

Massachusetts Hospitals Score Poorly on Price Transparency...Again

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This paper is a publication of Pioneer Health, which seeks to refocus the Massachusetts conversation about health care costs away from government-imposed interventions, toward market-based reforms. Current initiatives include driving public discourse on Medicaid; presenting a strong consumer perspective as the state considers a dramatic overhaul of the health care payment process; and supporting thoughtful tort reforms.



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Introduction and Background

Consumers need a lot of patience and perseverance to find out the price of a healthcare service from Massachusetts hospitals. Pioneer Institute has conducted a series of surveys of hospitals, physicians, pharmacies and dentists to determine how easy or difficult it is for consumers to find out the price of a healthcare procedure.^{1,2,3,4} The surveys found a great deal of price variation for relatively simple services or office visits, and obtaining prices from providers proved to be a daunting and frustrating experience. Given that a 2012 state law requires providers, upon request, to tell consumers how much a service or procedure will cost, this lack of transparency reflects poorly on the commonwealth's providers and regulators.

Eighteen months ago, Pioneer conducted its first price transparency survey among Massachusetts acute care hospitals. Twenty-two of the 66 acute care hospitals in the commonwealth were chosen, including major academic medical centers and community hospitals from each geographic area of the state. To make the price inquiry as simple as possible, researchers identified as self-pay patients and asked for the price of an MRI of the left knee without contrast. This eliminated any complications around interpreting insurance benefits, deductibles or co-pays, and limited the request to a simple diagnostic test.

The results of that first survey, "Mass Hospitals Weak on Price Transparency," showed that hospitals generally:

- Had few procedures or systems in place to properly direct consumers looking for price information, typically resulting in numerous transfers to various departments with no responsibility for preparing or disclosing estimates;
- Required, in order to obtain price information, numerous rounds of phone tag, callbacks, and voicemail messages which sometimes lacked identifying or contact information;
- Required that consumers provide the hospital with the procedure's diagnostic code, medical lingo about which consumers have no knowledge;
- Had little or no information on their websites to assist consumers; and
- Directed researchers to third parties outside the hospital to get the price of the MRI's reading fee, which often entailed another round of frustrating and time-consuming calls.

It was only with a great deal of diligence and follow-up that, with the exception of one hospital, researchers were ultimately able to extract the price of an MRI and its reading fee from each institution. There is no question that most consumers would not persevere through the frustrating, time-consuming, unnecessary, and confusing experiences needed to obtain comparative prices, all during normal business hours. Many typical consumers would simply give up and decide not to value shop for medical services.

Under state law, a hospital is required to disclose price information within two business days of receiving a request. The first survey found that while it took two-to-four business days on average to obtain total prices, the range went from ten minutes to six or seven business days. The undiscounted⁵ prices for the same MRI also showed wide variation, ranging from \$700 at a community hospital to over \$8,000 at a downtown Boston medical center.

A major problem discovered in the first survey was that hospitals would often not give researchers the price unless provided with the precise diagnostic code for the procedure. This practice runs contrary to state law, which says the provider can give an estimate even if codes are not provided. It also conflicts with a bulletin⁶ from state regulators advising providers to assist patients in obtaining any additional information needed for an estimate.

In that first survey, hospital websites were examined to determine if there was any information online to help consumers find the price of a procedure. The law doesn't require posting information on a website and, with few exceptions, there was a complete lack of easy-to-find price information online.

The main conclusion from the first survey was that hospitals needed to do more to adopt price transparency as part of a customer service culture. Recommendations to hospitals for accomplishing this goal included:

- Establishing processes and protocols for handling consumer price inquiries;
- Training new and existing estimate staff about the Massachusetts price transparency law and internal processes for disclosing prices;
- Providing a global price — the combined hospital scan price and the physician's reading fee — when consumers call, or at the very least disclosing the existence of additional fees;
- Stop requiring consumers to provide the diagnostic code; and
- Using hospital websites to provide more price information or, ideally, a way to request such information online.

Results from a Follow-up Survey of Massachusetts Hospitals

Eighteen months later, Pioneer conducted a follow-up survey of all but one⁷ of the hospitals from the first survey to see if there had been any change in the performance of these institutions since their last assessment. Initial survey calls were conducted between September 20th and November 2nd, 2016.

The same price inquiry was made, with researchers presenting

themselves as self-paying consumers looking for the price of an MRI of the left knee without contrast. This simplified the hospital’s responsibilities; there was no insurance deductible or co-pay to complicate the price request. This time, however, in addition to the undiscounted prices, researchers also pursued information on the discounts most hospitals provide to self-paying patients for the scan price and reading fee. The names and locations of the hospitals are presented in Figure 1.

Figure 1. List of Hospitals and Locations

Hospital	City
Baystate Franklin Medical Center	Greenfield
Baystate Springfield Medical Center	Springfield
Boston Children's Hospital	Boston
Brigham and Women's Hospital	Boston
Carney Hospital	Dorchester
Cooley Dickinson Hospital	Northampton
Emerson Hospital	Concord
Falmouth Hospital	Falmouth
Holyoke Medical Center	Holyoke
Lahey Hospital and Medical Center	Burlington
Massachusetts General Hospital	Boston
MetroWest Medical Center	Framingham
Morton Hospital and Medical Center	Taunton
Mount Auburn Hospital	Cambridge
New England Baptist Hospital	Boston
Newton-Wellesley Hospital	Newton
Saint Vincent Hospital	Worcester
Signature Healthcare Brockton Hospital	Brockton
South Shore Hospital	South Weymouth
Tufts Medical Center	Boston
UMass Memorial Medical Center	Worcester

The experience of seeking price

In this survey, researchers found a similar degree of confusion about the price of a procedure as was experienced in the first survey. Front- line operators were usually not sure which department to transfer researchers to, but there were some notable exceptions where only one transfer and a few minutes on the phone were necessary to obtain the price. Those hospitals were Baystate Franklin Medical Center in Greenfield and Morton Hospital and Medical Center in Taunton.

