

Price Transparency: Patient Cost Estimation

Association of Administrators in Academic Pediatrics
October, 2017



- Growing Need for Transparency
- Challenges With Being Transparent
- Partnerships For Success
- Metrics Used to Measure Overall Impact
- Looking Forward/ Lessons Learned

Top Five Reasons Families Are Surprised by bills

5. But I met my deductible last year; I shouldn't have to pay for this!
4. I have insurance; THEY are supposed to pay you, NOT me!
3. What is co-insurance? I paid my co-pay that day.
2. How did YOU let my balance get that high??!!
1. No one told me....!



Common themes prior to Price Transparency:



Frustrated



Assumed



Complaint



Unaware

Feedback following Price Transparency Initiative:

**We will make it to
Disney this year!**

**Your team has
been wonderful!**

**I appreciate knowing
what my expense will be
in advance.**

**I am so glad we
have this resource.**



FEAR!

...Of cancellations

...Of increased complaints related to pricing

...Of changing internal processes

- Executive Leadership
- Physicians
- Front Line Managers





What is our Goal?

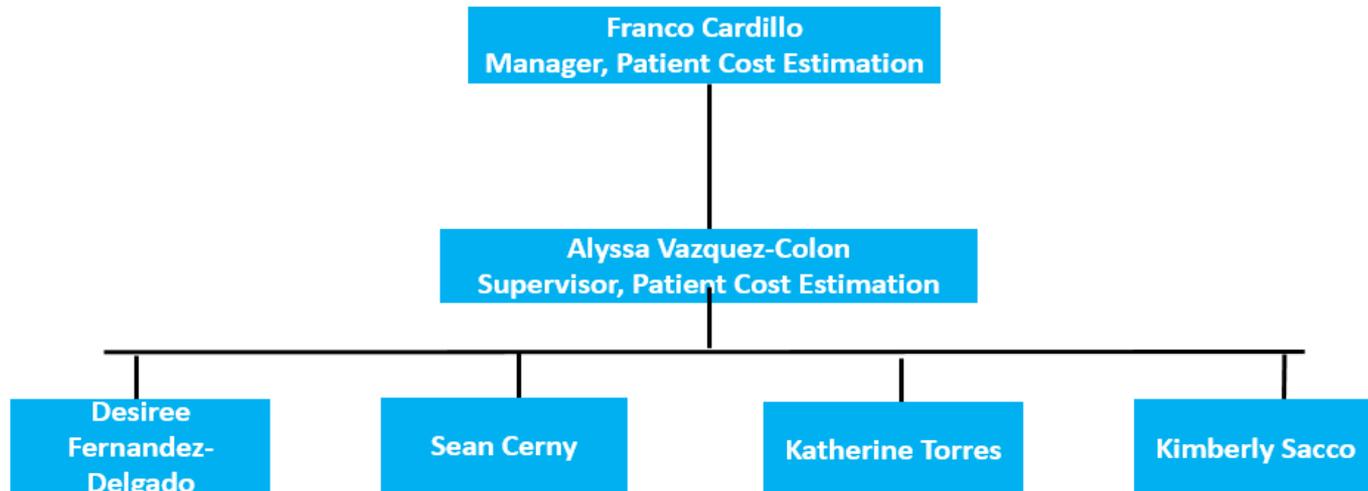
To provide CHOP families and Prospective CHOP families with an accurate cost estimate based on their deductibles, coinsurances and copayments.

Why?

Families are experiencing higher cost sharing and need to be informed of cost. As healthcare consumers are bearing more financial responsibility, many families are seeking estimates prior to service with payment options. To advance CHOP's mission alignment with patient-family-centered standards, a higher standard of customer service is crucial to sustainability.

