tests and procedure performed while you are in the hospital, and any complicating health issues. The estimated charges are as follows:

Length of Stay (days)	Inpatient Admitted through ER Estimated Charge	Inpatient-Direct Admit Estimated Charge	Observation Estimated Charge
1	\$6,066	\$3,848	\$3,639
2	\$7,992	\$5,890	\$5,690
3	\$9,761	\$6,086	N/A
4	\$12,250	\$8,309	N/A
5	\$15,750	\$11,834	N/A
6	\$18,165	\$14,728	N/A
7	\$22,128	\$18,914	N/A
8	\$23,828	\$20,576	N/A
9	\$29,047	\$22,384	N/A
10	\$30,817	\$24,351	N/A

Diagnostic Imaging Price Ranges - Created April 26, 2007

CT Scans	Minimum	Maximum
Abdomen	\$998.00	\$1,600.00
Cervical Spine	\$998.00	\$1,725.00
CTA (CT Angiography-Any)	\$1,368.00	\$1,650.00
Extremity/Joint - Any	\$998.00	\$1,725.00
Head	\$998.00	\$1,725.00
Kidney Stone Study	\$998.00	\$1,200.00
Lumbar Spine	\$998.00	\$1,725.00
Neck	\$998.00	\$1,725.00
Pelvis	\$998.00	\$1,600.00
Sinuses	\$998.00	\$1,725.00
Thoracic Spine	\$998.00	\$1,725.00

MRI Scans	Minimum	Maximum
Brain	\$1,650.00	\$2,600.00
Cervical Spine	\$1,650.00	\$2,600.00
Chest	\$1,650.00	\$2,600.00
Extremity/Joint - Any	\$1,650.00	\$2,600.00
Head	\$1,650.00	\$2,600.00
Lumbar Spine	\$1,650.00	\$2,600.00
MRA (MR Angiography-Any)	\$1,650.00	\$2,600.00
Neck	\$1,650.00	\$2,600.00
Pelvis	\$1,650.00	\$2,600.00
Thoracic Spine	\$1,650.00	\$2,600.00

Nuclear Medicine Exams	Minimum	Maximum
Bone	\$1,179.00	\$1,750.00
Brain	\$1,299.00	\$1,600.00
Cardiac Stress Tests	\$2,375.00	\$4,625.00
Kidney	\$1,325.00	\$1,500.00
Lung	\$1,136.00	\$1,925.00

Ultrasound Exams	Minimum	Maximum
Abdomen	\$511.00	\$550.00
Breast	\$230.00	\$275.00
Echocardiogram	\$866.00	\$1,600.00
Heaptobiliary	\$511.00	\$550.00
Kidney	\$535.00	\$680.00
Legs	\$621.00	\$985.00
Liver	\$511.00	\$680.00
OB (Multiple Fetus-to 4)	\$763.00	\$1,513.00
OB (Single Fetus)	\$292.00	\$550.00
OB Follow Up Studies	\$292.00	\$1,168.00
Pelvis	\$578.00	\$600.00
Testicles	\$458.00	\$500.00

Common X-ray Exams	Minimum	Maximum
Addomen	\$223.00	\$255.00
Cervical Spine	\$254.00	\$410.00
Chest	\$221.00	\$255.00
Lower Extremities - All	\$210.00	\$275.00
Lower GI Series	\$410.00	\$650.00
Lumbar Spine	\$332.00	\$425.00
Ribs	\$312.00	\$545.00
Thoracic Spine	\$286.00	\$340.00
Upper Extremities - All	\$167.00	\$225.00
Upper GI Series	\$233.00	\$525.00

Mammograms/BMD Exams	Minimum	Maximum
Bilateral	\$193.00	N/A
Unilateral	\$160.00	N/A
Bone Mineral Density	\$318.00	N/A

PET Scans	Minimum	Maximum
Any/All	\$4,460.00	\$4,850.00

Notes: These prices do not include the professional charges for reading the tests or physician monitoring.

That price may be 30%-60% of the cost of the exam in addition to the exam charges.

