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Overview

Current law requires health care providers and health plan companies to provide patients and enrollees with good faith estimates of allowable payments for a health care service. This bill moves a portion of those requirements to a new section, and also establishes new requirements for providers and health plan companies to disclose charges and estimated payments.

Section

1 Health care price transparency. Adds § 62J.812.

Subd. 1. Most frequent charges disclosure. Requires a health care provider to disclose the following information for the provider's 25 most frequently billed current procedural terminology (CPT) codes that are billed for over \$25, and the provider's ten most frequently billed CPT codes for preventive services:

- the provider's charge;
- the reimbursement rate the provider receives from the provider's highest volume payer in the commercial market; and
- if applicable, the Medicare allowable payment rate and the MA fee-for-service payment rate.

Requires the list to be updated annually, posted in the provider's reception area, and made available on the provider's Web site. Defines health care provider for this subdivision.

Section

Subd. 2. Estimated payment disclosure by provider. Paragraph (a) requires a health care provider to give a patient (1) a good faith estimate of the payment the provider has agreed to accept from the patient's insurer for a service; or (2) if the patient is uninsured, a good faith estimate of the amount the patient would be required to pay for a service.

Paragraph (b) requires a provider to also provide a patient with information on other fees or charges a patient may be required to pay for the service.

Paragraph (c) provides that a contract between a health plan company and provider cannot prohibit a provider from disclosing negotiated price information.

Paragraph (d) defines terms for this subdivision: provider and allowable payment.

Subd. 3. Estimated payment disclosure by health plan. Requires a health plan company to develop a Web site and toll-free telephone number that enrollees can use to obtain a good faith estimate of the total payment amount the health plan company has negotiated with an in-network provider for a specified procedure or service. Defines total payment amount, and requires access to the Web site and phone number to be provided at no extra cost to the enrollee.

- 2** **Repealer.** Repeals section 62J.81, which requires health care providers and health plan companies to provide patients and enrollees with good faith estimates of allowable payments for a specific service.