- **Cost Sharing Can Include:** Deductibles(Individual/ Family), Coinsurance percentage (10-40%), Copayments
- **Market Drivers:** Narrow Networks & Tier Benefit Designs
 - Almost all Health Systems in the Philadelphia region have implemented a tiered benefit plan for their employees.
 - Tier 1: Lowest out-of-pocket cost
 - Tier 2: Moderate out-of-pocket cost
 - Tier 3: Highest out-of-pocket cost
 - **Pediatric Access

Who we are



Requesting an estimate

Internal Email for requests: patientcostestimates@email.chop.edu

“Hello Cost Estimation,

The following patient would like an estimate for service.

Is this a new or established patient? **New Patient Cardiology**

If established, patient MRN: **555555**

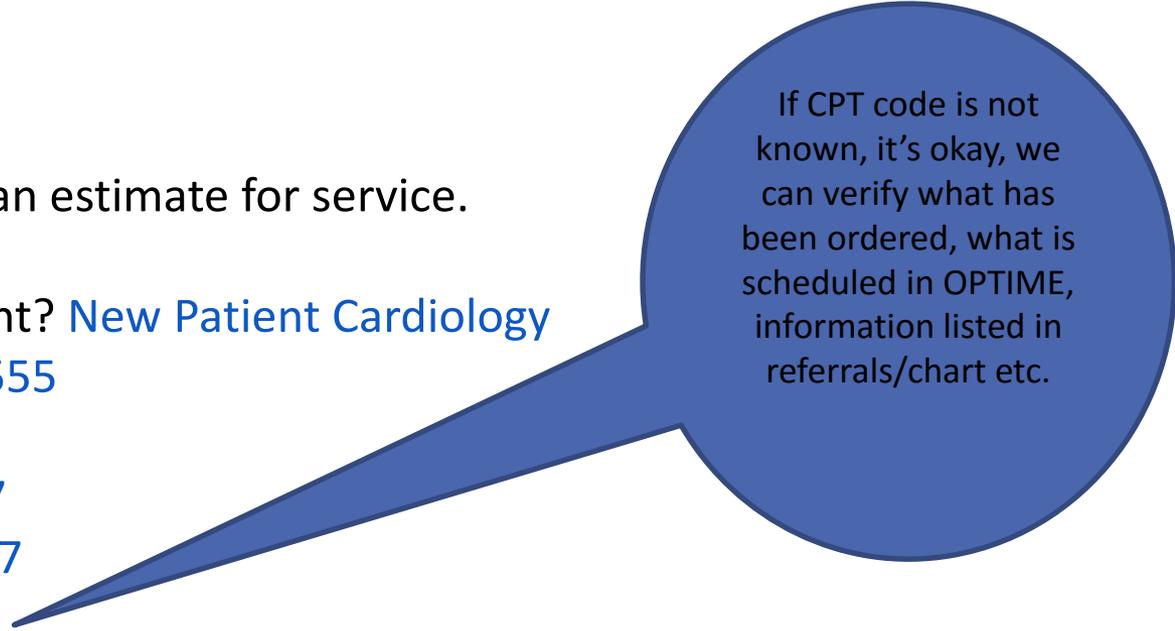
Patient Name: **Smith, John**

Patient Date of birth: **10/25/2007**

Date of Appointment: **08/31/2017**

CPT code and description: **93306**

Patient Payor (if different than the payor in registration): **Registration is up to date-Aetna**