Outpatient Surgical Procedures Price Ranges

Name	Min Charge	Max Charge
ACL - Anterior Cruciate Repair	\$12,707	\$18,684
Adenoidectomy	\$3,083	\$8,013
Appendectomy - Laparoscopic	\$6,142	\$13,768
Arthroscopy - Knee	\$3,571	\$15,145
Arthroscopy - Shoulder	\$8,110	\$16,174
Biopsy - Bone Marrow	\$12,573	\$31,497
Biopsy of Bladder/Cysto with bladder biopsy - Closed	\$2,214	\$10,510
Biopsy of Bronchus/Bronchoscopy - Closed	\$1,958	\$5,388
Biopsy of Large Intestine/Colonoscopy with biopsy - Closed Endoscopic	\$1,939	\$5,496
Bronchoscopy	\$1,958	\$5,389
Cardiac Cath (Left)	\$7,666	\$12,336
Cardiac Cath (Right & Left)	\$10,487	\$13,681
Cardioversion	\$1,046	\$5,898
Carpal Tunnel Release	\$1,843	\$5,283
Cholecystectomy	\$10,053	\$12,613
Cholecystectomy - Laparoscopic	\$7,908	\$16,440
Colonoscopy	\$1,772	\$3,475
Colonoscopy and EGD	\$3,318	\$7,823
Cystoscopy	\$3,154	\$20,021
D & C	\$1,801	\$6,129
EGD	\$1,546	\$4,348
EGD with dilatation	\$1,649	\$4,471
Endometrial Ablation with D&C &/OR FS	\$5,242	\$15,291
Ethmoidectomy (Part of FESS procedure)	\$8,138	\$23,467
Evacuation of Hematoma	\$3,225	\$6,116
Excision of Breast Lesion/Breast Biopsy	\$2,080	\$7,260
Excision of Chalazion	\$1,806	\$2,747
Excision of Renal Cyst - Laparoscopic	\$17,237	\$17,979
Femoral Tibial Bypass	\$21,538	\$40,186
FESS with Image Guidance	\$8,138	\$23,467
FESS with Septoplasty	\$6,029	\$17,461
Hardware Removal	\$3,197	\$10,635
Hemorrhoidectomy	\$6,369	\$11,450
Hernia Repair - Incisional	\$7,355	\$26,953
Hernia Repair - Umbilical	\$5,689	\$18,187
Hernia Repair - Ventral	\$5,558	\$10,247
Hydrocelectomy	\$6,120	\$10,982
Incision and Debridement	\$3,301	\$8,763
Incision and Drainage	\$3,486	\$11,109
Injection - Epidural Steroid	\$5,277	\$11,116
Injection of Bulking Agent	\$5,317	\$9,426
Insertion of Cardiac Pacemaker	\$15,174	\$21,785
Insertion of Groshong Catheter	\$4,462	\$9,814
Insertion of Mediport Catheter	\$4,462	\$9,814
Lingual frenotomy	\$2,119	\$3,374
Lithotripsy - Shockwave	\$12,934	\$20,253

Lithotripsy/Insertion of Ureteral Stent - Shockwave	\$1,827	\$19,887
Mastectomy	\$10,667	\$20,117
Myringotomy (Ear Tube Insertion)	\$1,837	\$4,433
Orchiectomy Scrotal	\$6,189	\$9,782
ORIF Ankle Fracture	\$8,302	\$18,170
Phacoemulsification of Cataract with Ioli	\$2,757	\$5,059
Photoselective Vaporization of Prostate	\$9,170	\$26,326
Ray Amputation (finger, foot or toe)	\$3,946	\$13,655
Removal Nail	\$2,999	\$4,801
Replacement Pacemaker Generator	\$15,174	\$21,785
Salpingoophorectomy - Laparoscopic	\$5,928	\$13,083
Saucerization of pilonidal Cyst	\$616	\$6,166
Septoplasty	\$8,095	\$17,461
Sub Urethral Sling Procedure	\$5,017	\$13,919
T & A (Tonsillectomy with Adenoidectomy)	\$2,981	\$8,590
TEE (Transesophageal Echocardiogram)	\$1,397	\$6,156
Temporal Artery Biopsy	\$2,188	\$5,182
Thyroidectomy	\$17,215	\$29,986
Toe Amputation	\$3,946	\$8,630
Tonsillectomy	\$3,809	\$9,411
Transurethral Destruction of Bladder Lesion/TURBT	\$4,961	\$12,869
Transurethral Prostatectomy/TURP	\$14,679	\$26,640
Transurethral Removal of Ureter Obstruction/removal of ureteral stones	\$8,499	\$22,598
Transurethral Resection Bladder Tumor	\$4,961	\$12,869
Trigger Finger Release	\$2,094	\$5,126
Tubal Ligation - Laprscopic	\$5,691	\$11,955
Tubal Ligation - Post Partum-	\$5,691	\$15,792
Tympanoplasty	\$18,118	\$20,416
Unilateral Extended Simple Mastectomy	\$10,667	\$19,752
Uterine Suspension -Laparoscopic	\$6,175	\$15,792
All Other Outpatient Surgery Cases	\$1,700	11900

Example 2: www.wipricepoint.org

PricePOINT
Hospitals Accountable for Transparency

Wisconsin PricePoint System
Powered by WHA Information Center
5510 Research Park Drive
Madison, WI 53711 - (608) 274-1820

INPATIENT OUTPATIENT SERVICES CONSUMER INFORMATION ABOUT CONTACT WHAIC HOME

Welcome to Wisconsin PricePoint

This Web site allows health care consumers to receive basic, facility-specific information about services and charges.

