PIONEER HEALTH

Wildy Varying MRI Prices at Massachusetts Hospitals

Why We Need Access to Healthcare Prices at All Levels

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PIONEER INSTITUTE
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Pioneer Institute is an independent, non-partisan, privately funded research organization that seeks to improve the quality of life in Massachusetts through civic discourse and intellectually rigorous, data-driven public policy solutions based on free market principles, individual liberty and responsibility, and the ideal of effective, limited and accountable government.

PIONEER HEALTH

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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Pioneer Education seeks to increase the education options available to parents and students, drive system-wide reform, and ensure accountability in public education. The Center's work builds on Pioneer's legacy as a recognized leader in the charter public school movement, and as a champion of greater academic rigor in Massachusetts' elementary and secondary schools. Current initiatives promote choice and competition, school-based management, and enhanced academic performance in public schools.

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Introduction

What would happen if you could find out how much your healthcare actually costs? Not just for you, but for your insurer as well. For those who have access and the ability to manipulate the treasure trove of healthcare data maintained in Massachusetts' Center for Health Information and Analysis' (CHIA) all-payer claims database (APCD), finding out the answer is possible, but it is not a feasible option for the general population.

CHIA has recently launched a new website, MassCompareCare.gov, which offers a small window into some of the APCD's rich data. Although it provides an average overall price for about 250 procedures at any given provider, it does not provide the actual out-of-pocket price consumers would pay. However, CHIA clearly refers website visitors to their insurers' cost estimator tools. And, every insurer in Massachusetts is required to maintain a web tool and field requests for specific price estimates. The quality of these tools and the amount of information they provide varies, but all are consumer friendly and functional[1]. Providers are required to give price estimates of specific procedures within two business days of a request. To be meaningful, those estimates should contain the providers' discounts for the uninsured and consumers who pay cash, but as Pioneer's previous surveys have shown this is not always the case.

Knowing how much your healthcare costs can quickly save you money. Patients with a high deductible or no insurance often stand to save significantly by shopping around for high-quality, low-cost healthcare providers, a principle Pioneer has repeatedly reinforced with our price surveys of various segments of the healthcare market in Massachusetts and nationally[2,3,4,5].

A consumer's out-of-pocket cost is only part of the story, and in many cases is far less than the total amount actually paid to a provider. For most procedures and services, consumers pay only part of the price, while the insurer pays the remainder of a rate negotiated with the provider. However, consumers almost never know the total amount paid for a given healthcare service or procedure before obtaining that service. An important question is whether total price transparency would even be useful to consumers.

Access to healthcare pricing has several major benefits for consumers and creates more robust markets. The first consumer benefit is the ability to shop around for high-value healthcare. The second is a longer-term benefit that can come when enough consumers choose high value providers and prices eventually fall. Third, markets with transparent prices not only benefit existing high-value providers, but can also serve as a signal to potential competitors that entry into a particular market is feasible and could be rewarding. Without shining a light on the dark world of healthcare pricing, is it any surprise that prices continue to rise?

This paper seeks to demonstrate the value of the APCD by exploring prices paid by both consumers and insurers for a very common procedure at a subset of geographically representative major and community hospitals in Massachusetts.

About This Study

The APCD data used in this report includes information on every MRI of the knee without contrast performed in Massachusetts at 14 hospitals during May of 2015, with the exception of self-pay cases (when the patient does not use any insurance). The APCD is created by aggregating claims data from insurance companies, so procedures and services rendered without the involvement of an insurance company are not included in the database.

This paper will focus on two pieces of data from the APCD: the amount paid by insurers and the amount consumers pay out of pocket. The total price is the sum of these two values and is not derived directly from the APCD. The prices discussed in this paper are only for the actual scan and do not include the generally separate charge for radiologists to review the results and provide their interpretation.[6]

Later in this paper, the APCD data will be compared with data from a 2017 Pioneer survey that looked at the discounted cash price charged by 21 of Massachusetts' 66 hospitals. The 14 hospitals in the instant study represent a broad cross section of major and community hospitals from across the state and 30 or more MRIs were performed at each of these hospitals during May of 2015.

Table 1. Hospitals Surveyed in Pioneer Study Using 2015 CHIA Data

Hospital	Location	Number of MRIs
Boston Children's Hospital	Boston	147
Brigham and Women's Hospital	Boston	205
Cooley Dickinson Hospital	Northampton	66
Emerson Hospital	Concord	137
Falmouth Hospital	Falmouth	86
Lahey Hospital and Medical Center	Burlington	138
Massachusetts General Hospital	Boston	107
Morton Hospital and Medical Center	Taunton	36
Mount Auburn Hospital	Cambridge	57
New England Baptist Hospital	Boston	75
Saint Vincent Hospital	Worcester	34
Signature Healthcare Brockton Hospital	Brockton	47
South Shore Hospital	South Weymouth	98
Tufts Medical Center	Boston	33

Because the APCD data was limited to a single month, sample sizes for the surveyed hospitals varied wildly. While some hospitals reported over a hundred cases, most included less. Each of these 14 hospitals reported at least 30 MRI procedures of the left knee without contrast.