For the most part, however, researchers experienced anywhere from two to ten transfers before landing in the correct department, and the overall length of time to obtain a complete estimate (including the reading fee) ranged from 35 minutes to seven days. Figure 2 shows that 12 of the 21 hospitals took

more than the statutorily allowed two business days to provide a price estimate. Nine of the hospitals provided estimates within two business days.

Figure 2. Time Taken to Obtain Total Estimate⁸

Hospital	Hours
Baystate Franklin Medical Center	0.07
Boston Children's Hospital	0.35
MetroWest Medical Center	0.42
Morton Hospital and Medical Center	2.10
Holyoke Medical Center	4.25
New England Baptist Hospital	22.00
South Shore Hospital	23.00
Saint Vincent Hospital	24.25
Brigham and Women's Hospital	46.35
Falmouth Hospital	48.50
Emerson Hospital	49.00
Tufts Medical Center	49.75
Signature Healthcare Brockton Hospital	50.10
Lahey Hospital and Medical Center	50.50
Cooley Dickinson Hospital	50.50
Baystate Springfield Medical Center	51.00
Massachusetts General Hospital	52.00
UMass Memorial Medical Center	53.50
Mount Auburn Hospital	72.10
Carney Hospital	96.10
Newton-Wellesley Hospital	169.00

For those hospitals that took the most time, there was little difference from their performance in the first survey. Operators still did not know where to direct consumers seeking price estimates, obtaining the information involved multiple callbacks and voicemail messages, and researchers were often directed to third parties to obtain the price of the radiologist’s reading fee. A combined, consumer-friendly global price was, however, provided at Lahey Hospital and Medical Center in Burlington and Newton-Wellesley Hospital in Newton.

Directing a consumer to a third-party for the reading fee can delay the receipt of a complete quote by 48 hours or more. In addition, these MRI interpretation companies are often worse than hospitals at disclosing prices in a timely manner and are more likely to require the provision of a diagnostic code. This can double the time required and the frustration consumers experience in trying to comparison shop.

One big improvement over the first survey was that 16 of the 21 hospitals surveyed did not require callers to provide the diagnostic code for MRIs, although a few asked for the code

before resorting to finding it themselves. It should be noted that it is not difficult for hospital staff to find the appropriate code as long as the consumer can provide a good description of the procedure.⁹ Notwithstanding the ease of identifying procedure codes, there were five institutions in our survey that continue to demand diagnostic codes before disclosing a price estimate: Baystate Medical Center in Springfield, Massachusetts General Hospital in Boston, MetroWest Medical Center in Framingham, Tufts Medical Center in Boston, and UMass Memorial Medical Center in Worcester.

Price variations abound

Nearly every hospital offered discounts, ranging anywhere from 6 percent to over 47 percent, for patients who are self-pay or paying with cash. An important part of this survey was to ascertain both the total undiscounted and total discounted price from each hospital. Given that insurance deductibles can

range from \$1,500 to over \$7,000 under the Affordable Care Act (Obamacare) and the uncertainty surrounding the future of that deductible ceiling, knowing the price of non-emergency procedures is more important than ever.

Not all hospitals volunteered that discounts were available to self-pay patients. About two-thirds of the hospitals called readily provided information about self-pay discounts, but in the other cases researchers had to directly inquire if discounts were available. The existence of reading fee discounts were also disclosed at a similar rate.

Figure 3 shows the total discounted¹⁰ and undiscounted¹¹ prices of the MRI and reading fees from each hospital, along with the total discount as a percent of the undiscounted price. Figure 4 and Figure 5 graph the total discounted and undiscounted prices, respectively.

Figure 3. Total Discounted Price, Total Undiscounted Price, and Percent Discount

Hospital	Discounted Price	Undiscounted Price	% Discount
Baystate Franklin Medical Center	\$1,000.00	\$1,900.00	47.4%
Baystate Springfield Medical Center	\$1,425.24	\$1,873.00	23.9%
Boston Children's Hospital	\$2,561.10	\$3,880.00	34.0%
Brigham and Women's Hospital	\$4,329.56	\$5,477.34	21.0%
Carney Hospital	\$883.00	\$1,309.00	32.5%
Cooley Dickinson Hospital	\$1,415.75	\$1,835.00	22.8%
Emerson Hospital	\$1,403.52	\$2,243.39	37.4%
Falmouth Hospital	\$1,530.13	\$1,905.13	19.7%
Holyoke Medical Center	\$1,557.20	\$2,114.00	26.3%
Lahey Hospital and Medical Center	\$2,638.00	\$2,800.00	5.8%
Massachusetts General Hospital	\$6,928.00	\$8,447.00	18.0%
MetroWest Medical Center	\$1,576.30	\$2,969.00	46.9%
Morton Hospital and Medical Center	\$636.73	\$1,061.22	40.0%
Mount Auburn Hospital	\$1,459.60	\$1,948.00	25.1%
New England Baptist Hospital	\$1,398.00	\$2,038.00	31.4%
Newton-Wellesley Hospital	\$2,769.00	\$3,692.00	25.0%
Saint Vincent Hospital	\$2,236.25	Unavailable	Unavailable
Signature Healthcare Brockton Hospital	\$804.62	\$1,149.46	30.0%
South Shore Hospital	\$1,735.40	\$2,480.00	30.0%
Tufts Medical Center	Unavailable	\$2,208.00	Unavailable
UMass Memorial Medical Center	\$2,266.40	\$2,833.00	20.0%