PricePoint provides information about two categories of services. Please select one of the following:

INPATIENT **Inpatient Services:** Services for which the patient is admitted to the hospitals.

OUTPATIENT SERVICES **Outpatient Services:** Selected services provided on an outpatient basis, such as outpatient surgery and invasive diagnostic procedures.

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APPENDIX 6 EDUCATION MATERIALS (TEXT FOR BROCHURE AND/OR WEB)

A very important piece of price transparency is educating the public on the intricacies of hospital pricing and billing and what a price quote actually means.

Example 1: Brochure

Thank you for choosing XXX Hospital in Anywhere, WI as your partner in healthcare.

Charges for Clinic and Hospital Services

XXX Hospital sees a variety of patients with a wide range of healthcare needs. We realize that most medical expenses are the result of unexpected accidents or illnesses and are difficult to budget for. This information will give you an idea of how it all works. An estimate is based on a number of assumptions, such as the services you will receive and the number of days you may be in the hospital.

Estimates can vary based on individual patient differences. A fee estimate is compiled by determining the average charges previously billed for the same or similar service and/or procedure(s).

Some factors that may make your total charges higher or lower than the average patient include:

- How long it takes you to recover in the hospital;
- Whether the service and/or surgical procedure is more or less difficult than expected or additional procedures are performed at the same surgical session;
- What kinds of medication(s) you require;
- Whether you may require additional treatment/services; and
- Ancillary services you receive, such as, Lab work, EKG's X-rays, and Pathology.

It is important to understand that you will receive separate bills from the hospital and clinic.

Additionally, you may receive separate bills from non-XXX Hospital providers who provide care to you in the hospital. These providers are independent of XXX Hospital and as such, bill independently. The following is a list of other services and providers who may bill you separately:

- Pain Clinic, i.e., The XXX Pain Clinic of Wisconsin
- Radiation therapy, i.e., XXX Clinic in Anywhere, WI
- Anesthesiology services, i.e., Wisconsin Anesthesiologists

Frequently Asked Questions

How will I be billed?

XXX Hospital and/or XXX Clinic will send you a billing statement with your charges. Provider charges for services rendered in the clinic and in the hospital will be billed on a XXX Clinic

billing statement. Charges for hospital inpatient and outpatient services will be billed on a XXX Hospital billing statement.

How can I know if my care is covered by insurance?

We suggest that you check with your employer, insurance company and/or insurance agent about specific benefits and coverage to ensure you understand your financial responsibility before seeking medical services.

Who can I talk to for more information?

XXX Hospital is here for you. If you have questions regarding billing in general or to request an estimate of charges for clinic or hospital services, you may call Patient Services at (XXX) XXX-XXXX or 1-888-XXX-XXXX.

Example 2: Website Information

Financial Assistance Program

XXX Hospital's mission is to improve the health of our community including those who are poor and underserved.

We care for everyone who comes to us in need, regardless of his or her ability to pay. Meeting the needs of people with limited resources has always been at the heart of our mission.

XXX Hospital recognizes the difficulty unexpected medical problems can cause to your finances. We are here to help so that patients can obtain medical benefits from federal, state and hospital programs. We want to assist you in finding resources that may help pay your hospital bill. In fact, every patient who does not have insurance is eligible for discounts. Please read more about our financial programs.

Financial Assistance

We provide financial assistance to uninsured patients. We are here to assist patients in obtaining medical benefits through federal, state and hospital programs. Our representative will provide the following services at no cost to the patient:

- Determining if you qualify for internal or external assistance programs;
- Filing applications on your behalf;
- Providing medical documentation to the Social Security Administration for disability claims; and
- Providing flexible payment options.

Patients and their counselors look at what options are available. We understand that not everyone can pay for healthcare services. We are here to offer options and assistance for those who are uninsured or underinsured and to serve as patient advocates.