Findings

Wide Variations Exist in Every Data Point

Tables 2.1, 2.2, 2.3, and Graph 1 confirm what has long been commonly known: there are wide variations in price depending on where you receive care. The total price ranged from $476 at Saint Vincent Hospital to $1,423 at Boston Children's Hospital.

In addition to large variations in total price, insurers' and consumers' portions of the bill also had extreme variations. Patients at Mount Auburn Hospital paid $55 out of pocket on average, while the average patient at South Shore Hospital had to pay $206, or nearly four times as much.

On the other hand, insurers paid Mt. Auburn an average of $631, while they paid South Shore an average of $528. With only $47 separating the total amount paid, it is difficult to explain such a large variation in consumers' out-of-pocket costs. Transparency for all types of payments would shine a light on variations like these that beg for explanations.

Likewise, insurers paid an average of $352 at New England Baptist Hospital, $672 at Tufts Medical Center, $833 at Massachusetts General Hospital, and $1,236 at Boston Children's Hospital. With the exception of New England Baptist, which is an orthopedic specialty hospital in Boston, payments by insurers seem to follow a pattern that favors large Boston academic medical center hospitals over hospitals outside the Boston metropolitan area.

Table 2.1 also shows the average price insurers paid in cities such as Burlington ($579), South Weymouth ($528), Taunton ($455), Concord ($488), and Worcester ($389). These price variations, as noted previously, have long been a focus of concern, as they cannot be explained by differences in acuity, higher costs, or quality.[7] But Table 2.1 shows that unwarranted price variations exist and demonstrates the wide differences in prices paid by insurers to various providers.

Another trend worth noting is the lack of correlation between insurers' portion of the bill and consumers' out-of-pocket expenditure. For example, at New England Baptist Hospital the patient pays 30 percent of the total price while a patient at Tufts Medical Center or Mount Auburn Hospital pays less than 10 percent of the total.

Graphs 2 and 3 demonstrate the lack of correlation between the two parts of the total price. Instead of seeing a smooth, linear formation from the bottom-left corner of the graph to the top-right corner, there is a large circular cluster in the middle. This is true for both graphs, and shows that the patient price has little if any relationship to the insurer price or the total price of the procedure.[9]

Table 2.1 Average Prices from APCD Data Ranked in Order of Highest Total Price Paid[8]

Hospital	Location	Insurer Price	Patient Price	Total
Boston Children's Hospital	Boston	$1,235.55	$187.82	$1,423.37
Massachusetts General Hospital	Boston	$833.25	$153.42	$986.66
Brigham and Women's Hospital	Boston	$720.59	$184.14	$904.73
Lahey Hospital and Medical Center	Burlington	$579.23	$164.87	$744.11
Tufts Medical Center	Boston	$671.86	$61.89	$733.76
South Shore Hospital	South Weymouth	$528.03	$205.59	$733.62
Mount Auburn Hospital	Cambridge	$631.29	$55.25	$686.53
Falmouth Hospital	Falmouth	$487.82	$190.94	$678.76
Cooley Dickinson Hospital	Northampton	$523.6	$154.33	$678.01
Emerson Hospital	Concord	$488.44	$180.17	$668.61
Signature Healthcare Brockton Hospital	Brockton	$496.51	$112.67	$609.18
Morton Hospital and Medical Center	Taunton	$454.88	$113.01	$567.89
New England Baptist Hospital	Boston	$351.56	$149.44	$501.00
Saint Vincent Hospital	Worcester	$389.01	$86.60	$475.61
Average		**$599.41**	**$142.87**	**$742.28**

Table 2.2 Average Prices from APCD Data Ranked in Order of Highest Price Paid by Insurers

Hospital	Location	Insurer Price	Patient Price	Total
Boston Children's Hospital	Boston	$1,235.55	$187.82	$1,423.37
Massachusetts General Hospital	Boston	$833.25	$153.42	$986.66
Brigham and Women's Hospital	Boston	$720.59	$84.14	$904.73
Tufts Medical Center	Boston	$671.86	$61.89	$733.76
Mount Auburn Hospital	Cambridge	$631.29	$55.25	$686.53
Lahey Hospital and Medical Center	Burlington	$579.23	$164.87	$744.11
South Shore Hospital	South Weymouth	$528.03	$205.59	$733.62
Cooley Dickinson Hospital	Northampton	$523.68	$154.33	$ 678.01
Signature Healthcare Brockton Hospital	Brockton	$496.51	$112.67	$609.18
Emerson Hospital	Concord	$488.44	$180.17	$668.61
Falmouth Hospital	Falmouth	$487.82	$190.94	$678.76
Morton Hospital and Medical Center	Taunton	$454.88	$113.01	$567.89
Saint Vincent Hospital	Worcester	$389.01	$86.60	$475.61
New England Baptist Hospital	Boston	$351.56	$149.44	$501.00
Average		**$599.41**	**$142.87**	**$742.28**