Figure 4. Total Discounted Price

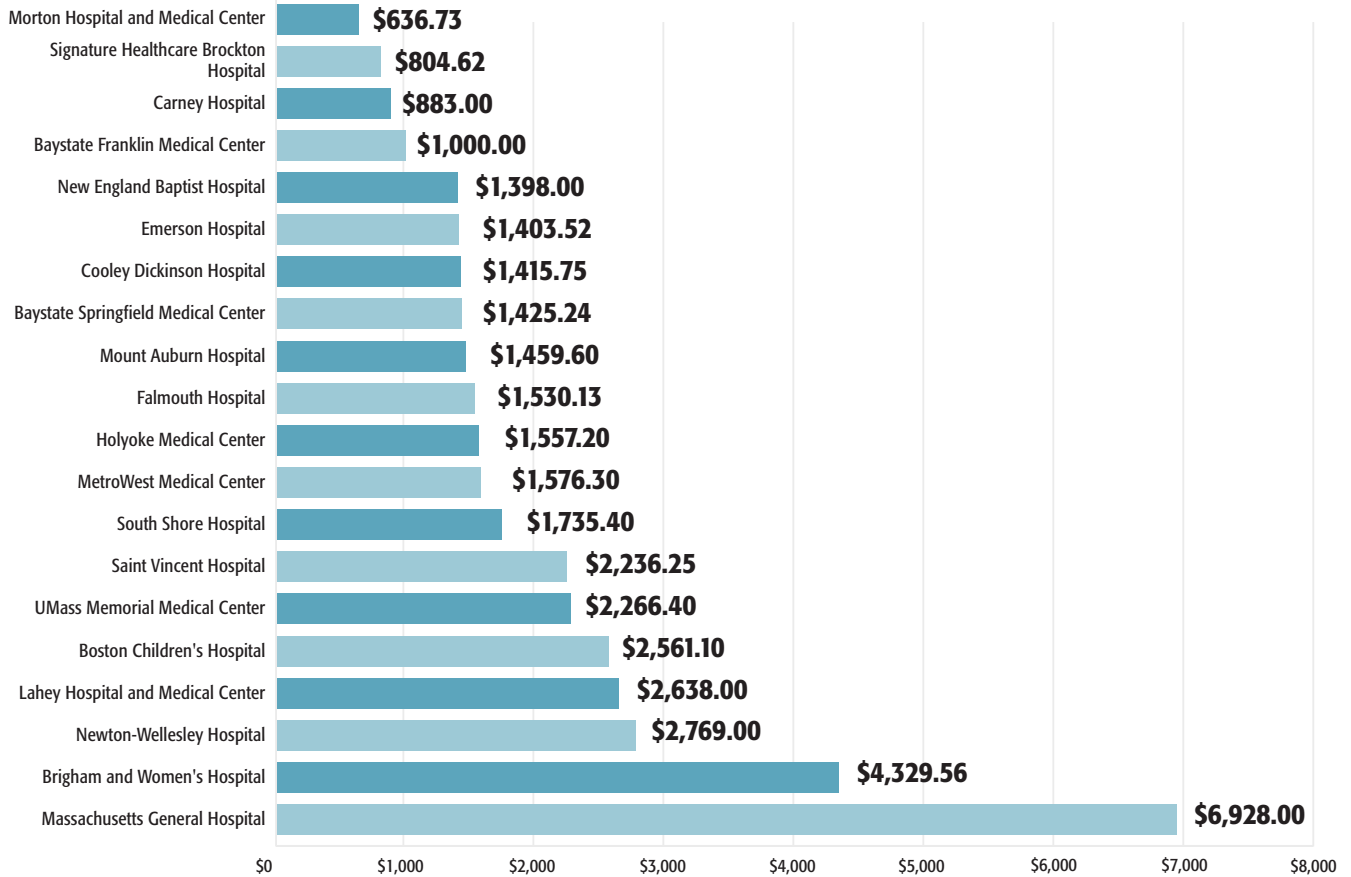
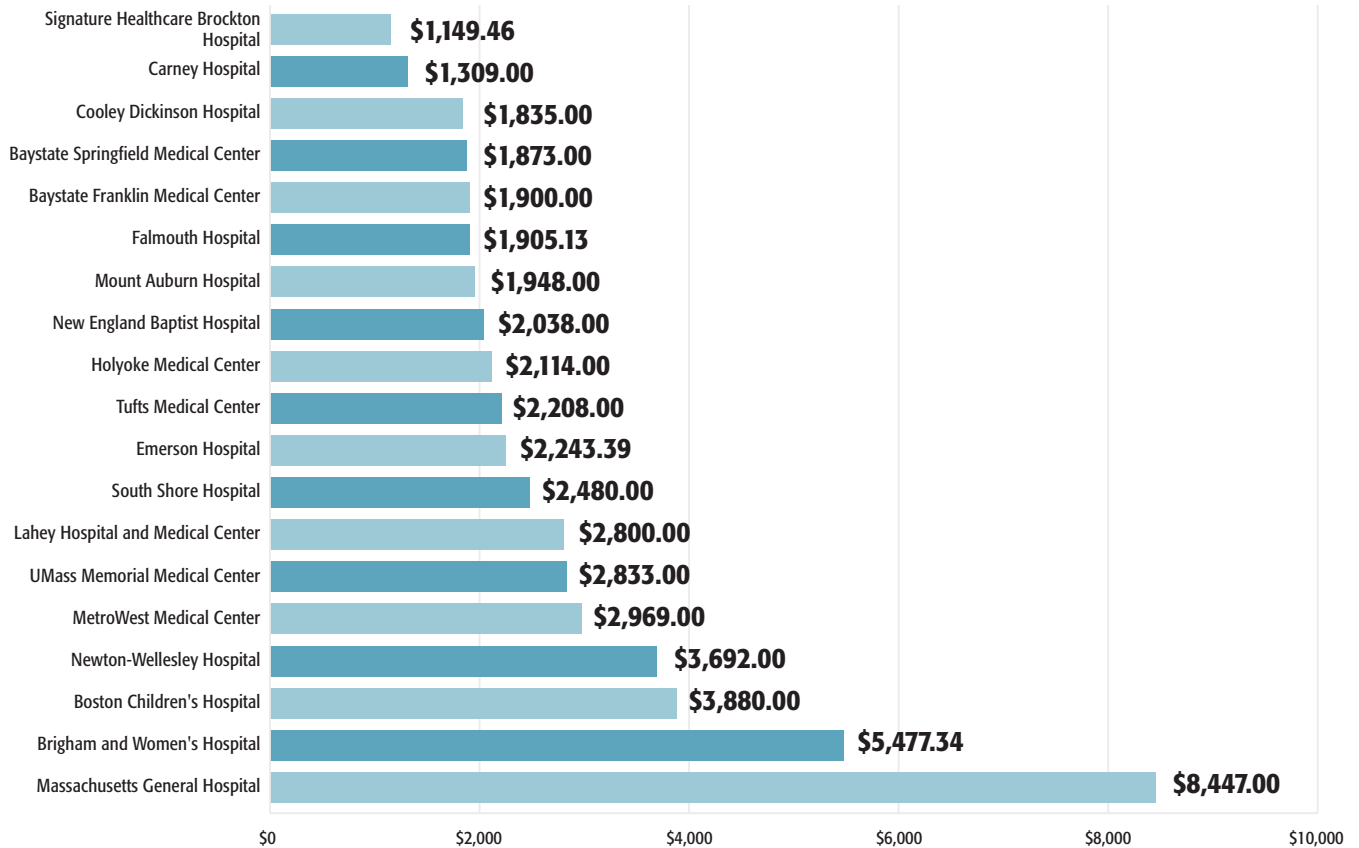