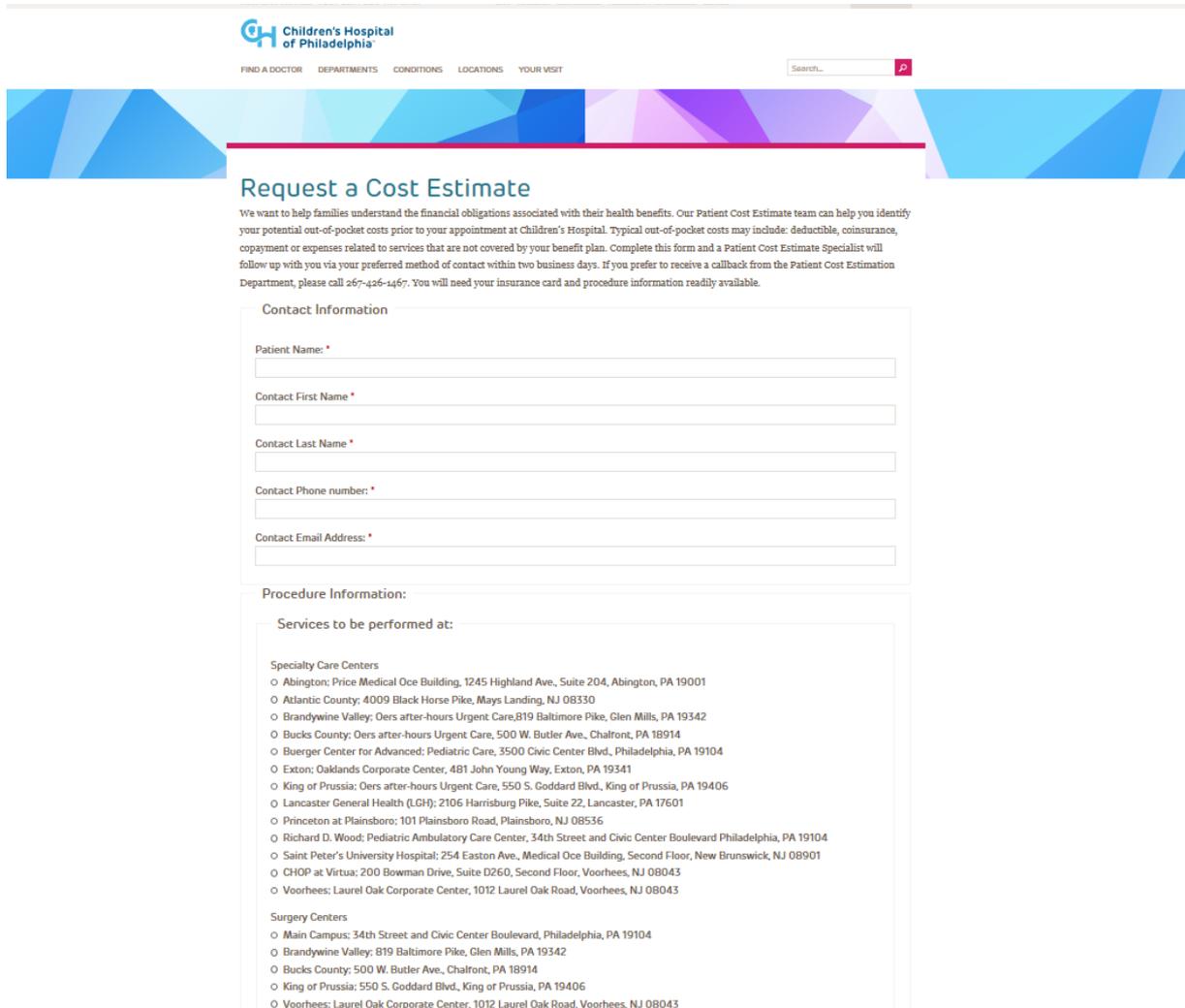
If CPT code is not known, it's okay, we can verify what has been ordered, what is scheduled in OPTIME, information listed in referrals/chart etc.

Thank you,

Customer Service Specialist”

Requesting an estimate

- Semi-self service options for “prospective” families on CHOP.EDU.