Table 2.3 Average Prices from APCD Data Ranked in Order of Highest Price Paid by Patients

Hospital	Location	Insurer Price	Patient Price	Total
South Shore Hospital	South Weymouth	$528.03	$205.59	$733.62
Falmouth Hospital	Falmouth	$487.82	$190.94	$678.76
Boston Children's Hospital	Boston	$1,235.55	$187.82	$1,423.37
Brigham and Women's Hospital	Boston	$720.59	$184.14	$904.73
Emerson Hospital	Concord	$488.44	$180.17	$668.61
Lahey Hospital and Medical Center	Burlington	$579.23	$164.87	$744.11
Cooley Dickinson Hospital	Northampton	$523.68	$154.33	$678.01
Massachusetts General Hospital	Boston	$833.25	$153.42	$986.66
New England Baptist Hospital	Boston	$351.56	$149.44	$501.00
Morton Hospital and Medical Center	Taunton	$454.88	$113.01	$567.89
Signature Healthcare Brockton Hospital	Brockton	$496.51	$112.67	$609.18
Saint Vincent Hospital	Worcester	$389.01	$86.60	$475.61
Tufts Medical Center	Boston	$671.86	$61.89	$733.76
Mount Auburn Hospital	Cambridge	$631.29	$55.25	$686.53
Average		**$ 599.41**	**$ 142.87**	**$742.28**

