

IN THIS ISSUE

Guest Column: For Hospital Price Shopping, Wisconsin Solution Better Than New Federal Fix ..... 1

AHA Outlines Guiding Principles for Surprise Billing Policy ..... 1

Grassroots Spotlight: Roundtables Connect Hospital Advocates with Local Legislators ..... 2

Wisconsin Mental Health Summit: A Day of Policy, Partnership, and Collaboration ..... 3

EDUCATIONAL EVENTS

**Throughout 2019**  
*Health Care Workforce Resilience*  
Free Member Webinar Series

**March 15, 2019**  
*Physician Leadership Development Conference*  
Kohler, WI

**April 17, 2019**  
*Advocacy Day*  
Madison, WI

**Guest Column: For Hospital Price Shopping, Wisconsin Solution Better Than New Federal Fix**

**By Tom Still, President of the Wisconsin Technology Council and Co-founder of the Wisconsin Healthcare Business Forum**

Little noticed by the public but a source of pain for most health systems was a Trump administration order in January that hospitals must post list prices for their services, in theory offering consumers more transparency and competitive choice.



Tom Still

The problem with the well-intended administration order is that “ChargeMaster,” the name for the federal price-listing system, is almost impossible for the average patient to navigate.

It contains data for thousands of medical procedures, but a consumer must be part physician and part electronic health records expert to understand it. No two hospitals seem to classify services the same way, the medical jargon varies and there’s no way for consumers to know if the “list price” for a specific service—a blood test, a pain pill, a bag of intravenous salt water—is standard for a certain procedure.

“It’s like trying to buy a car, piece by piece, from the ignition system to the exhaust pipes to the tires,” said Eric Borgerding, president of the Wisconsin Hospital Association. “You would need to know the cost of each piece to know the sticker price.”

*(continued on page 3)*

**AHA Outlines Guiding Principles for Surprise Billing Policy**

On February 20, a coalition of hospitals led by the American Hospital Association (AHA) released an outline of [guiding principles](#) to inform policymakers as they craft legislation to protect patients from “surprise billing.”

In addition to defining surprise billing scenarios where patient protections should be considered, the [letter](#) to key congressional leaders highlighted the following principles:

- **Protect the Patient.** Any public policy solution should protect patients and remove them from payment negotiations between insurers and providers.
- **Ensure Patients Have Access to Emergency Care.** Any public policy solution should ensure that patients have access to and coverage of emergency care.
- **Preserve the Role of Private Negotiation.** Any public policy solution should ensure providers are able to negotiate appropriate payment rates with health plans.
- **Educate Patients.** Any public policy solution should include an educational component to help patients understand the scope of their health care coverage and how to access their benefits.

*(continued on page 2)*

- **Ensure Adequate Provider Networks and Greater Health Plan Transparency.** Any public policy solution should include greater oversight of health plan provider networks and the role health plans play in helping patients access in-network care.
- **Support State Laws That Work.** Any public policy solution should consider the interaction between federal and state laws.

WHA staff are currently developing a 2019 strategy for WHA's Transparency Taskforce to solicit member feedback on state-level policy guidance.

If you have any questions, contact WHA's Vice President of Public Policy [Lisa Ellinger](#) or Director of State and Federal Relations [Jon Hoelter](#).

## Grassroots Spotlight

### Roundtables Connect Hospital Advocates with Local Legislators



WHA's Hospitals Education Advocacy Team (HEAT) held three roundtable events this past week with local legislators. The meetings, held in Fort Atkinson, Wausau, and Racine,

included discussions between hospital leaders and lawmakers on the upcoming state budget, advocating for key priorities related to Medicaid reimbursement, graduate medical education, and reforming telemedicine regulations.

On February 18, hospital advocates from Fort HealthCare met with Rep. Don Vruwink (R-Milton). Vruwink represents the 43rd Assembly district, covering portions of Dane, Jefferson, and Rock counties, including parts of Fort Atkinson, Edgerton, Whitewater, and Milton.



L to R: Carl Selvick, Fort HealthCare; Mike Wallace, President/CEO, Fort HealthCare; Rep. Don Vruwink; Lisa Rudolph, Fort HealthCare; Jim Nelson, Fort HealthCare



L to R: Deb Standridge, Ascension; Sen. Tom Tiffany; Sen. Pat Testin; Michael Loy, North Central Health Care; Darrell Lentz, Aspirus

In Wausau on February 22, hospital advocates from Ascension Wisconsin, Aspirus, and North Central Health Care met with Senators Tom Tiffany (R-Minocqua) and Pat Testin (R-Stevens Point). Sen. Tiffany's district covers the north eastern quadrant of the state, while Sen. Testin's district covers central Wisconsin, from Monroe to Portage county. Sen. Testin is also the Chair of the Senate Health and Human Services Committee.