The screenshot shows the 'Request a Cost Estimate' form on the Children's Hospital of Philadelphia website. The form is titled 'Request a Cost Estimate' and includes a brief introduction: 'We want to help families understand the financial obligations associated with their health benefits. Our Patient Cost Estimate team can help you identify your potential out-of-pocket costs prior to your appointment at Children's Hospital. Typical out-of-pocket costs may include: deductible, coinsurance, copayment or expenses related to services that are not covered by your benefit plan. Complete this form and a Patient Cost Estimate Specialist will follow up with you via your preferred method of contact within two business days. If you prefer to receive a callback from the Patient Cost Estimation Department, please call 267-426-1467. You will need your insurance card and procedure information readily available.'

The form is divided into two main sections: 'Contact Information' and 'Procedure Information:'. The 'Contact Information' section includes fields for Patient Name, Contact First Name, Contact Last Name, Contact Phone number, and Contact Email Address. The 'Procedure Information:' section includes a dropdown menu for 'Services to be performed at:' and a list of locations categorized into 'Specialty Care Centers' and 'Surgery Centers'.

Contact Information

Patient Name: *

Contact First Name *

Contact Last Name *

Contact Phone number: *

Contact Email Address: *

Procedure Information:

Services to be performed at:

Specialty Care Centers

- Abington: Price Medical Oce Building, 1245 Highland Ave., Suite 204, Abington, PA 19001
- Atlantic County: 4009 Black Horse Pike, Mays Landing, NJ 08330
- Brandywine Valley: Oers after-hours Urgent Care, 819 Baltimore Pike, Glen Mills, PA 19342
- Bucks County: Oers after-hours Urgent Care, 500 W. Butler Ave., Chalfont, PA 18914
- Buerger Center for Advanced; Pediatric Care, 3500 Civic Center Blvd., Philadelphia, PA 19104
- Exton: Oaklands Corporate Center, 481 John Young Way, Exton, PA 19341
- King of Prussia: Oers after-hours Urgent Care, 550 S. Goddard Blvd., King of Prussia, PA 19406
- Lancaster General Health (LGH): 2106 Harrisburg Pike, Suite 22, Lancaster, PA 17601
- Princeton at Plainsboro: 101 Plainsboro Road, Plainsboro, NJ 08536
- Richard D. Wood: Pediatric Ambulatory Care Center, 34th Street and Civic Center Boulevard Philadelphia, PA 19104
- Saint Peter's University Hospital: 254 Easton Ave., Medical Oce Building, Second Floor, New Brunswick, NJ 08901
- CHOP at Virtua: 200 Bowman Drive, Suite D260, Second Floor, Voorhees, NJ 08043
- Voorhees: Laurel Oak Corporate Center, 1012 Laurel Oak Road, Voorhees, NJ 08043

Surgery Centers

- Main Campus: 34th Street and Civic Center Boulevard, Philadelphia, PA 19104
- Brandywine Valley: 819 Baltimore Pike, Glen Mills, PA 19342
- Bucks County: 500 W. Butler Ave., Chalfont, PA 18914
- King of Prussia: 550 S. Goddard Blvd., King of Prussia, PA 19406
- Voorhees: Laurel Oak Corporate Center, 1012 Laurel Oak Road, Voorhees, NJ 08043