Graph 1. Average Prices from APCD Data

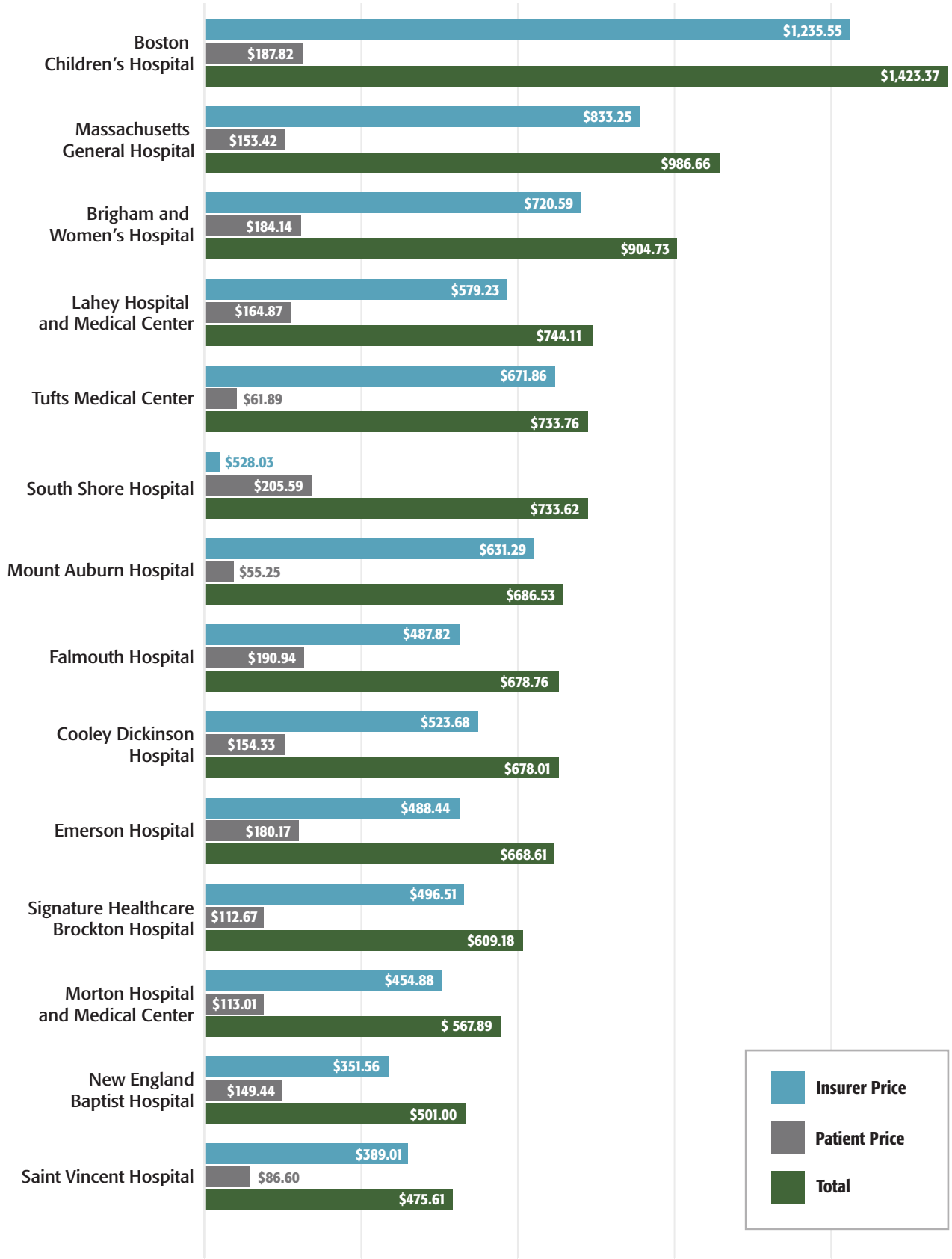
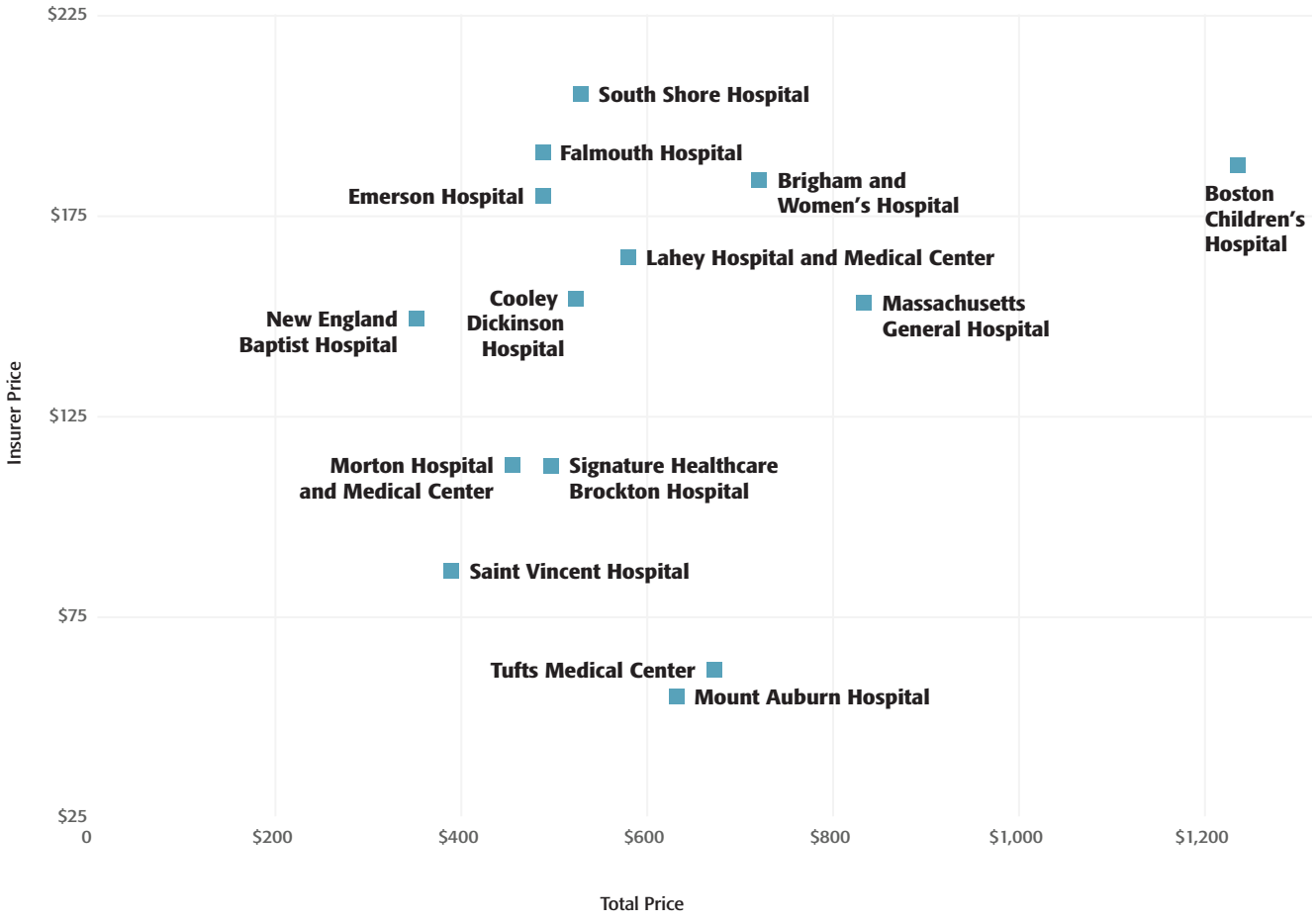