Figure 5. Total Undiscounted Price



At the lower end of the scale, Morton Hospital and Medical Center in Taunton, Signature Healthcare Hospital in Brockton, Carney Hospital in Dorchester, and Baystate Franklin Medical Center in Greenfield all clocked in between \$637 and \$1,000. A majority of hospitals priced the procedure between \$1,398 and \$2,769, while at the upper end, Newton Wellesley, Brigham and Women’s Hospital and Massachusetts General Hospital, all owned by Partner’s Healthcare, charge \$2,769, \$4,330 and \$6,928, respectively. See Figure 3 for a complete

list of discounted prices reported in the survey.

Figure 6, Deviation From Lowest-Priced Hospital, shows that there are wide variations in price from a relatively modest 26 percent at Signature Healthcare in Brockton, to over 120 percent at Emerson Hospital in Concord and New England Baptist in Boston, to as much as 580 percent more at Brigham and Women’s and 988 percent more at Massachusetts General Hospital.

Figure 6. Deviation from Lowest-Priced Hospital (\$637)

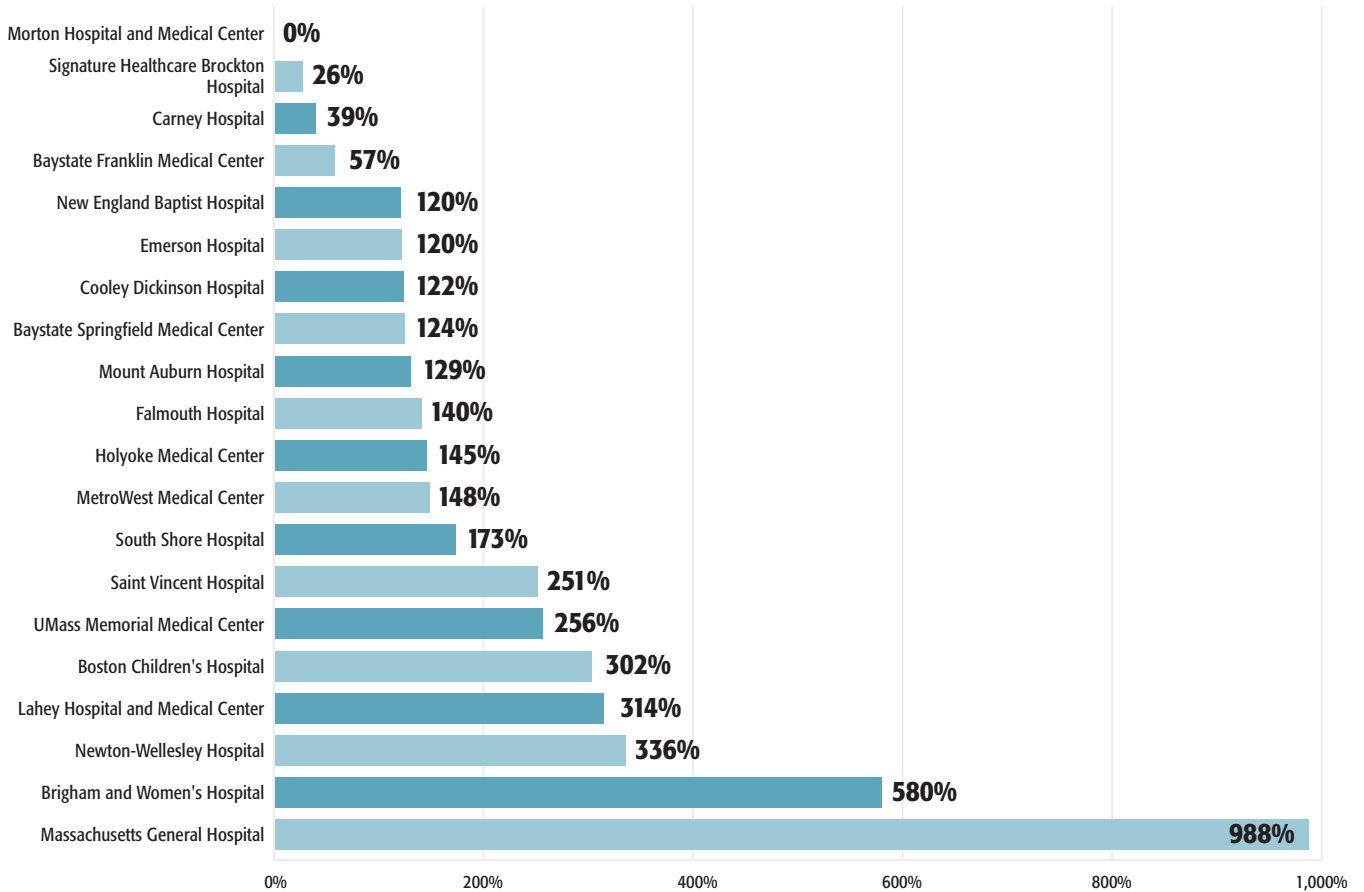


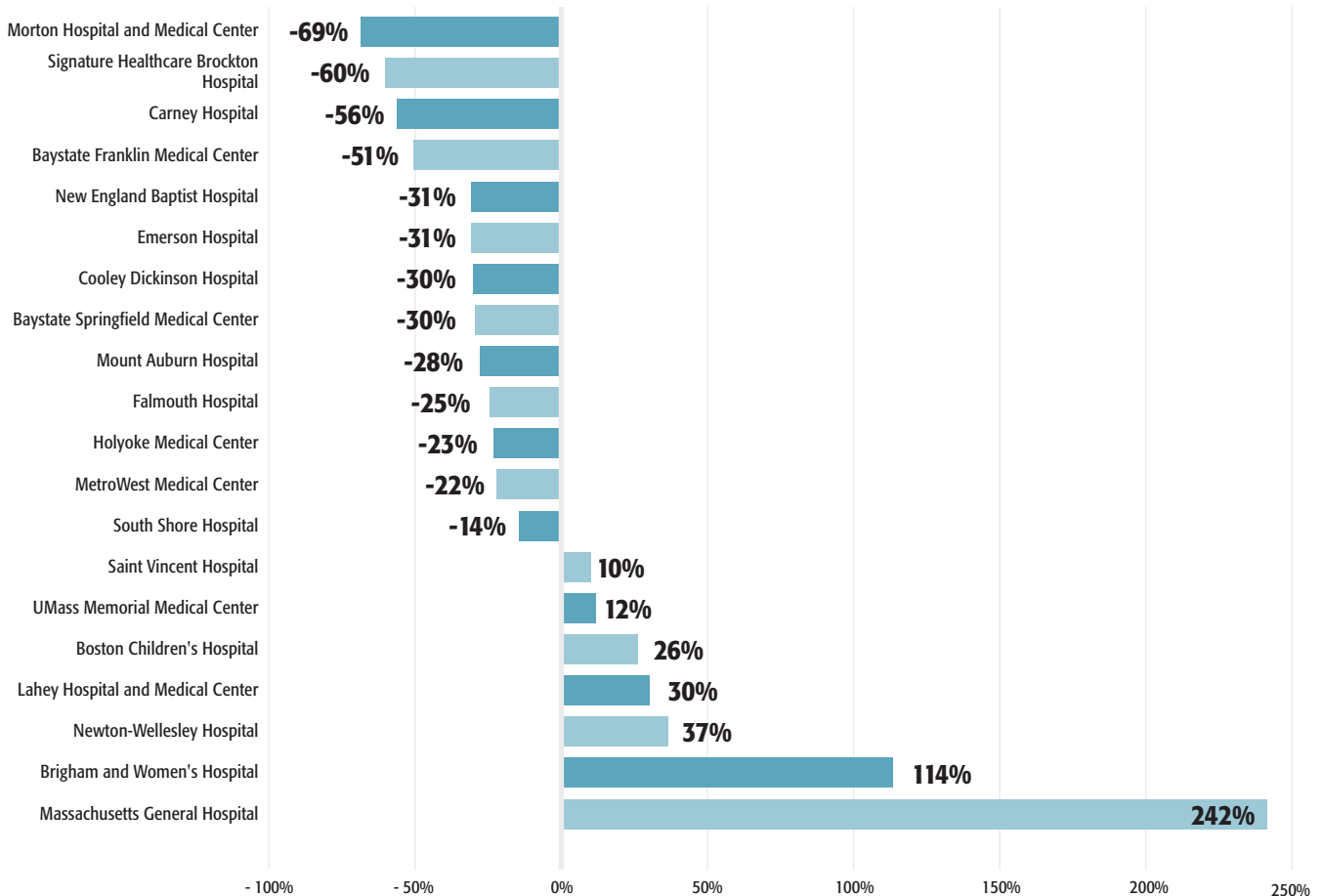
Figure 7, Deviation from Mean Price, shows that 13 of the 20 hospitals (again, excluding Tufts Medical Center) have prices below the mean price of \$2,028, while seven hospitals charge prices above the mean. The range for those charging above the mean is about 10 percent for Saint Vincent Hospital in Worcester, to 30 percent above for Lahey Hospital and Medical Center in Burlington, to 242 percent above the mean for Massachusetts General Hospital.