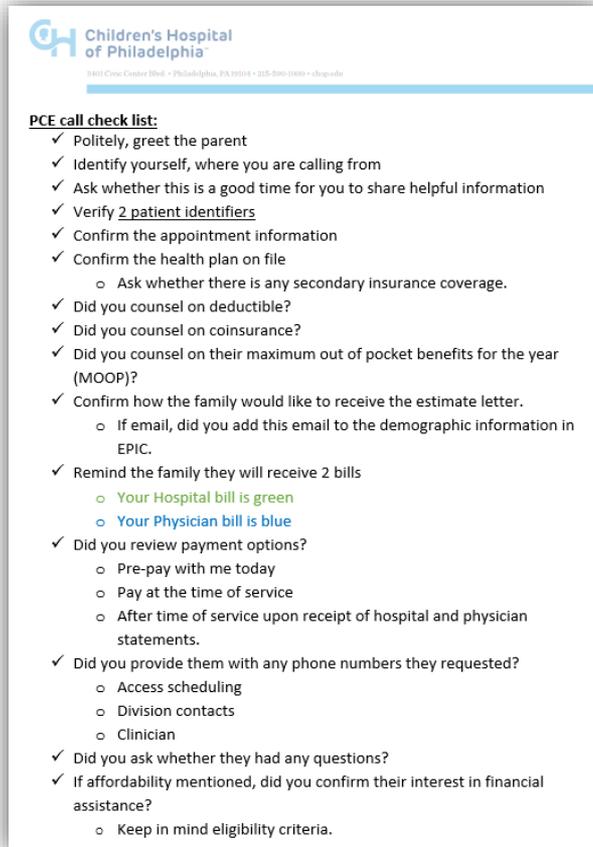
Requesting an estimate

- Semi-self service options for “established” families on MYCHOP.
- All contact can be handled via MYCHOP, if preferred by guarantor.
- Message notification to view the letter/estimate in MYCHOP.



Contact to families

- Set a threshold for outreach (**\$250 or greater**)
- Contact families using their preferred methods; MYCHOP, Email, Phone, USPS.
- **SCRIPTING IS HALF THE BATTLE!!!!**



Children's Hospital of Philadelphia
3401 Civic Center Blvd • Philadelphia, PA 19104 • 215-599-0000 • chp.edu

PCE call check list:

- ✓ Politely, greet the parent
- ✓ Identify yourself, where you are calling from
- ✓ Ask whether this is a good time for you to share helpful information
- ✓ Verify 2 patient identifiers
- ✓ Confirm the appointment information
- ✓ Confirm the health plan on file
 - Ask whether there is any secondary insurance coverage.
- ✓ Did you counsel on deductible?
- ✓ Did you counsel on coinsurance?
- ✓ Did you counsel on their maximum out of pocket benefits for the year (MOOP)?
- ✓ Confirm how the family would like to receive the estimate letter.
 - If email, did you add this email to the demographic information in EPIC.
- ✓ Remind the family they will receive 2 bills
 - Your Hospital bill is green
 - Your Physician bill is blue
- ✓ Did you review payment options?
 - Pre-pay with me today
 - Pay at the time of service
 - After time of service upon receipt of hospital and physician statements.
- ✓ Did you provide them with any phone numbers they requested?
 - Access scheduling
 - Division contacts
 - Clinician
- ✓ Did you ask whether they had any questions?
- ✓ If affordability mentioned, did you confirm their interest in financial assistance?
 - Keep in mind eligibility criteria.

Initial Contact Call to Guarantor:

Good morning/afternoon, may I speak to @guarantor's name@. My name is

I am calling on behalf of Children's Hospital of Philadelphia and **their physician practice groups.**

Your child _____ has a scheduled visit on (date), (time), (department). I am calling to share some helpful information about your insurance and estimated financial responsibility before your child's appointment.

You have currently met up to ____ of your ____ deductible as of ____ (date of the estimate). You also have a coinsurance of ____ for services up to your out of pocket maximum of ____.

Do you have a pen and paper? I would like to review the estimate, and ask that you write this down, I will also send this estimate via your preferred method of contact. Your total for this date of service is Copay _____

Deductible _____

Co-insurance _____

Would you like to pay at least 50% of the total today? We accept all major credit cards over the telephone. @ 50% of the total out of pocket, your payment for today would be _____.

How Do We Create an Estimate?

Our Tools/ Vendors

- EPIC estimation tool
- Experian health (formerly Passport) offers real time access to benefit accumulations.



- Responses from payors are driven by “service types”
Some payors are more robust in responses than others
- “Service types” include; specialist, hospital outpatient, diagnostic medical, Surgical etc.