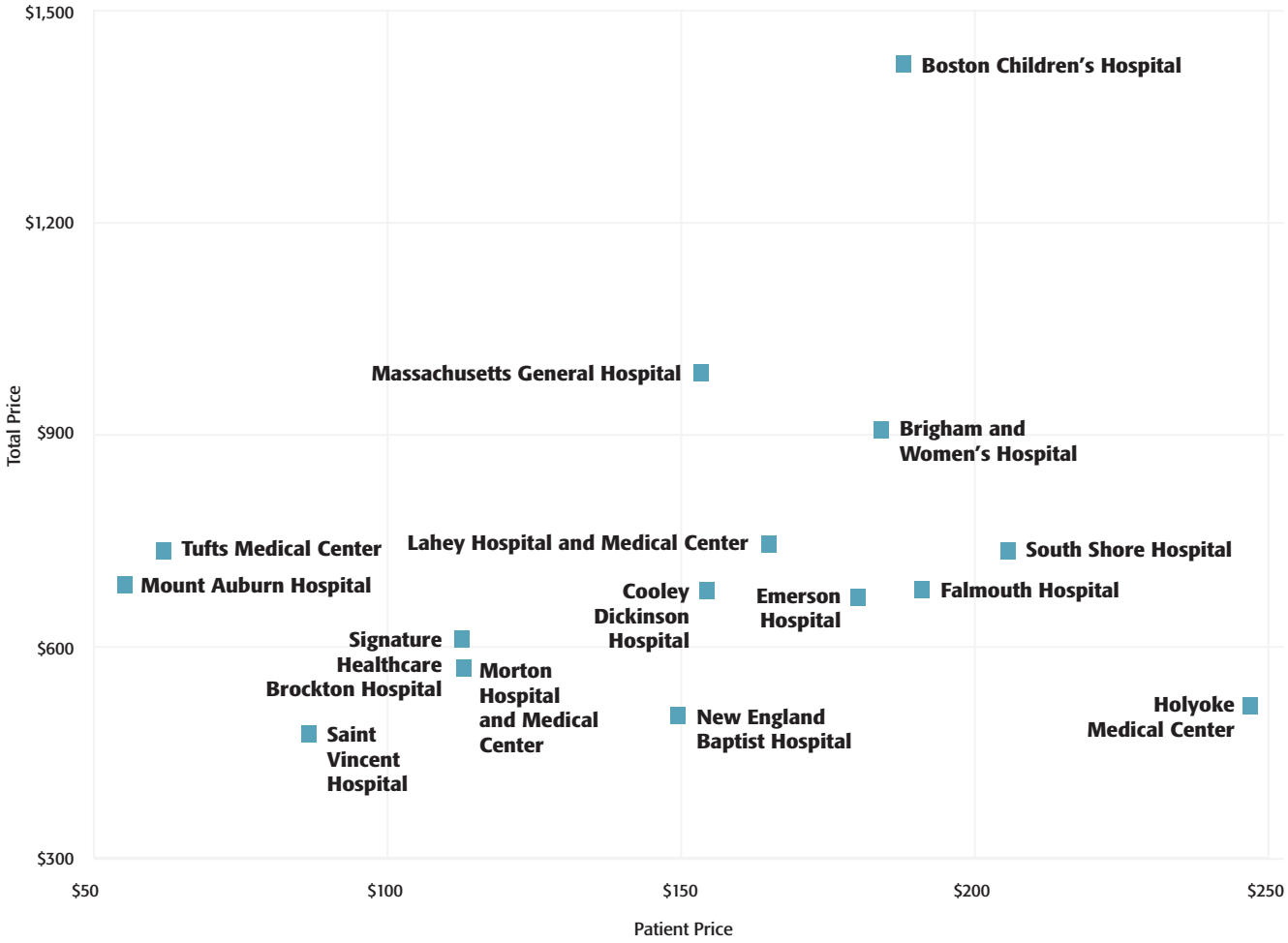
Table 3. Insurer Price and Patient Price as Percentage of Total Price Paid Ranked by Highest Total Price Paid

Hospital	Location	Insurer Price	Insurer Price as % of Total	Patient Price	Patient Price as % of Total	Total
Boston Children's Hospital	Boston	$1,235.55	87%	$187.82	13%	$1,423.37
Massachusetts General Hospital	Boston	$833.25	84%	$153.42	16%	$986.66
Brigham and Women's Hospital	Boston	$720.59	80%	$184.14	20%	$904.73
Lahey Hospital and Medical Center	Burlington	$579.23	78%	$164.87	22%	$744.11
Tufts Medical Center	Boston	$671.86	92%	$61.89	8%	$733.76
South Shore Hospital South	Weymouth	$528.03	72%	$205.59	28%	$733.62
Mount Auburn Hospita	Cambridge	$631.29	92%	$55.25	8%	$686.53
Falmouth Hospital	Falmouth	$487.82	72%	$190.94	28%	$678.76
Cooley Dickinson Hospital	Northampton	$523.68	77%	$154.33	23%	$678.01
Emerson Hospital	Concord	$488.44	73%	$180.17	27%	$668.61
Signature Healthcare Brockton Hospital	Brockton	$496.51	82%	$112.67	18%	$609.18
Morton Hospital and Medical Center	Taunton	$454.88	80%	$113.01	20%	$567.89
New England Baptist Hospital	Boston	$351.56	70%	$149.44	30%	$ 501.00
Saint Vincent Hospital	Worcester	$389.01	82%	$86.60	18%	$475.61
Average		**$599.41**	**80%**	**$142.87**	**20%**	**$742.28**