While our survey was narrowly focused on the price of an MRI for a self-pay patient, wide price variations from hospital to hospital have been reflected in other services as well. So-called “unwarranted price variation” has received much attention from state officials, and the Legislature established a Special Commission on Provider Price Variation to study the issue and develop recommendations. One of the subcommittees

within that Commission focused on transparency. Pioneer submitted testimony¹² with recommendations for enhancing healthcare price transparency, and was twice referenced in the final report, which can be found on the Legislature’s website¹³.

Wide price swings combined with the growth of high-deductible health plans, in terms of both dollar amount and market saturation, underscore the need for transparency in the prices charged by hospitals and other providers. Even for those consumers with low deductible plans, there are opportunities for employers and insurers to provide such employees with financial incentives to choose lower priced, high-value providers. It’s clear that price transparency is an important tool for everybody, regardless of insurance or plan design.

Figure 7. Deviation from Mean Price of \$2,028



Knowledge of state transparency law among staff

There seems to have been little change since the first survey in terms of institutional knowledge of the commonwealth’s transparency law. In both surveys, the overwhelming majority of staff whose job is to provide estimates are aware of the state law. Although there were a few exceptions, this is good for consumers and for transparency efforts in general.

In this survey, there were four hospitals where staff who provided the price estimate did not know that state law required it. Although staff providing estimates are typically aware of the legal requirement, it would appear that other administrative staff, in general, have little knowledge of the law or the way their particular institution complies with it. It should also be noted that there is no way to verify these results, as researchers relied on hospital staff to self-report their awareness. Figure 8 summarizes awareness of state law among the hospitals.

Figure 8. Awareness of State Law

Hospital	Law
Baystate Franklin Medical Center	Aware of law
Baystate Springfield Medical Center	Aware of law
Boston Children's Hospital	Unaware of law
Brigham and Women's Hospital	Aware of law
Carney Hospital	Aware of law
Cooley Dickinson Hospital	Aware of law
Emerson Hospital	Aware of law
Falmouth Hospital	Aware of law
Holyoke Medical Center	Aware of law
Lahey Hospital and Medical Center	Unaware of law
Massachusetts General Hospital	Aware of law
MetroWest Medical Center	Aware of law
Morton Hospital and Medical Center	Unaware of law
Mount Auburn Hospital	Aware of law
New England Baptist Hospital	Aware of law
Newton-Wellesley Hospital	Aware of law
Saint Vincent Hospital	Unaware of law
Signature Healthcare Brockton Hospital	Aware of law
South Shore Hospital	Aware of law
Tufts Medical Center	Aware of law
UMass Memorial Medical Center	Aware of law

Reliability of estimates

After obtaining the final discounted price from each hospital, researchers waited at least a month before calling the hospital again and checking the validity of the information they were

provided during the first round of calls. While most provided the same price on the second call, seven provided a different price and, in some cases, the variation between the first and second price was huge.

Figure 9, Reliability of Price Estimates, shows that South Shore and Falmouth Hospitals both reported a mild price increase, which they explained as updates to their charge-master, the master list of prices at a hospital. Brigham and Women’s Hospital, Lahey Hospital and Medical Center, New England Baptist Hospital, and Massachusetts General Hospital each saw significant price increases during the second call due to administrative errors. MetroWest Medical Center was the only hospital to report a price decrease.

Hospital websites do a poor job of promoting price transparency

While providers are not required by state law to provide price transparency online, hospital websites were examined in both Pioneer surveys. While there were some improvements over the last survey, in general, Massachusetts hospitals, located in one of the “high-tech” capitals of the world, do a poor job of promoting online price transparency.

Consistent with the first survey, Boston Children’s Hospital performed the best in this category. Its website describes state law and informs consumers that a response for a price estimate will be fielded within two days. There is an online form consumers can use to request an estimate and also a number to call.

Two hospitals in the Baystate Health System, Baystate Franklin Medical Center and Baystate Springfield Medical Center, allow consumers to request a price estimate online, but they require the name of the prescribing doctor and the diagnostic code, which are unnecessarily burdensome. Their websites also provide telephone numbers for consumers to call. This information, however, is not prominently displayed and requires consumers to do a lot of searching and clicking on various links before locating the correct icon.

The websites for nine of the twenty-one hospitals provided just a phone number to obtain an estimate, but finding the number on their websites generally required that consumers click through various screens before finding the words “request an estimate.” Instead of dedicating a page to price transparency or instructions on requesting an estimate, there is often a short blurb providing only a phone number buried in an FAQ or billing information page. For the remaining nine hospitals, researchers were unable to find any information about price or cost estimates on their websites. Figure 10 summarizes online availability of price information among the hospitals.