Benefits	✓ Last updated 9/27/2017 10:35 AM via Manual Update.	Check Eligibility	Update Benefits	<input checked="" type="checkbox"/> Calculate Self-Pay
	General			
	Coinsurance: 20.00 %			
	Deductible: 250.00 U			
	MOOP: 2,000.00 U			

How Do We Create an Estimate?

Three Ways to create an estimate:

- From Registration at the time of service
- Proactively via an existing EPIC Workqueue
- From the appointment desk

Templates

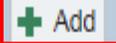
CHOP has 52 templates created based on utilization analytics.

Scheduled Orders:

Using existing scheduled orders to create an estimate

Radiology

Scheduled Orders tab appears with codes attached to future appointments.

Scheduled Orders	FL UPPER GI (TO LIGAMENT OF TREITZ)			
Benefits	Procedure	Modifiers	Charge Type	
	CPT® 74241 - RADEX GI TRACT UPPER W/...26		Professional	
	CPT® 74241 - FL X-RAY EXAM UGI, W KUB...		Technical	

How Do We Create an Estimate?

Estimate - TEST - [14184]

TEST - on 9/18/2017 [14184]

Patient: ZZCHOPTTEST.ALISON [55795453] Guarantor: ZZCHOPTTEST.MOTHER [130851440] Primary Insurance: Aetna Pos - Aet-Choice Pos II Mother Zzchoptest (on behalf of Alison Zzchoptest) 215-555-1212 34 PH

Search Templates

Provider 1

Department: Pib Main Allergy CPT® 99245 - OFFICE CONSULTATION NEW/ESTAB PATIENT 80 MIN Modifier: Quantity: 1 Charge: 250.00

POS Type: 22 - On Campus - Outpatient Hospital > Historical Summary

Service Type: SPECIALIST New procedure

Totals 250.00

Add Hospital Estimate

Hospital Estimate Context

Estimate type: Historical Case Individual Procedures

Location:

Base class:

Account class:

Provider:

Department:

Cost center:

Service type:

Recalculate estimate amounts

- Historical Cases are Payor/Plan and service type driven.
- Averages the total charges for the middle 80% of cases.
- Averages total allowed for the middle 80% of cases with that particular payor coverage.
- Outliers.

How Do We Create an Estimate?

Estimate - TEST- [14184]
? Resize Close

TEST- on 9/18/2017 [14184]

Patient: ZZCHOPTTEST,ALISON [55795453] Guarantor: ZZCHOPTTEST,MOTHER [130... Primary Insurance: Aetna Pos - Aet-Choice Pos II

Mother Zzchoptest 3400 Civic Center
(on behalf of Alison Zzchoptest) PHILADELPHIA PA 19107
215-555-1212

Search Templates + Add + Add Hospital Estimate + Add Professional Estimate
Pending on 9/13/2017 by Alyssa Vazquez

CHILDREN'S HOSPITAL OF PHILADELPHIA RL

Account Class Outpatient	Modifier	Quantity	Charge	Allowed	Self-Pay
CPT® 74450 - FL S&I URETHROCYST,RETRO...		1	200.00	110.00	110.00
Service Type: HOSP-OP <input type="text" value="New procedure"/> + Add		Totals			
			200.00	110.00	110.00

Individual Procedures

Provider 1

Department CHOP Body Radiology	Modifier	Quantity	Charge	Allowed	Self-Pay
CPT® 74450 - URETHROCYSTOGRAPHY RET... 26		1	100.00	20.00	20.00
Service Type: HOSP-OP Historical Summary					

Benefits ✓ **Last updated** 9/27/2017 10:35 AM via Manual Update.