Graph 2. Scatterplot of Insurer Price and Patient Price



Graph 3. Scatterplot of Patient Price and Total Price



Consumers Inoculated From Price Variation

Perhaps the most important point to be drawn from this report is that in many cases consumers don't directly feel the effects of unwarranted price variation. Out-of-pocket patient prices ranged from $55 at Mount Auburn Hospital to $206 at South Shore Hospital; two facilities that fall right in the middle of the pack in terms of total price. South Shore patients might assume that, given their hefty out-of-pocket price, the hospital was very expensive overall, but that is not true. Patients at Massachusetts General Hospital (MGH) and Brigham and Women's pay $153 and $184, respectively, while the average total paid to those two hospitals, $987 and $905, respectively, is significantly more than the $733 paid to South Shore. Similarly, patients at Boston Children's paid $187, $19.00 less than those at South Shore, while the total price paid to Children's was $1,423, almost double the total amount paid to South Shore and about a third higher than the amount paid to MGH.

While patients are paying around $150 (the average out-of-pocket expense) at both New England Baptist Hospital and MGH, insurance companies are paying 237 percent more for the MRI at MGH. Likewise, while insurance companies pay similar rates at Mount Auburn Hospital and Lahey Hospital and Medical Center, patients on average are paying three times as much out of pocket to go to Lahey.

As can clearly be seen in Graph 3, there is virtually no relationship between a consumer's out-of-pocket costs and the total price of a procedure. Patients at Tufts Medical Center or Mount Auburn Hospital may pay about 8 percent of the total price, while patients at New England Baptist Hospital are paying 30 percent of the total. Notably, patients at the three hospitals with the highest total price pay 20 percent or less of the overall bill, which is the average across all the hospitals included in this survey.

While patients might not see a difference between many of these hospitals, higher utilization at a high-cost provider drives up the total cost of healthcare, which in turn can affect premiums. So even if the out-of-pocket amount is the same at two hospitals, there will be long-term financial consequences for choosing the costlier provider.

To move consumers toward overall lower-cost/high-value providers, consumers need two kinds of incentives. First, consumers need an incentive in the form of lower cost to themselves. Second, in addition to a lower out-of-pocket cost,

Table 4. CHIA Data Compared with Pioneer Survey Data[11]

Hospital	2015 APCD Price	2017 Uninsured Survey Price	Percent Price Difference
Boston Children's Hospital	$1,417.11	$2,561.10	81%
Brigham and Women's Hospital	$1,000.32	$ 4,329.56	333%
Massachusetts General Hospital	$989.65	$ 6,928.00	600%
Lahey Hospital and Medical Center	$796.41	$ 2,638.00	231%
South Shore Hospital	$778.92	$1,735.40	123%
Tufts Medical Center	$735.65	$2,208.00	200%
Mount Auburn Hospital	$730.30	$1,459.60	100%
Cooley Dickinson Hospital	$707.02	$1,415.75	100%
Emerson Hospital	$ 702.77	$1,403.52	100%
Falmouth Hospital	$ 690.90	$1,530.13	121%
Morton Hospital and Medical Center	$617.58	$636.73	3%
Signature Healthcare Brockton Hospital	$615.77	$804.62	31%
New England Baptist Hospital	$593.81	$1,398.00	135%
Saint Vincent Hospital	$515.53	$2,236.25	334%
Average	**$777.98**	**$2,189.46**	**181%**

consumers need to see a financial benefit for choosing the overall high-value lower-cost provider. And, the incentive has to be simple, straightforward and easy to access. In this regard insurers and employers bear a heavy responsibility to make such choices transparent and easy to access. As Attorney General Healey has recently noted, prices of healthcare services and procedures are overly complex and dense for consumers to penetrate[10].

One promising approach to combining price transparency with consumer engagement is incentive programs where insurers reward cost-conscious consumers by allowing them to share the savings. Basically, by choosing a local radiology imaging center over the hospital for an MRI, or by choosing a lower-priced hospital over a more expensive one, consumers could receive a cash reward. While potential long-term savings from premium reductions are abstract and may not motivate consumers, everybody understands cold hard cash.

There are existing examples of incentive programs designed to move consumers to lower-cost providers. For example, the Massachusetts Group Insurance Commission's Unicare Indemnity Smart Shopper project gives members a list of approximately 50 procedures and lists financial rewards for choosing providers in various tiers. Harvard Pilgrim Healthcare has a program, Save-On, which employs a nurse navigator to help members move from higher- to lower-cost providers and the program provides a financial reward as well. In addition, BCBS has a smart shopper program and Anthem NH has been giving cash for selecting the lower cost providers.