Figure 9. Reliability of Price Estimates

Hospital	First Call Price	Second Call Price	% Change	First Call Date	Second Call Date
Massachusetts General Hospital	\$3,920	\$6,928	76.7%	10/3	12/6
New England Baptist Hospital	\$984	\$1,398	42.1%	10/7	11/16
Lahey Hospital and Medical Center	\$1,960	\$2,638	34.6%	10/14	11/30
Brigham and Women's Hospital	\$4,044	\$4,330	7.1%	9/23	12/27
Falmouth Hospital	\$1,505	\$1,550	3.0%	10/3	12/13
South Shore Hospital	\$1,690	\$1,735	2.7%	10/12	12/6
Baystate Franklin Medical Center	\$1,000	Same price	0.0%	9/20	11/10
Baystate Springfield Medical Center	\$1,425	Same price	0.0%	10/21	12/7
Boston Children's Hospital	\$2,561	Same price	0.0%	9/21	11/10
Carney Hospital	\$883	Same price	0.0%	10/14	12/22
Cooley Dickinson Hospital	\$1,416	Same price	0.0%	10/12	11/15
Emerson Hospital	\$1,404	Same price	0.0%	9/28	11/11
Holyoke Medical Center	\$1,557	Same price	0.0%	9/28	11/16
Morton Hospital and Medical Center	\$637	Same price	0.0%	10/5	12/6
Mount Auburn Hospital	\$1,460	Same price	0.0%	11/2	12/13
Newton-Wellesley Hospital	\$2,769	Same price	0.0%	10/25	12/13
Saint Vincent Hospital	\$2,236	Same price	0.0%	10/11	12/6
Signature Healthcare Brockton Hospital	\$805	Same price	0.0%	10/19	12/6
UMass Memorial Medical Center	\$2,266	Same price	0.0%	10/25	12/7
MetroWest Medical Center	\$2,020	\$1,576	-22.0%	10/5	11/11

Figure 10. Availability of Online Price Information

Hospital	Availability of Online Price Information
Baystate Franklin Medical Center	Website allows users to submit an estimate request entirely online
Baystate Springfield Medical Center	Website allows users to submit an estimate request entirely online
Boston Children's Hospital	Website allows users to submit an estimate request entirely online
Brigham and Women's Hospital	Website provided at least a phone number to call for estimate requests
Carney Hospital	Website contained no information regarding cost estimates
Cooley Dickinson Hospital	Website contained no information regarding cost estimates
Emerson Hospital	Website contained no information regarding cost estimates
Falmouth Hospital	Website provided at least a phone number to call for estimate requests
Holyoke Medical Center	Website contained no information regarding cost estimates
Lahey Hospital and Medical Center	Website provided at least a phone number to call for estimate requests
Massachusetts General Hospital	Website provided at least a phone number to call for estimate requests
MetroWest Medical Center	Website contained no information regarding cost estimates
Morton Hospital and Medical Center	Website contained no information regarding cost estimates
Mount Auburn Hospital	Website provided at least a phone number to call for estimate requests
New England Baptist Hospital	Website provided at least a phone number to call for estimate requests
Newton-Wellesley Hospital	Website provided at least a phone number to call for estimate requests
Saint Vincent Hospital	Website contained no information regarding cost estimates
Signature Healthcare Brockton Hospital	Website contained no information regarding cost estimates
South Shore Hospital	Website provided at least a phone number to call for estimate requests
Tufts Medical Center	Website contained no information regarding cost estimates
UMass Memorial Medical Center	Website provided at least a phone number to call for estimate requests

Conclusions and Recommendations

While this second survey shows some improvements among Massachusetts hospitals when it comes to price transparency, such as a decrease in the requirement that consumers provide diagnostic codes, there is still a lot of hard work to be done to create a culture of price transparency. Most hospital staff in charge of providing estimates are aware of Massachusetts' legal requirements, and with a great deal of perseverance researchers were able to obtain the total discounted price of an MRI and its reading fee from all hospitals. Most of the estimates appear to be reliable. However, some hospital staff were still unaware of what state law requires, many hospitals failed to meet the statutory deadline for providing estimates, and some misreported their prices by large margins.

The survey reveals wide price variations. For consumers who are self-pay and/or have high-deductible plans, access to price information is critical to properly managing healthcare expenses. Even for consumers with low-deductible plans, price information is important, especially in cases where employers reward value-based provider choices.

The problem, of course, is that accessing price information about non-emergency procedures is a very difficult and time-consuming endeavor. But it is not just providers that bear responsibility. Under Massachusetts law, insurance companies are required to provide their members with online and toll-free phone access to competing providers' prices for healthcare procedures and services. Insurers' "cost estimator" tools are

also supposed to give members information about remaining deductibles and out-of-pocket costs to better inform their healthcare decisions.

Unfortunately, while all carriers have these tools, there is little promotion or education among members or employers about how transparency can help save healthcare dollars. Thus, members are not making extensive use of the tools.

In Massachusetts, there is a continuous circular argument about transparency. Providers and carriers alike claim that healthcare is so complicated that consumers lack the sophistication or desire to compare quality or price, and few consumers seek such information. At the same time, hospitals and insurers justify their lack of outreach to consumers regarding price transparency by pointing to the small number of consumers who ask about price. This supposed lack of interest is then used to justify providers and carriers not giving consumers the tools, education and training they need to benefit from healthcare price transparency. Meanwhile, policy makers and industry stakeholders wring their hands over so-called "unwarranted price variations," or price differences among providers that are not supported by quality of other measurable differences.

We believe one solution that can help deal with unwarranted price variations is to highlight these price variations for all consumers to see, which allows them to choose high-value/lower-cost providers.

Based on the findings of this survey, we offer the following recommendations:

- Hospitals should get serious about complying with Massachusetts' law regarding price transparency.** Hospital legal and operations departments need to develop procedures, training, and protocols to handle requests for price estimates that are disseminated to all relevant staff. Much more should be done to comply with state law that requires an estimate within two business days.
- There should be some quality control over price estimates to reduce human error and ensure that estimates are reliable.** Unless there is a bona fide change in price, procedures should be in place to ensure that the most reliable estimates are provided. Several of the price changes we found differed widely from prices that had been quoted previously.
- Training should include all levels of staff within the organization.** One consistent problem researchers encountered was hospital customer service operators who did not know which department handled estimates.
- Consumers should not have to ask if there are discounts for self-pay patients or any additional fees.** To avoid surprise bills or incorrect prices and to comply with a state regulatory bulletin, hospitals should strongly consider moving to a global estimate system. At the very least, a hospital should be prepared to provide, along with an estimate, information about other potential fees and where to inquire further about them. In addition, the availability of discounts for self-paying or other patients should be made clear to callers. Consumers should not have to know to ask about discounts.
- The process for obtaining an estimate should be streamlined. The current system of telephone tag and voicemail messages is antiquated and discourages price inquiries.** It should be changed to a simpler method that is adequately staffed and takes advantage of online tools. Additionally, prospective patients should not have to call during business hours, when they are likely at work, to obtain this information. An online submission tool would help alleviate this problem.