Federal Poverty Guidelines

If a patient does not meet the criteria for the federal assistance programs available, XXX

Hospital will provide a discount to the patient using a sliding scale based on Federal Poverty Guidelines:

- We offer free care for any person who earns up to the Federal Poverty Guidelines (e.g. income up to \$20,000 for a family of four);
- We offer substantial discounts care for any person who earns up to two times the Federal Poverty Guidelines (e.g. income up to \$40,000 for a family of four); and
- We offer discounts like those we agree to with commercial payers for patients earning more than two times the Federal Poverty Guidelines.

XXX Hospital's billing and collection policies are consistent with our mission and values. We treat all patients with dignity and respect from the bedside to the billing office. It's the right thing to do. Federal law echoes our mission--we care for every person who asks to be treated. We do so regardless of race, sex, creed, citizenship or ability to pay.

To apply for financial assistance from XXX Hospital, use our online application form below. If you need assistance in completing the form, have questions, or would like to speak with a patient representative from **XXX Hospital**, please call **XXX-XXX-XXXX**. A patient representative from XXX Hospital will contact you regarding your eligibility for assistance. We're here to help. If you have questions about your ability to pay or about available programs, please call. We work with each patient to help meet their individual needs and circumstances.

Billing Information

XXX Hospital's billing and collection policies are consistent with our mission and values. When you receive a bill from XXX Hospital, it covers the services you received at one of our healthcare delivery facilities. You may receive separate bills from your personal physician, surgeon, pathologist or other healthcare professional.

To make a XXX Hospital payment by telephone, please call XXX-XXX-XXXX. Representatives at our hospital will help you do the following:

- Make a payment on your account using a check or credit card;
- Request an itemized statement;
- Provide insurance information;
- Update your address and telephone number; and
- Obtain information on our financial assistance programs and more.

If you have specific questions about your account, our Customer Service Representatives are available Monday through Friday, 8 a.m. to 5 p.m. Spanish speaking representatives are also available.

We repeatedly offer patients access to financial help during their hospital stay and after, as well as with each billing notice. We send bills to collection as a last resort, only when:

- Patients have the ability to pay some portion of their healthcare expenses but refuse to do so;
- Patients refuse to work with us to determine if they qualify for free or discounted care via federal, state, local or hospital assistance programs; and/or
- We are unable to locate the patient or the person responsible for the bill

Price Estimate Information

XXX Hospital offers a service for those patients who need price information prior to their obtaining health care services. You may call XXX-XXX-XXXX and ask for a price estimate. Please note that you will be given a price range, rather than a specific estimate, as the final charges are based on a variety of factors related to the clinical service provided, the diagnoses associated with those services, supplies used, etc. While it is possible to estimate these, it is not possible to precisely define these until after the service has been provided.

Example 3: PricePoint Website Consumer Page

PricePOINT
Hospitals Accountable for Transparency

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Madison, WI 53711 - (608) 274-1820

INPATIENT OUTPATIENT SERVICES CONSUMER INFORMATION ABOUT CONTACT WHAIC HOME

Understand how much you will be expected to pay before receiving hospital care

If you have health insurance:

Contact your insurer.

- Explain what is to be done, when it will be done, and by whom (hospital/physician).
- Confirm that the procedure and the provider will be covered.
- Ask if there are any limitations to the coverage.
- Ask what the expected out-of-pocket costs will be.
- Ask if the out-of-pocket costs would be less if a different hospital/physician was involved.

The PricePoint Web site provides information on billed charges for all types of inpatient care and selected outpatient services. However, lower hospital charges may not necessarily mean that you will pay less out of your pocket. That is why it is important for you to contact your insurer.

Many commercial insurance companies or employer self-funded plans require enrollees to seek care exclusively from a specific group of hospitals and physicians under contract with the insurer or employer in order for the service to be covered. The group of hospitals and physicians is often called a "network."

Other insurers and employers will cover the services of hospitals/physicians that are not in the network, but require the patient to pay a higher percentage of the cost if they use the services of non-network providers.

If you are required to use the services of physicians who are in your insurer's network to receive the highest level of coverage, ask your insurer to provide the names of the anesthesiologists, pathologists and radiologists in the network who provide services at the hospital. These are types of physicians who may provide services related to your inpatient stay or other hospital service, but it's possible you may never interact personally with them. As with surgeons, they are often not employees of the hospital and therefore their services will probably be billed separately. If they are not part of the insurer's network, you may be responsible for a larger portion of their fee or the entire fee.

Insurer Web Sites:
[Group Health Insurers](#)
[Individual Health Insurers](#)

If you do not have health insurance:

Contact the hospital and ask about its payment policies. Hospitals have charity care policies that offer partial or total fee reductions, or payment plans, to patients who have a financial need. However, hospitals expect that patients will cooperate in the eligibility determination process.

[Hospital Websites](#)