Finally, in Racine yesterday, Sen. Van Wanggaard (R-Racine) and Rep. Robert Wittke (R-Racine) met with advocates from Advocate Aurora, Ascension Wisconsin, Children's Hospital of Wisconsin, and Froedtert Health. Sen. Wanggaard represents large parts of both Racine and Kenosha counties, a district he has served for most of the last decade. Rep. Wittke was recently elected in 2018 and represents the northern part of Racine county.

HEAT roundtables are held around the state connecting hospital advocates with legislators in their local district. They provide the opportunity to candidly discuss important issues impacting Wisconsin hospitals and the communities they serve. To participate in a HEAT roundtable in your area or host a meeting with legislators at your hospital, contact [Kari Hofer](#), WHA Vice President of Advocacy.



L to R: Maureen McNally, Froedtert Health; Juliet Kersten, Children's Hospital of Wisconsin; Rep. Robert Wittke; Sen. Van Wanggaard; Andrew Hanus, Advocate Aurora; Kristin McManmon, Ascension All Saints; Travis Andersen, Ascension Wisconsin

# Wisconsin Mental Health Summit: A Day of Policy, Partnership, and Collaboration

## St. Norbert College, March 29

The Medical College of Wisconsin invites you to join experts from across the state to discuss expanding access to mental health care, maximizing the health care workforce, integrating mental health into schools, addressing mental health issues through public policy, and much more. Mental health summit participants will discuss opportunities and challenges related to advancing mental health care in Wisconsin.

Speakers include a representative from Governor Tony Evers' administration, the Department of Public Instruction, Wisconsin State Legislature leaders, clinicians, researchers and expert stakeholders who address mental health on a daily basis.

This event is free, but pre-registration is requested. [Click here to register.](#)

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*Guest Column: For Hospital Price Shopping, Wisconsin Solution Better Than New Federal Fix . . . Continued from page 1*

A far more user-friendly system exists in Wisconsin through the Hospital Association, which has hosted its "PricePoint" website for years and refined it over time while expanding to 10 other states.

Searchable at [www.wipricepoint.org](http://www.wipricepoint.org), the site is updated quarterly with data from all Wisconsin hospitals. That data comes largely from discharge claims, which are required by law for all hospitals and ambulatory centers. Medicare and Medicaid patient data are included.



The system allows users to compare prices for similar operations statewide or within a certain geographic area, which is often how patients consider how to access care if their insurance coverage allows—or simply to compare what different health systems might charge for the same procedure.

"People should know how much their health care costs," said Jennifer Mueller, WHA Information Center's Vice President and Privacy Officer. "We're really trying to do what is easy and best for patients, who are more cost-conscious now."

The PricePoint site is linked to a second online source, "CheckPoint," which WHA established to display health care quality ratings for Wisconsin hospitals. It is updated periodically using eight data sources, including the federal Agency for Healthcare Research and Quality. CheckPoint is relatively new but used by three other states.

Here is how PricePoint works: Users first select whether their visit will be inpatient or outpatient. They are asked if they have health insurance and prompted to select a primary carrier. They are asked if their policy has an out-of-pocket limit ("I don't know" is a possible answer) and then select a "body system," meaning, essentially, tell us what needs care.

From there, a series of site "drop-downs" progressively become more specific about the type of procedure, the general geographic region desired by the patient and even the hospitals. At the end of the search, median charges and average length of stay is detailed. Up to three hospitals can be compared.

In January, 1,161 people used PricePoint with 18,606 page-views, according to WHA data.

The service can only take patients so far, of course, because they eventually need to pair what they learn on median prices for a medical procedure with what insurers will cover.

"At the end of the day, patients really need to call their insurance company and figure out what their deductible might be," Mueller said.

The federal ChargeMaster system is viewed by some advocates as holding hospitals and health systems accountable for list prices that likely won't resemble what is charged once insurance negotiations and deductibles are calculated. While ChargeMaster may help insurers and others with the time to parse mounds of complex data, it won't likely help the average 60-year-old patient shopping for a knee replacement.

At least, not until smart, young coders at health information software firms figure out how to reduce it all to usable apps.

For the time being, however, Wisconsin-born PricePoint appears to have a dramatic head start on a national dilemma: How to help health consumers compare prices.