Such programs are only a start, but represent a step in the right direction. These and other creative programs need to be developed and employed throughout the Commonwealth to tackle the disparities in healthcare pricing these data illustrate.

Uninsured Consumers Pay Substantially More in Total Discounted Price than Insured Consumers

The 2015 data received from CHIA and the 2017 data from Pioneer's hospital transparency surveys are not perfect apples-to-apples comparisons. The results of a 2017 Pioneer survey of hospitals and this study using CHIA data both look at the same part of the price for the same procedure — just approximately two years apart. This study, using 2015 CHIA data, shows the total price paid by insurers and consumers for an MRI scan. The 2017 survey showed the discounted price paid by consumers without insurance for such a scan (to facilitate this comparison, Pioneer has eliminated the price of the reading fee obtained in the 2017 survey).

Comparing the total amounts from the CHIA 2015 dataset with the quoted self-pay rates from Pioneer's 2017 survey shows that those without insurance end up paying substantially more for a basic MRI scan in nearly every case.

Morton Hospital and Medical Center has by the far the smallest variation, with a self-pay estimate that is only 3 percent higher than its documented prices from the CHIA data. On average, hospitals' estimated self-pay prices were 183 percent higher than the insurers' negotiated APCD prices. MGH had the largest self-pay variation which was a full six times

higher than the total paid by insurers and insureds patients.

It is important to remember when looking at the numbers that these consumers would pay the entirety of the estimates Pioneer received in our 2017 survey, while consumers with insurance will likely pay only a fraction of the average price in the CHIA data.

Conclusion

While finding out the consumer's share of healthcare prices can help create savings in the short term (by reducing out-of-pocket costs), finding out what insurers pay can help create long-term savings. Hypothetically, if all 3,107 people from the CHIA dataset who received an MRI of the knee in relatively expensive Suffolk County during May 2015 (the period covered in this report) were incented to have had the scan performed in nearby Middlesex County, insurers would have saved over $269,159 on the price of the scan, which of course should be shared with members. Even a small difference in price, in this case the $87 between the average insurance price for each county, can scale up quickly.[12] Most, if not all, insurers require a physician referral for an MRI and entrenched physician referral patterns and/or locked networks can result in less choice for the consumer. But even if only half the consumers who had an MRI in Suffolk County chose less costly hospital providers in nearby Middlesex County, the savings would have totaled about $130,000 per month, or $1.5M annually.

Consumers need not travel many miles across county lines; as this report shows, there are plenty of savings to be gleaned simply by moving from high-priced academic medical centers to more local hospitals. Extrapolating these savings to numerous other procedures would result in significant healthcare cost savings across the Commonwealth, and such savings should be shared with consumers.

Where is Massachusetts Today?

Healthcare is the only industry where consumers are left in the dark about pricing. In fact, many would say healthcare pricing is intentionally opaque. Laws passed to try and shed light on this information, such as Chapter 224 of the Acts of 2012, are not enforced by the Commonwealth despite data showing non-compliance on the part of certain insurers and providers. At a hearing on healthcare cost control, one state legislator went so far as to describe the law, which uses language such as 'must' and 'shall', as aspirational and not intended to be mandatory[13].

While there have been improvements in recent years, with insurers making important strides to enhance their transparency tools and providers performing noticeably better in Pioneer's more recent studies, there are still huge obstacles to achieving a transparent healthcare system in Massachusetts.[14]

And, while CHIA has made good progress pushing for more price transparency through its website, other parts of state government have still not utilized the full extent of the law and the bully pulpit targeting all relevant players: providers, insurers, employers and consumers.

This may be changing. Recently, Attorney General Maura Healey has exposed a number of academic medical centers for charging "facility fees" at their off-campus urgent care centers and physician offices. The Attorney General has criticized these providers for the fees themselves, as well as for not clearly disclosing them. The locations of these urgent care centers and physician offices are miles away from the facility or main hospital campus[15] imposing the facility fee.

Recommendations

There is a fundamental knowledge gap that enables wide price variations in the healthcare market. Insurers, providers, and the Commonwealth of Massachusetts all have access to healthcare price information. While consumers technically have access to some price information as well, they often either don't know to ask or are stymied in their attempts to gain such information conveniently. If the consumer asks her referring physician how much it will cost, it is likely the physician will not be able to answer. Educating the public, and physicians and their offices, increasing access to price data, and shared savings programs are all promising approaches to addressing these unwarranted price variations, but there's still much work to do. These three recommendations would quickly advance the education of the public and create the market incentives that would allow for more rigorous cost containment in the health care industry.