6. **Hospital websites should include much more information about prices and transparency.** There is plenty of information about making payments with credit cards, financial payment plans, and financial counseling, but with a few exceptions, there is little or no information about the price of services on hospital websites. In the Internet age and in a high-tech state like Massachusetts, this is unacceptable. Through their websites, hospitals should either disclose prices and/or provide a way for consumers to obtain online price information as well as a direct telephone line to obtain the same.
7. **All hospitals should comply with state law by not requiring consumers to provide diagnostic codes.** Hospitals should follow the principles in the EOHHS bulletin that if additional information is needed to provide an estimate, the hospital should assist patients in obtaining that information. The law itself says that if the provider can't predict the specific diagnostic code, the maximum amount allowed for that procedure of service should be provided.
8. **The Commonwealth also bears a unique responsibility to assert strong leadership to advance consumer healthcare price transparency and ensure compliance with state law.** The Commonwealth should become much more involved in encouraging and motivating payers and providers to, first, comply with existing state law, and second, to promote more robust and consumer-friendly initiatives. Using existing authority, the Department of Public Health, the state Division of Insurance, the Board of Medicine, the Board of Dentistry and similar agencies can use their licensing and inspection powers to ensure compliance, and their bully pulpit to drive a price transparency agenda. The Attorney General's Office can also assert leadership on this issue under the state's Consumer Protection Act, Chapter 93A, which states that any violation of a state law that is designed for the protection of consumers is punishable by fines, injunctive relief, and restitution. Similarly, the Attorney General's Office can use its powers to incent providers and payers toward a more enthusiastic embrace and utilization of price transparency.

Endnotes

1. Anthony, Barbara, and Scott Haller. Mass Hospitals Weak on Price Transparency. Report. June 24, 2015. <http://pioneerinstitute.org/healthcare/survey-price-information-difficult-to-obtain-from-massachusetts-hospitals/>.
2. Anthony, Barbara, and Scott Haller. Bay State Specialists and Dentists Get Mixed Reviews on Price Transparency. Report. August 11, 2015. http://pioneerinstitute.org/?post_type=dlm_download&p=20108.
3. Anthony, Barbara, and Scott Haller. Healthcare Prices for Common Procedures Are Hard for Consumers to Obtain. Report. February 21, 2016. <http://pioneerinstitute.org/healthcare/national-survey-finds-limited-access-to-price-estimates-for-routine-hospital-procedure/>.
4. Anthony, Barbara, and Scott Haller. Transparency in Retail Drug Prices: Easy to Obtain but Accuracy May be Doubtful. Report. October 13, 2016. <http://pioneerinstitute.org/healthcare/survey-finds-prescription-drug-prices-easy-access-not-always-accurate/>.
5. Researchers did not seek discount information in Pioneer's first hospital survey published June 2015.
6. Commonwealth of Massachusetts. Executive Office of Health and Human Services. Provider Price Transparency Implementation Notice.
7. Lawrence Memorial Hospital in Medford does not have an MRI machine on location, so they were excluded from this subsequent survey.
8. Methodology note: Hospitals were given exactly two business days to respond to a phone call or voicemail before researchers called again. If a hospital failed to respond for more than two business days, only 48 hours are counted against the hospital for the purposes of Table 2. Some of the hospitals who took just over 48 hours to provide an estimate had failed to respond to the initial inquiry, but were able to quickly provide the information once called again.
9. In fact, [charts](#) displaying diagnostic codes for MRIs of various parts of the body can easily be found online with a simple image search for "MRI CPT codes."
10. Tufts Medical Center did not provide a discounted price. They ask patients to apply for assistance through a Financial Hardship Application after receiving their bill.
11. Saint Vincent Hospital would not disclose the undiscounted price, or the extent of their self-pay discount.
12. <http://pioneerinstitute.org/blog/achieving-sustainable-transparent-healthcare-system/>
13. <https://malegislature.gov/Reports/4687/PPV%20Report%20FINAL%20-%20No%20Appendices.pdf>

About the Authors

Barbara Anthony, lawyer, economist, and public policy expert, is a Senior Fellow in Healthcare Policy at the Pioneer Institute. She is also an Associate at the Harvard Kennedy School's Center for Business and Government where she researches and writes about Massachusetts healthcare cost containment efforts. She served as Massachusetts Undersecretary of the Office of Consumer Affairs and Business Regulation from 2009 to 2015 and has worked at the intersection of federal and state commercial regulation and the business community for many years. Among other positions, Anthony served as the Director of the Northeast Regional Office of the Federal Trade Commission in Manhattan, and was a top deputy to the Massachusetts Attorney General. She began her career as an Antitrust Trial Attorney at the U.S. Justice Department in Washington, D.C. Anthony is a well-known consumer advocate and regularly appears as a media commentator on consumer protection and business regulation issues.

Scott Haller graduated from Northeastern University with a Bachelor's Degree in Political Science. He started working at Pioneer Institute through the Northeastern's Co-op Program and continues now as the Lovett C. Peters Fellow in Healthcare. While Scott's original focus was on the MBTA, he has shifted his focus towards healthcare price transparency. He previously worked at the Massachusetts Office of the Inspector General.