⚡ Check Eligibility
📁 Update Benefits
☑️ Calculate Self-Pay

Coinsurance:	General 20.00 %
Deductible:	250.00 U
MOOP:	2,000.00 U

Comments

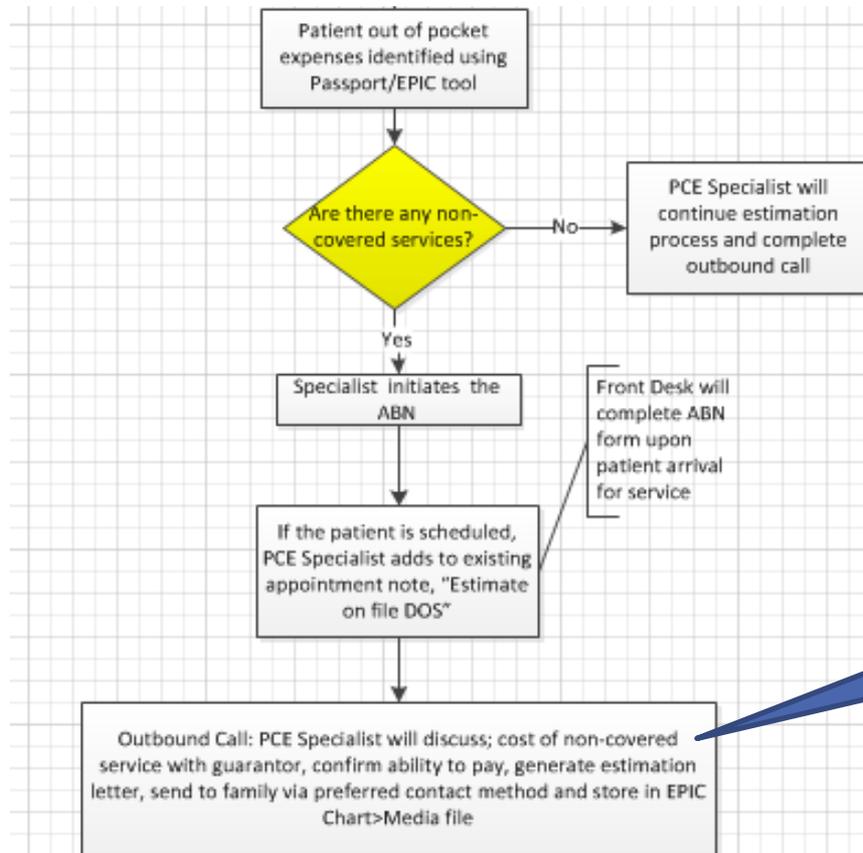
Prepayment Amount 130.00

Charges
300.00

Allowed
130.00

Self-Pay
130.00

Non-Covered Services



ABN with cost estimation letter is sent to the family.

Maximizing transparency by educating front End

- The conversation continues...
- Many front end users utilize **Media** to view estimate letter and ABN.
- Current state-training to all CHOP PSR's/ FC's

Zzchoptest, Alison
Preferred Name: Allie
Female, 7 year old

MRN: 55795453
Date of Birth: 10/26/2009

Allergies: Latex (Reacti...
MDRO: None

PCP w/ Phone: LAWTON, L G (215-822-7700)
Primary Cvg: AETNA HMO/AET-HMO

MyCHOP: Active
FYI: FYI

Care Team: Weig
My Sticky Note:
Patient InBasket:

Chart Review

Encounters | Notes | Laboratory | Imaging | Procedures | Other Orders | Medications | Letters | **Media** | Episodes | Anesthesia | LDAs | Misc Reports

Thumbnail View | Refresh (4:44 PM) | Select All | Deselect All | Review Selected | Load Remaining | Preview | Cardiac | Media Manager

Filters: Administrative Clinical Consent Images Other Research

Date/Time	Document Type	Description	Enc Date	File Attached to
Today at 16:43	Estimate Created	ZZCHOPTEST,ALISON_TE...		Zzchoptest, Alison [55795453]
07/12/2017 09:13	Important Notice R...			Zzchoptest, Alison [55795453]

08/02/17
Mother Zzchoptest
3400 Civic Center
Philadelphia PA 19107

Alison Zzchoptest
55795453
10/26/2009
2/14/2017

Mother Zzchoptest,

Thank you for choosing The Children's Hospital of Philadelphia for your child's care. We are committed to providing you with an accurate financial estimate for your child's upcoming appointment. This includes your copayment, coinsurance and/or deductible, where applicable. This estimate is based on the initial treatment plan the physician ordered for your child. Any changes to the services provided may result in additional out of pocket cost(s).