1. Transparency is a crucial part of cost containment, but only if the structures and incentives are in place so that patients, when appropriate, can shop for value. To make that possible, policymakers must couple transparency with financial incentives to move consumers to lower-cost/high-quality providers even when out-of-pocket costs are similar.
2. State government and industry leaders must undertake a substantive, ongoing public education campaign to elevate the importance of price transparency in our discourse around healthcare choices. Consumers are not used to shopping for healthcare, so despite the existence of insurer tools and provider estimates, people simply don't use them very much. Over the course of nearly three years, the Commonwealth's three largest insurers reported a cumulative total of only 297,000 discreet price estimate inquiries (there is some duplication here as the data records each inquiry as opposed to each individual engaging in shopping). These insurers cover millions

of lives across Massachusetts. It is clear that consumers need to learn more about their right to access price information and the benefits it can provide.

3. State leaders must open the APCD up to the public, of course with secure restrictions that will protect patient privacy. Currently, the APCD data is mainly available to researchers and companies that can afford to purchase it.[16] Fortunately, in addition to the MassCompareCare.org website for consumers[17], CHIA has also released a large amount of APCD data to the public through another website featuring the wholesale data behind the 250 procedures found on MassCompareCare.org. Despite some shortcomings, this action by CHIA is an important step forward, but more needs to be done to speed up the process of acculturating the public to health care prices.

Endnotes

1. https://pioneerinstitute.org/featured/ma-health-insurers-have-made-good-progress-in-price-transparency-but-significant-work-remains/
2. https://pioneerinstitute.org/healthcare/survey-price-information-difficult-to-obtain-from-massachusetts-hospitals/
3. https://pioneerinstitute.org/healthcare/follow-survey-finds-hospitals-still-fall-short-price-transparency/
4. https://pioneerinstitute.org/healthcare/national-survey-finds-limited-access-to-price-estimates-for-routine-hospital-procedure/
5. https://pioneerinstitute.org/?post_type=dlm_download&p=20108
6. The data used in this report does not include the "reading" fee charged by radiologists to interpret the results of an MRI scan. This fee is also known as the "professional component" and Pioneer was unable to obtain accurate reading fees from the APCD base. This is because many providers outsource this function to one or more third party organizations and the identity of those third party organizations is not readily available. Although Pioneer's 2017 hospital survey gathered information on both parts of the price, identifying the appropriate reading fees in the CHIA dataset is challenging without cooperation from each hospital. In the 2017 survey, reading fees ranged from $50 to $1,653, with an average of $294. These fees comprised anywhere from 2% to 29% of the total price, but accounted for 14% of the total price on average.
7. Provider Price Variation Report http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/ppv-report-final.pdf
8. The Insurer Price and Patient Price are averages from all instances at each hospital. The Total amount is the sum of these two figures and is not drawn directly from APCD data.
9. Linear regression analysis of the data in Graph 2 results in a R2 value of 0.0378 and a P value of 0.784, demonstrating almost no relationship between the variables. Graph 3's data results in a R2 value of 0.157 and a P value of 0.552, again showing little relationship between the two variables.
10. "Healey: Health Care Bureaucracy Too Dense for Consumers." Accessed January 17, 2019. http://www.lowellsun.com/breakingnews/ci_32217812/healey-health-care-bureaucracy-too-dense-consumers.
11. In Pioneer's 2017 survey, researchers sought the actual price that a self-pay consumer would face for the knee MRI. Upon receiving the cost estimate, researchers then asked if there were any discounts available for self-pay patients, which there usually were. The prices referenced in Table 4 are the discounted price estimates received in the 2017 hospital survey. Tufts Medical Center was the only hospital that declined to disclose any potential discounts when providing the estimate.
12. See Pioneer's previous brief on CHIA data for more details on the figures used for this calculation. In the entire data set received from CHIA, there were 3,107 knee MRI's performed in Suffolk County. https://pioneerinstitute.org/news/survey-shows-wide-variation-in-both-overall-cost-of-medical-procedure-and-amount-paid-by-consumers/
13. https://pioneerinstitute.org/healthcare/follow-survey-finds-hospitals-still-fall-short-price-transparency/
14. https://pioneerinstitute.org/healthcare/follow-survey-finds-hospitals-still-fall-short-price-transparency/
15. "Facility fees for urgent care leave patients confused, angry," *Boston Globe*, by Liz Kowalczyk, 11/28/2018.
16. These charges can reach into thousands of dollars for private companies and researchers at non-profit organizations. CHIA is restricted by the language of the state statute governing the APCD which requires that fees for this data be set to the actual cost of producing the requested dataset.
17. The website is called MassCompareCare.gov, but it is somewhat difficult to find on the CHIA website. It should be featured more prominently.

About the Authors

Barbara Anthony, lawyer, economist, and public policy expert, is a Senior Fellow in Healthcare Policy at the Pioneer Institute. She was also a former Senior Fellow and Associate at the Harvard Kennedy School's Center for Business and Government where she researched and wrote about Massachusetts market reform and 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.

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About Pioneer

Pioneer Institute is an independent, non-partisan, privately funded research organization that seeks to improve the quality of life in Massachusetts through civic discourse and intellectually rigorous, data-driven public policy solutions based on free market principles, individual liberty and responsibility, and the ideal of effective, limited and accountable government.

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