According to the terms of Aetna Pos, Aet-Choice Pos II, your copay, coinsurance and deductible amounts, as of today, for both Physician and Hospital services are as follows:

	Service Type	Benefit	Used	Remaining
Charges	HOSP-OP		\$297.19	
Deductible	General - Individual	\$500.00	\$297.19	\$202.81
Coinsurance	General	20.00 %	\$0.00	
Max out-of-pocket	General - Individual	\$2,000.00	\$297.19	\$1,702.81
Total due			\$297.19	

Your Total Estimate is 297.19. If you would like to make a payment or have questions regarding this estimate, please contact our Patient Cost Estimate Team at 215-590-2090.

Maximizing transparency by educating front End

Estimate ribbon appears with payor information that factored into the estimate.

Estimate - CARDIOLOGY TEST [2955]

CARDIOLOGY TEST on 2/19/2017 [2955]

Patient ZZCHOPTTEST,ALISON [55795453]	Guarantor ZZCHOPTTEST,MOTHER [130651440]	Primary Insurance Aetna Pos - Aet-Choice Pos II
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Orange=Hospital portion of the estimate.

CHILDREN'S HOSPITAL OF PHILADELPHIA RL

Account Class
Emergency

Service Type
HOSP-OP

Individual Procedures

CPT® 93005 - EKG WITH RHYTHM STRIP [200326]

New procedure

Blue= Physicians portion of the estimate.

	Modifier	Quantity
CPT® 93005 - ECG ROUTINE ECG W/LEAST 12 LDS TRC*	26	1
New procedure <input type="button" value="+ Add"/>		Totals

Estimate Documentation

- **Comments** are quick phrases/ smart text.
- Documentation is added into **Account Notes/ Appointment Notes**.

 **Comments**
PB/HB:
Department: Cardiology EKG
DOS: 2/19/2017

Account Note

Tx Inquiry
Coverage Info
Claim Info
Coding Info
Abstract Coding Info
Code Integrat...
Audit Trail
Account Cont...
Patient Contact

Priority? Attached to: Note type: Summary:

Hospital Account General [1]

Hide Existing Notes

Exclude system generated notes

P.	L.	Hosp ...	Date Time	User	Note Type	Summary	Exp Date	Status	Gen By
G	13065...	08/02/2017	16:30:53	VAZQUEZ, ALYSSA	Guarantor...	CARDIOLOGY TEST on 2/19/2017		Active	User
A	90046...	07/24/2017	11:18:51	MCCORMICK, BAR...	Account ...	Hospital Account Status: Closed		Active	System

Note type Patient

Gu|

- Guarantor Estimate - LM [1023]
- Guarantor Estimate - N/A (No Answer) [1024]
- Guarantor Estimate Completed [1021]
- Guarantor Estimate Follow Up [1052]
- Guarantor Estimate Prepayment [1051]



You can always find our notes in any of these note types

Measurable Impact

- 1 Provided >3,000 estimates since December 1, 2016
- 2 Increased estimates provided per day from 8 to 80
- 3 Supporting 20 Divisions and AdHoc inquiries from families prior to services
- 4 Accurate or overestimated estimates 93% of the time
- 5 Decreased Cardiology BCRC write-offs from an average of \$3666/month in 2016 to an average of \$241/month in 2017

*BCRC = Billing Concerns Resolution Committee

A Look Forward...

- Resource Planning to sustain increased requests
- Education within organization around insurance and benefits
- Revenue Optimization through Pre-Payments



Questions

